Report on Primary Care OOH Service for Gloucestershire Health and Care Scrutiny Committee

Date: 30th October 2014
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Gloucestershire Clinical Commissioning Group
## CONTENTS

1. Introduction .............................................................................................................................. 3  
2. Background ............................................................................................................................. 3  
3. The New Contract .................................................................................................................. 4  
4. Engagement ............................................................................................................................ 4  
5. The Procurement Process ....................................................................................................... 5  
6. Evaluation ................................................................................................................................ 6  
7. Preferred Bidder Recommendation .......................................................................................... 8  
8. Plan for Implementation .......................................................................................................... 10  
9. Communications .................................................................................................................... 10
Primary Care Out of Hours Service Contract Award

1 INTRODUCTION

1.1 The purpose of this paper is to provide details of the procurement process for the Primary Care Out of Hours (OOH) Service and to formally update the Gloucestershire Health and Care Scrutiny Committee on the decision made by Gloucestershire Clinical Commissioning Group to award this contract to South Western Ambulance Service NHS Foundation Trust (SWASFT).

2 BACKGROUND

2.1 From 1 April 2013, CCGs have been responsible for commissioning all out of hours primary medical care services. The only exception is for the small number of practices that have maintained contractual responsibility for providing out of hours services, i.e. did not opt out of out-of-hours responsibility in 2004. In Gloucestershire no practices have maintained contractual responsibility for providing primary care out-of-hours services and therefore a service covering the whole of Gloucestershire has been commissioned.

2.2 Currently OOH services in Gloucestershire are provided jointly by Gloucestershire Care Services NHS Trust and South Western Ambulance Service NHS Foundation Trust. The existing contracts will come to an end at midnight on the 31st March 2015 and thus a new service must go live on 1st April 2015.

2.3 The OOH procurement is the first major procurement that GCCG has carried out as an independent statutory body. Furthermore it is the first where GP practices are potential providers of a CCG commissioned service or where GPs involved in the procurement through CCG membership, are paid contractors and/or shareholders of a company that could potentially bid to provide the service.

The PQQ and ITT documents (including the scoring methodology) were subject to legal review prior to issue and legal advice was taken by the GCCG on:

- The degree to which the service specification should be shared with the Governing Body, in view of the fact that some members may have an interest in the contract; and
- The contract approval process, with particular regard to the Governing Body quoracy rules.

The advice received was reviewed by the GCCG Governing Body on 29th May 2014 where it was agreed that:

A. Regular updates on the OOH Procurement would be made to the GCCG Governing Body. These have included an update on the progress in developing the specification, but not the full specification or any of its parts. The draft specification was circulated to the OOH Project Board, OOH Project Team and other non-conflicted members of GCCG staff for review but was not shared with the Governing Body as a whole. The final specification was made available to the GCCG Governing Body (including GP members) at the time it was sent out to bidders.

B. If the numbers of GP Governing Body members continuing to have an interest in the contract at the time a decision was to be made would prevent quoracy, then quorum requirements would be temporarily varied, in accordance with Section 3.10.1 of Standing Orders, to enable a decision to be made. It was further agreed that the external GP who is part of the Project Board, would attend the meeting to provide expert clinical advice in relation to this contract. Clinical advice throughout the process...
(including evaluation) had also been available to the Governing Body through the presence of the Secondary Care Specialist, the Nurse Advisor and the Executive Nurse and Quality Lead.

