Appendix E
Supplier Day Presentation
iHELP
Pain Management
3 May 2017

House keeping

- Fire alarm
- Emergency Situation & Evacuation
- Rest rooms
- Refreshments in the Lobby 11:05 – 11:20
- Lunch in the Lobby at 12:00 hrs
- Pop-up stalls in the Lathom Suite from 12:00
- From 12:50 hrs:
  - Engagement with the CCG
  - Networking opportunity for providers to discuss possible collaboration opportunities
  - Visit pop-up sands
- Please complete a evaluation form before you leave

Morning Agenda

- **10:05** Innovation Partnership – A New Procurement process (James Aldred on behalf of Paula Williams)
- **10:35** The overarching aim of procuring a Community Pain Management Service (Mike Maguire)
- **10:50** Asset approach Local Voluntary Community and Faith Sector (VCFS) (Greg Mitten)
- **11:05** Coffee break
- **11:20** Minimum Requirements overview (Cath Thompson)
- **11:35** Financial context (Chris Brown)

Afternoon Agenda

- **12:00 – 12:50** Lunch in the Lobby
  Pop-up stands in the Lathom Suite

- **12:50 – 14.55** Engagement with the CCG
  Networking
  Pop-up stands

- **14:55 – 15:00** Close - Complete evaluation sheets

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Procurement Process

An introduction to Innovation Partnerships

Innovation Partnerships

What is it?

- Public Contract Regulations 2015 regulation 31
- New procurement procedure
- Increased flexibility
- Innovative solutions not currently available in the marketplace
- The procurement is split into three stages
  - Pre-qualification
  - Phase 1 – design phase
  - Phase 2 – implementation phase
  - Suppliers are paid for design work which meets the requirements of the Phase 1 contract irrespective of the result of Phase 2
- Reduce the number of suppliers through each phase until there is a final winner

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How is it structured – Draft PQQ and Phase 1 (design phase)

Stage	Activity	Start	End
Supplier day	Idea generation supplier engagement	3/5/17	3/5/17
OJEU notice	Suppliers request to participate through the MLCSU Bravo e-sourcing portal , PQQ documents, Bidder day documents, draft minimum requirements, draft affordability model and draft contracts available for review	17/5/17	19/6/17
PQQ stage	Suppliers submit PQQ	17/5/17	19/6/17
PQQ evaluation	Evaluation panel shortlist potential partners	21/6/17	28/6/17
Phase 1 ITT	Suppliers provided ITT with minimum requirements, contract and affordability model	3/7/17	
Phase 1 ITT	Supplier provide responses with design / outline solution	3/7/17	3/8/17
Phase 1 evaluation	Evaluation panel review responses	7/8/17	17/8/17
Phase 1 evaluation	Negotiations with potential partners	24/8/17	7/9/17
Phase 1 Award	Standstill period and award of Phase 1 contracts to one or more partners	20/9/17	2/10/17
Phase 1 delivery	Suppliers deliver on Phase 1 outcomes	3/10/17	By agreement
Phase 1 delivery	Suppliers submits invoice and gets paid for completion of outcomes		30 days from invoice

