

BNSSG CCG Governing Body Meeting

Date: Tuesday 1st May 2018

Time: 1.30pm

Location: The Winter Gardens Pavilions, Weston College, 2 Royal Parade, Weston Super Mare BS23 1AJ

Agenda item: 7.1

Report title: Contract Award Recommendation Report for the provision of an Integrated Urgent Care Service

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1. Purpose

The purpose of this paper is to confirm the formal award of the Integrated Urgent Care service (IUCS) for NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) now that the 'standstill period' following award has passed.

The total value of the IUC service is £12.5 million per annum, with a total contract lifecycle value of £87.5 million over 7 years, and a possible extension of an additional 3 years. The initial 7 year period will commence from 1st April 2019.

The service has been formally awarded to **BrisDoc Healthcare Services Limited** in partnership with Care UK, proposing to trade as SevernSide Integrated Urgent Care

2. Recommendations

The Governing Body is asked to note that no challenges were brought during the standstill period and BrisDoc Healthcare Services Limited (Brisdoc) has therefore been formally awarded the tender to provide Integrated Urgent Care Services to the BNSSG population.

3. Background

BNSSG CCG is commissioning an IUC service for the residents of BNSSG, initiated by the need to recommission the two main existing elements (NHS111, GP Out of Hours), and to meet the mandated requirements of the national IUC specification incorporating additional elements such as a Clinical Assessment Service (CAS).

The transformation of these services needs to move from an 'assess and refer' to a 'consult and complete' model of service delivery. The CCG has sought a single integrated service where there is shared responsibility across the whole of the patient pathway. The CCG is keen to drive 'channel shift', where patients are cared for in the lowest acuity clinically suitable setting and has used this re-commissioning exercise to contract in a way that incentivises 'front door' providers to deliver pathway change. The IUC service will work closely with existing and emerging models of urgent and emergency care and GP localities.

The three elements of the service (NHS111, GP Out of Hours and CAS) are to be combined into a single service with Key Performance Indicators (KPIs), governance policies and other elements that cover the patient journey from the initial phone call to the completion of the patient care episode.

The CCG is, at the same time, developing an Integrated Care Bureau (ICB) for admission avoidance, facilitated discharge and access for patients known to community services. The Provider will work closely with the ICB, which is one aspect of the Integrated Primary and Community Care Sustainability and Transformation Plan (STP) work stream.

4. Governance

Approval was granted from each of the three previous BNSSG Governing Bodies on 3rd October 2017 for the procurement to be conducted in line with Standing Financial Instructions, the Public Contracts Regulations 2015 and the CCGs' various other duties.

The governance of the programme has been thorough, with issues such as conflict of interest, confidentiality, clear accountability and responsibility and programme leadership all clearly defined.

The programme has been managed through a Programme Board chaired by an Executive Officer of the CCG, and with senior membership including clinicians, commissioners, finance, quality, public and patient involvement, and equalities. The Programme Board oversaw the programme, including the making of recommendations to the CCG Governing Body and other CCG groups such as the Strategic Finance Committee as appropriate. Underneath the Programme Board, a Project Group is also in place at an operational level.

5. The Procurement Process

Procurement process

The Services are healthcare services falling within Schedule 3 of the Public Contracts Regulations 2015 ("the Regulations"). They are therefore not subject to the full regime of the Regulations, but instead governed by the "Light Touch Regime". The Light Touch Regime is a specific set of rules for certain service contracts that tend to be of lower interest to cross-border (i.e. EU-wide) competition, and allow contracting authorities more flexibility in their approach to the procurement process than under the full regime.

Tendering Route

The CCG decided on a light touch approach including multiple stages of iterative tendering and dialogue with bidders.

This approach was used due to the complexity and transformational nature of the new services, the need for discussion and clarification with Bidders throughout the process, and the need for flexibility of approach in the procurement methodology. Bids were assessed and evaluated on the basis of Most Economically Advantageous Tender.

Conflicts of Interest

The SCW procurement team supported the project in the management of conflicts. In line with national guidance (Managing conflicts of interest: revised statutory guidance for CCGs 2017) conflicts of interest were given a high priority within the procurement, with 'conflicts of interest' a standing item at project meetings.

Project members were required to complete Conflict of Interest and Confidentiality forms. Bidders were required to complete Conflict of Interest declarations as part of their bids. They were also under an ongoing obligation to update the Commissioners should the status of any of their declarations change subsequent to submission.

6. Previous tender stages

Advertisement and Selection

A Selection Questionnaire (SQ) was issued to bidders alongside the ITN1 documentation on 4th October 2017 with a deadline of 27th November. The SQs were evaluated fully as part of the initial compliance and completeness checks and all bidders passed the SQ and were therefore progressed to evaluation of their ITN1 submissions.

Invitation to Negotiate (ITN) 1

The evaluation panel, chaired by a member of the NHS South, Central & West Commissioning Support Unit Procurement Team, and consisting of CCG subject matter experts, independent experts, and service users, took part in the evaluation process.

In total, 29 evaluators were involved in the evaluation of bids received. Each member of the evaluation panel was required to complete, sign and return conflict of interest and confidentiality forms. All evaluators received training from the Procurement Team in how to evaluate the bids, including how to allocate scores and record appropriate comments.

Each member of the evaluation panel initially carried out an independent evaluation of their specific part(s) of the responses according to the scoring criteria sent out to bidders. The scores were collated and then reviewed within a moderation meeting in December 2017.