The decision making process is outlined at Appendix 1

3 THE NEW CONTRACT

3.1 The procurement exercise was designed to procure a service which fully meets the needs of our population in line with our strategic direction and takes account of the change in demand since the implementation of NHS 111. The service is designed to meet the following aims and objectives:

- To provide urgent primary care (out-of-hours) for those patients who cannot reasonably wait until the in-hours primary care service is available again.
- To provide face to face consultations at treatment centres or in the patient’s home and telephone assessment and advice in support of the NHS 111 service during the out of hours period.
- To provide a clear local patient care pathway which integrates and collaborates with the major healthcare, social care and voluntary sector providers in Gloucestershire in the delivery of out of hospital care.
- To provide proactive care for patients who are identified by their in-hours GP, Integrated Care Team (ICT), Care Home or Paediatric Specialist as requiring follow-up/home visit during the out-of-hours period to ensure timely care and help avoid a hospital admission.
- To provide urgent medical cover out-of-hours to inpatients in community hospitals within Gloucestershire.
- To provide enhanced levels of clinical advice to patients and HCPs (including Paramedics) through accessible and responsive telephone support supplemented as necessary by taking responsibility for care of some patients.
- To support care closer to home and avoid unnecessary acute admissions to hospitals by liaising with other services for alternative pathways of care.
- To establish working protocols which will enable the service to seamlessly transfer care to another provider/service, when the patient’s needs would be better met by others with more specialist skills.
- To maximise use of skill-mix to provide the most appropriate care.
- Ensure services are provided in safe and secure environments that are supportive of privacy, dignity, confidentiality and individuality.

3.2 The new contract with SWASFT will commence on 1st April 2015.

4 ENGAGEMENT

4.1 The OOH service, commissioned by GCCG, is not a service redesign but GCCG wanted to hear from a wide variety of stakeholders and conducted an engagement process. There was no mandatory requirement to specifically consult with stakeholder or trade union organisations. SWASFT and GCS retain responsibility for their own staff consultation and engagement processes.
4.2 Current OOH service providers (SWASFT and GCS) have been aware of the PCT / GCCG intention to market test this service since 2012. The GCCG Communications Team provided all SWASFT / GCS staff with a briefing paper which outlined GCCG’s commissioning intention in respect of OOH services prior to commencement of the procurement process.

4.3 GCCG hosted an OOH Healthcare Partners engagement event on 11 March 2014, facilitated by the Primary Care Foundation. Representatives from HealthWatch, 2gether NHSFT, Gloucestershire Hospitals NHSFT, Gloucestershire Care Services NHST, SWASFT, a cross section of Gloucestershire GPs and GCCG commissioning managers were in attendance.

On Thursday 20 March 2014, GCCG hosted a further engagement event at Sanger House. The event was attended by over 100 representatives from a range of local organisations, community groups and healthcare professionals. This session included elected representatives from Gloucestershire Health and Care Overview Scrutiny Committee and HealthWatch.

This event was chaired by GCCG’s Deputy Accountable Officer and included an overview of:

- The current OOH service
- Development of the new OOH service in the context of the Urgent and Emergency Care Strategy
- The procurement process and indicative project timetable
- Detailed feedback from both engagement sessions was used to inform GCCG’s final service specification.

4.4 GCCG convened a Stakeholder Engagement Group made up of representatives from HealthWatch, community pharmacies, GCCG Lay Champion, Gloucestershire Rural Community Council and other voluntary and third sector organisations. In addition to reviewing and contributing to the final specification for this service, this group played a formal role in the bid evaluation process including the opportunity to directly question and score shortlisted bidders.

5 THE PROCUREMENT PROCESS

5.1 GCCG has followed the EU Restricted procedure process. As a Part B service there was a mandatory requirement to place an advertisement via the UK Government web portal ‘Contracts Finder’ although there was no requirement to publish an advertisement notice in the Official Journal of the European Union (OJEU). At the end of the procurement process GCCG is mandated to place contract award notices in both ‘Contracts Finder’ and OJEU in accordance with UK and EU procurement legislation.

5.2 The procurement process commenced on 28 March 2014 with the publication of a Contracts Finder advertisement and included the following milestones:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement placed in Contracts Finder</td>
<td>28 March 2014</td>
</tr>
<tr>
<td>Issue of pre-qualification questionnaires / memorandum of information to 10 organisations</td>
<td>28 March 2014 – 8 May 2014</td>
</tr>
<tr>
<td>Deadline for receipt of PQQ submissions (8 received)</td>
<td>15 May 2014</td>
</tr>
<tr>
<td>Completion of PQQ evaluation</td>
<td>29 May 2014</td>
</tr>
</tbody>
</table>
5.3 A Project Team was established by GCCG to ensure that due procurement process was adhered to and that a full technical, commercial and financial evaluation of bidder offers could be conducted in a fair and non-discriminatory manner. The project team have reported to the OOH Project Board.

