NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Governing Body

Date of Meeting: 28 January 2015	**Paper No: 16/06b**

Title of Presentation: Thames Valley integrated urgent care procurement

Is this paper for (delete as appropriate)	**Discussion**	✓	**Decision**	✓	**Information**	✓

Purpose and Executive Summary (if paper longer than 3 pages):

Oxfordshire Clinical Commissioning Group (OCCG) is participating alongside the other nine Thames Valley CCGs in the regional delivery of an integrated urgent care service, combining 111 and out of hours primary care, as required by the NHS England commissioning standards published in September 2015.

Governing Body is now asked to approve the recommended procurement method for this service. Legal advice provided by Capsticks LLP recommended a Most Capable Provider assessment to be undertaken, launching with notice to the market of the service in January 2016, with the intention that the successful provider launches the service on 1st April 2017.

The three stage Most Capable Provider assessment is outlined within this paper, as is the procurement timeline. The existing 111 contract with South Central Ambulance Service (SCAS), the current provider of 111 in Oxfordshire, will be extended in line with other Thames Valley 111 contracts that SCAS holds, until 31st March 2016 to align with the procured regional service.

Financial Implications of Paper:

To be determined by Thames Valley Chief Financial Officers as part of procurement

Action Required:
Governing Body is asked to:
• Agree the procurement approach of Most Capable Provider
• Note the procurement timeline for a Thames Valley integrated urgent care service
• Note extension to the existing 111 contract to align provision to the procurement
• Note the impact that the MCP approach will have on current Out of Hours services

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please delete tick and attach as appropriate)	Yes	No ✓	Not applicable
Outcome of Equality Analysis			

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Thames Valley integrated urgent care procurement

Executive Summary

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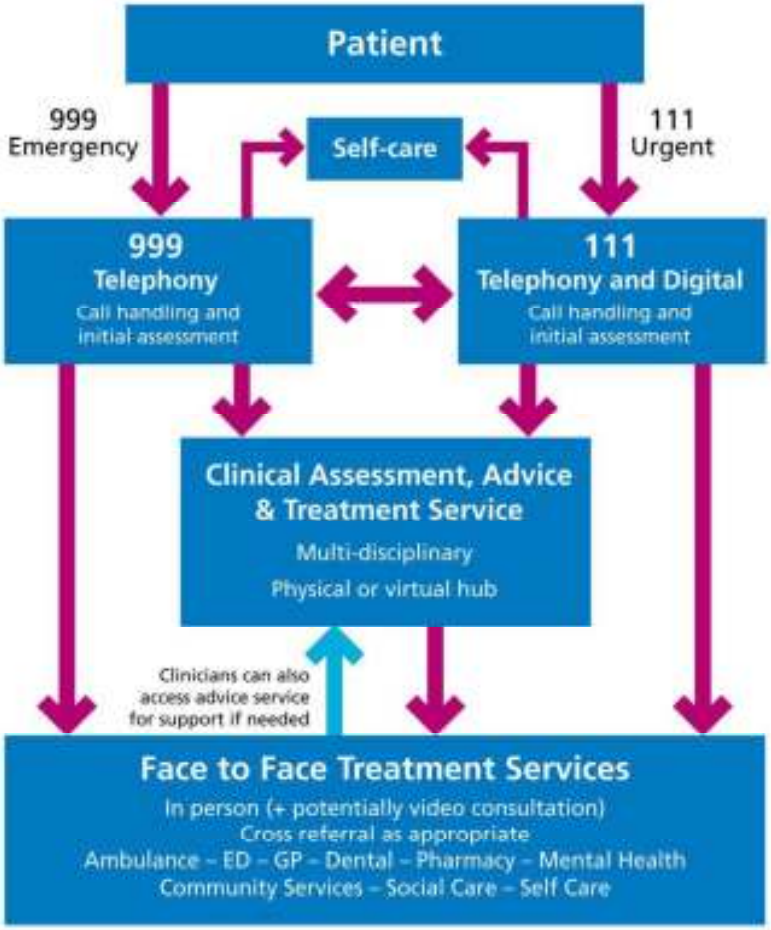
Background

