

Developing engagement in commissioning activities 2015

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8 January 2015

Purpose, objectives and outcomes

... or why are we here today?

Purpose

- To present the work to date on mapping the required engagement in the CCG's key commissioning activities

Objectives

- Share with you the work we have done
- Discuss the findings of the work
- Agree an approach to securing the right engagement going forwards

Outcomes

- Greater clarity for you on how and when patients and representatives can be involved

Developing engagement commissioning

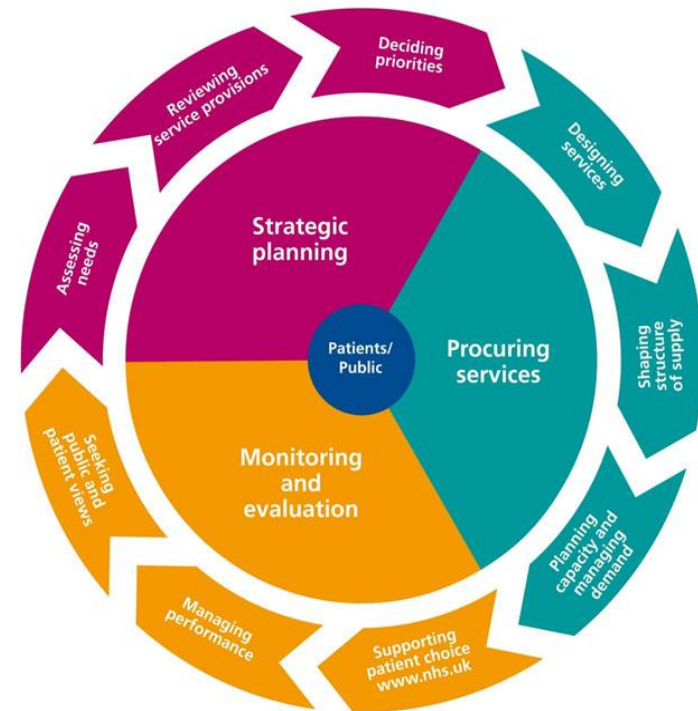
What we have done

We have been working to map:

- **Current commissioning projects**
- **The stage each project has progressed to in terms of the commissioning cycle**
- **The level of engagement each project has had to date**
- **The level and type of engagement that is required for each project going forwards**
- **Timescales**
- **The type of input we need from patients**
- **The type of things we will be asking of patients**

