NHS
North Lincolnshire
Clinical Commissioning Group

Date:	13th December 2018
Meeting:	Governing Body
Item Number:	Item 9.2
Public/Private:	Public ☒ Private ☐

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Director approval (Name)	Alex Seale, Chief Operating Officer
Director Signature	

Report Title:
Integrated MSK, Pain and Rheumatology Community Service; Route to Procurement
Decisions to be made:
To approve the recommendation of the CCG Executive Board and Planning and Commissioning Committee for the route to procurement of an Integrated MSK, Pain and Rheumatology Community Service. The Governing Body is asked to agree to proceed to full procurement for an Integrated MSK, Pain and Rheumatology Community Service.

Link to a Strategic Objective?	☒	Acute Commissioning; managing demand and offering alternative services in the community
Link to a Strategic Risk	☐	

Continue to improve the quality of services	☒	**Improve patient experience**				☒
Reduced unwarranted variations in services	☐	**Reduce the inequalities gap in North Lincolnshire**				☐
Deliver the best outcomes for every patient	☒	**Statutory/Regulatory**				☐
Purpose (tick one only)	Approval ☒	Information ☐	To note ☐	Decision ☐	Assurance ☐	

Executive Summary (Question, Options, Recommendations):
North Lincolnshire Clinical Commissioning Group (NL CCG) made a decision in December 2017 to continue to work with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) to enable it to transform its services to meet current and future demand. The CCG Executive Board (Oct 18) and the Planning and Commissioning Committee (Nov 18) agreed to proceed to full procurement for an Integrated MSK, Pain and Rheumatology Community Service. This paper outlines the proposal to develop and procure an Integrated Musculoskeletal, Pain and Rheumatology Community Service and the planned impact from moving activity from the acute provider into a community-based service for North Lincolnshire. It explores:

- Background and drivers for the service
- Strategic alignment to the CCGs priorities
- Objectives and aims of the service, including outline service model
- Commissioning/Procurement Options – with a recommended option to go out to full procurement for an Integrated Musculoskeletal, Pain and Rheumatology Community Service. Route to Procurement – Full open market Procurement
- Potential Financial impact

This paper sets out the options considered and the recommendation of the CCG Executive Board and the Planning and Commissioning Committee to the Governing Body on the route to procurement.

Recommendations	1. Approve the full procurement of Integrated MSK, Pain and Rheumatology Community Service	
Report history	CCG Executive Board 30/10/18 and P&CC: 15/11/18	
Equality Impact	Yes ☒ No ☐	Draft completed ongoing whilst Service specification revised, and final version approved. However, this will positively contribute to reducing inequalities.
Sustainability	Yes ☒ No ☐	Perceived impact on NLAG sustainability. Preferred option will create more sustainable services for patients
Risk	Yes ☒ No ☐	A full risk assessment will be required; however, initial thoughts are that there will be some initial risks from a resource and financial impact • Requires short term CCG and eMBED resource to undertake procurement • There is some financial risk to the CCG of double running cost. The new Integrated Musculoskeletal, Pain and Rheumatology Community Service will free up capacity within current Acute providers to use to see and possibly treat patients currently on the backlog waiting list. Work will be required to ensure that this is modelled and monitored and any patients that are currently waiting on an outpatient waiting list are seen within the new service and those awaiting treatment are reviewed to ensure they are on the correct pathway.
Legal	Yes ☒ No ☐	Ensure compliance with Public Contracts Regulations 2015
Finance	Yes ☒ No ☐	The initial financial impact has been based on the 'Top 10 Procedures' There will be more detailed modelling alongside further development of the Service Specification to establish what other procedures can be moved into the proposed Integrated Service.

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☒	☐	March 18	**Clinical:**	☐	☒	☐	Sept 18 - ongoing
Public:	☐	☒	☐	March 18	**Other:**	☐	☐	☐	

1. Introduction / Purpose of the Paper

This paper sets out the proposed commissioning of an Integrated MSK, Pain and Rheumatology Community Service; and proposed route to Procurement

2. Background Information

2.1 National strategic context

In 2006 the Department of Health published 'The MSK Framework - a Joint responsibility: Doing it differently'. The vision of the framework is that people with MSK conditions can access high-quality, effective and timely advice, assessment, diagnosis and treatment to enable them to fulfil their optimum health potential and remain independent. The Department of Health proposes this is achieved through systematically planned services, based on the patient journey, and with integrated multidisciplinary working across the health economy.

The MSK Service Framework (2006) promotes a fully integrated care pathway and also makes a strong case for the shift of MSK resources from the acute setting into the community and delivering integrated multidisciplinary assessment and treatment that ultimately produces better value and improved patient outcomes.

