Stoke and North Staffordshire Pioneer Programme – Profile

1.1 What is your area like?

The areas of Stafford and Stoke-on-Trent covered by the programme have a combined population of around 771,500 people. Overall, the health of the population is improving; however there are many health challenges and significant health inequalities. Currently around 22,000 people live with cancer, projected to rise by 68% to 36,600 by 2025. Around 8,500 people die locally each year, but only 0.2% are on an end of life care register, indicating significant under-identification of needs. By 2021 it is estimated that the number of people over 75 will increase by 38%, compared with 27% for England.

The local NHS is facing significant financial challenges, as well as reorganisation following the Mid Staffordshire NHS Trust Inquiry.

1.2 What are you aiming to achieve?

We are seeking to make a paradigm shift in commissioning cancer and end of life care services. We want to move from a focus on the needs of care providers to putting the needs of patient as service users at the heart of service delivery. To achieve this we have launched an ambitious programme of transformation in which delivery of care will move from being a series of disparate treatment episodes to integrated pathways built around improving outcomes for patients.

North Staffordshire, Stoke-on-Trent, Stafford & Surrounds and Cannock Chase Clinical Commissioning Groups (CCGs), and NHS England are the five commissioning partners; we are working with Macmillan Cancer Support, Staffordshire County Council, Stoke-on-Trent City Council and Public Health England to deliver the Transforming Cancer and End of Life Care Programme.

We know that the system that supports both cancer and end of life care patients has a number of limitations, in relation to:

- Delivery models
- Barriers to integrated care
- How services are commissioned and the range of different commissioning agencies
- Funding gap
- Consistent and equitable patient experience

In addition, we have poor cancer outcomes – one-year survival rates in all four CCGs are below the national average of 68%, less than satisfactory cancer waiting times, poor patient and carer experience, and too few people dying in their preferred place. There is also a lack of clear accountability for the whole patient journey with 34 providers delivering end of life care and 26 delivering cancer services.

The current spend on cancer and end of life care is around £100m a year across the commissioners.

The programme has been developed to provide a sustainable solution to these issues, as well as the growing incidence of cancer and escalating costs. It will also address significant variations in clinical outcomes, expenditure and patient/carer experiences, and a lack of clear accountability for the whole patient journey.

The aim of the programme is to appoint an accountable body, responsible for ensuring that services are person-centred and integrated. To achieve this, two major procurement exercises are being undertaken:

- End of life care – for all long term conditions
- Cancer services – from prevention through treatment to survivorship

At the end of the procurement, two 'service integrators' will be appointed – one for cancer, one for end of life care.

Because of the need to maintain quality and stability during a time of great change, the contract will be implemented in two phases over ten years.

1.2.1 Phase one 2015-17: Redesign and integration

In years one and two, the service integrators will be responsible for working with local partners, including current providers, clinicians, service users and carers to redesign all aspects of the services. For example, removing barriers such as red tape, poor communication and data gaps. The service integrators will then coordinate the planning of new models of care.

1.2.2 Phase two 2018-25 – Accountable delivery

In years three to ten, the service integrators will work with commissioners and providers to implement integrated pathways and will be responsible for ensuring integrated delivery of all the services across the patient journey; they will be answerable to the CCGs for overall performance.

1.3 What have been the highlights of your first year?

- Extensive involvement of people with experience of service in co-designing the transformation programme
- Two major procurement exercises involving local and national partners launched
- The development of an outcomes based framework, new contracting model and payment mechanism
- Independent evaluation to provide ongoing learning for the programme

1.4 Details of the year

1.4.1 Partnership and governance

We have built and maintained a tight partnership between the six NHS commissioners (including NHS England and Public Health England for the cancer pathway), Macmillan Cancer Support as the strategic partner, and working with two local authorities. As well as the robust governance structure there are a number of mechanisms in place to provide independent advice and oversight, including:

- An external national expert advisory group has been set up with colleagues from NHS England, academia, providers and national patient groups to provide independent advice and act as a critical friend
- The Office for Public Management was commissioned to run alongside the programme to undertake action based learning

1.4.2 Co-design with service users

We have been talking to the public, communities, patients and carers about the programme since 2012. In 2013 work took place to recruit three people with experience of services to the programme board with responsibility for increasing engagement. Fifty champions were recruited and now form a champions' network. See case study: Patient champions' stories.

A small group of patient champions have been trained and actively involved in the procurement process to appoint the service integrators. Specifically they are involved in framing questions for procurement purposes, evaluating bids, involved in dialogue with bidders. See case study: Co-design of programme with people who have experience of services.

1.4.3 Preparing for procurement

Memoranda of information and pre-qualification questionnaires (PQQs) were published, setting out the direction for the transformation of cancer services and end of life care. A 10-year outcomes framework describing the outcomes that service integrators must meet, and how these are linked to a payment mechanism which rewards performance has been developed for cancer services, and is currently in progress for end of life care. A new contracting mechanism has also been developed to sit alongside the outcomes framework. This work has involved extensive stakeholder input, both nationally and locally.

