

Primary Care Commissioning Committee

22 February 2017

Details	Part 1	<input checked="" type="checkbox"/>	Part 2	<input type="checkbox"/>	Agenda Item No.	8
Title of Paper:	APMS Mobilisation Update					
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Presenter:	Amy Lepiorz, Deputy Director Primary Care and QIPP					
Please indicate:	For Decision	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>

Executive Summary

Summary	<p>In November 2016 the Primary Care Commissioning Committee (PCCC) supported the recommended bidder report which advised that Bidder 1 be awarded the Alternative Provider Medical Services (APMS) Contract for both Lot 1 (including additional services) and Lot 2 and to progress to mobilisation with a view to service delivery by 1st April 2017.</p> <p>The purpose of this briefing is to provide members of the PCCC with a general update as well as an overview of the risks to delivery.</p>					
Risk	High	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>
	<p>Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". NB Risks can include failure to act and lost opportunities.</p> <p>The risks and mitigating actions are clearly outlined within the attached paper</p>					
Recommendations	<p>The Board is asked to:</p> <ol style="list-style-type: none"> Note the contents of the update being provided Note the additional IT costs identified Note the risks to mobilisation and mitigating actions being taken to address 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	<input type="checkbox"/>
To deliver service re-design in priority areas through innovation	<input type="checkbox"/>
To develop primary care to become excellent and high performing commissioners	<input type="checkbox"/>
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	<input type="checkbox"/>
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	<input type="checkbox"/>
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	<input checked="" type="checkbox"/>
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	<input type="checkbox"/>
Equality Analysis Assessed?	<input checked="" type="checkbox"/> Supports NHS Bury CCG Governance arrangements

APMS Mobilisation Update

1. Introduction and background

In November 2016 the Primary Care Commissioning Committee (PCCC) supported the recommended bidder report which advised that Bidder 1 be awarded the Alternative Provider Medical Services (APMS) Contract for both Lot 1 (including additional services) and Lot 2 and to progress to mobilisation with a view to service delivery by 1st April 2017.

The purpose of this briefing is to provide members of the PCCC with a general update as well as an overview of the risks to delivery.

1.1 Mobilisation Update

Bidder 1 can now be confirmed as Rock Healthcare. As Rock is the current provider for Lot 1 most of the mobilisation discussions that are now taking place relate to Lot 2 (Radcliffe Site). Mobilisation meetings have been established and a number of sub workstreams are progressing at pace these include:

Patient and Stakeholder Engagement

- Patient and stakeholder communications have been sent to both practice cohorts, advising them of outcomes of the procurement as well as a point of contact for further information
- Notifications in both the Bury and Radcliffe Times have been published
- Further patients communications are planned
- D McCann will be attending the Patient Cabinet in April
- Rock also intend to attend future West Sector Meetings in order to strengthen stakeholder relationships further

Finance

The core APMS contract will be commissioned at a GMS rate with the additional services commissioned separately in line with all other Locally Commissioned Services (LCS). Finance are currently drawing up the associated payment schedules.

Contracting

The initial advice from North East Commissioning Support (NECS) was that two APMS contracts would need to be retained however following further scrutiny of the communications published around the procurement and its award we are assured that one contract agreement would be acceptable. Therefore the following is currently being progressed as part of that contracting arrangement:

- Rock Healthcare (Moorgate) will hold the overall contract with the Radcliffe site (yet to be named) being a branch of that practice.
- The Rock Healthcare Practice Code will be retained with all patients merging to one database (this will not take place until after the 1st April see IT section for further details)
- Site specific data will be maintained for Quality/Performance Monitoring purposes. The emphasis will be on the practice to maintain this information once established.
- Both sites will have the same practice catchment area (Borough of Bury)
- Patients will be able to access appointments at either site.
- All Locally Commissioned Services (LCS) including the 3 Additional Services will be commissioned via a separate NHS Standard Contract in line with LCS commissioning arrangements.
- Currently awaiting response from NHS E regarding the termination period which can be stipulated without prejudice. Standard APMS contract quotes 24mths, the provider would like greater assurance given this is a 10year contract.

