

7.1 Throughout the process, the CCG reflected upon the lessons learned from the process of service redesign, procurement, mobilisation and transferring MSK services, these are as follows:

- The mobilisation period was too short; OCCG were tied to a target date as OUH were not able to continue with the provision of the Hub. During the transition OUH supported the transition of the old MSK hub service including agreeing to some service extension and the release of staff who were to be TUPE'd to start work part-time with Healthshare.
- There were also delays due to contract challenges in our process and Purdah due to the election.
- The availability of accurate and total picture information relating to waiting list size, referrals outstanding at transfer and staff to TUPE across impacted on the timeliness of transfer, the expected level of resources required and the mobilisation.
- Waiting lists were much longer than planned for making mobilisation more complex and time consuming.
- Estates were difficult to resolve and there is no resource in the CCG to support this function. Estates are run by different organisations and the project manager spent a lot of time trying to engage with the appropriate people.
- IT was involved from the start and took part in the evaluation of the bids. However the system needed more direct support and the provision to be more proactive in getting the IT elements mobilised.
- Diagnostics were engaged in the process early, despite these earlier discussions pathway changes were not resolved and the diagnostic solutions were not available in a timely way. This has been sorted out in December. ICE is still outstanding.
- Diagnostics referral changes from GPs should have been jointly agreed as part of a system programme plan with sign off and senior oversight to ensure a smooth onward clinical pathway.
- The letter to patients whose information needed to transfer to Healthshare was too complex. A final approved letter should have had a system planned date for dispatch with no changes to letters or dates of sending.
- The transfer of notes did not happen in the way that was agreed as part of the mobilisation meetings which included incumbent providers and Healthshare. The process of uploading them onto the Healthshare system therefore took a lot longer than was necessary and caused a delay in them being able to start providing the service. This was delayed further due to the notes being transferred in paper form, in boxes, but not in alphabetical order.
- Contracts completed in time and to specification.
- The planned care project management oversaw and delivered a significant change programme with high degrees of complexity. As described above this

project had multiple levels of mobilisation across incumbent providers and a new provider and the timescales to mobilise were challenging.

- The new provider was very professional and confident they could deliver on time and they chose to start early to ensure they could manage the service once 1st October was reached. This helped the transition enormously.