

Report to: STRATEGIC COMMISSIONING BOARD

Date: 20 March 2018

Officer of Single Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: PRIMARY CARE ACCESS SERVICE (THE URGENT CARE ELEMENT); PROPOSED COMMISSIONING INTENTIONS AND PROCUREMENT

Report Summary: This report sets out the need to consider the future commissioning of the proposed Primary Care Access Service (the Urgent Care element). The Urgent care element is the name of new service which combines three previous services, all of which were separate, stand alone contracts; Extended Access Service (EAS), Out of Hours (OOH) and Alternative to Transfer (ATT).

The report outlines the rationale for a single contract for these three services to continue our drive for an integrated service model and financial efficiencies in line with our Urgent Care strategy. It identifies the benefits and risks for commissioning this new model through a formal competitive tender process rather than via a direct award.

The report should be read following the Urgent Care consultation paper also at this Strategic Commissioning Board. The Strategic Commissioning Board will need to be cognisant of any decision reached on this previous report before making any decisions based on the recommendations below.

Recommendations: The Strategic Commissioning Board and the Clinical Commissioning Group is recommended;

1. To note the benefits of bringing three current services (Enhanced Access Service, Out of Hours and Alternative to transfer) together into one single contract.
2. To approve the procurement for this single contract for the Urgent Care aspects of the Primary Care Access Service.
3. To approve the utilisation of procurement expertise (NECS) to ensure procurement is in line with all relevant regulations and guidance, including the cost of accessing such expertise.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC Adult Services	-	-	-	-
TMBC Children's Social Care	-	-	-	-
TMBC Population Health	-	-	-	-

TMBC	-	-	-	-
Other Directorate				
CCG	2,811	-	-	2,811
Total	2,811	-	-	2,811
Section 75 - £'000	Out of Hours (£1,744k recurrent), Extended access (£807k recurrent) and Alternatives to Transfer (£260k non recurrent) are all included in the Section 75 pool.			
Strategic Commissioning Board				
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison				
The precise value of savings delivered from the recommendations within this paper would be dependent upon market response to the proposed procurement exercise.				
However, savings of at least 15% against the current funding envelope are expected should a procurement exercise take place.				

Legal Implications:

(Authorised by the Borough Solicitor)

The procurement must be undertaken in accordance with the constitutional requirements of commissioning body and comply with national and international procurement legislation

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the living and ageing well elements of the Health and Wellbeing Strategy.

How do proposals align with Locality Plan?

The urgent care proposals are in line with the locality plan and the Care Together model of care

How do proposals align with the Commissioning Strategy?

The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme, including improving access to primary care across the locality.

Public and Patient Implications:

This report follows on from the Urgent Care Consultation paper which details the 12 week period of public consultation and engagement with communities in Tameside & Glossop, for which there is a full equality impact assessment.

Quality Implications:

The proposed model of a single service and contract delivery will improve quality of provision through clearly communicating the new model and how it can be accessed, reducing duplication, reducing pressures on the workforce and streamlining access.

How do the proposals help to reduce health inequalities?

The proposal will streamline the delivery of urgent care services across the locality and address health inequalities.

What are the Equality and Diversity implications?

This report follows on from the Urgent Care Consultation paper which details the 12 week period of public consultation and

engagement with communities in Tameside & Glossop, for which there is a full equality impact assessment.

What are the safeguarding implications?

The commissioned model will include all required elements of safeguarding legislation. The contract for the Neighbourhood Care Hub element of the services will also include the GM Safeguarding Standards.

What are the Information Governance implications? Has a privacy impact assessment been conducted?


As part of the implementation of this model of care, a data flow mapping exercise will be undertaken to understand what information will be transferred and to where; from that it will be possible to identify the requirements for robust data sharing agreements and protocols between the parties sending or receiving the data. The commissioner will seek assurance from all parties involved in the delivery of urgent care that appropriate arrangements are in place. The locality's Information Governance Working Group will sense check the data flows and Information Governance requirements relating to this project.

Risk Management:

This transformation programme will be managed via the Care Together Programme Management Office. The risks will be reported and monitored via this process.

Access to Information :

The background papers relating to this report can be inspected by contacting Janna Rigby, Head of Primary Care:

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1. INTRODUCTION AND BACKGROUND

- 1.1 This report sets out the proposed future commissioning of the Urgent Care element of the Primary Care Access Service. The Primary Care Access Service (Urgent Care) aims to bring together 3 separate contracts to reduce duplication, streamline services making them easier for our population to navigate and deliver financial efficiency. The 3 current contracts are the Extended Access Service (EAS), Out of Hours (OOH) and Alternative to Transfer (ATT).
- 1.2 The report outlines the vision for a combined service model with a single contract for the future and sets out the relative benefits and risks for commissioning the new model through a formal competitive tender process.
- 1.3 The EAS has been commissioned in pilot form since July 2016 and has been delivered by Orbit, the GP Federation for Tameside and Glossop and Go To Doc (gtd), the local out of hours provider. This service delivers pre-bookable appointments in the evenings and weekends and the current contract expires on 30 September 2018. OOH has been commissioned from gtd since 2010 and has been subject to a number of variations to extend the contract period during this time but has not been market tested during this time. Both of these need to be market tested to ensure the Strategic Commission is achieving high quality, value for money provision.
- 1.4 In addition, the ATT service has been operational for 5 years but is funded on a non-recurrent basis. This service is also provided by gtd and the contract for this expires on 30th September 2018.
- 1.5 In the context of the recent public consultation on Urgent Care, a decision likely from the Strategic Commissioning Board on the number of extended access hubs enables the Strategic Commission to procure EAS, OOH and ATT under one contract and from the appropriate number of locations within the locality to meet the expectations of the public.

