



## **Brent Patient Voice**

### **Brent CCG decision to discontinue its current procurement for new gynaecology and musculo-skeletal (MSK) services**

#### **Interim position statement and proposal by Brent Patient Voice**

On 25 March 2015 the Brent Clinical Commissioning Group (CCG) Governing Body, meeting in closed session not open to the public or interested patients, decided to discontinue its current 'Planned Care' Wave 2 procurement for new gynaecology and musculo-skeletal (MSK) services.

This decision has been greeted by some with relief, by others with disappointment and by yet others with exasperation. All these reactions may be valid. Has the CCG decision been courageous and wise, even if late in the day? Or has it been unwilling to raise the quality of service for patients for financial reasons? Since Brent Patient Voice members have been deeply involved with the planning of these projects since 2013, we consider it to be our responsibility to explain our position – and to suggest a way forward.

In setting out our position on the justification or otherwise for the decision to discontinue we have been assisted by the short letter from Dr Ethie Kong and Mr Rob Larkman dated 31 March 2015, while some of us were further debriefed in the final meeting of the current MSK Stakeholder Engagement Group (SEG) on 9<sup>th</sup> April. However prior to this we had requested sight of the papers considered by the CCG Governing Body in closed session on 25<sup>th</sup> March and were advised that they would need to be edited before public release. We are still awaiting sight of these edited papers and do not wish to elaborate further until we have received and considered them carefully. Suffice to say that we shall press for a full "lessons learned" analysis in due course.

#### **A suggestion to bring those concerned together before any further formal Wave 2 MSK procurement is set in hand.**

The CCG have told us that they do not now favour the flawed 'Prime Provider' model for this procurement. The CCG tell us that they now propose to transfer the introduction of the new community services into their 'Commissioning Intentions 2015/16' through negotiations with the existing providers by the existing CCG contracts team. They tell us that this is to be linked with the new NHS 'Whole Systems Integrated Care' (WSIC) project but without further elaboration.

At present the details of the way forward now envisaged are extremely sketchy. Accordingly BPV wishes to make a concrete and positive proposal as the start of the further process process to achieve reform and improvement. In that process, we really hope that full account is taken of the work which has been done to try to create good and effective structures to provide patients with the diverse MSK conditions blighting their lives and those needing rapid and sympathetic local gynaecology services get appropriate state of the art investigation and treatment quickly. This would include valuable material from the already published Impact

Assessments.

The NHSE guidance for CCGs taking into account their statutory duty under s.14Z2 of the NHS Act 2006 requires the CCG to involve and consult patients or their representatives from the very beginning of any proposal for new NHS healthcare commissioning or changes to existing NHS healthcare commissioning.

### **BPV proposal.**

BPV's proposal is that first, **a roundtable conference** should be convened, consisting of local hospital and primary care doctors with special knowledge of or interest in MSK, some national Consultant grade medical and surgical specialists such as those who have served on the Wave 2 'Clinical Service Redesign Group', CCG commissioners, and specialist and generalist patient group representatives. This conference, which could be in the form of a seminar, should follow the NHSE 'Planning and delivering service changes for patients' methodology, look at strengths and weaknesses of the existing clinics serving the local community, and look at experience both positive and negative of innovative approaches to MSK treatment elsewhere in the country. It will need to be set in the context of the current NHS financial constraints, the stronger links between hospitals and GPs promoted by the new NHSE 5-year plan, and the 'Whole Systems Integrated Care' project for integrated care for patients with long term conditions.

If it is thought fit, BPV would be ready to help to plan and organise such an event, in collaboration with appropriate partners. We mention in passing that other MSK projects began in such a way and note the guidance in the document *Expert Opinions in Rheumatology: The PCR Society Guide to Commissioning Musculoskeletal Services*, PCRS September 2011. We urge the CCG not to try to redesign the project behind closed doors but to work with everyone who is looking for better outcomes for Brent patients.

The same considerations apply to improving services for gynaecology outpatient services.

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