6 EVALUATION

6.1 Methodology

The evaluation methodology was designed by the Project Team, subjected to legal review and signed off by the Project Board, to give Gloucestershire CCG and all bidders the assurance that the procurement approach adopted was:

- Transparent and fair.
- Had been set prior to the dispatch of Invitation to Tender documentation and could not be altered in favour of any one bid response.
- Would select the bidder which best demonstrated the ability to meet the service delivery requirements and service specification which were clearly outlined in the PQQ/MOI and ITT documents, presented the most economically advantageous tender and best value for money service in terms of quality and costs.

6.2 Scoring Matrix

A detailed breakdown of the scoring matrix (the scores allocated to each scoring area), including quality and financial, were provided to bidders in the ITT document to assist them with compiling their offer responses.

The following scoring matrix was used to score the written tender responses (i.e the quality section of the bids):

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Judgement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Response is so deficient that it shall constitute a ‘Fail’ which prohibits the Bidder from progressing any further in the evaluation.</td>
<td>Fail</td>
<td>0</td>
</tr>
<tr>
<td>Response to the question (or an implicit requirement) significantly deficient</td>
<td>Deficient</td>
<td>1</td>
</tr>
<tr>
<td>Awarded where Limited information is provided, or a response is inadequate or only partially addresses the question</td>
<td>Limited</td>
<td>2</td>
</tr>
<tr>
<td>An acceptable response submitted in terms of the</td>
<td>Acceptable</td>
<td>3</td>
</tr>
</tbody>
</table>
6.3 Evaluation Criteria/Weightings

The Project Team constructed the following evaluation criteria/weightings to evaluate tenders with a strong weighting (70%) of evaluation relating to elements of service quality.

<table>
<thead>
<tr>
<th>Evaluation Criteria Quality</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical / Service Delivery</td>
<td>30%</td>
</tr>
<tr>
<td>Bidder Presentations</td>
<td>8%</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>7.5%</td>
</tr>
<tr>
<td>Demand Management</td>
<td>6.5%</td>
</tr>
<tr>
<td>Integration</td>
<td>4%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>4%</td>
</tr>
<tr>
<td>Innovation</td>
<td>3%</td>
</tr>
<tr>
<td>Mobilisation / Implementation</td>
<td>3%</td>
</tr>
<tr>
<td>TUPE</td>
<td>2%</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>1%</td>
</tr>
<tr>
<td>Estates / Premises</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Total - Service Quality 70%**

<table>
<thead>
<tr>
<th>Evaluation Criteria – Service Costs</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bid Price</td>
<td>30% *</td>
</tr>
</tbody>
</table>

* See Appendix 3 for Financial Evaluation Methodology

**Final Weighted Scores**

<table>
<thead>
<tr>
<th>Service Quality</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Cost</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Total Weighted Scores 100%**

6.4 Scoring

A panel of specialists (the evaluators) appraised the relevant sections of the written ITT submissions against the established scoring matrix. GCCG chose to evaluate financial bids in accordance with the Standard Differential method (see Appendix 3 for further detail).

Tender interviews/presentations for shortlisted Bidders were held on 2nd September 2014. The presentations were aimed at supporting the evaluation process and gave the Evaluation Panel the opportunity to raise any issues relating to the bid document or material presented.
The presentations were scored by the Evaluation Panel using the pre-determined evaluation criteria scoring methodology stated above. The interview/presentation scores formed part of the overall tender scoring.

Clarification questions were put to bidders prior to and during the presentation panels and scores were moderated where bidder answers clarified the previous scoring of written answers. Moderation sessions were held where members of the evaluation panel agreed a consensus view for each bidder.