7. ITN2

The timetable for the ITN 2 is set out below:

Activity	Schedule
ITN2 released to Bidders	22 nd December 2017
Submission of deliverability testing questions	16 th January 2018
Panel presentation	16 th January 2018
Dialogue sessions	23 rd January 2018
Submission of Contract Particulars	7 th February 2018

Initial moderation session	20 th February 2018
Dialogue session with key system providers	12 th March 2018
Bidder Presentations and final moderation session	20 th March 2018
Standstill period	20 th – 30 th April 2018

Panel presentation session (16th January 2018)

The Panel Presentation day - the first formal element of the ITN2 stage - was completed on 16th January 2018. The panel included 15 commissioners, clinicians, Healthwatch representatives and subject matter experts (finance, equality & diversity, quality, information management & technology).

From discussion during and after the day, and subsequently at Programme Board, panel members found the opportunity to test bidders face to face both useful and informative.

ITN2 submission (7th February 2018)

On the 7th February 2018 full submissions were received from two bidders:

The two submissions were first checked for completeness and compliance as per the published ITN2 documentation, before being provided to evaluators to conduct their individual evaluations.

Moderation meeting (20th February 2018)

Individual evaluations were completed on schedule, with evaluators coming together for a moderation meeting on 20th February 2018.

The moderation meeting was an opportunity for all evaluators to come together to discuss their individual scores and comments, and to agree a single moderated score for each evaluation area.

Clarification stage

Clarifications arising from the moderation meeting were most relevant to bidders' Service model and Service Development and Improvement Plans, so the scores for these areas were not finalised until the end of the clarification stage.

Local provider-side representatives acted as advisors to the CCG, but were not party to any scoring discussions. Given the move toward integrated and partnership working through the Sustainability and Transformation Partnership and other forums, and the fact that these providers are those that will need to be integrated with, it was imperative that their expert views were taken in to account.

Final Scoring

Following the finalisation of all scores, BrisDoc was the highest scoring bidder.

BrisDoc provided a detailed service model as part of their submission, including regarding specific patient groups and service functions. They demonstrated a clear understanding of what is required by Commissioners, which generally gave the panel assurance. They recognised limitations such as the management of clinical risk which was positive. The panel particularly liked features such as the 'consult and hold/continue' model, and the clear career framework.

On the critical issue of activity planning, BrisDoc gave a comprehensive analysis of current trends, service breakdowns and demand planning. Assumptions provided were reasonable and well thought out.

Regarding service development, BrisDoc provided a good plan with a significant level of detail, with a clear and structured approach to the service development and improvement plan. The panel generally felt they provided a complete service development plan which would make a positive difference to the future urgent care system. The response included pathways for under 2s and over 85s, GP direct booking and NHS 111 online.

NHS England Assurance

As agreed with NHS England, the programme is following a light touch assurance process, comprising of three checkpoints. NHS England expressed satisfaction at checkpoint 2, and confirmed their agreement that the CCG could progress to award. Checkpoint 3 will be concluded post go live.

8. Financial resource implications

The bid price of the winning bidder is within the funding available. The overall bid price was also within the published financial envelope. Finance evaluators confirmed that the overall bid price was derived rationally and appeared sustainable against the bidder's submitted Cost Improvement Plans.

Approval regarding the affordability and financial sustainability was sought from the CCG's Strategic Finance Committee as part of the governance process prior to award. The Strategic Finance Committee confirmed that they were assured regarding financial aspects of the award.

9. Legal and Risk implications

As is standard at the award stage of a procurement process, the main procurement risk considerations are:

- Completion of the Contract
- Challenge to the procurement process.

The Contract

The contract will be the latest version of the NHS Standard Contract. The contract will be let for an initial period of 7 years, with extension options of anything up to a further 3 years (at the commissioner's discretion). The CCG will not be required to make any decision on the uptake of an extension until 12 months prior to the end of the initial term.

There is a significantly reduced risk of non-agreement of contract within this procurement process due to the nature of the ITN2 submissions (e.g. that they were draft contract responses).

The nature of the ITN2 responses also reduces the risk of challenge due to post-award negotiation, as there is more certainty regarding the contents of the final contract and less 'porting' required from a standard tender response to a contract form.

Challenge to the Procurement Process

The procurement process has been conducted in accordance with best practice and the principles of transparency, proportionality and non-discrimination.

Although all of the services discussed in this paper fall under the Light Touch Regime of the Public Contracts Regulations 2015, the CCG is using a best procurement practice approach, including through the use of a voluntary 10 day standstill period immediately after approval has been granted.

The robustness of the process suggests that the risk of procurement challenge is low, and the consequent risk of successful challenge is very low. The procurement process was also supported by an external legal firm to provide additional specialist legal support and assurance to the Programme.

10. Implications for equalities & health inequalities

An Equalities Impact Assessment (EIA) Assessment Screening was undertaken in May 2017 and concluded that a full EIA was not required. However, as the service develops over the mobilisation period, equality issues will be considered to ensure that the service is fully accessible and meets the requirements of the equalities legislation.

As part of the mobilisation period there will be an opportunity for the provider to build on their existing understanding of the community that they serve, ensuring key priority areas are properly addressed and included within the final contract.

11. Mobilisation

A detailed mobilisation plan is in place, and will be jointly agreed between the CCG and Brisdoc to ensure the smooth transition from the current service provision to the new Integrated Urgent Care Service specification and model.

Specific areas of work will also be undertaken with other system providers during the mobilisation period, such as the alignment of contract Service & Development Plans, key interoperability work, and the agreement of shared outcomes measures, local key performance indicators and seamless pathways.

A joint communications plan is being developed with BrisDoc and overseen by the CCG's communications team to ensure clear, consistent messaging throughout the mobilisation and transformation period.

It is planned that the contract for a new integrated urgent care service will be signed with the provider in late summer 2018.