



Dorset Clinical Commissioning Group

Community Persistent Pain Service

PROSPECTUS Market Engagement February 2018



Supporting people in Dorset to lead healthier lives

**COMMUNITY PERISTENT PAIN SERVICE
PROSPECTUS FOR MARKET ENGAGEMENT**

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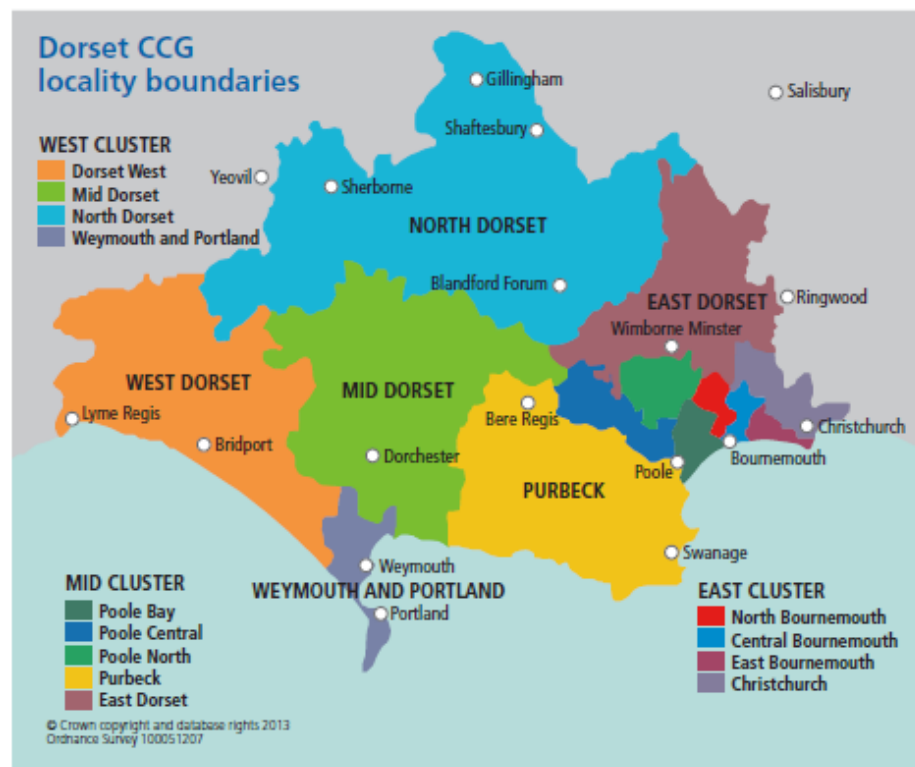
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1. INTRODUCTION

- 1.1 Dorset Clinical Commissioning Group (CCG) has developed a proposed model of a Community Persistent Pain Service. By doing so the CCG believes it will be better able to meet the current and future health needs of local people.
- 1.2 Through this service prospectus, NHS Dorset Clinical Commissioning Group invites providers to support the design of a proposed service model and any potential provider structure(s) for a Community Persistent Pain service for Dorset.
- 1.3 The purpose of this prospectus is to supply potential providers with information on the values and outcomes identified for the service. It will describe the process the CCG will run to facilitate the discussion regarding how the marketplace can shape and meet the service needs.
- 1.4 The engagement is part of wider stakeholder and staff engagement and will help form future commissioning plans. In context of the Clinical Service Review, the project board expects that the proposed service will fit with the strategic direction and provide a positive model for the future.

2. ABOUT NHS DORSET CLINICAL COMMISSIONING GROUP

- 2.1 The NHS Dorset Clinical Commissioning Group (CCG) is the third largest CCG in the country and the second largest in financial terms. It consists of 86 member GP practices which are grouped into 13 geographical localities, with a registered population of around 799,600.



- 2.2 The CCG covers the same geographical area as the Local Authority boundaries of Dorset County Council, Bournemouth Borough Council and Poole Borough Council.