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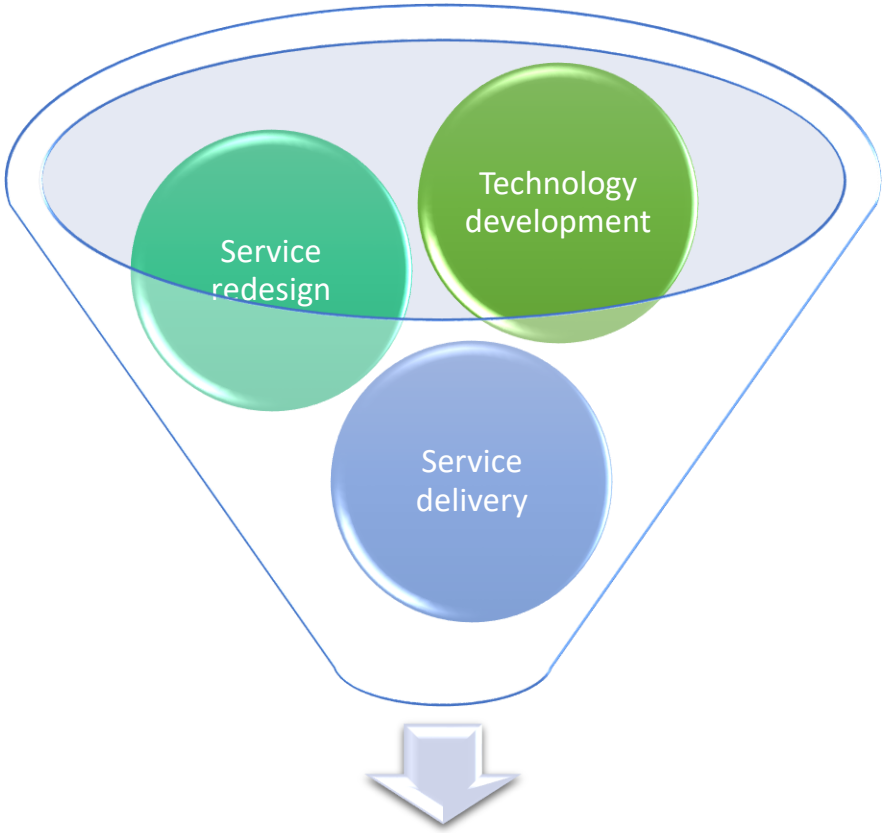
How is it structured – Draft Phase 2 (implementation phase)

Stage	Activity	Start	End
Phase 2 ITT	Suppliers provided ITT for implementation phase with minimum requirements, contract and affordability model	By agreement	By agreement
Phase 2 ITT	Suppliers provide refined solution and implementation programme	By agreement	By agreement
Phase 2 evaluation	Evaluation panel review responses	By agreement	By agreement
Phase 2 evaluation	Clarifications with potential partners	By agreement	By agreement
Phase 2 Award	Standstill period then award of Phase 2 contract to one partners	By agreement	By agreement
Phase 2 delivery	Suppliers deliver on Phase 2 refinements	By agreement	By agreement
Phase 2 delivery	Supplier implements the potential solution	By agreement	By agreement

Contracting models



Contracting model

Intellectual property

What problem are we trying to fix?

The overarching aim of procuring a Community Pain Management Service

Mike Maguire Accountable Officer

The IHI Triple Aim approach to optimizing health system performance.

New designs must be developed to simultaneously pursue three dimensions, which we call the “Triple Aim”:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care
- It is the intention that the West Lancashire iHELP service will be recognised as the highest quality service with the best outcomes at the lowest cost anywhere in the country.

Problem we are trying to fix

- Chronic pain is a complex problem
- Definitive diagnosis often difficult
- Diagnostic provision not slick, well organised or timely
- Current service not holistic

Problem we are trying to fix

- Relies up injection provision often ineffective
- Lots of high cost prescribing – drugs sometimes off licence - patients not reviewed to determine if therapy is working
- Care needs to be tailored to each person's needs

Problem we are trying to fix

- Psychological treatments, self help, physical and community activities which help give purpose to life often more effective
- Given overall efficacy and lack of negative side effects, these should be considered first line treatments for many chronic pain conditions
- People need assistance in how to manage pain, current self care plans are suboptimal
- Technology support developed but not offered

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Asset approach

Local Voluntary Community and Faith Sector (VCFS)

Greg Mitten Chief Officer West Lancashire Council for Voluntary Services (CVS)

With you.
For you.

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Voluntary Community & Faith Sector (VCFS) – an essential jigsaw piece

- Working in partnership with commissioners and providers to develop Health and Well Being Services
- Mapping, connecting and mobilising community gifts, skills and resources, creating peer support and self-care

Contact: Greg Mitten - email greg@wlcvs.org

West Lancashire Council for Voluntary Service

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WEST LANCS VCFS PARTNERSHIP FOR CHRONIC PAIN SUPPORT

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Refreshment Break

Lobby

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Minimum Requirements Overview

Cath Thompson, Service Redesign Manager

With you.
For you.