1.4.4 Commencing procurement

The procurement process started in May and June 2014 with notification through the Official Journal of the European Union (OJEU). It will take a year to complete, running until the autumn 2015. PQQs were issued and returned, and were subject to rigorous scrutiny and evaluation before final consideration and approval by the programme board. Across cancer and end of life care, seven organisations were successful at PQQ stage – two local provider trusts, two private sector consultants/management firms, and three private sector healthcare providers.

Service integrators will need a range of skills, and organisations which have succeeded at PQQ may wish to form alliances and consortia. The eventual service integrators will still engage with local care providers to deliver care in the future.

1.5 What has been the most exciting aspect?

Having the patient voice at the heart of the programme, and ensuring that every decision that is being made in the programme has a patient involved within that. This has often meant stretching and changing the way that we work and pushing our own boundaries to enable this to consistently happen.

The innovative approach that we are taking to the work and what has been achieved so far, namely an outcomes based contract, population based commissioning, new payment mechanism, and the approach to be taken to dialoguing with bidders.

The partnership with the voluntary sector: Macmillan Cancer Support is an important partner in the programme and a catalyst for change. It is a member of the programme board, and brings fresh skills and perspectives, particularly in engaging with patients and communities. Macmillan funds the local programme team to allow a dedicated resource to work on designing new models of care. Staffordshire is part of Macmillan's national Redesigning the System programme which supports organisations to make large-scale change, based on principles devised by Macmillan from many years working in cancer and end of life care.

Through the RTS programme, Macmillan is working with partners to change the cancer system to ensure all cancer services – in hospital and the community, providing medical, practical emotional and financial support – are joined up. The aim is that learning from Staffordshire can be rolled out to improve cancer and end of life care nationally. Macmillan is not bidding to provide either of the contracts. See case study: National voluntary organisation as strategic partner for change.

1.6 What has been the most challenging aspect?

Only a handful of large-scale NHS procurement exercises have taken place so far, and while we are learning from what has gone before, an ambitious, innovative programme brings a number of challenges.

The programme involves both local and national NHS commissioners. The programme commenced during a state of flux post NHS reforms, and there has been a period of bedding down when it was being developed, with further changes in key contacts during the first year. Reforms such as health and wellbeing boards are proving helpful, and additional assurance for the programme is positive. We, however, believe that a period of stability for the NHS and its partners would be beneficial for all ambitious integration programmes.

There has been some opposition to the programme locally, with probably the main concern being that it would result in cancer services being taken over by a private healthcare provider. Some of the concerns may have been exacerbated because initially we used the language of 'prime provider/prime contractor' rather than the more accurate 'service integrator'. While the service integrator could be from the NHS or the independent sector (or a combination), service delivery is likely to remain a mixed economy.

1.7 What are you planning to do next year?

- Progress the next stage of procurement, ensuring the process is rigorous, cost effective and aligned with NHS Five Year Forward View
- Issue Invitation to Submit Outline Solutions; bidders will discuss ideas and solutions with a panel in a process of competitive dialogue
- Refresh approach to engagement building on work of non-executive board members and champions to ensure continued involvement in co-design and contact monitoring
- Progress plans for commissioning a longitudinal impact evaluation

1.8 What is your advice for areas starting on their own integration journey?

A shared vision and commitment A clear vision among all the partners, with clarity as to roles and expectations, both organisationally and individually, is essential, especially when partners may have differing priorities. A memorandum of understanding is a useful way to do this. Having strong relationships in place among partner organisations will help when challenges present.

Partnership working Work with the community from the outset to design the approaches for getting the 'public voice' into the process. There is no one set way for doing this and it is important that a clear process with feedback mechanism is developed.

Ongoing evaluation Integration takes time to achieve. Building in an evaluation approach helps capture the learning along the way and reflect on achievements to date. The Office for Public Management has been commissioned to undertake action based learning.

We have also been working with NHS England and the King's Fund to share our learning to date. For further information on our approach to commissioning see the case study in the King's Fund's publication Commissioning and contracting integrated care.

Transparency in procurement One of the tensions in a procurement process is between commercial confidentiality and being open with stakeholders. We have learned that it is important to push the boundaries to ensure as much transparency as possible, because it is vital that all stakeholders are well informed. A strong communications and engagement strategy and plan is key to this. Throughout 2015 we will continue to engage with those with an interest in the programme including clinicians, local medical committees, communities, MPs, Unison, lobbying groups, and patients.

Website: Details of the programme and procurement so far are on our website: www.staffordshirecancerandeol.com

Contact: Justine Palin, Programme Director
Email: Justine.Palin@northstaffs.nhs.uk