

<b>NHS North Cumbria CCG Primary Care Commissioning Committee</b>	<b>Agenda Item</b>
<b>14 September 2017</b>	<b>6</b>

**Commissioning of Primary Care GP Services for the Population of Glenridding**

<b>Purpose of the Report</b>								
This report provides the Primary Care Commissioning Committee with information as to the process currently being undertaken to procure primary care GP services for the population of Glenridding.								
<b>Outcome Required:</b>	Approve		Ratify		For Discussion	X	For Information	X
<b>Assurance Framework Reference:</b>								
<p><b>1, Better Health</b> – There is a need to ensure that Cumbria’s children and young people (including children looked after) are kept safe and transition into health adulthood.</p> <p><b>2, Better Care</b> – Commission services that ensure the delivery of high quality and safe care for patients.</p> <p><b>3, Sustainability</b> – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.</p> <p><b>4, Leadership</b> – The CCG needs to support its membership (i.e. general Practice) to provide high quality care to patients and support the delivery of safe, high quality financially sustainable health care services.</p> <p>The CCG needs to develop and implement robust governance and a management arrangements to operate in a safe and sound manner, including compliance with formal directions from NHSE.</p>								

<b>Recommendation(s):</b>
The Primary Care Commissioning Committee is asked to note the content of the paper and the necessary decision dates that will require the support of the Committee.

<b>Executive Summary:</b>
<b>Key Issues:</b> The provision of GP services to the population of Glenridding is currently provided through an

emergency Alternative Provider Medical Services (APMS) contract which is due to end on 31 March 2018.

**Key Risks:**

The population of Glenridding is small, isolated and remote. As such the potential new contract may not be attractive to prospective providers.

**Implications / Actions for Public and Patient Engagement:**

The process to procure GP services for the population of Glenridding has the potential to attract interest from the local population and media. As such the CCG has prepared a Communications and Engagement Plan outlining the process to keep patients informed of the process and to address any concerns whilst ensuring any legal duties for communications and engagement are met.

**Financial Impact on the CCG:**

Given the small, isolated and remote location from which services are to be provided the national core contract funding for such a small practice is unlikely to cover the costs of service provision.

<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
Support quality improvement within existing services including General Practice	<b>X</b>
Commission a range of health services appropriate to Cumbria's Needs	<b>X</b>
Develop our system leadership role and our effectiveness as a partner	<b>X</b>
Improve our organisation and support our staff to excel	<b>X</b>

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	N/A
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<b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed	N/A
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<b>Date Report Written</b>	25 August 2017

## **1. Introduction**

NHS Cumbria CCG is currently looking to procure GP primary care services for the small, remote and isolated population of Glenridding.

Glenridding Health Centre is a GP practice in North Cumbria which delivers essential, additional and enhanced services via an Alternative Provider Medical Services (APMS) Contract to a registered list of 751 patients (807.18 weighted) as at 01 July 2017.

## **2. Background**

Services at the practice were historically delivered through a Personal Medical Services (PMS) contract held by a single handed GP. The GP retired in 2015, and as such the contract ended on 07 October 2015.

At that point in time NHS England had responsibility for procuring GP services for the local population. NHS England attempted to secure an alternative provider to deliver the service as a branch surgery. However, this failed and NHS England subsequently entered into an emergency APMS contract for the provision of services with Cumbria Health on Call (CHoC), the local GP Out of Hours Service. The current contract is due to end on 31 March 2018.

## **3. The Procurement Process**

The CCG is now undertaking a procurement process to secure a provider of GP services for the population of Glenridding. The CCG is being supported by colleagues at NHS England and the North of England Commissioning Support (NECS) Procurement Team.

The principal steps being undertaken are outlined below and a timetable of key milestones is attached as appendix A to this report.

### **3.1.1 Communications and Engagement**

The CCG wishes to ensure patients and stakeholders are aware of the current process and possible outcomes, as well as giving patients the opportunity to speak to NHS England and CCG representatives about the future delivery of services. As such the CCG Communication and Engagement Team have formulated a Communications and Engagement plan outlining the process to ensure this happens.

