NHS BRENT CCG

COMMUNITY FALLS PREVENTION

& BONE HEALTH SERVICE

MEMORANDUM OF INFORMATION

VERSION 1

Introduction

* 1. Purpose of this document

This document covers an overview of Brent CCG, the current community based environment, and the desired outcomes of future provision, so that any party interested in helping to deliver services can make a contribution to this engagement exercise.

The MoI is intended as a preliminary background explanation of NHS Brent CCG’s plans and is not intended to form the basis of any decision on the terms or specification upon which NHS Brent CCG will enter into any contractual relationship.

* 1. Overview

NHS Brent CCG is responsible for the provision of a number of community-based services. The current contract for the provision of a falls service is incorporated within an Intermediate Care contract delivered by a local Short Term Assessment, Rehabilitation and Reablement Service (STARRS). Following a period of review, the CCG has agreed for a new model for falls services within Brent.

NHS Brent CCG is therefore engaging with interested parties on future provision with a view to ensuring that the needs of the Brent registered population are met, and that patients can access the right level of care in the right setting. This will inform the CCG’s route to market for this specific service.

Brent CCG recognises that current pathways and services will need to be updated and developed with the direction of the NHS Five Year Forward View and draw upon findings of the Right Care programme. We expect this engagement process to stimulate thinking and responses which go beyond simply re-providing services as they are currently configured and specified.

In particular, we are looking for perspectives on the development of a truly comprehensive model of care that whilst integrated with relevant care providers and agencies, focuses on both prevention and reactive measures to reduce the harm from falls and/or fractures. Such a model would materially impact the shape of and demand for falls services in Brent. While this includes improving communications, co-ordination, and reducing duplication between services, it should also result in improving access for patients by simplifying pathways for healthcare professionals and promoting greater coherence across the system.

Falls services accessible to Brent patients are delivered in more than one setting of care as follows:

* Community falls class
* Falls clinic in secondary care

*Community Falls Class*

The service is commissioned by NHS Brent CCG and forms one function of an Intermediate Care service delivered by a local Short Term Assessment, Rehabilitation and Reablement Service (STARRS).

Patients are referred to the programme following assessment by a STARRS therapist. Classes are held once a week at Willesden Centre for Health and Care. Classes are attended by a Physiotherapist and Rehabilitation Assistant.

The service is offered to individuals who have suffered a fall and/or fracture, with preventative techniques out of scope for residents at risk of either injury.

*Falls Clinic in Secondary Care*

Central Middlesex Hospital in Northwest London offers a monthly consultant led-falls clinic to Brent residents. This offer does not form part of the Community Falls service commissioned by NHS Brent CCG via the Intermediate Care contract identified above.

* 1. Context & Activity Trends

Falls are the single largest presenting complaint for the CCG’s Short Term Rapid Response service, an operation designed for admission avoidance to provide care at home in a more appropriate setting. Between 2009 and 2014, the number of presenting complaints with a fall as the primary diagnosis has risen from 87 to 784 per annum.

Levels of secondary care activity related to a fall and/or fracture has remained stable over the past three years at circa 1,000-1,100 NEL spells. However, the trend in cost for this activity has increased over the same period suggesting growth in the average cost per patient and complexity of these admissions.

The CCG’s original business case was predicated on data that the existing service was receiving between 950-1,300 referrals for residents who had fallen.

It should be noted that the figures do not include falls in social care, unreported falls i.e. at home, non-conveyed etc.

Section 2.3 of this document provides a list of proposed resource to deliver the service. It is expected referrals will be received from the sources described above and other healthcare professionals including GPs.

The model is based on the assumption of a falls clinic offered twice weekly, plus four falls classes weekly to be organised across Brent’s localities.

Capacity assumptions should seek to account for an increase in referrals above that identified within the original business case, to assess circa 1,000 patients per annum via the falls clinic and a further 2,200 assessments/appointments (some home visits) by an Occupational Therapist or Physiotherapist or Fracture Liaison Nurse. The service should deliver 208 falls classes for each 12 month period.

As set out in the Request for Information, we would be interested to understand providers’ suggestions on the proposed model and strategy to deliver the specified objectives, including pricing structure. The service should be flexible to meet the demands of the local population.

Potential Scope of Services

* 1. Principles underpinning the Service

The Falls and Bone Health Service is a facility to be based in the community administering services to individuals for the purposes of preventing falls and involves qualified professionals in the delivery of all assessments and interventions.

The aim is to commission an evidence based, patient centred, high quality, value for money service for the prompt rehabilitation and treatment of patients who have fallen or are at risk of falling within a community setting. The service will also respond with effective management to patients with a first fracture in order to help prevent any subsequent fracture.

Older people (> 65 years old) who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a healthcare professional with appropriate skills and experience.