Innovation Project

- No specification
- Not prescriptive
- Encourage innovation
- Encourage collaboration
- Achieve desired measurable outcomes

Pain Management Service Name - iHELP

- **Integrated**
- **Holistic**
- **Empowering**
- **Learning**
- **Programme**

Integrated Holistic, Empowering Learning Programme

Accessible, seamless access to appropriate services

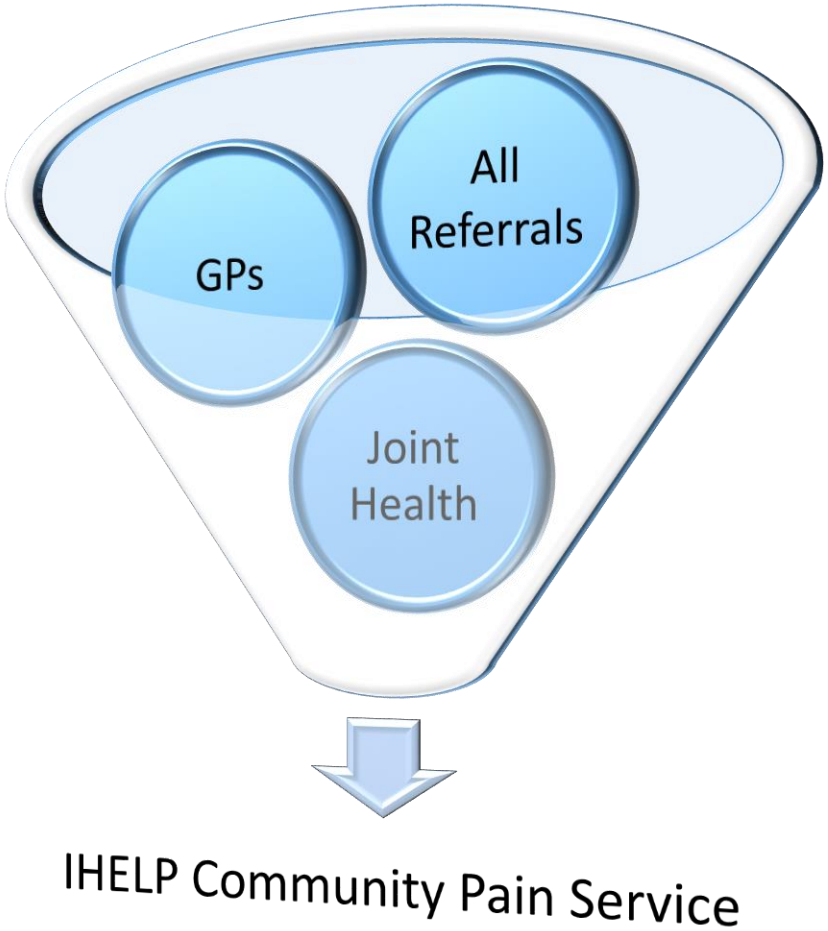
Targeted and timely access ensuring the right people get through the most appropriate pathway in a timely manner

Possible Service Components

- Convenient access to services when and where needed
- Appropriate diagnostics with easy convenient access
- Appropriate diagnostics reporting turnaround
- Pain managed in the community as far as possible