Estates

- Asset registers and room schedules have been provided to the current provider who is in dispute with the estates property provider
- Rock have been assured that rooms will be equipped as appropriate regardless of the outcome of this dispute
- Rock are currently undertaking a review of the required estate at the Radcliffe site
- Rock will also liaise with the estates property provider to ensure the layout of reception waiting area considers the need for two reception desks to be used moving forward

IT

- **Database merge** – This is unlikely to happen over the weekend of 1st & 2nd April. Vision has also advised that year end reporting is due 31/3/17 and that in the past this has happened a couple of weeks after 31st March, therefore they advise against merging data because of this.
- **IT Asset Register** - practice asset register and the asset register the CCG have do not tally. GMSS are looking to complete a site survey
- **User Accounts** - GMSS will provide Rock with a spreadsheet to identify new staff, staff tupeing over and user accounts that need to be deleted.
- **Migration of Active Directory** - RLC/Redbank are booked in to migrate to GM Accounts on 28th Feb and Rock Healthcare already on GM Accounts domain.
- **Appointments prior to 1st April 2017** – Both providers will work up a virtual appointment book for advance appointments so that continuation of care can be maintained.
- **Telephones** - Practice issue, Rock practice will need to investigate
- **Mail Merger** – Rock are currently looking into how this works and a Memorandum of Understanding may need to be agreed with RLC.

There are also a number of items, not previously identified which will require additional funding to rectify, these include:

- **Check in screen** – The current check in screen for RLC is broken and out of service contract and therefore will need replacing (this was originally purchased by RLC)
- **Information screens / Patient calling** – Currently both screens are wired into one appointments system and therefore will need separating and re-configuring
- **Re-imaging the PC's** – All computers will require returning to a clean build state on the weekend of the 1st of April plus testing

Costs are still outstanding but are envisaged to cost no more than £10K

2. Mobilisation Risks

There are a number of risks to mobilisation, namely:

Risk	Mitigating Action	RAG
The outgoing practice is yet to provide assurance that a robust exit plan in place	The CCG has written to the outgoing provider regarding its expectation in line with their contract. This will be followed up again	Red
The outgoing practice is yet to provide finalised TUPE details to Rock	The CCG has written to the outgoing provider regarding its expectation in line with their contract. This will be followed up again. The incoming provider is progressing with verbal indications that have been made in order to ensure sufficient recruitment can be made for a safe service delivery from day 1.	Red
There are concerns regarding a reducing patient list at the Radcliffe site - The incumbent provider has indicated that all new patients are being registered routinely with their other practice.	The CCG has advised the practice that patient choice must be offered or else they will be in breach of contract	Yellow
Asset registers and room schedules have been provided to the current provider who is in dispute with the estates property provider which could potentially mean that rooms will not be fit for use from day 1.	Rock have been assured by the estates provider that rooms will be equipped as appropriate regardless of the outcome of this dispute	Green

Risk	Mitigating Action	RAG
<p>A number of IT requirements have been highlighted which have associated costs that have not previously been identified:</p> <ul style="list-style-type: none"> ▪ Check in screen – The current check in screen for RLC is broken and out of service contract and therefore will need replacing (this was originally purchased by RLC) 	<p>New patient check in screens will need to be purchased (Estimated £2.5K)</p>	
<ul style="list-style-type: none"> ▪ Information screens / Patient calling – Currently both screens are wired into one appointments system and therefore will need separating and re-configuring 	<p>Newmed will need to re configure the system, which cannot be done until there is an operational reception desk/separate appointments system to link it to. (Cost not yet known). This is likely to mean that this will not be possible for the 1st April mobilisation date.</p>	
<ul style="list-style-type: none"> ▪ Re-imaging the PC's – All computers will require returning to a clean build state on the weekend of the 1st of April plus testing 	<p>Greater Manchester Shared Service has been asked to cost out this requirement. Await costings (Estimated £4K)</p>	

3. Recommendations

Primary Care Commissioning Committee are asked to:

- a) Note the contents of the update being provided
- b) Note the additional IT costs identified
- c) Note the risks to mobilisation and mitigating actions being taken to address

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