It is clear that there are two components to reducing the incidence of fractures:

* Reducing the incidence of falls i.e. reducing the risk of falling which may lead to fractures
* Reducing the incidence of fracture i.e. reducing the risk of a fracture if a fall does occur
  1. Scope of Service

The Falls and Bone Health service is a clinically-led service that seeks to ensure all patients that are at risk of falling or that have had a fall and/or fragility fracture have access to;

* Falls assessment
* Falls prevention education and management
* Integrated care plan
* Medication management
* Rehabilitation & support programmes

The service is to act as a gateway to interventions to reduce the incidence of falls and fragility fractures to reduce subsequent A&E attendances, admissions for fracture, loss of independence and mortality.

The service will be accessible 9:00am - 6:00pm Monday to Saturday, 52 weeks per year excluding bank holidays via a single point of access. Clinics will be set up locally within localities with good access to public transport & home visits when required.

* 1. Falls & Bone Health Service Design

The service functions are to be formed of five functions:

* Assessment function which includes the delivery of an individualised care plan
* Identify and treat patients with osteoporosis that have suffered a fragility fracture
* Administrative function including tracking/monitoring of service users
* Integration function with local healthcare providers with a falls scope of work
* Deliver falls classes in a community setting

The team to deliver this service will consist of:

* Consultant lead
* Falls service lead
* Fracture liaison nurse
* Physiotherapist(s)
* Occupational therapist(s)
* Rehabilitation assistant(s)
  1. Outcomes

Many individuals who fall do not present to, or inform a healthcare professional. Education should be a recurring aim to change such behavioural habits. Furthermore, individuals who present to the emergency services may have an immediate injury assessed but may not receive a formal risk assessment to reduce the risk of further falls and injury. Clear referral pathways and access to low level prevention should be a primary objective of the service, delivered by:

* Ensuring high quality of care, to ensure patients are treated in accordance with all relevant National guidance
* Patient outcome data is collected and monitored (including patient reported outcomes as these are developed).
* Developing an integrated falls pathway that favours a multi-disciplinary approach to falls prevention and with clear links to local multi-agency teams with a falls interest.
* Assessing and managing the bone and falls risk of all patients over 50 who have suffered a fragility fracture (excluding fingers, toes, face and skull) to prevent subsequent fractures.
* Offering all interventions based on best evidence available and aimed at reducing inequalities in health and wellbeing.
* Ensuring sound clinical governance of services and continuing service improvement/innovation.
* Improving partnership working by involving others in the delivery of the falls prevention agenda e.g. Age UK, Community Pharmacy and others and by chairing a local falls steering group.
* Ensuring patients are fully informed of their condition and treatment, and that they are provided with an appropriate format of information.
* Ensuring compliance with national waiting time targets and other key national and local quality and performance targets.
* Ensuring the delivery of a service that is inclusive for people with cognitive problems, e.g. dementia.
  1. Critical Success Factors (CSFs)

NHS Brent CCG will require service providers to meet the following CSFs:

* Access:The services must be provided to meet patient access needs andpreferences.
* Integration:Providers of services will be expected to integrate with, andpositively contribute to and communicate with the local healthcare community.
* Quality:The services should be patient-centred while being delivered in a safeand effective manner through a learning environment.
* Value for Moneyand Affordable**:** The services must be high quality and costeffective offering affordability and providing Value for Money for the NHS.
  1. Service Specification

A copy of NHS Brent CCG’s draft service specification in relation to Community Falls Prevention & Bone Health Service is included within this notice for parties to review, including an expanded description of the scope of the services, draft care pathway and key performance indicators.

Demographics

* 1. NHS Brent CCG Demography

*Overview of NHS Brent CCG Commissioning Arrangements*

Administratively, the area of NHS Brent CCG is divided into five localities that are not geographically aligned:

* Harness
* Kilburn
* Kingsbury
* Wembley
* Willesden

Each locality has a clinical leadership team comprising a locality Clinical Director and Clinical Leads with administrative and managerial support.

Within localities, networks of GP practices have established themselves as provider vehicles. In this capacity, GP Provider Networks are able to form partnerships or alliances with others to provide an integrated model of care, with the GP at the centre of coordinating patient care.

This is in line with the CCG’s strategic ambition to commission integrated and holistic patient care as outlined in the North West London application for Integrated Care Pioneer Status, Living Longer and Living Well.

At present there are four GP Provider Networks developed. The number of practices within each of the four networks is as follows:

* Harness: 21 Practices (covering approximately 115,000 registered patients)
* Kilburn: 12 Practices (covering approximately 72,000 registered patients)
* Wembley: 10 Practices (covering approximately 50,000 registered patients)
* Kingsbury & Willesden: 24 Practices (covering approximately 115,000 registered patients)

NHS Brent CCG is currently responsible for a registered population of approximately 354,000, (the number of people registered with a Brent CCG GP practice). A patient does not necessarily have to live in Brent to be registered with a Brent GP.