2. THE EXISTING MODEL OF DELIVERY

- 2.1 A key aim of the Care Together programme is the reduction in duplication and simplification of access whilst improving the level of service available. This is particularly pertinent in Urgent Care. There are currently multiple access points as demonstrated in Table 1 below.

Table 1 Current access routes for Urgent Care

	Weekdays																								
	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
GP (GMS)	Bookable appointments (same day for urgent need)																								
GP Out of Hours												Telephone Support													
Extended Access												Appointments at WIC/EA Hub/out of area facility or Home Visits													
WIC	Walk in appointments at Ashton Primary Care Centre											Bookable appointments (same day for urgent need)													
Minor Eye Complaints	Bookable appointments at specific Opticians (within 1-5 days according to need)																								
Minor Ailments	Walk in support at Pharmacies																								
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																								
Alternative to Transfer	Telephone support to NNAS																								
	Home Visits when required by NNAS																								

		Weekends and Bank Holidays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
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Minor Ailments	Walk in support at specific Pharmacies																									
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																									
Alternative to Transfer	Telephone support to NWAS																									
	Home Visits when required by NWAS																									

2.2 Our planned model simplifies the access points and is summarised in Table 2 below.

Table 2 Planned access routes for Urgent Care

		Weekdays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
GP (GMS)	Bookable appointments (same day for urgent need)																									
Integrated Urgent Care	Bookable appointments and walk in access to integrated urgent care at Ashton Urgent Treatment Centre and Neighbourhood Hubs with telephone and home visit support to NWAS																									
Minor Eye Complaints	Bookable appointments at specific Opticians (within 1-5 days according to need)																									
Minor Ailments	Walk in support at Pharmacies																									
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																									

		Weekends and Bank Holidays																								
		08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
Integrated Urgent Care	Bookable appointments and walk in access to integrated urgent care at Ashton Urgent Treatment Centre and Neighbourhood Hubs with telephone and home visit support to NWAS																									
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Minor Ailments	Walk in support at specific Pharmacies																									
111	Telephone Advice and signposting to appropriate service supported by a Clinical Assessment Service																									

2.3 The detail of the model is not included within this paper but can be found in the agenda for the Strategic Commissioning Board for March 2018;
<http://tameside.moderngov.co.uk/ieListDocuments.aspx?CId=303&MId=1511&Ver=4>
 This paper focuses on what the overall model of care is in regards to Primary Care Access.

3 COMMISSIONING CONSIDERATIONS

3.1 Due to the length of time these contracts have been in situ and the fact that none have been effectively market tested, we believe the time is right to formally procure the Urgent care elements of the Primary Care Access service.

3.2 Before recommending procurement however, certain considerations need to be evaluated:

- Legal requirements
- Financial considerations
- Quality of service
- Commissioning for outcomes

Legal requirements

3.3 The procurement policy requirement is that all public procurement must be based on value for money, defined as “the best mix of quality and effectiveness for the least outlay over the period of use of the goods or services bought”. This should be achieved through competition, unless there are compelling reasons to the contrary.

3.4 Public sector procurement is subject to a legal framework which encourages free and open competition and value for money, in line with internationally and nationally agreed obligations and regulations.
<https://www.gov.uk/guidance/public-sector-procurement-policy-10/11/17>)

- 3.5 A 12 week public consultation relating to the proposed new model for urgent care has concluded with a decision on the number of Extended Access hubs. The consultation included a comprehensive Equality Impact Assessment and appropriate mitigations have been agreed to address the effect of the impacts raised.
- 3.5 In order to drive effective and integrated delivery of the new model of urgent care, a new contracting form is required. The aim is to bring the EAS, OOH and ATT current contracts into one and thereby simplify commissioning arrangements, reduce transaction costs, reduce overheads and test the market to ensure value for money.
- 3.6 Direct award rather than procurement may be applied in cases where it is shown that there are no suitable alternative providers able to deliver the proposed service. This is not the case in this instance as a number of providers would be qualified and suitable to deliver.

Financial considerations

- 3.7 The 2017-18 financial value of EAS, OOH and ATT is £2.811million. The ATT contract is non-recurrently funded so if the procurement exercise does not deliver sufficient savings to bring this service within the required cost envelope, either additional resources will need to be identified or a decision on the future affordability of the service will be required.
- 3.8 The new model is expected to deliver significant cost efficiencies as a result of a successful provider being able to create economies of scope and scale in the delivery of service. The procurement process will ensure value for money due to an opportunity to give weighting to the financial, quality and service outcomes and ensure the optimum service provision within the cost envelope.

