

Agenda item: 16

Paper no: GBiC(1) 12-2018

Title of Report:	Interim Extended Primary Care Access Services – Award of contracts	
Status:	For note	
Committee:	CCG Governing Body	Date: 26/09/18
Venue:	HG Wells Conference Centre, Church Street East, Woking, Surrey, GU21 6HJ	

Presented by:	Rachael Graham, Deputy Director of Contracts: Primary Care and Non-Acute	
Executive Lead sign off:	Colin Thompson, Managing Director, Surrey Downs CCG	Date: 19/09/2018
Author(s):	Amber Byrne, Procurement Programmes Manager Rachael Graham, Deputy Director of Contracts: Primary Care and Non-Acute	

Governance:

Conflict of Interest: The Author considers:	CONFLICT(S) NOTED Name(s) of individuals with conflict: GP members may be conflicted as interim service is part of an offer to general practice locally Mitigating action – no decision required.	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	GW CCG Commissioning, Finance and Performance Committee – 21/11/2018 Joint Executive Team – 21/11/2018 Governing Body – January 2018 Primary Care Commissioning Committees in Common (Part 1) 14/09/2018	
Freedom of Information: The Author considers:	No exemption applies.	✓

Executive Summary:

The GP Forward View, published in April 2016 details a vision for the delivery of Extended Primary Care Access services and sets an ambition that by 2020 everyone should have access to GP services, including sufficient routine appointments to meet locally determined demand, alongside access to out of hours and urgent care services; and no patient should have to attend A&E as a walk-in patient because they are unable to get an appointment, urgent or otherwise, with a GP.

Further, the expectation in the national framework is that Extended Primary Care Access will integrate with Out of Hours and Urgent Care Services, in line with the specified new Integrated Urgent Care Service.

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There are 7 key requirements to be delivered through extended access provision:

- Evening appointments 18.30 – 20.00, Saturday and Sunday appointment provision according to local need
- Additional 30 minutes consultation capacity per 1000 population (increasing to 45 minutes per 1000 population from April 2019)
- Usage of the nationally commissioned new tool to be introduced 2017 / 18 to automatically measure appointment capacity
- Advertising and ease of access
- Use of digital approaches to support new models of care
- Addressing issues of inequalities
- Effective connection to other systems and services such as urgent care

Nationally, by October 2018, all CCG's must deliver 7 day Extended Primary Care Access services for 100% of the registered population. In order to fulfil this requirement and to build a body of evidence from which to appropriately specify the local service and prepare for the delivery a competitive procurement, the Surrey Heartlands CCGS will implement an Interim Extended Access Service delivered by local GP Federations for up to two years.

In order to apply some scrutiny and assess the capability and capacity of the delivery plans, a locally devised process was undertaken and Surrey GP Federations were invited to respond to a Request for Proposals and articulate their responses to a series of service provision evaluation questions alongside provision of a Financial Model Template allowing scrutiny of the business model proposal.

A paper was approved by the Primary Care Commissioning Committees in Common on 14th September 2018. A summary of salient points is now duly presented to Governing Body Committees in Common for information and to note following the approval to proceed with the award of contracts to each of the GP Federations within Surrey Heartlands.

Implications:

<p>What is the health impact/ outcome and is this in line with the CCG's strategic objectives?</p>	<ul style="list-style-type: none"> • Objective 1: Achieving a sustainable system • Objective 2: Development of collaborative working • Objective 3: Developing Integrated Care at a local level • Objective 4: Primary Care development • Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience
<p>What is the financial/ resource required?</p>	<p>National funding is available for this service. For 2018/19 there is a figure of £3.34 per head of population to deliver extended access; this money will rise to £6 per head of population from 2019/20.</p>
<p>What legislation, policy or other guidance is relevant?</p>	<ul style="list-style-type: none"> • GP Forward View published April 2016 • NHS Operational Planning and Contracting Guidance 2017-2019 • The Public Contract Regulations 2015 • The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 • Public Services (Social Value) Act 2012

