

Primary Care Commissioning Committee

22nd June 2016

Details	Part 1	✓	Part 2		Agenda Item No.	2.1
Title of Paper:	APMS Project Update					
Board Member:	J Schryer – Primary Care Clinical Lead, M O’Dwyer Deputy Chief Officer / Director of Commissioning and Business Delivery					
Author:	Zoe Alderson, Primary Care Lead Bury CCG					
Presenter:	Zoe Alderson, Primary Care Lead Bury CCG					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	<p>The purpose of this paper is to provide assurance to the Primary Care Commissioning Committee by:</p> <ul style="list-style-type: none"> ▪ Providing an update on the work completed within the previous period ▪ Reiterating the timeframe within which we are operating ▪ Outlining the key next steps/risks 					
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Risk	High		Medium	x	Low	
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A full and detailed risk log is in place as part of the project management group process (see appendix 1). Key risks include:

Risk Description	Current Controls
There is a concern that patients will choose to reregister with an alternative practice potentially making the remaining list sizes no longer viable as a stand-alone practice	<ol style="list-style-type: none"> 1. Migration monitoring taking place. 2. Market Testing revealed a number of providers would be interested in delivering one contract over two sites 3. Finance will carry out a list size modelling exercise
The lack of clarity around how Devolution Manchester might affect procurements for individual practices and whether this will negate the need to go out to procurement (which may result in provider costs putting bids together)	Advise being sought from NHS E regarding a 5 + 2 further 5 years (15 years total)
<p>TUPE issues – RLC No longer have dedicated staff, instead they work over three sites thereby impacting on their eligibility to TUPE</p> <p>Whilst there is a recognition that the provider is merely capitalising on economies of scale with regards to its workforce they have been made aware of the risk this may present to their remaining two contracts should they not be successful within the procurement process.</p>	<p>The Practice Manager has been advised to:</p> <ul style="list-style-type: none"> ▪ Seek independent HR advice ▪ Start consultation with its workforce ▪ Update the TUPE information based on current workforce and to include GP time and proportionate costs
The unregistered element of Rocks contract will be re-commissioned as part of a wider Urgent Care Pathway. It should be noted whilst the urgent care team are aware of the APMS timeline this may result in a gap in service if there is a delay.	Urgent care workstream is aware of the need to ensure that if required a temporary solution should be put in place

Recommendations	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> ▪ Note the update being presented ▪ Note the requirement to prepare all ITT documentation which includes the Service Specification and Questions/Evaluation Methodology by the 27th July
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APMS Project Update

1. Background

Bury CCG has two GP practices with APMS contracts which are due to expire on 31st March 2017.

The contracts are known as:

<p>The RLC Star Suite Radcliffe Primary Care Centre, 69 Church Street West Radcliffe Manchester M26 2SP</p>	Y02660
<p>The Rock (Registered services only) Moorgate Primary Care Health Centre, 22 Derby Way Bury BL9 ONJ</p>	Y02755

Following approval at Joint Commissioning Committee in March 2016 a project group has been established and formal procurement process is now underway to ensure new contracts commence by 1st April 2017.

The purpose of this paper is to provide assurance to the Primary Care Commissioning Committee by:

- Providing an update on the work completed within the previous reporting period
- Reiterating the timeframe within which we are operating
- Outlining the key next steps/risks

2. Tasks Completed Since Last Report

- NHS E Project lead informed of outcomes from May PCCC
- Evaluation questions required as part of the ITT process shared with subject matter experts
- Draft service specifications split and shared with subject matter experts
- Communications discussions with Extended Working Hours Lead regarding the duty to further consult regarding opening hours changes.
- NHS E and CCG Project leads met with RLC to discuss TUPE information in more detail (see section 3)
- Exit plan received from RLC

3. TUPE - RLC

Both NHS E and CCG Project Leads met with Alison Bridge (RLC Practice Manager) on the 13th June 2016, in order to discuss the TUPE information submitted as at April 2016.

Within the discussions it was highlighted that over time staff which were traditionally allocated to solely RLC had left and been replaced with a shared workforce, with Redbank being the employing provider and staff working over three sites. This therefore impacts on the number eligible to TUPE as 51% of a person's time is required.