Quality

- 3.9 A series of quality elements will be explicit requirements of the proposed model. These will incorporate national and local requirements and be intrinsically linked to commissioned outcomes. The process for procurement will enable transparent and direct comparison between providers of how they propose to deliver a service with the required quality standards, whilst direct award will secure these contractually through a process of negotiation.
- 3.10 National Quality Requirements (2007) within Out of Hours (OOH) contracts contain performance metrics for the quality and timeliness of the call handling element of the service. Performance reports are provided on a monthly basis, and demonstrate that these are being met.
- 3.11 Two of the national service improvement priorities for the NHS that relate to urgent care are;
- Improving A&E performance - This also requires upgrading the wider urgent and emergency care system so as to manage demand growth and improve patient flow in partnership with local authority social care services.
 - Strengthening access to high quality GP services and Primary Care, which are far and away the largest point of interaction that people have with the NHS each year.
- 3.12 The proposed model addresses these priorities which are also key priorities for the Greater Manchester Health and Social Care Partnership (GMHSCP) and will be subject to a number of clinical and non-clinical quality standards to ensure that an agreed minimum threshold is maintained and can be performance managed through the contract.

Outcomes

- 3.13 Consistent outcomes across the urgent care system will instil minimum standards for all providers to deliver to and ensure equity of service offer to all residents of Tameside and Glossop. The commissioned outcomes will be embedded within both the Urgent Treatment Centre and the Primary Care Access Service to ensure patients receive the same standard

of care regardless of where they attend. Services at all sites will be expected to meet standards set out nationally and deliver effective high quality and safe care.

- 3.14 Overarching outcomes will include:-
- People are supported to navigate the system to receive effective care first time and do not represent to other services for the same issue;
 - People are supported by the most appropriate person fully utilising the skills of the wider Primary Care teams;
 - People whose need can be met within a Neighbourhood do not attend A&E;
 - People are equipped to reduce the risk of the same need arising in the future.
- 3.15 As the specification for procurement is finalised, the detail of the required outcomes will be defined and include national, Greater Manchester Health and Social Care Partnership led and local outcomes.

4 MARKET TESTING

- 4.1 It is important to understand the provider market in advance of considering the need and value of carrying out procurement. The current contracts for EHH, OOH and ATT are delivered by Orbit, GP Federation and gtd healthcare, an out of hours provider, of which there are four within the Greater Manchester footprint.
- 4.2 Due to national requirements and Greater Manchester Health and Social Care Partnership focus to the introduction of Urgent Treatment Centres within each locality, other GM commissioners are also planning or in the process of similar procurements. This has resulted in a precedent being set with regards to the procurement process in commissioning these services. Bolton CCG is currently out to procurement for their Primary Care Locality Service and Oldham CCG are developing a service specification with provider engagement, including a market event with both current and potential providers present. This was attended by the local GP Federation, an out of hours provider and for profit providers including Virgin Healthcare. This is an indicator of the level of market interest within the GM footprint.
- 4.3 The project plan to commission these services will include market engagement activity to ensure that potential providers fully understand the Tameside and Glossop commissioning intentions and outcomes required.

5 RISKS AND BENEFITS

- 5.1 The risks and issues identified in association with procurement and direct award are set out in Table 3 below.

Table 3 – Risks and benefits

	Procurement	Direct award
RISKS	<ul style="list-style-type: none"> • Potentially destabilise the existing local provider market • Project management timescales to be delivered to ensure contract start is on time 	<ul style="list-style-type: none"> • High likelihood of challenge from provider market due to significant change in delivery model, contracting form and financial value • Challenge to demonstrate legal basis of not following a formal competitive process
BENEFITS	<ul style="list-style-type: none"> • Open and transparent competition in line with procurement law 	<ul style="list-style-type: none"> • Move directly to contract negotiation with existing providers hence saving

	<ul style="list-style-type: none"> • Demonstrate value for money • Clear demonstration and assurance of provider quality • Commissioner-led process 	time and process costs
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5.2 This report has set out the intention to recommission the current provision of EAS, OOH and ATT as a single contract, in line with the urgent care model that is described in the related item on the Strategic Commissioning Board agenda. The Urgent Care model has been comprehensively consulted upon. Through the process of reviewing the existing provision, areas for improvement on the existing service have been identified including improvements to patient experience, access, quality and value for money.

5.3 Commissioning this provision under a single contract will change the contracting arrangements currently in place. In order to demonstrate transparency of process and ensure appropriate market testing, a formal procurement is believed to be the most appropriate way in which to achieve this. The information provided in this paper describes the relative risks and benefits of commissioning through procurement to enable Strategic Commissioning Board to make a considered decision.

6 CONFLICT OF INTEREST

6.1 There are well understood conflicts of interest within the Governing Body GPs relating to connections with gtd, Orbit and ICFT. This will affect which members are able to provide clinical advice and support within the procurement process. All conflicts of interest will be managed in accordance with NHS regulations which can be visited <https://www.england.nhs.uk/ourwork/coi>

7 RECOMMENDATION

7.1 As set out on the front of the report.