Further, in 2017, NHS England set out requirements for all CCGs to commission MSK Services in line with the National Specification as part of the National Elective Care Programme. The national specification covers MSK, Chronic Pain and Rheumatology and requires:

- Each CCG should ensure that their MSK pathway includes a clinical MSK triage or review process as a Single Pint of access (SPOA)
- Rheumatology should be part of the MSK Triage
- CCGs must have clear referral criteria for MSK services
- There should be a suite of standardised referral forms
- Referrals should be assessed in a timely manner.
- CCGs should ensure they have access to relevant data to monitor and manage the impact of the service.
- Close collaboration between clinicians in both primary and secondary care is required to ensure robust clinical governance systems with strong leadership and clear accountability are developed for management and ability to 'step up' onward refer and 'step down' patient care including offering patient's choice where appropriate.

Currently NL CCG commissioned services are not fully complaint with this model and the proposed development and procurement of an Integrated Musculoskeletal, Pain and Rheumatology Community Service with ensure compliance and that patients receive a streamlined quality service.

In addition, Pain services and models of care across the country have been changing over recent years to take account of evidence based best practice guidelines that aim to modernise services. In particular the latest NICE National Guidance on Commissioning Pain Services (November 2016) https://www.nice.org.uk/guidance/ng59

This guideline recommends a more holistic, less medicalised approach to pain management including:

- More non-invasive support – keeping active with exercise and self-management support
- Less reliance on medications such as strong opioids
- Combined physical and psychological treatments (talking therapies)

- Reducing pain injections of low clinical value, specifically facet joint, epidural steroid and selective nerve root blocks

Demand for elective care services are continuing to grow and more patients are being referred for treatment than hospitals can treat, an average increase per annum is currently 4%, which is an unprecedented level of demand of approximately 1.5 million people per month referred for elective consultant led treatment across the NHS.

This is leading to an increasing national waiting list and declining performance against the Referral to Treatment (RTT) standard, and with limited resources it is imperative that demand is managed effectively and efficiently.

Analysis of activity across the NHS shows very large variations in the number of patients being referred to hospital outpatients. There is evidence that suggests that, for some referrals, patients could be managed differently without having to be referred to a hospital for treatment.

MSK conditions affect 1 in 4 of the adult population, approximately 9.6 million adults in the UK. By ensuring that patients are seen in the most appropriate setting across the primary, secondary and voluntary sectors, triage services ensure that patients who need to be seen by a hospital consultant are as quickly as possible. Within this context there is a drive to ensure that care is provided for patients as locally as possible with patients being seen in the right place at the right time, first time.

2.2 Local Background and context

In North Lincolnshire

- It is estimated that over 19,000 adults are disabled by an MSK condition
- MSK conditions account for around a third of the entire burden of disability, as measured by life years lived with disability, (YLDs), (Murray et al, 2013)
  are the largest single group in receipt of disability living allowance, (DLA), and the second largest group of patients in receipt of incapacity benefit.
- Low back pain is the single biggest cause of MSK related disability, followed closely by osteoarthritis.
- Those aged 65+ suffer a higher incidence of osteoarthritis and increased bone fragility fractures than younger age groups.
- North Lincolnshire has an older than average age profile compared with the national average and a higher prevalence of other key risk factors for MSK, including a higher prevalence of lifestyle related behaviours linked to poor bone health, a higher proportion of people employed in routine manual occupations, and a higher density of care homes for older people with dementia (a high risk group for falls and fragility fractures) per head of population.
- Population projections suggest that there will be an increasing need for MSK services, including hip and knee replacements, over the next 15 years.
- The rate of growth is likely to be higher locally, than nationally, due to the age structure of the 55+ population.

NL CCG currently commission some community based MSK services through Any Qualified Provider (AQP) contracts, there are currently three providers delivering these services and the contracts end in April 2019. A draft service specification which is complaint with the National Elective Care Programme is in development and has been approved in principle by the Planning and Commissioning Committee in June 2018, the proposed procurement route has also been discussed and approved in principle by The CCG Executive Board (Oct 18) and again at the Planning and Commissioning Committee (Nov 18).

NLAG has been using the IST tool to assess capacity and demand and there is ongoing work between NL and NEL CCGs and NLAG to develop a service model that is sustainable and provides a seamless pathway from Primary Care, Community and onwards to

Secondary Care where this is required, and this work will inform the new Integrated Musculoskeletal, Pain and Rheumatology Community Service modelling.