Thames Valley CCGs are collaborating on delivery of an integrated urgent care solution, as required by NHS England in July 2015, with national standards published on 30th September:
https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf

The service described in the integrated urgent care (IUC) commissioning standards substantially advance the original model of 111 launched locally in 2012, to include over the life of the service:

- 24/7 NHS 111 access line working together with 'all hours' GP services
- Additional clinical expertise available in IUC call centre, via warm transfer (e.g. Pharmacy, dental, MH and GPs)
- Enhanced Clinical assessment of green (20 minute response time and beyond) ambulance and Emergency Department dispositions
- Direct booking from Integrated Urgent Care into Emergency Department
- Direct booking from IUC into GP and GP Out-of-hours
- Direct booking from IUC to Community services & 'fast response' multi-professional community teams
- Special Patient Notes (SPNs), End-of-life care plans & crisis plans to be available at the point in the patient pathway which ensures appropriate care
- Directory of Services to be expanded to include social care

Integrated urgent care service – NHS England



Thames Valley CCGs have co-operatively produced an integrated urgent care specification, setting out the requirements for a service to deliver 111 and a 24/7 clinical assessment, advice and treatment service, with interfaces to 999 telephony and face to face treatment services.

The CCGs have also produced a common out of hours (OOH) service specification, to be the baseline for local OOH specifications, such that local need can be reflected across Thames Valley while ensuring commonality of access for the regional integrated urgent care service. This specification is being developed by the Integrated Urgent Care Programme Board and will be sent to Thames Valley Governing Bodies for approval when complete.

Most Capable Provider model

Capsticks worked with representatives from the Thames Valley CCGs in October 2015 to develop an options appraisal to identify the optimal procurement solution. This included development of a MCP model that could be applied to the current procurement, given the flexibility that is available via such a process to develop a service that is fully integrated with existing local provision. A three stage process was identified that would:

1. Test interest from the market and competitively assess potential providers against Pre-Qualification general criteria to assess their capability to deliver an integrated solution across 999, 111, urgent, primary and community care. This assessment would identify 1 to 2 providers to take forward to stage 2.

2. Co-produce a final delivery model for the integrated urgent care solution, with dialogue meetings and formal, competitive assessment to determine the most capable provider against criteria of:
    a. Governance
    b. financial model (with open book accounting expected by participants)
    c. clinical / operational model
    d. contract development
    e. mobilisation

Stage two would see key contractual principles agreed and the confirmation of a preferred provider to move to contract agreement at stage 3.

3. Confirm the preferred provider(s) and finalisation of service model and contract. Formal award of contract.

Monitor would be engaged at stage 1 to ensure the process is in accordance with the NHS (Procurement, Patient Choice and Competition (No. 2)) Regulations 2013 ("PPCCR") and the Public Contract Regulations 2015 ("PCR 2015").

The **key risks** of the MCP process identified by Capsticks are:

1- The MCP process anticipates development of a solution with input from providers and may evolve over the course of the procurement. If CCGs' key requirements change materially from what is specified at the outset, then an unsuccessful provider excluded earlier in the process could challenge the process.
2- The CCGs may find it difficult to ensure and demonstrate that all providers are at all times treated equally and fairly due to the iterative nature of the process.
3- Significant programme management and clinical input will be required to support the iterative process of the dialogue meetings and assessment.