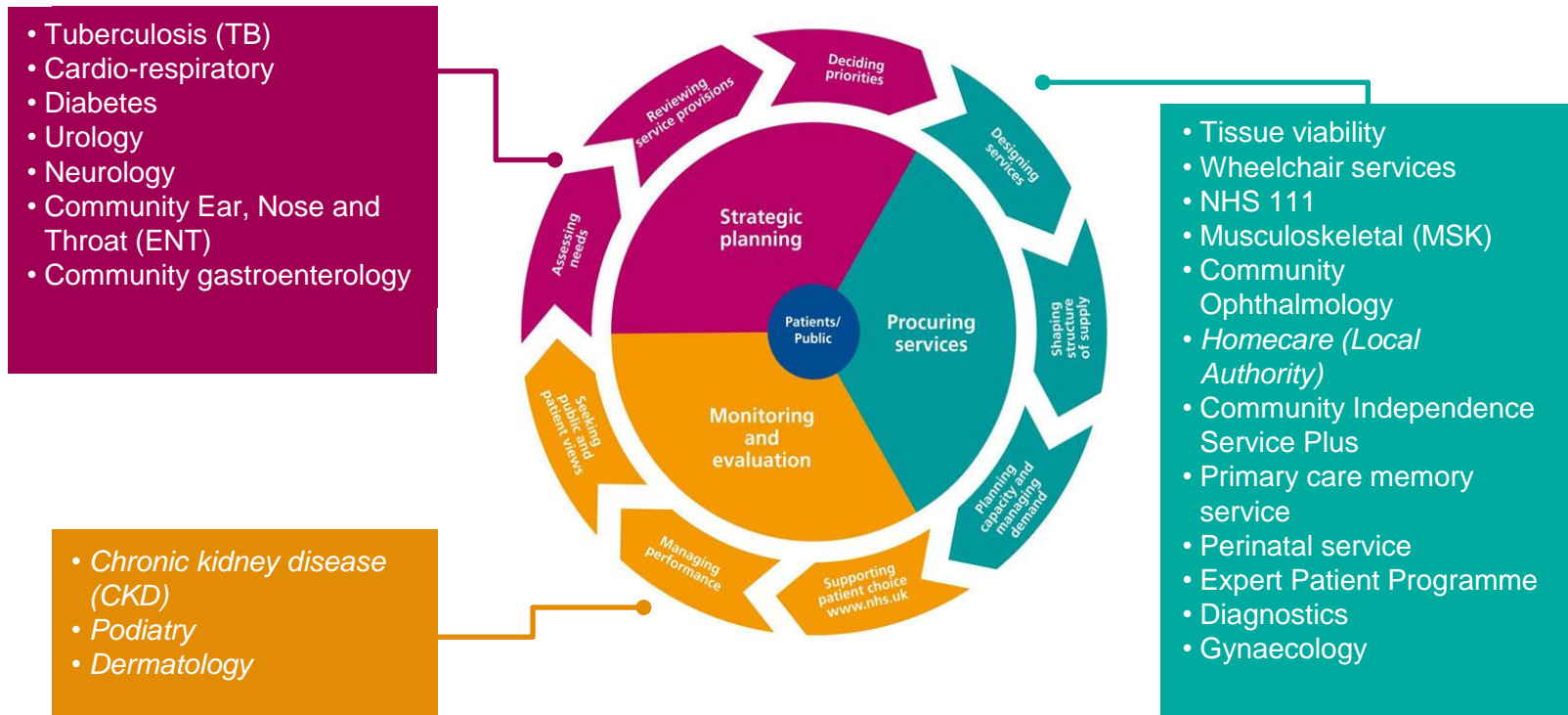
How we develop our commissioning plans: a reminder

- We develop commissioning plans for our overall vision
- ‘Commissioning’: reviewing need, to service design & re-design, procurement and evaluation
- Evolving cycle of commissioning and different areas of our work at different stages of the cycle
- Patients and the public are at the heart of all stages of the cycle



Summary: projects and commissioning stage

This diagram shows the current live projects and the stage of commissioning they are at



Supporting engagement

Feedback we have addressed

We have already taken steps to address the feedback we've had on how we can improve our engagement. In response to feedback, this pack includes:

- **Advance notice of key areas of work**
- **More detail about each scheme, involvement to date and timescales**
- **Contact names for service areas**
- **A template we will be using internally to get clearer about what we are asking from patients**

Timeline (2015)

Month	Activity required – Start date	Month	Activity required – Start date
January	Community Ear, Nose and Throat (ENT) – Scoping	July	Urology – Invitation to Tender (ITT) Development Neurology – ITT Development
February	Urology – Scoping Neurology – Scoping Community ophthalmology – Tender period	August	Community ophthalmology – service go live
March	Tissue Viability – Business Case Wheelchair services – Users group (18 th) Musculoskeletal (MSK) – Procurement CKD – Roll out and GP communications	September	Chronic Kidney Disease (CKD) – Service Evaluation
April	Urology - Development of Specification Neurology – Development of Specification Community ophthalmology – Procurement evaluation	October	Diabetes – Service Evaluation Tissue Viability – Service Evaluation Musculoskeletal (MSK) – Service to go live
May	Urology -Business case Development Cardio-respiratory – Business case to CCG Governing Body and procurement thereafter Community ophthalmology – Contract award	November	Urology – ITT released Tuberculosis (TB) – Service to go live Neurology – ITT released
June	Neurology – Business case Development Tissue Viability – Service to go live Dermatology – Service Evaluation	December	