There is significant pressure on hospital-based services and NLCCG aggregated performance of RTT (incomplete pathways) for Trauma and Orthopaedics, Pain and Rheumatology is not meeting current RTT targets.

October 2018	NLCCG	NLAG	Target
Trauma and Orthopaedics	77.8%	73.36%	92%
Rheumatology	61.88%	55.39%	92%
Pain	*No data Currently available*		

The proposal of procuring an Integrated Musculoskeletal, Pain and Rheumatology Community Service will address issues with the delivery of RTT, Patient centred care and ensuring that patients are seen in the right place at the right time, first time.

2.3 Alignment with CCG Strategic Priorities and linked to Nationals and Local/STP Strategic priorities

The Integrated Musculoskeletal, Pain and Rheumatology Community Service will contribute towards several key strategic priorities, as defined by the CCG. For example:

- Out of Hospital Care
- Acute Commissioning
- Demand Management
- Planned Care Transformation
- NHS 5 Year Forward View
- Humber Acute Services Review
- Rightcare
- National Elective Programme
- Primary Care Quality Scheme

2.4 High Level Service Objectives

The Integrated Musculoskeletal, Pain and Rheumatology Community Service High level service objectives will aim to:

- Provide a single point of referral and a single integrated service for the triage, assessment, diagnosis, management and onward referral (if needed) of MSK and chronic pain conditions;
- Promote, support and implement self-management strategies for service users with MSK and chronic pain conditions; including integration with lifestyle prevention programmes;
- Offer an innovative approach to service delivery (e.g. extended hours, new technologies – video conferencing – patient education);
- Ensure continuous development of care pathways which are consistent with best practice (including NICE guidance);
- Help the management of service users in primary care / other setting by offering education and up-skilling of colleagues in MSK conditions/management;
- Work with GPs/other stakeholders to promote the use of, and appropriate referral into the service.
- Build partnerships and collaborative working between organisations delivering various aspects of care along the pathways
- Ensure secondary/ acute care capacity is only for service users with the most complex needs
- Access to high quality treatment - service users to be kept informed and involved in their care and are educated and supported to self-manage and can be discharged promptly from the service and stepped down to ongoing management in primary care and self-care (a culture of not “holding” on to / treating patients)

2.5 Service Model

The detailed service model can be found in the draft service specification however the key elements of the model are listed below:

1. This service will deliver the following core functions: Promotion, support and implementation of self-management strategies for service users
2. Single point of access for all GP referrals, along with clinical triage and onward referral if needed. (Except for anything included in the exclusion criteria)
3. Direct access to advice on diagnostic results / management of patients for GPs (email and telephone).
4. Supporting the management of service users in primary care / other settings; including education and access to advice for patients
5. Putting in place agreed training schedules and programmes of continual professional development for the service and other professionals. Offering training opportunities for Doctors, GP with enhanced roles (GPwER), Allied Health Professionals (AHPs) and Nurses.
6. Providing a range of interventions including (but not limited to); injections, infusions, rheumatological drug management, Cognitive Behavioural Therapy (CBT), manual therapy, medication review, orthotics, delivery of structured rehabilitation and patient education/self-management programmes, acupuncture.
7. Be able to refer directly to diagnostics and to be able to interpret and act on the results
8. Undertake onward referral to Secondary Care as appropriate

2.6 Evidence based

An integrated outcome approach has gained a very high profile nationally and is quite widely utilised in the USA and parts of Europe. In the UK, the approach is rapidly gathering momentum with many CCGs already closely examining the benefits integrated care can bring to the NHS.

Many other CCGs have successfully implemented integrated services, providing a service commissioned specifically to co-ordinate the delivery of MSK care. Demonstrating a more effective care pathway showing benefits from the removal of unwarranted variation and duplication. By having a single and clinically led pathway service, with clear accountability and budget, quality and productivity, using clinical judgment and skills to improve quality outcomes and experience for the patient and value for money.