NHS England and the CCG will now carry out a communications and listening exercise to provide information about the procurement, and the opportunity to gather patient's experiences, comments and views. In the main this is to provide reassurance to patients that GP services are to continue, and to capture their views and answer any questions or concerns they may have.

### **3.1.2 Procurement Process**

The key steps in the procurement process are set out below:

#### **a) Market Engagement**

The CCG is currently undertaking a process of market engagement and this began on 18<sup>th</sup> August. This step entails publication of the CCG's procurement intentions on the Official Journal of the European Union (OJEU). This step allows the CCG to engage with the market and to further develop the draft proposals for the future service delivery. A schedule of background information together with a service specification has been compiled and published. Potential providers are now invited to complete a response document outlining their ability to deliver the service, to identify anticipated

risks and barriers, and to offer comments regarding the proposed service model and financial envelope. Once this step concludes the NECS Procurement Team will compile a Market Engagement Report for consideration and sign off by the Committee.

b) Options Appraisal

At the conclusion of the Market Engagement the CCG will have a number of options dependent upon the number of potential providers that come forward. These options will be developed by NHS England and presented to the Committee for appraisal and sign off.

Sign off of the Market Engagement Report and the appraisal of the options could be considered by the Committee at the same time. It is hoped that these steps can be completed at an exceptional meeting to be arranged on 12<sup>th</sup> October.

c) Procurement and Mobilisation

Should more than one provider emerge as part of the Market Engagement process the CCG may choose to undertake a full procurement exercise. Potential bidders will submit their tenders by 06 December and maybe invited to make presentations to a panel of experts on 18 December. These dates would allow sufficient time for NECS to conclude the procurement process and to submit a “recommended bidder” report to the Committee for approval on 18 January 2018.

3.1.3 Role of Primary Care Commissioning Committee

The Primary Care Committee is required to engage with the procurement process at a number of points and to sign off the appropriate steps.

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|---|---|
| a) Market Engagement Report                     | 12 October 2017 (details to be confirmed) |
| b) Options Appraisal Sign Off                   | 12 October 2017 (details to be confirmed) |
| c) Procurement and Evaluation Strategy Sign Off | 9 November 2017                           |
| d) Recommended Bidder Report to Sign Off        | 18 January 2018                           |

**4. Recommendation**

The Committee is asked to note the content of the paper and the necessary decision dates that will require the support of the Primary Care Commissioning Committee.