The Practice Manager has been advised to:

- Seek independent HR advice
- Start consultation with its workforce
- Update the TUPE information based on current workforce and to include GP time and proportionate costs

Whilst there is a recognition that the provider is merely capitalising on economies of scale with regards to its workforce the provider has been made aware of the risk this may present to their remaining two contracts should they not be successful within the procurement process.

4. Next Steps

- Response from NHS E needed regarding PCCC recommendation to commission a 5 year plus 2 further 5 year contracts (15 years in total)
- Formal response from RLC regarding who will and wont transfer under TUPE by 30/06/16
- Consultation with patients regarding access to extended hours as part of a Bury wide model to continue to be scoped
- Development of Additional Service Specifications as agreed at previous PCC Committee
- Invitation to Tender (ITT) documentation to be prepared/approved including financial modelling templates, service specification and evaluation criteria.
- Project initiation document to be refreshed

5. Key Timescales

A summary of the key points in time are as follows:

Activity	Date
All procurement material finalised	25.07.16
Procurement and Evaluation Strategy/Documents approved	30.08.16
Advert published on Contracts Finder	08.09.16
Deadline for receipt of ITT clarifications from bidders	12 noon 26.09.16
Deadline for issue of ITT clarifications to all bidders	09.10.16
Tender submission deadline	12 noon 11.10.16
Evaluation of bidder submissions	12.10.16 – 25.10.16
Interview/Presentations and Consensus Meetings	08.11.16 – 11.11.16
Recommended Bidder Report to Board	23.11.16
Standstill period begins	08.12.16
Standstill period ends	19.12.16
Contract award	20.12.16
Mobilisation period begins	31.01.17
Service commencement	01.04.17

A copy of the full project timeline, risks and actions are attached as Appendix 1

6. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the update being presented

- Note the requirement to prepare all ITT documentation which includes the Service Specification and Questions/Evaluation Methodology by the 27th July