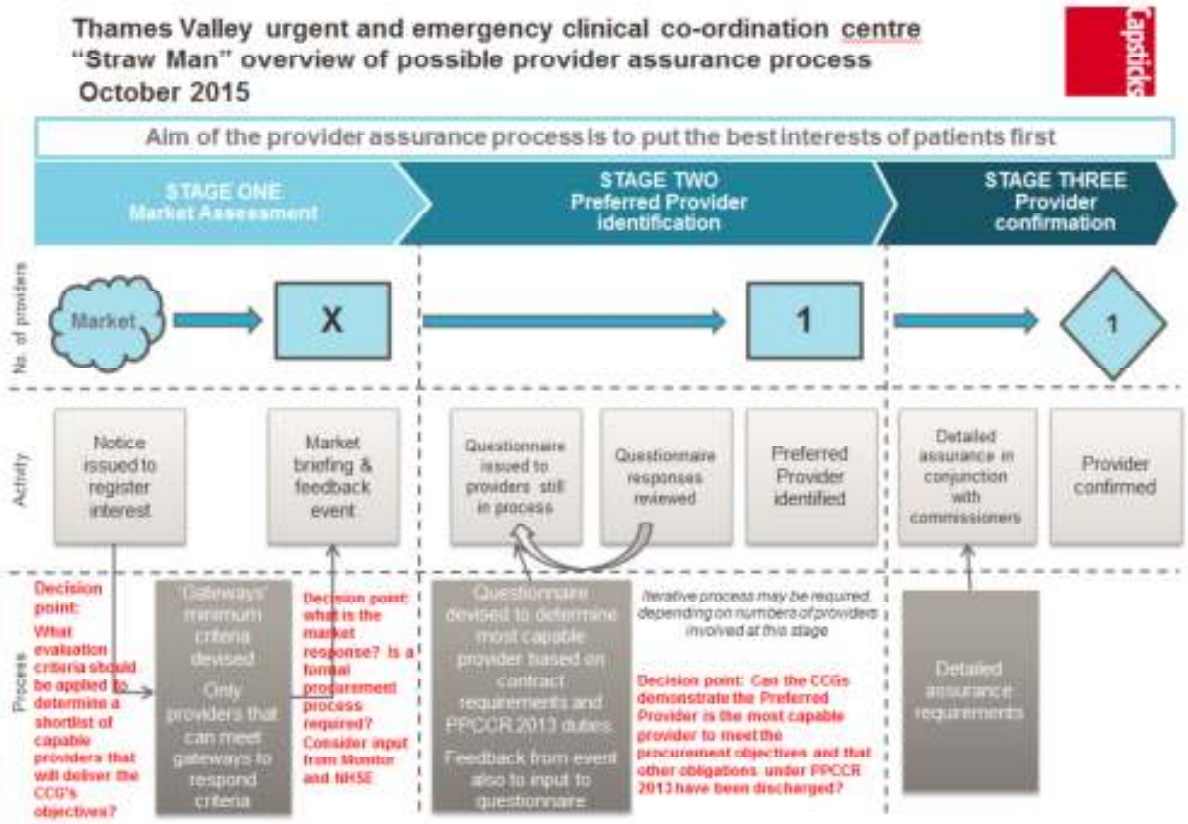
However, these risks are being mitigated by the development of clear criteria against which bids will be assessed, at the Pre-Qualifying Questionnaire (PQQ) stage 1 to test business sustainability, relevant experience and innovation of bidders, along with standard PQQ criteria including information and clinical governance, staffing and contract performance, with further testing at stage 2 against published criteria.

While stage 2 of the process is iterative and may lead to elements of the service being co-produced between the CCGs and the bidders, the criteria against which the service will be assessed will be known to all bidders who pass through stage 1, such that bidders during stage 2 do not gain undue influence on the assessment.

Thames Valley Accountable Officers considered the Capsticks options appraisal paper in November 2015 and agreed to pursue Most Capable Provider as the procurement route, subject to Governing Body approval. The other Thames Valley Governing Bodies have now all ratified MCP as the procurement route.