Glenridding - Timetable for Procurement as at 07 September 2017						
Task	Lead	Start	End	Cal. Days	Work Days	
<b>1</b>	<b>Communications</b>					
1.1	Communications plan development	CCG	18/07/2017	01/08/2017	15	11
1.2	Communications plan sign-off by CCG Dir of Primary Care	CCG		11/08/2017		1
1.3	Get patient list from Capita	NHSE	18/07/2017	22/07/2017	5	4
1.4	Engagement period	NECS	14/08/2017	27/08/2017	14	10
1.5	OSC meeting attendance	CCG		tbc		1
<b>2</b>	<b>Market Engagement</b>					
2.1	Market engagement documentation development	NECS	18/07/2017	08/08/2017	22	16
2.2	Market engagement documentation sign off by CCG	CCG	09/08/2017	09/08/2017	1	1
2.3	Request For Information (RFI) uploaded to contracts finder / OJEU	NECS	16/08/2017	16/08/2017	1	1
2.4	RFI return	NECS	18/09/2017	18/09/2017	1	1
2.5	Data analysis	NECS	19/09/2017	22/09/2017	4	4
2.6	Market Engagement 1:1s	NECS	27/09/2017	27/09/2017	1	1
2.7	NECS Prepare final market analysis report	NECS	27/09/2017	02/10/2017	6	4
2.8	<b>Market Engagement Report sign - off at PCCC</b>	<b>CCG</b>	<b>12/10/2017</b>	<b>12/10/2017</b>	<b>1</b>	<b>1</b>
<b>3</b>	<b>Options Appraisal</b>					
3.1	Options Appraisal Development	NHSE	01/09/2017	14/09/2017	14	10
3.2	<b>Options Appraisal Sign-off by PCCC</b>	<b>CCG</b>	<b>12/10/2017</b>	<b>12/10/2017</b>	<b>1</b>	<b>1</b>
3.3	Business Case Development for CEG (If contract to be let for > 5 years)	NHSE				
3.4	CEG meeting for business case sign off	NHSE				
3.5	Develop extension CV if required	NHSE				
<b>4</b>	<b>Procurement and Mobilisation</b>					
4.1	Compile premises and TUPE information	NHSE	12/10/2017	30/10/2017	19	13
4.2	Complete Project Initiation Document (PID)	NECS	12/10/2017	30/10/2017	19	13
4.3	Develop Financial Template Model (FMT) & financial methodology	NHSE	12/10/2017	30/10/2017	19	13
4.4	Develop Specification and contract	NHSE	12/10/2017	30/10/2017	19	13
4.5	Completion of Equality Impact Assessment	NHSE	12/10/2017	30/10/2017	19	13
4.6	Develop Procurement and Evaluation Strategy (P&E)	NECS	12/10/2017	30/10/2017	19	13
4.7	Develop Evaluation Questions	NHSE/CCG	12/10/2017	30/10/2017	19	13
4.8	Develop Capability and Capacity Assessment	NECS	12/10/2017	30/10/2017	19	13
4.9	Develop Evaluation Criteria / Weightings	NHSE/CCG	12/10/2017	30/10/2017	19	13
4.10	Develop Evaluation Panel	NHSE	12/10/2017	30/10/2017	19	13
4.11	<b>P &amp; E strategy sign-off NHS England and CCG at PCCC</b>	<b>NHSE/CCG</b>	<b>09/11/2017</b>	<b>09/11/2017</b>	<b>1</b>	<b>1</b>
4.12	P & E strategy sign-off CEG (retrospective)	NHSE				
4.13	Publish advert OJEU / Contracts Finder	NECS	10/11/2017	10/11/2017	1	1
4.14	Advert on Contracts Finder and uploaded onto In-Tend	NECS	10/11/2017	10/11/2017	1	1
4.15	Tender Submission Deadline	NECS	06/12/2017	06/12/2017	1	1
4.16	Evaluation Period	NECS	07/12/2017	15/12/2017	9	7
4.17	Bidder presentation	NECS	18/12/2017	18/12/2017	1	1
4.18	Consensus meetings (TBC - location/times)	NECS	18/12/2017	20/12/2017	3	3
4.19	Prepare Recommended Bidder Report (RBR) & QA	NECS	22/12/2017	29/12/2017	8	6
4.20	Submit RBR to NHSE for approval	NECS	04/01/2018	04/01/2018	1	1
4.21	Submit RBR to PCCC (exceptional approval)		05/01/2018	05/01/2018	1	1
4.22	<b>RBR to PCCC for sign-off</b>	<b>NHSE/CCG</b>	<b>18/01/2018</b>	<b>18/01/2018</b>	<b>1</b>	<b>1</b>
4.23	Send Successful / Unsuccessful Bidder Letters	NECS	19/01/2018	19/01/2018	1	1
4.24	10-Day Standstill Period	NECS	22/01/2018	02/02/2018	12	10
4.25	Send Contract Award Letters to Bidders	NECS	05/02/2018	05/02/2018	1	1
4.26	Contract/mobilisation meeting	NHSE/CCG	06/02/2018	06/02/2018	1	1
4.27	Mobilisation/Transition Phase	NHSE	07/02/2018	31/03/2018	53	38
4.28	Contract Commencement	PROVIDER	01/04/2018	01/04/2018	1	0