Possible Service Components

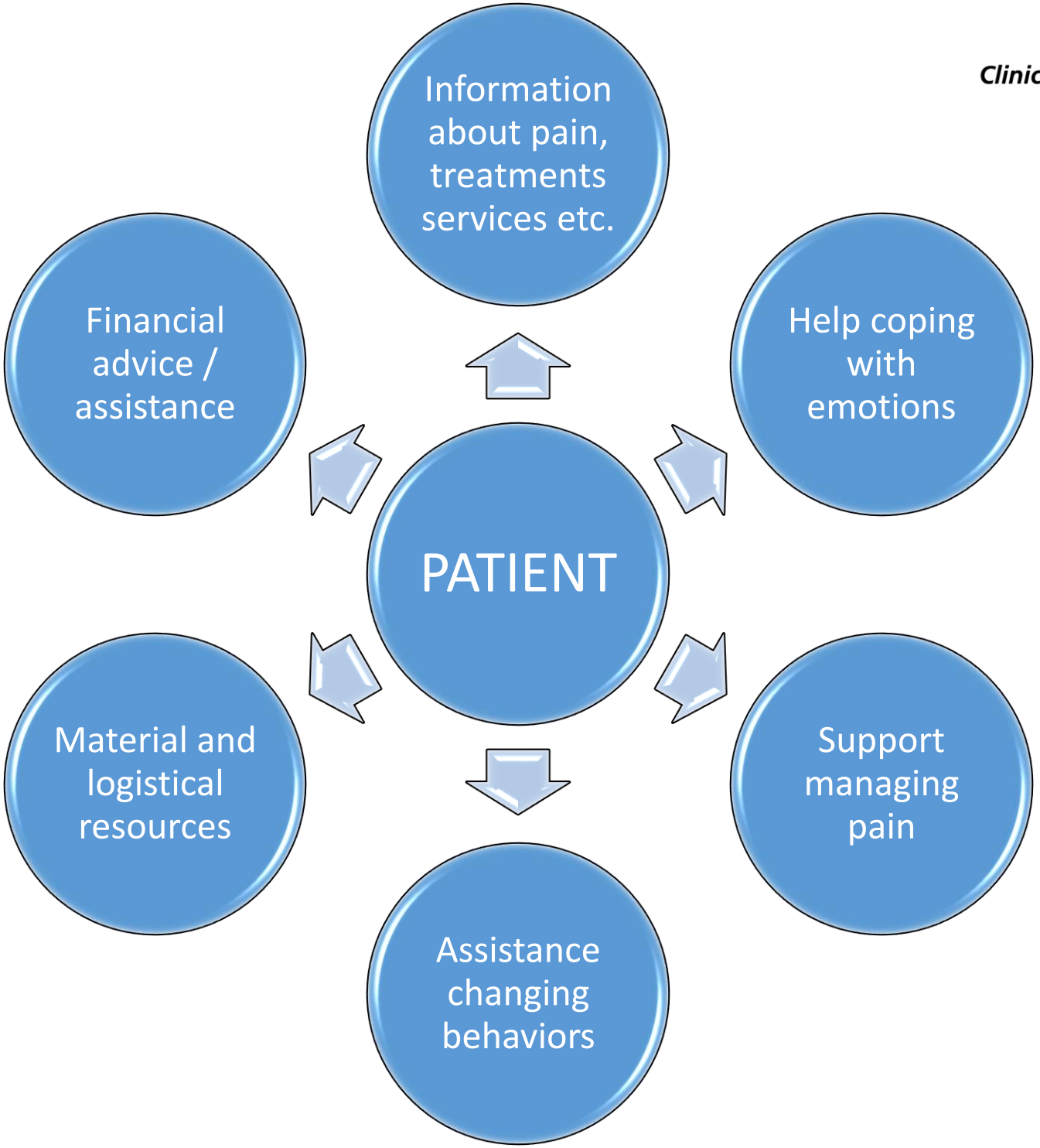
- Single point of access
- Manage all incoming referrals
- Providing seamless access to most appropriate service/s
- Avoid unnecessary referrals to secondary care