An indicative timeline is provided below:

Gateway/Key Action	Expected Date
Publication of Advert	25th January 2016
Bidder Event	25th February 2016
Closing Date for Phase 1 Responses	25th March 2016
Evaluation and Shortlisting	25th April 2016
Notification to bidders of result (Standstill period)	2nd May 2016
Finalisation of Phase 2 Documentation and approval to publish	2nd May 2016
Publication of Phase 2 Documentation	9th May 2016
Closing date for Phase 2 submissions	6th June 2016
Evaluation and Shortlisting	7th July 2016
Notification to bidders of result (Standstill period)	14th July 2016
Commence Phase 3 : Co-production of final service specification	15th July 2016
Conclude co-production of specification.	29th August 2016
Approval from all CCGs to award contract	By 30th September 2016
Contract completion and approval	28th October 2016
Mobilisation Complete	March 31st 2017
New contract starts	1st April 2017



Clinical Assessment, Advice and Treatment Service
NHS England requirements for the 'Functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service' identified in their letter of 3rd July and set out in the commissioning standards in September 2015 do not identify which elements of the service require physical co-location and which can be delivered virtually. What is known is that multi-disciplinary clinical representation including GPs, mental health, pharmacy and dentistry is required. Whether such services are provided separate from the location of the 111 service or not, warm transfer, such that patients can seamlessly access advice from multi-disciplinary clinicians as part of a single call and without delay, will be required.

Whether such services are fully integrated within the 111 co-ordination centre (and therefore are provided by the Most Capable Provider as part of their submission, potentially in collaboration with relevant services as an alliance) or whether the Most Capable Provider seeks to establish relevant but separate interfaces with other providers who do not form part of the MCP vehicle cannot be identified until stage two of the MCP process, when the preferred provider and their solution to deliver an integrated urgent care service has been identified. This integration will be rigorously tested as part of the evaluation process however, to ensure that whichever approach is taken by bidders, it ensures seamless and instant transfer of patient information and calls.

Out of Hours
Berkshire East and West, along with Oxfordshire currently plan to maintain their existing OOH providers if sufficient assurance can be obtained that they are capable of delivering an enhanced service that is fully integrated with the requirements set out above. Such assurance will require NHS England and Monitor sign off and a record of the contracting decision for not procuring Out of Hours care is being developed at the current time.

To achieve local integration there are interface issues with the Outcomes Based Contracting (OBC) process, the Better Care Fund and Prime Minister's Challenge Fund (PMCF) initiatives. OCCG is awaiting the PMCF pilot evaluation and therefore to maximise the fully integrated service we are delaying the procurement of Out of Hours. Dialogue is underway with Oxford Health NHS Foundation Trust and Principal Medical Limited to culminate in a formal assessment of their capability to deliver an Out of Hours service that is fully integrated with the integrated urgent care service requirements and the draft Thames Valley Out of Hours service specification has been shared with both organisations.

As identified above, if the Most Capable Provider vehicle includes existing Out of Hours providers as part of their submission, such as using OOH GPs to deliver telephone triage and support, then the service that OCCG will seek to commission from its out of hours provider will be face to face triage and treatment only. If MCP bids do not include existing out of hours providers as partners and seeks to have an interface with such organisations, then OCCG would seek to commission telephone triage from the Out of Hours service, in addition to face to face triage and treatment.

However, both Oxford Health and PML have been engaged throughout the procurement process, have had sight of and have commented on the draft Out of Hours specification and continue to demonstrate support of the integrated service.

Next Steps
Chief Finance Officers are due to meet collectively to agree the balance of costs for the future service, such that Governing Bodies are clear as to the impact that the potential increased costs of the enhanced clinical hub over the existing 111 service, by virtue of having a range of multi-disciplinary clinicians including GPs working within the service will have, set against potentially lower activity profiles for onward care pathways, particularly ED and ambulance services, where such dispositions will be passed to clinicians for review within the hub.

OCCG Executive, reviewing progress on the procurement in November 2015, required assurance on the available resource to input into this process- this resource is still being determined.

Summary
Governing Body is asked to:

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