Timeline (2016)

Month	Activity required – Start date	Month	Activity required – Start date
January		July	
February	Community ophthalmology – Service evaluation	August	Urology – service to go live
March	Urology – Contract award to GB Neurology – Contract award to GB	September	
April	Urology – Mobilisation period Cardio-respiratory – service expected go live Neurology – Mobilisation period MSK – Service evaluation	October	Neurology – service to go live
May		November	
June		December	

Detailed summary: strategic planning (1)

Service	Status	Further opportunities	Interim steps	Timescales
Tuberculosis (TB)	All of these services are in the early stages of planning	All the projects require at least one, preferably two, H&F residents to take part in all aspects of the commissioning from service design, specification development, through procurement and service evaluation	Tri-borough service scoping, and latent TB screening programme being planned	Service changes expected to go live from November 2015
Cardio-respiratory			Business case to Governing Body (GB) – May 2015 Procurement - May 2015 onwards Procurement timescales TBC	Service expected to go live early 2016/17 financial year
Urology			Scoping Feb – March 2015 Development of specification April – May Business case development - June 2015 Invitation to tender (ITT) development – July 2015 ITT released – November 2015 Contract award to GB – Mar 2016 April 2016 onwards – Mobilisation	Service expected to go live from August 2016
Neurology			Scoping Feb – March 2015 Development of spec April – May 2015 Business case development - June 2015 ITT development – July 2015 ITT released – November 2015 Contract award to GB – March 2016 April 2016 onwards – Mobilisation	Service expected to go live from October 2016

Detailed summary: strategic planning (2)

Service	Status	Further opportunities	Interim steps	Timescales
Diabetes	The service is being redesigned to fit with the new GP out of hospital contract service	The Diabetes User Group already provides significant service user engagement and involvement	Service Evaluation – October 2015	Redesign work throughout 2015/16, with a new service live in 2016/17
Community Ear, Nose and Throat (ENT)	Initial service design work is expected to be complete by March 2015	To be identified later in 2015	Scope service January – March 2015	TBC – expected to be late 2016/17
Community gastroenterology	Initial service scoping is scheduled for January and February 2015	To be identified later in 2015	Development of improved pathways November 2014 – February 2015	TBC – expected to be late 2016/17

Detailed summary: procuring services (1)

Service	Status	Further opportunities	Interim steps	Timescales
Tissue viability	There is currently no service in H&F and the CCG lead is working up a new service specification. The proposal is that the service mirrors the service in Central and West London CCGs	This project needs a patient rep(s) to be involved. Activities will include development of the business case, service specification and service evaluation	Business Case - March 2015 Service Evaluation – October 2015	Service planned to go live from June 2015
Wheelchair services (across CCGs; led by Central London CCG)	This procurement has re-started following some issues with the previous procurement and changes to the commissioning CCGs. CLCCG are leading the procurement and have already identified service users to participate at both operational and strategic levels	There should now be extensive opportunities for service re-design user involvement, e.g. visiting forums, tri-borough event, lay members involved in all procurement decisions, lay member on working group, mobilisation. The project lead will take this forward	Wheelchair users group - 18 th March 2015	January-December 2015
Homecare (LA)	The procurement is being run by the local authority, not the CCG. It is already at ITT stage. There was extensive engagement undertaken with service users about the services in order to inform the specification	Subject to LA procurement processes going forwards		Service is due to start early in 2015

Detailed summary: procuring services (2)

