

Report to: STRATEGIC COMMISSIONING BOARD

Date: 22 April 2020

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Dr Ashwin Ramachandra – CCG Chair

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: TEMPORARY HOSPITAL HOME VISITING SERVICE

Report Summary: During the Covid-19 pandemic peak admissions are forecast to exceed hospital bed capacity in both best and worst case scenarios.

An emergency procurement was undertaken to provide medical support for Covid-19 symptomatic and non-Covid-19 patients in their own homes who would ordinarily be in hospital.

STAR procurement advised that due to the Covid-19 pandemic urgent services could be procured under the Public Contract Regulations 2015.

In this context a direct award could have occurred, however to aid transparency four Greater Manchester providers were invited to submit a tender within 2.5 days.

One tender was received and reviewed by officers and clinicians. The tender met the requirements of the specification in full.

Following approval of the Tameside and Glossop Strategic Commission it is expected that this service will mobilise within 7 days.

This is a temporary contract to ease the pressure on local health and care services.

Recommendations: Strategic Commissioning Board is asked to:

- i) Acknowledge and accept the process followed for this urgent procurement under the emergency Covid-19 arrangements and award a temporary contract to gtd healthcare.
- ii) Note that there is a potential risk of challenge although this will need to be considered in light of the urgency of response required to Covid and the limited options available.
- iii) Agree that this temporary contract is approved with the award of the proposed contract for an initial term of 3 months at an indicative cost of £154,137.

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

Budget Allocation	£154,137 for 3 months
Integrated Commissioning Fund Section	Section 75

Finance Officer)

Decision Body	Strategic Board	Commissioning
<p>Additional Comments</p> <p>HM Government's guidance: "COVID-19 hospital discharges and out of hospital work" confirms "the Government has agreed to fully fund the cost of extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services."</p> <p>The proposed service outlined in this report meets the criteria of the above and will therefore be included on the CCG submission claim for COVID-19 funding which will be from the CCG share of the £1.3 billion made available by the Government. Notionally the CCG share of this funding is circa £6.2m.</p> <p>The potential Provider is a respected provider in Tameside and Glossop and currently provides Primary Care medical services. The fee for providing this service is not unreasonable in the current circumstances and is in line with other medical services offering an urgent response for an undefined period. The fees are based on an annualised cost of £616,552 for 20 referrals per day. As the nature of this service is to meet an urgent requirement under COVID-19 and covered under the COVID-19 Emergency Contract Award Exemption Modification Report, the service will be contracted for an initial period of 3 months (April – June 2020) at a monthly cost of £51,379 with an additional £114 for each visit above 20 visits per day.</p> <p>STAR procurement have been involved in this contract award and a service specification was issued to four potential providers. The potential Provider responded within the allotted 2.5 days and their proposal covered all the key elements to deliver the service quickly within the expected price range.</p>		

Legal Implications:

(Authorised by the Borough Solicitor)

STAR is providing legal and procurement advice to ensure that the contract is procured appropriately and in accordance with the Procurement Regulations and also the Council's Contract Procedure Rules as set out in the main body of the report.

The Government has introduced emergency procurement provisions where urgent action is required as a direct response to the Covid pandemic. However in this case the market has still been tested, albeit to a limited amount.

In these challenging times robust contract management is of critical importance to ensure best value and it is also critical that the spend is monitored to ensure that the costs are recovered as set out in the financial implications.

How do proposals align with Health & Wellbeing Strategy?

This is an emergency procurement which support the ambition of the strategy to deliver high quality health and social care services which protect our most vulnerable residents.

How do proposals align with Locality Plan?	This service meets the ambition of the Locality Plan.
How do proposals align with the Commissioning Strategy?	This procurement is in line with current plans.
Recommendations / views of the Health and Care Advisory Group:	N/A – not taken to HCAG due to required urgency.
Public and Patient Implications:	This service provides direct support for vulnerable residents, including those who cannot leave their own homes.
Quality Implications:	This service will be quality assured as per current Health & Social Care monitoring arrangements. The Provider is registered with the Care Quality Commission.
How do the proposals help to reduce health inequalities?	This service provides direct support for vulnerable residents, including those who cannot leave their own homes.
What are the Equality and Diversity implications?	As above
What are the safeguarding implications?	As above
What are the Information Governance implications? Has a privacy impact assessment been conducted?	An assessment will be undertaken as it's a new service.
Risk Management:	There is a low risk that an alternative Provider may challenge the award of this temporary contract. To minimise the risk emergency procurement guidance was followed and all known local suppliers were given the opportunity to respond to this tender request.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Martin Ashton, Associate Director of Commissioning
	 e-mail: martinashton@nhs.net

1. INTRODUCTION

- 1.1 During the Covid-19 pandemic peak admissions are forecast to exceed hospital bed capacity in both best and worst case scenarios. In this scenario there is a requirement to provide medical support for Covid-19 symptomatic and non-Covid-19 patients in their own homes who would ordinarily be in hospital.
- 1.2 As these patients would normally be cared for in hospital there is no Provider in place to deliver the assessment and care that is required in the community.
- 1.3 STAR procurement advised that due to the Covid-19 pandemic urgent services could be procured under the Public Contract Regulations 2015. As a result an emergency procurement exercise was undertaken to acquire a Hospital Home Visiting Service during the Covid-19 pandemic.