- 2.3 The CCG's mission is to: ***Support people in Dorset to lead healthier lives***
- 2.4 The CCG will:
- Use resources effectively and efficiently
 - Challenge and encourage their partners, members and staff to drive improvements in services and performance
 - Have a local focus but not losing sight of the bigger picture
 - Value staff and membership and make sure it is a great place to work
 - Be trusted and build confidence in the public, patients and as stakeholders
- 2.5 The CCG strategic principles are:
- Services designed around patients
 - Preventing ill health and reducing inequalities
 - Sustainable healthcare services
 - Care closer to home
- 2.6 Overall the population of Dorset enjoys relatively good health with a higher life expectancy than the England average. However, there is variation in life expectancy between those in the most affluent and deprived areas, with a gap of over 10 years in men and 5 years in women.
- 2.7 The population has increased across Dorset over the last 10 years, in particular the number of older people. The high number of older people across Dorset poses a significant challenge for the health and social care system as this is the area of greatest need.
- 2.8 In lieu of projected challenges associated with rising demand and shifting population demographics, the CCG is currently undertaking a Clinical Services Review (CSR) to inform future models of care across the health and social care system. The review incorporates all aspects of locally commissioned health services in Dorset and forms a key pillar in delivering Dorset's Sustainability and Transformation Plan
- 2.9 A key component of the CSR is the development of models of care for Integrated Community Services incorporating elements that will influence future delivery of the services within scope of this prospectus.

3. SUMMARY OF THE SERVICE

- 3.1 The service will consist of a multi-disciplinary team that can manage a patient's physical, psychological and social needs associated with pain. It will ensure patients experiencing chronic pain are appropriately managed in a community environment.
- 3.2 The service will act as a single point of access for patients referred with chronic pain of at least 3 months duration with an acceptance that the pain has become chronic pain not of a short term nature. Health Care Professionals (HCPs) will provide a holistic assessment and enable patients to understand and come to terms with their pain and to adopt strategies for living, which allow them to lead as fulfilling and independent lives as possible.

3.2 The accountable provider will offer all modalities of the service i.e. GP training and the Clinical service including specialist pain management medical, nursing, clinical psychology, physiotherapy and occupational therapy provision.

3.3 The aim is for service to:

- To deliver a community based persistent pain service embracing a variety of techniques, including technological;
- To offer an initial triage for all referrals in line with an agreed pathway and referral guidelines;
- Act as a Single Point of Access for patients requiring a pain service;
- To deliver an outcome based service;
- Support and empower patients through shared decision making to gain or regain self-belief and confidence
- Work with and educate GPs to safely optimise the use of analgesia and self-management tools and techniques;
- Support and signpost patients to gain a good level of information and health literacy about persistent pain and its associated manifestations;
- Promote patients in taking as much responsibility as possible for implementing their Personal Care Plan outside of their contact with the healthcare system;
- Encourage patients to be active partners in reviewing their Personal Care Plan at agreed intervals;
- Reduce dependency and enhance quality of life for patients and families/carers;
- Promote peer support amongst patients and their families within the service and independent of the service;
- Encourage patients to play an active role in delivering the service as a mentor or as a group facilitator;
- Ensure all staff actively promote best practice, evidence-based, person-centred pain management support to service users and other professionals;
- Review and redesign the service in response to feedback from service users, key partners and evidence based best practice;
- Implement opportunities for ongoing pain management training and development of healthcare professionals.

3.3 Expected outcomes

- A Single Point of Access for patients requiring a pain service;
- Integrated, joined up service Pan-Dorset with a reduced number of patients referred onward for complex care;
- Training programme in place for primary care utilising a variety of formats;
- Educated and supported service users with an improved quality of life whilst they continue to live with persistent pain. Improvement in confidence, self-care, clinical outcomes, and quality of life outcomes evaluated through approved patient questionnaires and surveys;
- Reduction in anxiety and depression scores and healthcare resource use, measured using approved screening and assessment tools;
- Appropriate referrals to Secondary Care services;
- Reduced uptake of interventional therapies for persistent pain;

- Increased utilisation of self-management strategies and tools;
- Increased uptake of pain management programmes;
- Increased peer support for service users with persistent pain;
- Provision of the service within a community setting.

3.6 Location(s) of Service Delivery

The service should be delivered in a variety of locations which facilitate convenient and prompt access for patients, to minimise disruptions to their personal commitments or those of their carers and family members, and to support their recovery.

The service should be located and available at times and places which reflect the relative population demographics and anticipated needs of a particular geographical area.

3.7 Days/Hours of operation

The service will need to be provided at times which optimise the patient's ability to attend and minimise disruption to their personal commitments or those of their carers or family members. The operating times should reflect and accommodate wherever possible patient's personal circumstances and commitments and their choice of venue and time of appointment. Group interventions will preferably be delivered in a non-medical site e.g. leisure centre, community centre, village hall.

3.8 The service should be available to people who are:

- Adults aged 18 years or over or in transition from paediatric services (16 – 18 years);
- Registered with a Dorset, Bournemouth or Poole GP and eligible for NHS treatment;
- Meet the referral criteria detailed in this service specification.