Zoe Alderson
Primary Care Lead, Bury CCG

Ambition / Work Stream	SMART Targets/Action Plan	Core Details (by whom / when)		Progress Updates	RAG
Outstanding Issues Current Contracts	Internal discussion required as to the commissioning need for the additional services currently provided by ROCK	Z Alderson	asap	On Agenda for discussion 13th May 13/05/16 - A discussion took place around the appropriate method to commission additional services e.g. individual budget lines or a pot. The group agreed a pot was more relevant if they were to align with the contract term. ZA to work with provider to develop relevant specifications/costings	C
	ZA to work with current provider to develop relevant specifications/costings for additional services	Z Alderson	30-Jun-16		A
	KP to seek advise regarding the appropriate commissioning method e.g. within APMS contract or as a stand alone NHS contract which would then mirror other Locally Commissioned Additional Services	K Porter	30-Jun-16		G
	RLC Contract variation needed to reflect known changes in service delivery	K Porter	12-Feb-16	26/04/16 issued (questions around opening times submitted to NHS E variation to be retracted) 27/05/16 - Variation retracted on the advice of the group - Legal advise needed. ZA Discussed with MOD, awaiting response	R
	Funding Query EWH (RLC is down to receive funding from NHSE for this and yet should be core contract delivery)	S Roscoe/K Porter/Z Alderson	12-Feb-16	21/12/16 - ZA informed both KP and SR of potential duplication in funding, await response re how to approach 13/05/16 - opening hours RLC - ZA to chase with A Bridge. Received 13/5/16 The RLC is open Mon - Fri 8am - 6.30pm EWH - Mon - Fri 6.30 - 8.00pm & Sat & Sun 8am - 6pm (incl B/Hols)	R
	Establishing true unregistered activity for Rock Healthcare	(K Porter and D Latham)	Urgent	04/04/16 - Initial activity shared. DL required further information. To be picked up as part of Urgent care workstream (closed for the purpose of this action log)	C
	Finance to understand list size viability by undertaking a modelling exercise	G Throup	30-Jun-16		G
Basket 1 impact - Confirmation of financial increase needed	T Edge	30-Jun-16		G	
Patient/ Stakeholder Engagement	NHS E to gain legal advice on the duty to consult about the extended or unregistered elements at Rock	K Porter		31/12/15 - KP to chase response 13/05/16 - KP stated we may need legal advice around whether existing consultation is sufficient. CD to check how these surveys were worded. CD due to meet with VM. Limiting hours to 08:00-18:30 with impact some patients who have chosen the practices for their opening hours 08:00-20:00. ZA to update paper to PCCC (engagement will take place as part of Urgent Care Work therefore action closed for the purpose of this group)	C
	Posters to be displayed advertising outcome of patient engagement work	C Dearden	08-Apr-16	06/04/16 - drafted and shared	C
Procurement	Agree TOR	PGroup	31-Mar-16	01/03/16 - Shared with Pgroup for information 05/04/16 - Revised and sent to Kporter 06/04/16 - Shared with PGroup for final comment (no response received) 13/05/16 - IG person outstanding ZA to consult with LF	R
	Conflicts of interest declared and recorded	Pgroup	31-Mar-16	01/03/16 - Template shared with group (all memebbers asked to complete and return) 05/04/16 - KK to check receipt of COI 09/05/16 - no response received from NECS. KK to chase again and copy Ian Blagg into email. (Copies to be given out at meeting) 12/05/16 - response from IB with submitted declarations. 13/05/16 - 5 further declarations received and submitted by KK 26/05/16 - outstanding declarations chased by KK - IB, JMcG, VM, DL)	A
	Gather exit plan details from current providers (e.g. Staffing/tupe list, pass through costs etc...)	K Porter	31-Mar-16	TUPE Information from providers expected Mid-March RLC Received (concerns). KPorter and ZA to meet with provider Rock Initial return received 13/05/16 - Concern - RLC indicated staff would not TUPE across to another provider. This indicates a risk both the Redbank & Mile Lane practices and to new provider. KP & ZA to meet with Redbank to confirm whether this is the case. Ben Squires suggests obtaining a signed declaration of their intention. 13/05/16 - KP to chase exit plans (received) 13/05/16 - KP to provide market engagement final report (done) 13/05/16 - KP to obtain draft leases and floor plans from NHSP (Outstanding)	G
	TUPE Meeting needed with RLC	K Porter/Z Alderson	13-Jun-16		G
	Agree contractual terms against which to go out for expressions of interest e.g.: • Opening hours (8-6.30) • GMS tariff • Term of contract (5 yrs)	PGroup	31-Mar-16	05/04/16 - Forms part of PID currently in development 06/04/16 - PID sent to Finance to complete (return deadline 15th April) Received, a number of questions still to be answered (on agenda for 13th may) 13/05/16 - confirmed 5 year contract preferable to allow for GM Devolution possible changes. Make clear any costs would be at bidders risk. Agreed as part of the Paper presented to PCCC (GMS Rate, 5+2x5=15)	C
	Draft APMS contract	K Porter	31-May-16	13/05/16 - KP to supply template	C
ZA to split and circulate the ITT Questions/scoring methodology in accordance with subject experts	Z Alderson	31-May-16	13/05/16 - ZA will distribute sections (sent 09/06/16)	C	

Subject Experts to provide updated ITT responses AI 2.1 app	PGroup	30-Jun-16		A
Within the RLC contract there is a KPI for £98,000. The question was asked as to how this is reconciled. GT and KP to discuss in more detail	G Throup	31-May-16		A
Update Paper to PCCC including <ul style="list-style-type: none"> • RFI • General Progress • Summary of proposals • Summary of concerns 	Z Alderson/K Porter	18-May-16	ZA to include within next PCCC (25th May)	C
Equality Impact Assessment to be completed	Z Alderson	30-Apr-16	06/04/16 - Drafted and shared with Samina (2wk deadline 20/04/16) Response received, included within PID	C
Develop Financial modelling template and handbook	G Throup	31-Mar-16	?? Need advice from NHS E/NECS as to what this involves/templates or examples.	R
Develop Specification - ZA to share with subject experts in order to progress more quickly	PGroup	30-Apr-16	01/03/16 - Shared with PGroup for information 0/04/16 - Shared Draft Specification with PGroup for comments/feedback (no responses received) 13/05/16 - H Hughes to forward Community Services Spec to ZA as an example, seek advice from Commissioning Lead (MOD/AL) - Received 14/06/16 - Copy of Spec circulated (21/6/16 deadline given for responses)	C
Subject Experts to provide Specification Changes	PGroup	21-Jun-16	14/06/16 - Copy of Spec circulated (21/6/16 deadline given for responses)	A

