

## Progress Report on Integrated MSK Procurement

29<sup>th</sup> May 2014

### 1. Executive Summary

The aim is to provide Brighton and Hove HWOSC with a progress report on the integrated MSK Service commissioned by Brighton and Hove CCG, Crawley CCG and NHS Horsham and Mid Sussex CCG for their populations.

The selected bidder is Sussex MSK Partnership. This is a partnership of Brighton and Hove Integrated Care Service (BICS – a local organisation of not for profit primary care social enterprise), Sussex Community NHS Trust (SCT), Sussex Partnership NHS Foundation Trust (SPFT) and Horder Healthcare (a charitable run specialist orthopaedic elective care centre).

The overall aim is for the 'Go Live' for the new service to be in October 2014.

Previously papers have been provided to the HWOSC pre-meeting in October 2013 and main meeting in November 2013. This paper will outline the background, set out the reason for change, the service, the procurement process, the outcomes, and patient experience. The paper will examine issues around sustainability, the next steps and on-going monitoring and communication plans. The paper aims to provide assurance on how the service would improve outcomes and patients experience within a sustainable system.

### 2. Background

The current service in Brighton and Hove (B+H) is provided by our local acute hospital trust, Brighton and Sussex University Hospital NHS Trust (BSUH) who subcontract to two other providers to deliver the service: Sussex Community Trust (SCT) and Brighton and Hove Integrated Care Services (BICS).

The current service was commissioned as an integrated service by negotiation with the existing providers as a pilot to provide all services in the areas of Orthopaedics (bones and joints), Podiatry (feet and ankles), Rheumatology, Pain Management and Physiotherapy. A review in 2012 found that this had been partly successful but that there were barriers to complete integration. Not all elements of the service were fully integrated with some still provided separately by BSUH. There had been improvements in quality of care and more streamlined pathways in some specialties but lack of complete integration had stopped this being achieved in the others. There were still duplicate appointments taking place between community and secondary care. In addition patients sometimes experienced waiting times longer than the maximum that had been commissioned.

In 2012-13 the CCG spent approximately £22m on these services.

The contract has been running on a pilot basis since 2010. No procurement had been undertaken and the service could not continue on a pilot basis. Furthermore a new service model needed to be developed that addressed the issues of integration and duplication and delivered greater value for money.

A procurement Programme Board was established across the three CCGs. A service specification was developed, encompassing the views and experiences from the public and patients, local GPs and providers and various professional bodies. The Business Case and Evaluation Strategy were approved by the CCG's Accountable Officer in October 2013. At the January 2014 Governing Body delegated authority was given for the contract award decision to be made at the Procurement Programme Board in March 2014.

### 3. Financial approach

The financial approach for the Integrated MSK Prime Contractor is a programme budget approach. This is designed to incentivise the prime contractor to drive efficiency and promote innovation to compensate for growth in demand or rises in technology or prescribing costs.

### 4. Procurement Process

Responses were received from 5 bidders at Pre-Qualifying period (PQQ) stage which closed on the 29<sup>th</sup> November 2013. All five bidders after evaluation were allowed to progress and invited to submit a response to the Invitation to Tender (ITT) stage. Following the closure of this stage on the 5<sup>th</sup> February, three bids were received:

- Sussex MSK Partnership
- BUPA
- Circle

### 5. Evaluation

The evaluation process involved a team of evaluators across the three CCGs with a range of skills and functions. The team included GPs, lay representatives and staff from the areas of pharmacy, commissioning, IM&T, finance, contracting quality and workforce. Bids were assessed according to the 11 main criteria issued with the ITT:

Section no.	Section	%
1	Clinical Service Delivery	20
2	Local integration	9
3	Contractual arrangements	5
4	Mobilisation	9
5	Quality	9
6	Workforce	9
7	IM+T	9
8	Finance	15
9	Social Value	5
10	Innovation	5
11	Bidders' scenario presentations	5
	Total	100

Clarification questions were also asked of bidders during the evaluation period and a scenario testing day also took place.