Service	Status	Further opportunities	Interim steps	Timescales
Musculoskeletal (MSK)	There was a full MSK service review across CWHHE and two patients (both from Central London CCG) have been involved from the beginning. They assisted with the development of a new service specification including clinical pathways/KPIs. As a result of their involvement there is also a section in the specification about patient engagement	This project needs an H&F patient rep(s) to be involved. There should be opportunities to involve patients/representatives in the full range of procurement activities including tender assessment, interviews, contract award, mobilisation and evaluation	Procurement March – October 2015 Service evaluation - April 2016	Procurement is due to begin in March 2015 and the process will run through to service go live in October / November 2015 and service evaluation in April 2016
Community ophthalmology	This procurement is at the very beginning stage. Currently the procurement process is paused but likely to re-start shortly. Two patients, including one H&F resident, have been involved in looking at the specification, priorities and KPIs	One H&F patient representative is involved, however, other interested H&F patients should contact the project lead as more input is always welcome	Tender period starts February 2015 Procurement evaluation – April 2015 Contract award – End May 2015 Service start date Early August 2015	Service is expected to go live by August 2015 with service evaluation in Feb 2016

Detailed summary: procuring services (3)

Service	Status	Further opportunities	Interim steps	Timescales
Primary care memory service	A vision has been written based on national work; several carers are already involved and will continue to be involved throughout the process. The specification is still to be written and the tender exercise is to be completed	Two H&F carer representatives are involved and recruited. Four patients with lived in experience have also been recruited for the engagement process	TBC - CLC to provide update ASAP re: engagement requirements	The service is due to go live in October 2015
Perinatal service	The specification is due to be signed off on 27 January 2015. Active engagement to date includes two workshops to design care pathway and perinatal service model. A working group includes several service users, one of whom co-chairs the group	To take part in the remaining procurement activities, we are particularly looking for a BME service user and a service user who has had mild-moderate mental health issue during perinatal phases, service user involvement	TBC – as above UPDATE: Five H&F carer representatives have been recruited, including one representative with lived experience of mental health issue	The service is due to go live in October 2015 Likely to now be January '16
Expert Patient Programme	Procurement process is almost complete, but has had good patient engagement and involvement including an H&F patient as part of the team assessing tenders & making the award	Potential further opportunities in mobilisation and service monitoring		Contract award January 2015; service go live April 2015

Detailed summary: procuring services (4)

Service	Status	Further opportunities	Interim steps	Timescales
NHS 111 (across CCGs; led by Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs - CWHHE Head of Performance)	This procurement is at the very beginning stage. The aim is to procure one provider across North West London. Early discussions about a specification have taken place. Draft Terms of Reference drawn up for the board in December 2014 included assurances around patient representation. An H&F rep has been identified	There should be scope for patient representative involvement in all aspects of the service design and procurement	TBC - TH to provide update ASAP re: engagement requirements	Service live by spring 2016 (at the latest – could be sooner)
Diagnostics	Procurement is complete	Mobilisation is underway and an H&F resident is part of the working group	Mobilisation period December 2014 – March 2015	Service expected to be running in April 2015
Community Independence Service Plus	Contract is due to be awarded in January 2015	The appointed lead health provider will be leading on this		Mobilisation to March 2015, with service live from April 2015

Detailed summary: monitoring and evaluation

Service	Status	Further opportunities	Interim steps	Timescales
Chronic kidney disease (CKD)	We are reviewing the exiting service and developing plans for changing/enhancing the current service	We need a patient representative(s) to support this work	Roll out and GP comms – from March 2015 Service Evaluation – September 2015	Service planning to end of February 2015 with service evaluation by October 2015
Podiatry	We are reviewing current services	We are using the same service users as for diabetes	Service review ends – March 2015	Review complete by early 2015
Dermatology	Additional resource has been put into the service	We need a patient representative(s) to support monitoring and evaluation of the service	Service evaluation – June 2015	Service evaluation to be complete by July 2015