*Geography*

Brent is an outer London borough in north-west London. The geography of Brent broadly divides at the A406 road into the north-west and south-east. The south-east is more densely populated than the north-west. Population densities are particularly high in the wards of Harlesden, Mapesbury, Kilburn and Queens Park; almost a quarter of the Brent population live in these four wards. Conversely, population densities are low in Northwick Park, Kenton, Fryent and Dollis Hill.

A map of the geography covered by NHS Brent CCG and the main NHS Hospitals which currently provide a significant proportion of secondary care services to Brent residents is presented below:

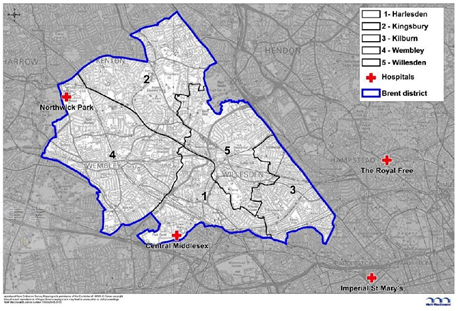


Figure 1: Brent Borough map & NHS Hospital Trusts

*Brent Population Information*

The Office of National Statistics (ONS) Mid-2013 Population Estimates for Clinical Commissioning Groups in England estimates the population of Brent to be 317,264.

Official figures also show that Brent’s population is on the increase, having risen 18 per cent between the 2001 census and 2011 census. The health of people in Brent is varied compared with the England average. Deprivation is higher than average and about 24.8% (16,200) children live in poverty. Life expectancy for both men and women is higher than the England average.

The map below shows the population density for Brent. It shows that the highest densities of people live predominantly in the south east of the area, predominantly in central Harlesden and eastern Harlesden, southern and eastern Kilburn and south eastern Willesden. Other parts of the region also have isolated areas of high population density including parts of the Wembley locality.

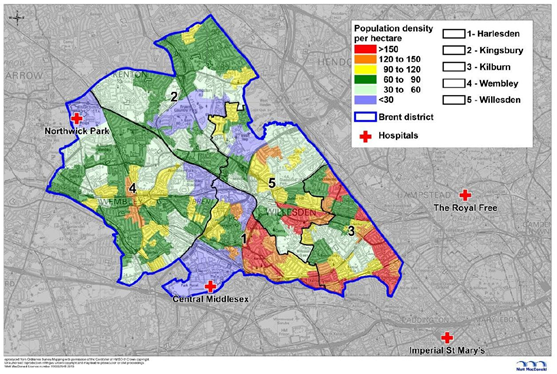


Figure 2: Brent population density

*Overview of Health Profile of Brent Population*

Life expectancy for males and females in Brent is higher than the national average. However, there are clear gaps and inequalities. For example life expectancy for males in the most deprived areas of Brent is 4.7 years lower than for males in the least deprived areas.

The leading causes of morbidity within Brent are cancers, cardiovascular disease (CVD), and respiratory disease. In 2012, 19.5% of adults in Brent were classed as obese, with estimates of the levels of adult physical activity worse than the England average. The Joint Strategic Needs Assessment (JSNA) review has identified that long term conditions such as diabetes are particularly endemic in Brent. In 2012/13, 7.8% of people on GP registers in Brent were recorded to have a diagnosis of diabetes. This compares to the England average of just 6%.

Children and young people under the age of 20 constitute 25% of the population of Brent. However, despite the young population the number of people over 75 continues to grow. The 65+ age group has grown by 8% over the last 10 years; even though the number of people aged 65-69 has reduced by 4%. This demonstrates that we have a spike in our older population, which is a significant planning factor.

Commercial Framework

* 1. Route to Market

Brent CCG is currently exploring options around the most suitable route to market. The current thinking is a procurement process is likely to be undertaken, however market engagement will help to inform the model and shape of services in relation to the wider context of truly integrated services, the process to be followed, and any final decisions. If the CCG authorises a procurement process to be undertaken, then the indicative timescales are likely to be as follows:

|  |  |
| --- | --- |
| Activity | Anticipated Timescales |
| Market Engagement | Apr-16 |
| Issue ITT & Advert | Jun-16 |
| Bidder Briefing | Jul-16 |
| ITT Submission Deadline | Jul-16 |
| Contract Signature | Aug-16 |
| Mobilisation | Sep-16 |
| Full Service Commencement | Nov-16 |

* 1. Key Commercial Considerations

We expect that, if Brent CCG decides to undertake a procurement process, the services above (subject to revised specifications) would be offered to the market.

It is anticipated any new contractual arrangement that NHS Brent CCG enters into will be for the duration of three years, with the possibility of one extension of 2 years. The precise contract term/duration, however, requires confirmation and may vary.

Providers will be required to deliver services from facilities within Brent to local residents. There is a working assumption that a falls clinic will be offered twice weekly, once in the north of the borough and another in the south; plus four falls classes weekly to be organised across localities described above. However, we would expect this assumption to be considered in the context of improved access and integration, as touched on earlier in this document.

Providers will be responsible for the rent, rates, utility and insurance costs for their proposed premises, as well as facilities management, equipment and IM&T costs.