3. Commissioning/Procurement Options Appraisal

The table below sets out the options considered by the CCG Executive Board and the Planning and Commissioning Committee

3.1 Commissioning/Procurement Options for consideration

	Option	Benefits	Dis-benefits
1	Undertake Procurement for a single provider for an Integrated Musculoskeletal, Pain and Rheumatology Community Service, using the new specification and compliance with the National Elective Care Programme requirements	Patient being seen in the right place at the right time, first time. Single provider approach increases likelihood of securing a provider due to the size of the contract. National evidence that implementation of this model elsewhere has resulted in a reduction in secondary care	Requires CCG and eMBED resource to undertake procurement NLAG currently have a backlog of patients that could result in a financial pressure if capacity is freed up by the new service (requires close monitoring and the movement of some of the patients into the new service for assessment) This will require additional resource

		activity, financial savings, streamlined pathways and improved the quality of care for patients (patient safety, clinical effectiveness and patient experience). Supports NL CCG, Local/STP & National priorities: - Out of Hospital Care. - Acute Commissioning - Demand Management - Planned Care Transformation - NHS 5 Year Forward View - Humber Acute Services Review - Rightcare - National Elective Programme - Primary Care Quality Scheme Financial savings from Locally agreed tariff	from Commissioning and Contract/Finance Team within the CCG. Service managers for T&O, Pain and Rheumatology within NLAG to identify the right cohorts of patients
2	Re-procure on an AQP basis using the new specification	Rapid procurement process National evidence that implementation of this model elsewhere has resulted in a reduction in secondary care activity, financial savings, streamlined pathways and improved the quality of care for patients (patient safety, clinical effectiveness and patient experience).	No guarantee of activity may deter bidders Potential for multiple providers may make the system more complex No consistent patient care/management
3	Include Musculoskeletal, Pain and Rheumatology services in the Community Transformation Plan, with NLAG +/- stakeholders as the providers	Avoids requirement for a procurement	Identified as falling outside of the scope of Community Services Transformation Risk of challenge as there are other providers able to provide this service, including current providers Lack of capacity within NLAG, currently failing on RTT with a backlog and long waiters.
4	Do Nothing	No resource requirements from CCG beyond contract management	Not complaint with NL CCG, Local/STP & National priorities: - Out of Hospital Care. - Acute Commissioning - Demand Management - Planned Care Transformation

			- NHS 5 Year Forward View - Humber Acute Services Review - Rightcare - National Elective Programme - Primary Care Quality Scheme No Opportunity to further reduce secondary care activity NLAG waiting list will remain beyond 18 weeks

3.2 Recommended Commissioning Option

Commissioning Option 1 – Undertake Procurement for a single provider for an Integrated Musculoskeletal, Pain and Rheumatology Community Service, using the new specification and compliance with the National Elective Care Programme requirements

Rationale – This option is the recommended option as detailed within this Optional Appraisal Commissioning/Procurement Options Appraisal (Section 3.1)

The current AQP providers contracts are due to end in April 2019 whilst they are currently working with the CCG to improve the current service delivery in the interim to ensure that patients are triaged, diagnosed and managed appropriately to elevate the current pressures within acute providers, specially NLAG, this is not a longer term contractual commitment and will expose the CCG to market challenge if an open procurement process isn't engaged.

The proposed service recommends a single point of access integrated service that is multidisciplinary and will ensure that patients are being seen in the right place at the right time, first time.

There is National evidence that implementation of this model elsewhere has resulted in a reduction in secondary care activity, financial savings, streamlined pathways and improved the quality of care for patients (patient safety, clinical effectiveness and patient experience).

The Integrated Musculoskeletal, Pain and Rheumatology Community Service model also supports NL CCG, to deliver Local/STP & National priorities.

4 The Financial Case – including CCG Financial Appraisal

4.1 Service Costs and Expected Activity

The CCG Executive Board and Planning and Commissioning Committee have both considered and approved the business case. There has been some modelling work undertaken to establish a shift in activity from the current acute providers into the proposed community service and this will have some financial benefit that could be used for further investments

4. Policy Implications and Quality / Clinical Implications

The proposed option will address the quality risks associated with current delivery, delays in access to treatment and follow up appointments and drive quality improvement through an integrated service provision.

5. Desired Outcome and Success Criteria

The CCG expects that implementation of the preferred option will result in achievement and maintenance of referral to treatment times for the CCG population and the timely on-going review of patients with long term conditions in line with NICE guidance.

Measurements will comprise of but not exhaustive;

- Referral to treatment time
- Reduction in surgical interventions
- Improved self-management of patient with Musculoskeletal, Pain and Rheumatology conditions

6. Summary / Conclusion

Planning and Commissioning Committee has reviewed the proposed Integrated MSK, Pain and Rheumatology Service Specification and Service Model and the options currently available. The Planning and Commissioning Committee recommend to the Governing body that the CCG procure an Integrated Musculoskeletal, Pain and Rheumatology Community Service through a Full Procurement approach.

7. Recommendations

The Governing Body is recommended to; Approve the recommendation of the Planning and Commission Committee to procure a provider for an Integrated Musculoskeletal, Pain and Rheumatology Community Service, using the new specification and compliance with the National Elective Care Programme requirements