## 6. Outcome of the procurement

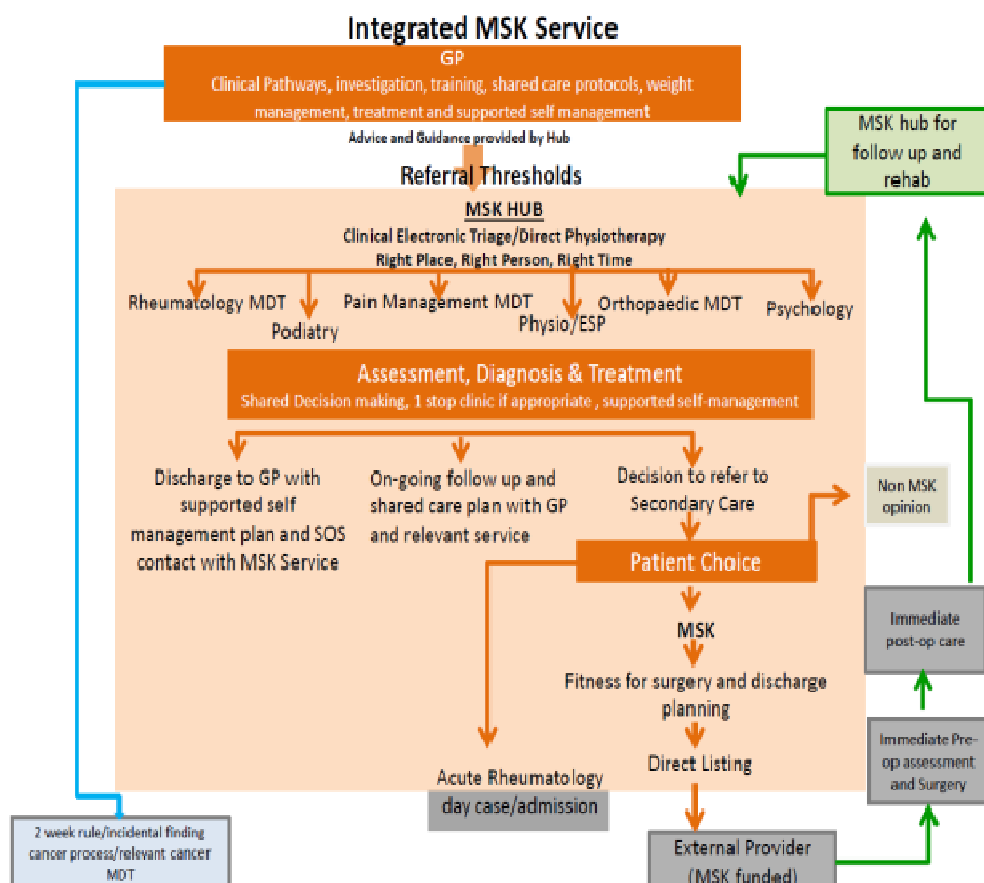
The evaluation has now been completed and the selected bidder announced with our intention to award contract. A decision was made at the MSK Programme Board on the 12<sup>th</sup> March 2014. The successful bidder was Sussex MSK Partnership which is a joint venture of Brighton and Hove Integrated Care Service (BICS), Sussex Community NHS Trust, Sussex Partnership Foundation NHS Trust and Horder Healthcare

## 7. The Care Model (outlined in Sussex MSK Partnership's response)

Care will be delivered through a hub and spoke model from a range of geographical locations that will provide services in the heart of people's communities. The population for this area is:

Area	Non-weighted population
Brighton and Hove CCG	264,308
Crawley CCG	127,258
Mid Sussex and Horsham CCG	227,281

The diagram below illustrates the flow of patients through the service.



The selected bidder is an equal partnership between 4 existing local not for profit and NHS providers, three of which are current providers of MSK services in Sussex. The partnership will sub contract with a range of other local acute providers such as

Brighton and Sussex University Hospitals NHS Trust (BSUH) for the provision of the consultant workforce and inpatient surgery.

The selected bid was of a very high standard and responded to the key requirements of the service specification and offered areas of innovation over and above the specification.

Notable elements of the bid were:

- a very strong focus on prevention, patient self-care and management with use of evidence based tools and strong links to Arthritis Care (AC), National Rheumatoid Arthritis Society (NRAS) and other local third sector providers such as The Fed and the Brighton and Hove Carers Centre.
- innovative use of Information Technology such as the Patient Knows Best online personal health record
- the integration of mental and physical health given that SPFT is one of the partners in the joint venture
- the inclusion of hydrotherapy within Brighton and Hove for the first time
- a robust process for providing real-time feedback, education and support for referring GPs

Key challenges will be:

- achieving the desired degree of integration particularly given the number of partners and sub-contractors
- delivering a consistent and high quality service across the 3 CCG areas given the geographical scale and complexity
- achieving a truly 'one stop' experience for patients that includes all diagnostic testing
- the interface with trauma services
- the transition of existing patients from the old service to the new.

Bids were assessed on the level of assurance given by bidders that the bid price could be relied upon, the value of the bid price and the financial strength of the bidders. All three bidders provided bids that passed these three criteria.

Sussex MSK Partnership provided in depth sensitivity analysis, along with mitigations to support the reliance to the bid. Sussex MSK Partnership scored highest on financial strength/sustainability and their bid price was the lowest of the three bids.

## **8. Equality Impact Assessments and Social Value**

Equality Impact Assessments have occurred throughout the process with an overall document which assimilates all the relevant views, assessments and action plans to ensure that the service meets the needs of the population.

The selected bidder will be required to show how they will comply with the Public Services (Social Value) Act 2012 and how it will add value and improve the broader economic, social and environmental wellbeing of the area that the service covers. The bidder will also be required to demonstrate how they will contribute to the resilience of the community by keeping people at work or supporting their return to work and how it will demonstrate a reduction in demand for public services and be an example of social value innovation.

The Selected Bidder will need to show how it will deliver a sustainable service and ensure it signs up to the Good Corporate Citizenship Assessment Model.

## **9. Mobilisation**

A comprehensive mobilisation programme has been established to ensure that the service commences on time on 1<sup>st</sup> October 2014, delivers the service that was commissioned in the specification and that all risks are identified and mitigated. The workstreams within that programme include:

- Contract and Finance
- Operations
- Workforce and Education
- Estates
- IM+T
- Communications
- Medicines Management

Work is already underway and an initial meeting has taken place with the selected bidder.