AI 2.1 appendix Project Plan v0.5 APMS Re-procurement

Risk ID	Date Identified	Risk Description	Risk Owner	Risk Type	Risk Status	Proximity	Impact	Likelihood	Risk Score	Target Risk	Risk Response	Current Controls	Action to be taken	Target Date	Progress	Next Review
1	01-Nov-15	There is a concern that patients will choose to reregister with an alternative practice potentially making the remaining list sizes no longer viable as a stand alone practice	Procurement Group	M	O	A	3	3	9	12	A	Migration exercise repeated regularly	Monitor movement via the Project Group Escalate concerns to PCCC Finance to undertake a list modelling exercise	Next meeting TBC	12/02/16 RLC - movement out 103 (list size 1/1/16 3070) Rock - movement out 69 (list size 1/1/16 3523)	May
2	01-Nov-15	Void premises costs incurred due to a change in location would be the responsibility of Bury CCG	Procurement Group	F	C	D	3	2	6	6	A	It is envisaged that the contracts commissioned will be delivered from the same premises therefore void costs should be negligible	none			
3	01-Mar-16	The lack of clarity around how GM Devolution might affect procurements for individual practices and whether this will negate the need to go out to procurement (which may result in provider costs putting bids together)	Procurement Group	S	O	A	3	4	12	6	A	No current controls	Providers will be made aware that bids will be worked up at their own cost/risk (no guarantee) 5 + 5x2 contract to be considered to align with voluntary contract			
4	01-Mar-16	The proposal is to re-commission services at a GMS rate however TUPE information may reveal current staff costs exceed that rate	Procurement Group	F	O	C	3	3	9	4	R	Initial TUPE Information from providers received All providers expressing an interest stated that GMS rate was doable	KP/ZA to meeting with RLC seperately			
5	01-Mar-16	The unregistered element of Rocks contract will be re-commissioned as part of a wider Urgent Care Pathway. It should be noted whilst the urgent care team are aware of the APMS timeline this may result in a gap in service if delayed	Urgent Care Team	L	O	D	4	3	12	6	P	No current controls True unregistered activity currently being sought/clarified	Discussion at SMT re Urgent Care and need to coincide with APMS time frame		SMT agreed for timeframes to be aligned	
6	06-Apr-16	Both existing APMS contract holders are excluded from B1 delivery as they have elements within their core contract, • existing providers are asking to be allowed to deliver the specification in full • recommissioning may result in an increased cost to the enhanced service budget line	K Porter/ Zoe Alderson and Finance	F	O	I			0		C	If we move to a GMS tariff there will be savings as a result of this thereby mitigating the potential cost increase.	• Cost out level of funding required to commission these independently • Inform finance of the potential impact (and need to transfer contracting savings into enhanced service budget line to cover increase)			
7	27/04/2016	The initial response to the RFI has been disproportionate to recent RFI's of a similar nature i.e. APMS, for example: • 20 initial eoi resulted in 11 returns =55% • 25 initial eoi resulted in 12 returns =48% Bury 6 initial eoi resulted in 5 returns =83% The actual return rate is higher than previous RFI processes i.e.some 28 - 35% higher, however the initial EOI is quite low, this could be attributed to the fact that a large number of RFI's in relation to APMS services have recently been issued and providers are reluctant to keep providing responses or it could be an indication that there is not a lot of interest in this tender	Project Group	M	C	A	4	3	12	6	P	None	We would need to be very mindful of this when developing the Procurement and Evaluation Strategy.			

AI 2.1 appendix Project Plan v0.5 APMS Re-procurement

8	09/05/2016	Property Services have under gone a re-structure and so the contacts NHS E had, have moved on. It is important we involve NHS property because we will need to ensure we have suitable leases/ under/sub-leases in place and offered these to any successfully bidder. We will also need to provide copies of leases and floor plans as part of the contract.	K Porter	M	O	D	4	2	8	6	A	K Porter is trying to re-establish leads and have shared with the new team lead the overall APMS programme of works. His initial advice is one of caution particularly if contracts are awarded in batches (multiple sites within one contract). NHSP are asking to be kept informed of procurement development: their advice is because they are at different stages of renewal for each site, we could have a situation where one unresolved property transaction could potentially hold up the awarding of an APMS contract. NHSP are confident they are able to flag which these are likely to be and I have also confirmed we will endeavour to keep NHSP informed as our work progress.				
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