

Commissioning for Outcomes for Musculoskeletal Care in Sheffield

Governing Body meeting

F

6 February 2014

Author(s)/Presenter and title	Alastair Mew, Senior Commissioning Manager; Dr Ollie Hart, MSK Clinical Lead, Ian J Atkinson, Head of Contracting and Julia Newton, Director of Finance.
Sponsor	Dr Zak McMurray, Joint Clinical Director.
Key messages	
<ul style="list-style-type: none"> Governing Body has previously had sight of a detailed business case which sets out that the CCG has been actively exploring the potential benefits of commissioning city-wide musculoskeletal services on an integrated basis, with providers remunerated for the delivery of patient outcomes rather than units of activity. Members have previously considered options for taking forward and agreed to mobilise discussions with the current main provider Sheffield Teaching Hospitals Foundation Trust (STHFT) surrounding the new model, testing out within three months whether a partnership approach was feasible and capable of delivering the desired outcomes for the CCG. Governing Body last month in the private session received a detailed report on the outcome of the discussions with STHFT which it was agreed had been extremely positive. It will receive an update this month on the work the CCG is undertaking to test out that the proposed approach work that demonstrates the proposed approach responds effectively to the NHS contracting and procurement framework, including consultation with relevant external bodies. The purpose of this paper is to request that Governing Body agrees to the project team commencing clinical discussions to develop the new service model with STHFT. This will also include engagement with public and patients and other partners. 	
Assurance Framework (AF)	
<p>Assurance Framework Number: This development will address the following risks – 1.2, 2.1, 4.2, 4.5.</p> <p>This piece of work has had strong clinical leadership involved internal and external clinical input, patients, will adopt best practice and an evidence based approach.</p>	
Equality/Diversity Impact (
<p>Has an equality impact assessment been undertaken? NO. This will be undertaken as part of this piece of work.</p> <p>Which of the 9 Protected Characteristics does it have an impact on? This will be established as part of this work.</p>	

Public and Patient Engagement

Initial scoping workshops led by Sir Muir Gray involved patients and the most recent work has been supported and scrutinised by an external expert patient.

Recommendations

Governing Body is asked to agree to the project team commencing clinical discussions to develop the new service model with STHFT.

Commissioning for Outcomes for Musculoskeletal Care in Sheffield

Governing Body meeting

6 February 2014

1. Background

In February 2013 Sheffield Clinical Commissioning Group commissioned COBIC Solutions Ltd and Better Value Healthcare (BVHC) to explore how the CCG could best meet the future needs of local patients requiring treatment from commissioned musculoskeletal services (MSK). The rationale for the work is that these clinical services face projected increased demand due to an ageing population, which in turn without transformational redesign is not financially sustainable without reducing the quality of local care.

The initial work included significant exploratory discussions with stakeholders, data analysis and facilitated workshops where discussions focused on potential approaches to providing local care and were led by Sir Muir Gray. These workshops were well received locally and were well attended by both patients, healthcare managers and a wide range of senior clinicians (primary, community and acute).

Following this exploratory work Governing Body considered a detailed business case (papers to meetings in October and November 2013). This set out that the CCG has been actively exploring the potential benefits of commissioning city-wide musculoskeletal services on an integrated basis, with providers remunerated for the delivery of patient outcomes rather than units of activity. The proposed commissioning approach for an outcomes based service enables significantly more clinical flexibility and a far greater opportunity to integrate services than is currently possible under existing contracting arrangements. The suggested outcomes approach proposes increased benefits to patients and to offer the CCG greater ability to ensure sustainable high quality patient focussed services.

Following its discussions on the business case, Governing Body agreed to mobilise discussions with the current main provider Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) surrounding the new model, testing out within three months whether a partnership approach was feasible and capable of delivering the desired outcomes for the CCG. This involved a series of workshops with relevant clinicians and managers covering a range of key questions on the proposed clinical and financial/contractual model and ending with a presentation from STHFT of their vision of how the new service model might look.

2. Outcome of the Discussions with STHFT

Governing Body had the opportunity to receive detailed feedback from these discussions at its private session in January 2014. This paper summarises the outcome of the discussions. Overall, the discussions with STHFT have been extremely positive and the strength of their vision is considered impressive. A highlight throughout all of the discussions has been the very positive level of engagement from senior STHFT clinical leaders. Engagement has not only been high from within the individual clinical areas

impacted but a strong degree of willingness to work and integrate across existing clinical directorates has also been very clearly demonstrated. STHFT were able to show the potentially significant benefits to Sheffield's patients within musculoskeletal services but also more broadly for patients with co-morbidities and complex needs and an opportunity to deliver genuinely integrated, holistic 'wrap around' care.

What has become increasingly clear over the discussions, is how key flexibility and partnership working are to enabling continuous development of services for the benefit of patients. For example, Sheffield's community musculoskeletal services have developed enormously in recent years with numerous award winning service changes developed through partnership rather than a formal contracting approach. It is apparent to all involved in commissioning these services how requirements can change over time. In this far more ambitious clinical area the ability to have a similarly flexible arrangement would be hugely advantageous especially when the complexities of managing patients with long term conditions and co-morbidities are considered.

As part of the next phase of work we would expect to increase our engagement with local public and patients and with other local providers across the integrated pathway.

3. Next Steps

The project team proposes three strands of work that need to continue in the immediate future as follows:

- a) As clinicians are very well engaged in the process there is a clear need to continue the momentum with discussions to progress the clinical details of the service model. It is proposed that a timetable and project plan to provide a framework for these discussions including public and patient engagement in the process is also agreed.
- b) The project team completes the initial phase of work with our external consultant on modelling potential future activity within the scope of the service model
- c) To conclude in the near future the work that demonstrates the proposed approach responds effectively to the NHS contracting and procurement framework, including consultation with relevant external bodies.

4. Recommendations

Governing Body is asked to agree to the project team commencing clinical discussions to develop the new service model with STHFT.

Paper prepared by: Alastair Mew, Senior Commissioning Manager; Dr Ollie Hart, MSK Clinical Lead, Ian J Atkinson, Head of Contracting and Julia Newton, Director of Finance

On behalf of Dr Zak McMurray, Joint Clinical Director

January 2014