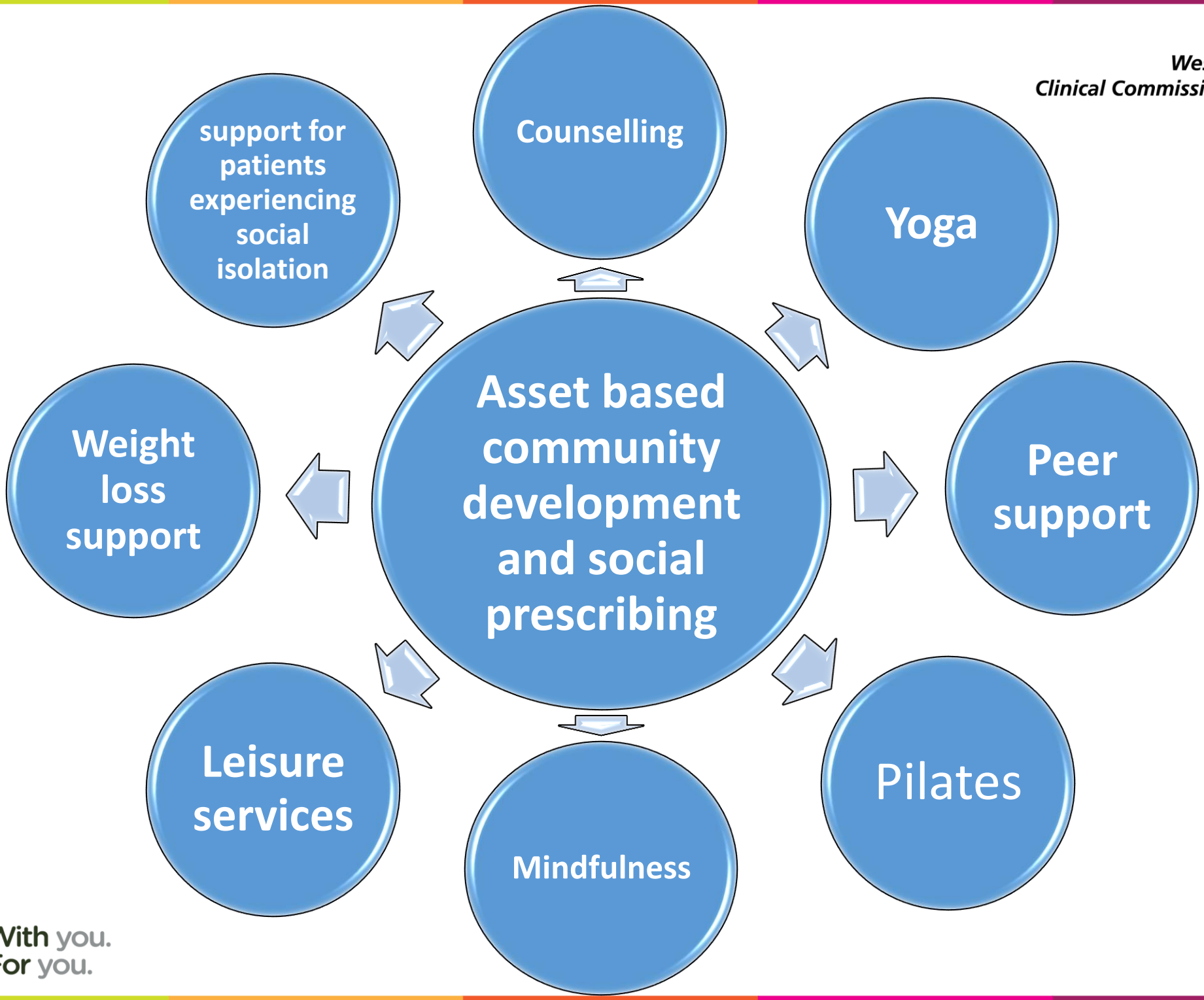


Integrated, **Holistic**, Empowering Learning Programme

- Physical
- Emotional
- Social
- Economic
- Spiritual
- Patient's response to pain and its effect on their ability care for themselves

Receive a personalised care plan appropriate to their needs and have a positive experience of care


Information about pain, treatments services etc.
Help coping with emotions
Support managing pain
Assistance changing behaviors
Material and logistical resources
Financial advice / assistance
PATIENT


Asset based community development and social prescribing
Counselling
Yoga
Peer support
Pilates
Mindfulness
Leisure services
Weight loss support
support for patients experiencing social isolation

Integrated, Holistic, **Empowering**, Learning Programme

- Support and encourage patients to:
  - Manage their health needs
  - Be less dependent on health services

Patients should have a positive experience of care

Reduce:

- Number of secondary care attendance
- Admission to A&E
- Prescribing of Analgesics and Pregabalin

Maximise use of appropriate technology such as:

- Smartphone apps
  - Self help
  - Mindfulness
  - Recording and Monitoring

Investigate the use of technology to support patients

Integrated, Holistic, Empowering **Learning**, Programme

- Coaching
- Facilitation
- Training
- Information
- Tools

To help patients understand their condition and how to manage it.

Reduce:

- Number of secondary care attendance
- Admission to A&E
- Prescribing of Analgesics and Pregabalin

Use of A Coaching Approach

better conversation
better health
health coaching

better conversation tools for action

the health coaching coalition

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"I wish I was able to help Jim look after his health. I see him again and again, tell him about his exercise and how to manage his pain. I know it is hard for him to change. I feel stuck"

"I really want to be well so I can look after my grandchildren. I know I should do my exercises and work on managing my pain but I forget or something gets in the way. I don't want to go to hospital. I feel stuck"

How effective are every day conversations with patients?

With you.
For you.

