

Epilepsy Commissioning Process

Planning

Scope need



- Start with identifying an area of service improvement or redesign. Clarify which patient population - adult, learning disabilities and/or under 18s
- Meet with current providers and other stakeholders to agree parameters for collaborative working and set ground rules
- Understand local population – check public health team data, the JSNA and Health and Wellbeing board priorities in your area
- Review patient insights eg. results of patient surveys, complaints etc.
- Set up a co-production steering group from the outset. The NHS is legally obliged under Health & Social Care Act 2012 as a statutory duty to involve the public in all the commissioning steps through to implementation

Data Analysis



- Collate, benchmark, analyse and summarise the data from the Public Health England, Neurology Intelligence Network for adults and CHiMAT for under 18s
 - a. Hospital Episode Statistics:
 - i. Non elective ED attendance and/or admissions
 - ii. Elective admissions
 - iii. Length of stay, both short and long
 - iv. Readmission rates
 - v. Primary care QOF, contracting team monitoring performance
- Investigate any queries that the data presents and identify areas of concern
- Undertake a clinical audit in secondary and primary care
- Ensure there is an information analyst on the co-production steering group

Map current service provision



- Review current service contract, spend, specification and performance against what is actually delivered
- Work with voluntary sector organisation to complete a mapping exercise with your patients and providers of health and social care to identify gaps in service provision
- Work with current providers to reduce gaps by remodeling services
- Prepare an action plan with your providers and other stakeholders to develop and implement
- Involve existing patient groups to review services and proposed changes to ensure needs are met.
- Ensure pathways are embedded within contracts to enable review and audit against them to monitor impact

Procurement

Service model and pathways




- Work collaboratively to design service models that benefit those using services, their families, and carers.
- Work in local partnerships to develop implementation plans that align with local plans and resources
- Clarify and document routes into and out of secondary and tertiary health services
- Ensure relevant contract notice has been served on providers where necessary

Business case




- Involve all key stakeholders especially CCG member GPs, clinical leads, providers, information, finance, quality and patient representatives from the co production group
- Find and discuss peer reviewed evidence and best practice examples such as NICE epilepsy Quality Standards, NASH findings and other sources such as National directives. Reference to Five Year Forward View is recommended
- Write the documents, state the whole case up-front in a single paragraph in a summary including: key messages, benefits, outcomes, investment on return
- Work up three financial scenarios, worst case, most likely case and best case; including costings of expected caseload, activity, and savings

Service specification

- 
- Form a co-production group - be as transparent and honest as possible – it might be the case that the first meeting is mainly used to bring any issues or problems out in the open
 - Maintain agreement, set out from the start, that all parties truly want to work towards developing service changes to deliver the improvement specification
 - Work to a set timetable e.g. aim to have specification finished within a 3 meeting approach
 - Set the scope of the overall aim of the specification
 - State measurable outcomes for the service in order to demonstrate progress and ultimate success
 - Set objectives which are the practical steps to achieve the outcomes and overall aim of the specification
 - Ensure the specification is included within the contract. It may have to be done through a contract variation if the particular contract has already been agreed
 - Make sure the specification used is from the NHS national contract, include KPIs within the quality section.

Monitoring

Contract service

- 
- Set performance measures specific to the new service to sit within the Information Schedule of the national contract template
 - Set Key Performance Indicators to look at expected patient outcomes within the service specification and what process measures needed to achieve them by
 - Specify in the Information Schedule what the source of the information is, how it is to be collected and the frequency of collection
 - Consult with the coproduction steering group to ensure all agreed outcomes have been captured
 - Jointly agree what type of evaluations will be undertaken, by whom and how outcomes will be reported.

Implementation/Monitoring



- Record baselines at the start of any implementation stage to ensure the success of implementation can be measured
- Review progress against plan with the co-production stakeholder groups on a regular basis
- Agree an escalation process so that variance tracking can be reported to accountable officers
- Evaluate and report back to commissioners through the contract board or via another agreed means