2. SERVICE SCOPE

- 2.1 The Covid-19 pandemic is currently placing high levels of strain on Health and Social Care services in Tameside and Glossop. As the number of cases rise, additional patients who would normally be admitted to hospital will need to be managed in the community. A Hospital Home Visiting Service delivered by an additional cohort of GPs is required to provide the appropriate levels of additional medical support to community health and care teams for those patients.
- 2.2 The Hospital Home Visiting service will receive and manage referrals and deliver a home visit in line with clinical need 24 hours a day / 7 days a week. The home visiting GP will perform those parts of the consultation which most require face-to-face interaction. This would encompass relevant examination and prescribing of any medication required. The GP undertaking the visit will have access to the patient record prior to the visit and the visit will be fully documented in the patient's record. The home visiting GP may be required to implement the relevant paperwork to support palliative and end of life care and prescribe end of life medication if required.
- 2.3 The modelling indicates that during the Covid-19 pandemic surge, this 24/7 GP Home Visiting Service will respond to urgent demand covering an indicative 20-40 home visits per day. It is expected that the service will be able to meet surges in demand as they occur.

3. ACCESS TO SERVICE

- 3.1 When a potential need to admit a patient is identified by a Tameside and Glossop GP they will contact the Digital Health service delivered by Tameside and Glossop Integrated Care Foundation Trust (T&GICFT) to discuss the admission (as per existing arrangements).
- 3.2 A decision on whether to admit will be made by the digital health team. If the decision is to admit, the responsibility for the care will transfer to the ICFT (or alternative Provider if appropriate) during the period of admission. If the decision is made not to admit, a direct referral will be made to the Hospital Home Visiting service that will enable patients to receive prompt home visits 24/7. The ongoing responsibility of care will remain with the registered GP with support from the T&GICFT Intermediate Tier Services. This pathway is applicable to all patients with or without Covid-19 symptoms (see **appendix A** - Pathway 1 and 2 below).

4. PROCUREMENT

- 4.1 The requirement for an emergency procurement was discussed with STAR procurement 6 April 2020. STAR procurement advised that due to the Covid-19 pandemic urgent services could be procured under the Public Contract Regulations 2015. This could include a direct contract award, however to aid transparency four potential Providers were contacted and asked to respond to the service specification within 2.5 working days.
- 4.2 One complete tender was received and covered all the key elements within the expected price bracket. The potential Provider already deliver primary Care medical services in Tameside and Glossop, which means they have well developed pathways and the necessary digital infrastructure in place to deliver this service immediately.
- 4.3 Following approval it is anticipated that this service will begin within 7 working days. The speed is paramount as the expected surge of Covid-19 symptomatic patients is imminent.
- 4.4 The contract will be awarded for an initial period of three months and will include a one month notice period from the outset.

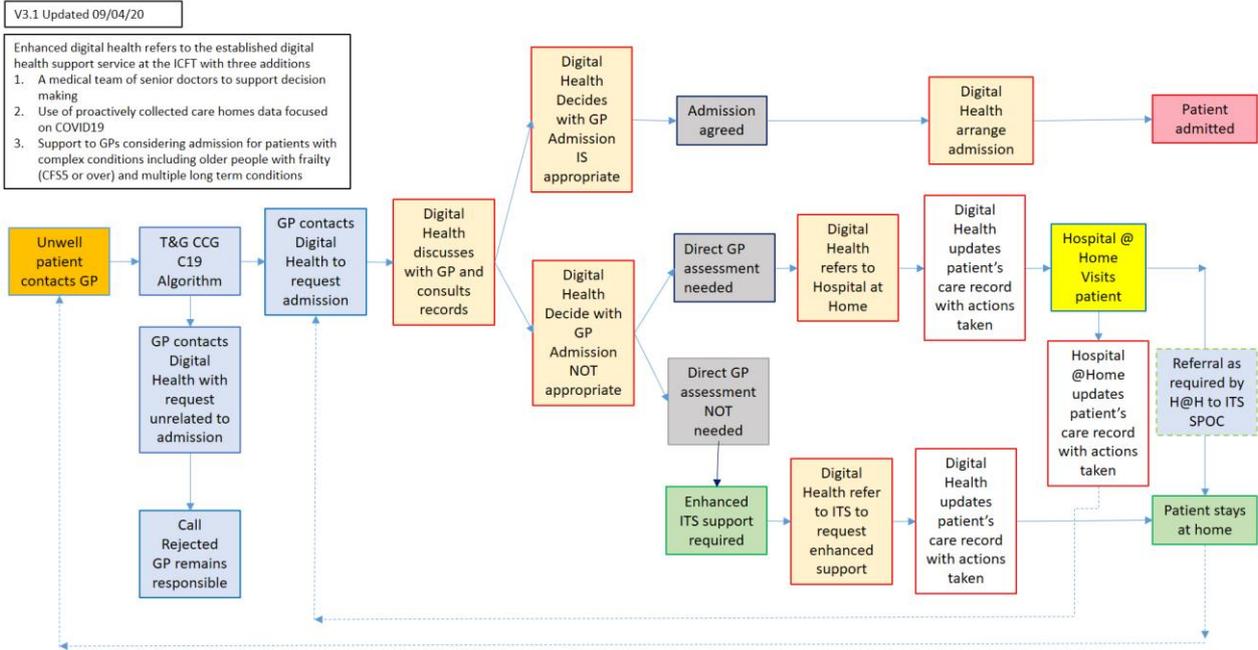
5. RECOMMENDATIONS

- 5.1 As set out on the front of the report.

APPENDIX A

Pathway1: Algorithm for Hospital Home Visiting Service referred to as 'Hospital at Home' service (patient at home)

Enhanced Digital Health Acute COVID-19 Team-GP Triage **RED** admission pathway algorithm



Pathway 2: Algorithm for Hospital Home Visiting Service referred to as 'Hospital at Home' (patient in a Care home)

Enhanced Digital Health Acute COVID-19 Team-GP Triage **CARE HOME** support pathway algorithm