The Health Coaching Coalition

NHS Health Education England
NHS England
TPC The Performance Coach
UCLPartners Academic Health Science Partnership
THE STRATEGIC PROJECTS TEAM CHANGE FROM WITHIN
INNOVATION AGENCY Academic Health Science Network for the North West Coast
eahsn Eastern Academic Health Science Network
ies institute for employment studies
West Suffolk NHS Foundation Trust
coalition for collaborative care
YORKSHIRE & HUMBER ACADEMIC HEALTH SCIENCE NETWORK
wellcoaches SCHOOL of COACHING
TheAHSNNetwork
Patient Opinion Every voice matters
The BigLife group
Innovation Unit
London North West Healthcare NHS Trust
HealthNavigator Measurably improved population health
east coast community healthcare
The Health Foundatic
NHS Ipswich and East Suffolk Clinical Commissioning Group
NHS West Suffolk Clinical Commissioning Group
QISMET CERTIFICATED

http://www.betterconversation.co.uk/

With you. For you.

Possible Service Criteria

- Primary care education and training
- Solution focused shared decision making (SFSDM)
- Empowered self care
  - Up to date evidence based information
  - Personalised video
  - Progress monitoring
- An independent evaluation partner

Integrated, Holistic, Empowering Learning, **Programme**

A programme that will deliver the triple aims:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

It is the intention that the West Lancashire iHELP service will be recognised as the highest quality service with the best outcomes at the lowest cost anywhere in the country.

Financial Context

Chris Brown, Senior Finance Adviser

Rationale for addressing this area

- CCGs have limited running costs budgets
- Therefore need to target their management resources to obtain greatest impact
- Triple aim
  - To get maximum benefit from limited management resource, projects deemed worthy of being taken forward need to significantly address all 3 aims.
- Chronic pain presents the opportunity for this. Supported by the DH RightCare Indicators.

Total Pain Management Spend

Area	2016/17 FOT
Secondary Care	£1,608,991
Prescribing	£1,995,095
Total	**£3,604,086**

Prescribing Spend Detail

Drugs	2016/17 FOT
Analgesics	£1,175,171
Pregabalin	£819,924
Total	£1,995,095

Analysis by Provider – an Overview

- Southport & Ormskirk comprises £1.157m (77% of total secondary care plan for chronic pain)
  - Forecast to underspend against plan by £93k in 2016/17
  - This would represent 13% underspend on S&O's planned costs
- Ramsay Healthcare – Renacres Hospital comprises £0.235m (5% of total secondary care plan for chronic pain)
  - Forecast to be £266k over plan
  - This is the cause of the total net overspend forecast of £111k
  - This would represent a 113% overspend on Renacres' planned costs

Analysis by Point of Delivery - Overview

- In-patients/ Day cases comprise £1.199m (80% of total secondary care plan for chronic pain).
  - Also comprises 48% of forecast overspend for chronic pain
- Out-patients comprise 17% of total chronic pain overspend (mainly due to overspend on follow-up attendances).

Analysis of IP/DC activity by GP locality

GP Locality	IP/ DC Activity	Locality population 000's	Activity per 000's population
North	400	33	12.01
Ormskirk	536	41	13.08
Skelmersdale	448	38	11.78
Unclassified	4		
Total	**1,388**	**112**	**12.36**

What has changed since last procurement?

- Revised procurement route used to promote innovation and partnership
- Financial forecasts changed slightly in interim but the issues are the same
- The outcomes we are looking for are the same as previously, but we want partner(s) to work with us to devise a new model of care to best achieve these outcomes (phase 1 of procurement).
- Also during phase 1, we wish to operate the revised model for a pilot period and develop actual activity data under the new model, whilst the CCG takes most of the risk during this period.
- Will complete phase 2 of the procurement when the data is there to support it, to reduce bidder risk.
- It is NOT envisaged that there will be a risk/ gain share scheme.

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Information Technology (IT) Strategy Requirements

Stewart Cooper

With you.
For you.

Technology

Operational

Citizen Facing

Morning Close

- Sign up for the engagement sessions
- Lunch in the Lobby at 12:00 hrs
- Pop-up stalls in the Lathom Suite from 12:00
- From 12:50 hrs:
  - Engagement with the CCG
  - Networking opportunity for providers to discuss possible collaboration opportunities
  - Visit pop-up sands

Round Up

- Please complete the Evaluation Form
- Any further question or to arrange a meeting with the CCG please get in touch with Cath Thompson

Thank you