Key contacts

Service leads for each area

Service areas	Lead contact	Email address
TB, Cardio-respiratory, Community ENT, Chronic Fatigue, Homeless Health	Jen Goddard, H&F CCG	Jennifer.goddard@nw.london.nhs.uk
Tissue viability, Community Ophthalmology, CKD	Edward Cox, H&F CCG	Edward.Cox@nw.london.nhs.uk
Wheelchair services	Richard Nicholson, CLCCG	Richard.nicholson2@nhs.net
NHS 111	Toby Hyde, H&F CCG	Toby.Hyde@nw.london.nhs.uk
Homecare (LA), Diagnostics, Gynaecology, Musculoskeletal (MSK), Diabetes, Podiatry, Urology	Julie Scrivens, H&F CCG & Jessica Simpson, H&F CCG	Julie.scrivens@nw.london.nhs.uk Jessica.simpson@nw.london.nhs.uk
Primary care memory service, Perinatal service	Clare Lyons Collins, H&F CCG	Clare.lyons-collins@nw.london.nhs.uk
Expert Patient Programme	Helena Stokes, CLCCG	Helena.stokes@nhs.net
Community Independence Service Plus	Coral Alexander, H&F CCG	Coral.Alexander@nw.london.nhs.uk
Dermatology	Matthew Mead	Matthew.mead@nw.london.nhs.uk

Public and Patient Engagement Requirements

Please state the service / working group:.....

Please map out the requirements of the public / patient representative you require. This will allow us to identify suitable candidates for your engagement requirements

Requirement	Information required
Organisational	
How many representatives do you require?	
Please state the start date that engagement will be required	
Commitment	
How much time will be required of the representative, including meeting times and preparation reading?	<i>Please clarify the time required for meetings, pre-reading and other associated / related activities.</i>
How frequent will these activities be required?	<i>Please also clarify the frequency of the above activities e.g. bi-monthly / weekly</i>
Expected end date of the representative's commitment?	
Skills and Experience	
Does the representative require any particular skills or knowledge to participate?	<i>e.g. awareness of the commissioning process / governance structures within Hammersmith and Fulham CCG / NWL</i>
What experience does the representative require?	<i>e.g. do you require a representative from a particular patient group, carer group or non-service user</i>
Contribution	
How will the representative be contributing to the engagement process?	<i>e.g. commenting on papers, attending meetings, surveys</i>
Other (access and remuneration)	
Does the representative have the option of attending remotely?	<i>e.g. teleconference / videoconference / Webinar</i>
Please state if representatives will be offered any remuneration	
Will the representative require any training or support within their role?	

Supporting engagement

Feedback we have addressed

We know that there is some outstanding feedback we still need to address:

- **Develop ‘job descriptions’ for patients/representatives, including time requirements as well as the role**
- **Develop our offer to support patients with briefing, debriefing and mentoring support, as well as formal training**
- **Use a variety of media and networks to advertise for input – we are now active on Twitter, and our website is being refreshed**

Moving forwards

Next steps

We will seek to:

- **Work to the timetable set out in this pack to advertise engagement opportunities – we are planning a recruitment campaign that will support multiple projects**
- **Address all the outstanding actions on the previous slide**
- **Seek feedback from you again in 3-6 months time**

Glossary

- **Scoping** – Assessing the local population needs, the current services available and consequently identifying and agreeing on the priorities for the local area / service
- **Business Case Development** – The business case is developed to set out the ‘case for change’ and the financial considerations for the service; it is presented to the CCG Governing Body to enable them to make the decision about whether to commission/re-commission/de-commission
- **Development of Specification** – Maps out the details of what the service will entail e.g. service provided, target population, how the service will run, what access is required, what outcomes are required
- **Invitation to Tender (ITT)** – Sets out the desired requirements for the prospective parties that wish to apply for and secure the contract. Initially, this is drawn up by the CCG and subsequently released for the relevant parties to make a bid for the contract
- **Contract award** – once the ITT applications have been received, the CCG will then award the contract to the contractor they believe to be best placed to fulfil the requirements of the contract. This is subject to GB agreement
- **Mobilisation period** – the period of time between contract award and service going live. This allows for time for the provider to deliver service specific resources
- **Service Evaluation** – an evaluation of the services’ overall performance is routinely completed six months after the service has gone live
- **Procurement** – the planning and purchasing of healthcare services