All Evaluation Panel members (including members of the Stakeholder Engagement Group) were required to sign Declarations of Confidentiality and Conflict of Interest forms prior reviewing the specification and receiving written bids for evaluation. No conflicts of interests were declared by any member of the final evaluation panel, with evaluators being appropriately unbiased and neutral during the evaluation of tenders submitted. The evaluation panel included no representation from Governing Body GPs.

7 PREFERRED BIDDER RECOMMENDATION

7.1 Based on the combined service quality and financial scores, the OOH Project Board recommended that SWASFT was selected as NHS Gloucestershire CCG’s preferred bidder and to take them forward to contract signature for contract commencement 1 April 2015.

7.2 SWASFT will provide a Primary Care Out of Hours Service which will meet the stated aims and objectives of GCCG with full service specification compliance. The delivery model provides sufficient coverage, greater efficiency and sustainability and improved value for money to the healthcare economy.

| Supporting the Urgent Care Strategy | As the incumbent provider of a proportion of the current service and the county’s 999 provider, SWASFT brings stability and consistency to the service and the urgent care system with provision of a local, co-located call centre for all of SWASFT’s Urgent and Emergency Care Services. They have access to established infrastructure, estate and staffing to support a robust 24/7 Urgent Care Service in line with the GCCG Urgent Care Strategy. |
| Workforce | The service will be delivered alongside SWASFT’s subcontractor, the Gloucestershire GP Provider Company (GGPPC). GGPPC is one of the first established GP consortia of its kind in the country, with access and buy in from 100% of the county’s GPs, including local non-partner GPs. As one of the incumbent providers TUPE risk and instability of services through transition will be minimised. |
Integration

SWASFT understands that the future of Urgent Care lies in developing effective relationships with other Urgent, Emergency, Primary, community and Social Care providers and have confirmed their intent to work collaboratively with these providers.

SWASFT will provide an integrated OOH service delivery alongside their 999 and other Urgent Care services, such as the OOH provision of the county’s Single Point of Clinical Access and OOH District Nursing dispatch service.

Cost Effectiveness

SWASFT will exploit synergies with their other service lines and partnerships and will reinvest efficiencies earned through synergy and contract productivity back into the system for the benefit and wider health economy.

7.3 The next steps in the procurement process, following acceptance of SWASFT as the preferred bidder are detailed in the project timetable below:

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmation of GCCG Governing Body approval</td>
<td>25 September 2014</td>
</tr>
<tr>
<td>Advise successful bidder subject to contract &amp; standstill period</td>
<td>29 September 2014</td>
</tr>
<tr>
<td>Advise unsuccessful bidders</td>
<td></td>
</tr>
<tr>
<td>Standstill period commences (minimum of 10 calendar days)</td>
<td>30 September 2014</td>
</tr>
<tr>
<td>Standstill period ends</td>
<td>End of 9 October 2014</td>
</tr>
<tr>
<td>Letter to preferred bidder confirming end of standstill period</td>
<td>10 October 2014</td>
</tr>
<tr>
<td>Bidder contract implementation plan initiated. TUPE consultations commence</td>
<td>13 October 2014</td>
</tr>
<tr>
<td>Place contract award notices – Contracts Finder and Official Journal of the EU</td>
<td>November 2014</td>
</tr>
<tr>
<td>Contract commencement</td>
<td>1 April 2015</td>
</tr>
</tbody>
</table>
8 PLAN FOR IMPLEMENTATION

8.1 Details of the GCCG Mobilisation/Implementation governance arrangements, agreed by the OOH Project Board on 24th July 2014 and the OOH Mobilisation Board on 9th October 2014, are presented at Appendix 3.

8.2 The GCCG Implementation Group will ensure robust local arrangements and risk mitigation. This group will report fortnightly to the Mobilisation Board whose membership will include GCCG Governing Body GPs and senior representatives from SWASFT.