3.8 The interdependencies for this service will include

- Acute hospital consultants and other acute hospital staff from the NHS and Independent sectors;
- Community services particularly physiotherapy, MSK Interface services including substance misuse services, occupational rehabilitation and return to work agencies and voluntary organisations;
- GPs and practice staff;
- Community pharmacies and Medicines Management Services;
- Social Services;
- Service user groups;
- Carers and family members;
- Leisure centres and exercise instructors.

4. MARKET ENGAGEMENT

- 4.1 At the end of the market engagement the CCG will have:
- Communicated a clear vision of the direction of travel
 - Engaged, listened to and collaborated with potential providers
 - Received feedback to support future commissioning plans for the service.
- 4.2 During the market engagement we will discuss (amongst others) the following areas:
- Workforce and recruitment
 - Innovation
 - Patient Satisfaction
 - Performance Outcomes
 - Medicines management
- 4.3 Providers will be encouraged to feedback to the CCG. The process described in the following section highlights how we will do this.

5 OVERVIEW OF OUR PROCESS

- 5.1 The CCG shall manage the engagement process which is designed to complement its wider stakeholder engagement and internal design process to arrive at a service model and commissioning strategy to secure the future services.
- 5.2 The process will comprise the following steps:

STEP	DESCRIPTION	COMPLETION DATE
Expression of Interest (EOI)	All providers must submit an expression of interest to the CCGs advert.	19 March 2018
Engagement meeting	The CCG will engage with all providers, provide further information and seek answers to the questions in para 4.2	22 March 2018

Expressions of Interest

- 5.3 Any provider wishing to participate in this engagement must express an interest by completing the attached appendix and returning it via the procurement email

DorsetProcurement@Dorsetccg.nhs.uk

before midday on Monday 19 March 2018

- 5.4 Providers who express an interest will be sent a draft specification. Sarah check this will be ready.

Market Engagement Meeting

- 5.5 The engagement meeting shown in the overview table has been set for a **9.15 am** start on Thursday **22 March in Conference Hall, Dorford Centre, Bridport Road, Dorchester DT1 1RR. Refreshments will be available from 8.45am**
- 5.6 The event will commence with a presentation followed by a discussion. Providers will be expected to participate fully in the discussions on the day.

6. GOVERNANCE AND ADMINISTRATION

Non-collusion and Canvassing

- 6.1 Each potential provider must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS in connection with the selection of the provider in relation to the managed tender process.

Freedom of Information Act

- 6.2 The CCG advises that this process is, or may be subject to the Freedom of Information Act 2000 (FOIA) and the CCG may be required to disclose information about the contract to ensure the compliance of the CCG with the FOIA.

Disclaimer

- 6.3 Each organisation will be responsible for its own costs incurred throughout this engagement process. The CCG will not be responsible for any costs incurred by any prospective provider or any other person through this process.
- 6.4 The information contained in this prospectus is presented in good faith and does not purport to be comprehensive or to have been independently verified.
- 6.6 Neither the CCG, nor any of their advisers accept any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any potential provider, or any of their advisers, orally or in writing or in whatever media.
- 6.7 Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by the CCG or any of their advisers.
- 6.8 Nothing in this Prospectus is, nor shall be relied upon as, a promise or representation as to any decision by the CCG in relation to any future selection process. No person has been authorised by the CCG or its advisers or consultants to give any information or make any representation not contained in this Prospectus and, if given or made, any such information or representation shall not be relied upon as having been so authorised.
- 6.9 Nothing in this Prospectus or any other engagement documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the

engagement process, nor shall such documentation / information be used in construing any such contract.

- 6.10 Engaging in this process does not guarantee any providers automatic pre-selection for any future commissioning activity or procurement of the services. In addition the CCG does not commit to invite open competition for any future service model.

Conflicts of Interest

- 6.11 NHS Dorset requires that all actual or potential conflicts of interest are declared to the CCG. A form will be sent to all providers who express an interest.

NHS Constitution

- 6.12 The NHS Constitution provides a legal duty on NHS bodies and other healthcare providers to take account of the NHS Constitution in performing their NHS functions. All providers will be expected to ensure that the delivery of patient and staff rights is explicit in their documentation and there is clear evidence of how the NHS Constitution is embedded into the organisation both for patients and staff. It is expected that there is also an outline of how these rights and responsibilities are communicated effectively to all audiences.

7. RIGHT TO VARY PROCESS

- 7.1 The CCG reserves the right to change the basis of, or the process (including the timetable) relating to, the engagement process and not to invite a potential provider to proceed further, not to furnish a potential provider with additional information nor otherwise to hold dialogue with a potential provider in respect of the engagement process.
- 7.2 The CCG shall normally notify the providers of any such changes.