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	<ul style="list-style-type: none"> Public Sector Equality Duty (PSED), Equality Act 2010
Is an Equality Analysis required?	<ul style="list-style-type: none"> Not indicated <p>No change to the form of service currently delivered which will have previously undergone Equality Analysis in its own regard</p>
Any Patient and Public Engagement/ consultation required?	<p>Not required – as per commentary in the field above.</p> <p>The Interim and subsequent procured Service will be subject to Patient Satisfaction monitoring.</p>
Potential risk(s) ? (including reputational)	<p>This programme of work links to BAF risk R0200: If the Primary Care Strategy is not implemented, primary care will become increasingly unsustainable in its current form.</p>

Recommendation(s):

GB to note the decision of the Primary Care Commissioning Committee (meeting in common) to proceed with the award of contracts for the provision of Extended Primary Care Access to each of the five GP Federated practices as a consequence of having fulfilled, adequately, the expectations of the RFP process.

Next Steps:

- (1) Proceed to contract signature
- (2) Interim Service Contract Management
- (3) Design and initiation of an Extended Primary Care Access procurement process.
- (4)

Recommendation of Provider appointments for the provision of a Surrey Heartlands CCGs Interim Extended Primary Care Access Service

Nationally it is directed that by October 2018 all CCGs must deliver 7 day Extended Primary Care Access services (EPCA). To meet this requirement and initiate timely provision, Surrey Heartlands CCGs undertook a locally designed and led restricted process to appoint provision of an interim service via local GP Federations. Interim provision will run simultaneously to a full competitive tender process to appoint a preferred Provider(s) to deliver these services over a longer term contract.

National funding is available for this service; the 2018/19 funding value is £3.34 per head of population rising to £6 per head of population from 2019/20.

Surrey Heartlands CCGs each approved Single Tender Action by virtue of agreement to a Single Tender Waiver in March 2018. In order to provide assurance to the commissioner around robustness of service delivery, Surrey GP Federations were invited to respond to a Request for Proposals (RFP). Potential Conflicts of Interest were considered throughout the process. Clinical review and feedback was undertaken by Simon Williams, Clinical Director for Urgent Care and Integration, Surrey Downs CCG who acted as the clinical reviewer but was not involved in the scoring, moderation or final decision making.

Following individual evaluation and scrutiny of RFP and Financial Model Template (FMT) responses a moderation meeting was conducted amongst evaluators. Final scores were agreed along with bidder feedback. Meetings were held with each bidder to discuss and review feedback and address any necessary clarifications.

Five Federated practices are deemed suitable for appointment to service provision: Dorking Healthcare Ltd, GP Health Partners Ltd, North West Surrey Integrated Care Services (NICS) Ltd, Procure Health Ltd and Surrey Medical Network Ltd.

Federations will be required to sign an NHS England Standard Alternative Provider Medical Services (APMS) Contract. Up to 5% of the contract value will be payable on the achievement of prescribed Key Performance Indicators evidenced through monthly performance and information reporting.

The usual conditions precedent (CP) requirements will be detailed within the contract requiring provision of certain evidences prior to service commencement. Aside from insurance and indemnities these CP requirements include the provision of evidence of CQC registration. This CP can be satisfied by three providers however registration is not yet in place for Dorking Healthcare Ltd or SMN Ltd. Legal advice has been sought; whilst CQC registration is recognised as a requirement and accepted by Federations as a necessary action it is proposed that the CCGs support and enable mobilisation and delivery of services by SMN Ltd at known risk, on the basis that, at minimum, evidence of an application will be sought in advance. CQC local officers have advised that an application will be treated favourably in light of live service delivery due to application volumes to be managed. They also acknowledge limited risk associated with service delivery given that the responsible providers are already registered to deliver GP services. The committee is reminded that the same degree of risk was acceptable for the period of delivery during Winter Pressures initiatives.

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Next steps

- 1. The Governing Body (meeting in common) is asked to note the decision of the Primary Care Commissioning Committee (meeting in common) to proceed with the award of contracts for the provision of Extended Primary Care Access to each of the five GP Federated practices as a consequence of having fulfilled, adequately, the expectations of the RFP process.***