9 COMMUNICATIONS

Timely and appropriate communication will be essential in supporting the outcome of the procurement.

9.1 In early September, locality executive chairs and member GP practices received a general update on the process, the stage reached and key timings.

9.2 A proactive member practice briefing, community partner briefing and media release was issued on Monday 13 October confirming the preferred provider.

9.3 Following the initial announcement, the CCG’s Communication Team will work closely with SWASFT and the Out of Hours Mobilisation Board to ensure a proactive communication and engagement plan is developed to cover the period October 2014 – April 2015. Key features of this will include communication of the detailed service model, transitional issues and supporting ‘go live’.

10 APPENDICES

10.1 Appendix 1 – Decision Process

10.2 Appendix 2 – Financial Evaluation

10.3 Appendix 3 – Mobilisation Governance
Contract Award Decision Process

20/07/14 to 18/09/14
- Evaluation of Bids (20/07/14 – 22/08/14)
- Bidder Presentations (02/09/14)
- OOH Project Board/Moderation Meeting (18/09/14)

23/09/14
- Contract Award Recommendation Paper Circulated to relevant members of the Governing Body

25/09/14
- Contract Award decision made by relevant members of the Governing Body (joined by Paul Dryden (Out of County GP)).
  - CCG GPs join the meeting and are informed of decision.

29/09/14
- Letters sent to successful and unsuccessful bidders

30/09/14 to 10/10/14
- Standstill period (Alcatel)
Financial Evaluation

GCCG chose to evaluate financial bids in accordance with the Standard Differential method. This assumes that the lowest price (excluding abnormally low bids) will attract full marks. All other bids are then ranked comparatively to that lowest bid. The Standard Differential method is regarded as the most transparent and therefore least likely to be subject to challenge.

Scoring Methodology

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Maximum available score</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Lowest base price over 3 years (set-up costs incurred)</td>
<td>12%</td>
</tr>
<tr>
<td>ii)</td>
<td>Lowest base price over 3 years (set-up costs evenly profiled)</td>
<td>12%</td>
</tr>
<tr>
<td>iii)</td>
<td>Lowest base price over 3 years with 10% activity rise pa (compared to i)</td>
<td>3%</td>
</tr>
<tr>
<td>iv)</td>
<td>Lowest base price over 3 years with 10% activity decrease pa (compared to i)</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total score available for Financial Submission</strong></td>
<td></td>
<td><strong>30%</strong></td>
</tr>
</tbody>
</table>

The lowest bidder in value terms for each of the above metrics will be awarded the maximum available score for that metric. All other bidder’s scores will be proportionate to the relative value of their bids against the lowest value bidder for that metric.

For each scoring metric, all bidders would be scored as a/b x c%

where

a = the value of the lowest bid for that metric
b = the value of the bid being evaluated for that metric
c = the maximum available score for the metric (in%)

For example, in metric i) above

If bidder A was the lowest value bid and submitted a bid of £30 for the service they would receive a score of 30/30 x 12% = 12%

If bidder B, under the same metric, submitted a bid of £60 then they would receive a score of 30/60 x 12% = 6%
APPENDIX 3

NHS Gloucestershire Primary Care Out-of-Hours Service
Joint NHS Gloucestershire / SWASFT Governance Arrangements for
Mobilisation Phase

Purpose
This paper outlines the proposed governance and reporting arrangements for the
mobilisation phase of the new contract awarded to SWASFT for the provision of the Primary
Care OOH Service, expected to commence on 1 April 2015.

Background
Contract award for the Primary Care Out-of-Hours service was made in October 2014 with a
contract start date of 1st April 2015.
SWASFT will develop a comprehensive mobilisation plan, providing assurance of an
effective and deliverable plan to prepare for service commencement in compliance with the
contact and service specification.
The mobilisation plan will become the primary focus of regular review between the GCCG
and SWASFT to monitor progress against plan, whilst identifying and mitigation against risks
and issues.

Governance Structure
This document sets out the governance structure for the mobilisation phase and the scope,
reporting and the roles intended. The structure is presented graphically at Appendix A.

