Independent assessment of the Musculoskeletal Services (MSK) contract award to Circle Health and the impact on LGT.

1. Background

In July 2016, Greenwich CCG announced that following a competitive tender process they had awarded the contract for integrated Musculoskeletal Services (MSK) to Circle Health Ltd.

The MSK contract covers a broad range of hospital-based as well as community services for the residents of Greenwich, namely:

- Elective Orthopaedics
- Rheumatology
- Pain Management
- Physiotherapy (MSK Community and Outpatient)
- MSK Podiatry and Podiatric Surgery

Under the new contract, Circle Health will hold the budget for all these services. NHS providers will continue to be paid at tariff for all secondary care activity carried out under this prime contractor arrangement. For activity undertaken in Integrated Provider hubs, Circle will contract with organisations on a sessional basis. Physiotherapy activity will be paid on an episode basis, moving away from existing tariff payments made for first and follow-up appointments.

Following public concerns about the impact on the local Trust, Lewisham and Greenwich NHS Trust (LGT), the Healthier Communities and Adult Social Care Scrutiny Panel (HCASC) on 3 November 2016 have requested that the CCG and LGT co-commission an independent assessment to identify the possible potential impact, and that the outcome of that assessment is shared with the HCASC prior to the CCG signing a contract with Circle Health.

2. Scope of the impact assessment

The concerns raised by the HCASC relate specifically to elective orthopaedic activity currently delivered by LGT and, specifically, the main concern is that LGT may see a reduction in elective orthopaedic activity, which may impact on its trauma services. The purpose of this impact assessment is to review this potential impact and assess whether there could be consequential outcomes, which will detrimentally affect local trauma services, impacting on Emergency Department services and other interdependent services at Queen Elizabeth Hospital and risk the clinical and financial viability of the Trust.
The assessment will be required to assess the potential impact on LGT’s elective orthopaedic surgery, in terms of percentage loss or gain, based on the proposed new clinical model and using evidence from comparable models of service nationally. It will be required:

- To consider the likelihood of a range of impacts of up to -40% to +40% change in volumes of elective orthopaedic surgery, including 0 or no change and in increments of 10 percentage points between 0 and 40% growth or reduction.

- To look at the potential impact on LGT staffing should there be from -40% to +40% shift in elective surgery, including all staff but paying particular attention to the implications for medical staffing and the ability of the Trust to maintain emergency surgery (trauma) rotas.

- To identify the threshold for a reduction in elective orthopaedic activity at which the viability of the trauma rota is challenged.

- To assess the wider impact upon other services should emergency rotas become difficult to maintain, such as impact on the Emergency Department.

- To look at the potential impact on sustaining undergraduate and postgraduate training should there be -40% to +40% shift in elective orthopaedic surgery.

- To look at the potential impact on volumes of outpatient activity should there be from -40% to +40% shift in elective orthopaedic referrals.

- To look at the potential impact on Referral To Treatment (RTT) performance in Trauma & Orthopaedics) should there be from -40% to +40% shift in elective orthopaedic referrals.

- To look at the potential impact on the current capacity plans (and backlog) at the Trust should there be from -40% to +40% shift in elective orthopaedic surgery.

- To look at the potential service impact on interdependent clinical services at LGT and the potential consequences to existing service provision as impacted by this contract.

- To look at any impact on delivery of national constitution standards for RTT or other relevant clinical guidelines.

- To look at implications of shift in elective orthopaedic activity on future recruitment of orthopaedic clinicians and support staff and the potential consequences of this.
Given the potential scenarios above, the assessment should also consider a ‘do nothing’ scenario, looking at growth over the past two years in T&O and relevant outpatients and roll it forward for the next two years.

The assessment should also assess the potential overall impact of the contract on the Trust’s financial position.

3. Data Source

The selected organisation will be required to utilise both Trust and Commissioner data sources in order to undertake a comprehensive impact assessment, with final reports corresponding to UNIFY datasets. Access will be made available to leads within Greenwich CCG and LGT to provide both quantitative and qualitative information as required in a timely manner.

Data used as part of the impact assessment must be validated by the supplying organisation (either the CCG or LGT) prior to being included as part of this impact assessment.

4. Timescale

Following selection of an organisation to carry out the assessment, the work is expected to take no longer than 10 working days when a draft report will be shared with both Greenwich CCG and LGT for accuracy check. Comments will be returned within 5 working days. The report will be confidential at this stage.

5. Outputs

The output should take the form of a report, which addresses the questions raised in section 2 above, clearly setting out the implications of the range of potential scenarios on the Trust’s elective orthopaedic service and its trauma services, including on activity volumes, performance, its medical model, including consultant teams and its ability to provide appropriate postgraduate and undergraduate training. The report must also set out the potential financial implications on the Trust. Results should be able to be interpreted at Trust and CCG level and activity should relate to national UNIFY data sets.

The impact on T&O volumes and performance should be clearly described across these ranges, and aggregate Trust and CCG performance against Constitutional standards should be modelled based on T&O changes taking into account our current best understanding of overall Trust RTT performance.
The report should specifically respond to questions asked in section 2 and provide both a quantitative and qualitative assessment, displaying financial, numeric and resource related implications and providing a narrative to contextualise the information provided. The report will include the potential for service impact on the relevant clinical services at LGT and the potential consequences to existing service provision.

The report may also include reviews of similar processes undertaken elsewhere, or other information such as interviews/conversations which are undertaken with any associated individual, where relevant.

Accompanying this report should also be an executive summary which is suitable for public distribution, and is written in plain-English.

As well as providing an executive summary, the report should provide:

- Description of the rationale for undertaking assessment
- Evaluation Methodology
- Findings
- Conclusions (in specific response to Evaluation Questions)
- Recommendations
- Annexes

6. Commissioning of provider to undertake process

As part of the selection process, Greenwich CCG and LGT will jointly agree three potential organisations to undertake the independent impact assessment. This will ensure that any potential bias is addressed and is balanced.

Each organisation will be provided with a comprehensive brief, including this Terms of Reference, detailing the requirements of the impact assessment. All organisations will be invited to submit a written proposal detailing the following:

1. Detailed methodology to be applied
2. Cost for undertaking review and resources which will be assigned
3. Associated timescales
4. Resource requirements
5. Experience of undertaking similar exercises

If any organisation does not take up the initial invitation, LGT and GCCG will jointly agree an alternate.
7. Panel selection

Representatives from the CCG and LGT will be the decision makers on who is commissioned to undertake the assessment. However other representatives will be invited to give their view, including NHS England and NHS Improvement.

A Circle Health representative will be involved in an advisory capacity - to ensure the company selected to undertake the impact assessment fully understands Circle’s model – but will not be part of the selection panel.

In the event that the CCG and LGT decision makers disagree on who is commissioned to undertake the assessment, other panel members will vote on the two organisations, with the majority decision taken.

Panel

Diane Jones, CCG
Dr Hany Wahba GP executive CCG
Ben Maguire, LGT
Dr Gerald Coakley, LGT Clinician
Oxleas FT representative
Giles Gabon, CCG Patient Reference Group (PRG) representative
Rikki Garcia, Healthwatch representative
Patient representative (TBC)
Jane Fryer, NHSE representative
Louise Fleming NHSI representative

8. Outcome

Following the impact assessment, the report will be jointly owned by the CCG and LGT and will be shared with the HCASC, as well as published on the CCG website.

9. Declarations of Interests

All organisations that may bid for this assessment must declare any direct / indirect links and or working relationship with LGT and or Circle Health.