Joint Mobilisation Board
A Mobilisation Board has been created, which is responsible for providing a coordinating and
oversight role to the mobilisation.
Terms of reference have been agreed with SWASFT.
The Mobilisation Board will include: senior clinical representatives from NHS Gloucestershire
CCG; the SWASFT Programme Director and other SWASFT representatives as necessary.
The Mobilisation Board will meet fortnightly until one month prior to the service
commencement and in the final month, every week.
The focus of the Mobilisation Board will be SWASFT’s progress against the mobilisation plan
and the provision of assurance to the GCCG Governing Body that any risks and issues are
being appropriately managed.
A key role of the Mobilisation Board will be to make decisions, guide activity and ultimately
reach an agreed position between the Commissioners and SWASFT that the mobilisation
activities have delivered preparedness for service commencement.
The Mobilisation Board will continue to meet as requested by the commissioners until at least
2 months once service stability has been achieved. Service stability criteria will be reached
as part of the mobilisation phase.
A monthly progress update, including presentation of key issues and risks will be provided to
the GCCG Governing Body.
GCCG Mobilisation Team

i. The GCCG mobilisation team will act as the core operational group to interface with SWASFT and the incumbent operators in all aspects of the mobilisation phase to ensure a smooth transition.

ii. The proposed mobilisation team will consist of the Project Manager, the contract manager, the urgent care lead, quality lead and nominated representatives from SWASFT.

iii. GCCG mobilisation team meetings will take place on a weekly basis, where progress across all work streams will be discussed. Agendas and minutes will be created for each meeting to ensure appropriate governance.

iv. Separate meetings will be set up between the SWASFT mobilisation team, or a specific sub-work stream, and the incumbent providers to ensure effective and timely engagement in regard to transitional matters critical to the successful mobilisation of new service. Where necessary, GCCG mobilisation team will facilitate these joint meetings.

The role of the GCCG mobilisation team will include:

- Ensuring all operational aspects of the service specification are addressed through the mobilisation plan.
- Working with SWASFT to develop and implement a comprehensive communications and engagement plan, ensuring that this addresses all mobilisation work streams and commissioner requirements, including patient engagement.
- Management of risks and issues associated with the mobilisation, working with SWASFT and the incumbents to identify and develop mitigation plans.
- Reporting fortnightly to the Mobilisation Board on progress to provide assurance of successful Go Live.

SWASFT Mobilisation Team

SWASFT have set up an internal Project Board with senior membership to manage the service transition and delivery of the new contract.

Governance Documents

The Mobilisation Teams will aim to ensure that the Mobilisation Board is provided with the necessary documents to evidence progress and manage the transition. Items which will be included are as follows, but not exhaustive:

- Terms of Reference
- Meeting Agendas and Minutes
- Project Plan
- Risk, Issue, Action, Change Control Logs
- Fortnightly project highlight report
- Statement of Readiness
- Compliance Matrix
- Lessons Learned
- Cutover Plan
- Stabilisation Plan
# Meetings Schedule

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</tr>
</thead>
<tbody>
<tr>
<td>Mobilisation Board</td>
<td>Fortnightly</td>
<td>Fortnightly</td>
<td>Fortnightly</td>
<td>Fortnightly</td>
<td>Fortnightly</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Fortnightly</td>
</tr>
<tr>
<td>Provider internal Mobilisation Group/Board</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

- Commissioners
- Provider
OOH Implementation – Governance Structure

Joint OOH Mobilisation Board
Senior GCCG and SWASFT Representatives

OOH Working Group
GCCG and SWASFT Representatives

GCCG Governing Body

GCCG Core Team

SWASFT Director Group

SWASFT UCS Mgmt.

SWASFT OOH Project Board
SWASFT Members

HCOSC
GGPPC
999 Liaison Team
Healthcare Providers
Social Care Providers
GCS (incumbent provider)
Voluntary Sector Providers
Mental Healthcare Providers