


<p>NHS VALE OF YORK CLINICAL COMMISSIONING GROUP</p> <p>GOVERNING BODY MEETING</p>	 <p>NHS Vale of York Clinical Commissioning Group</p>
<p>Title: Out Of Hours (OOH) GP procurement</p>	
<p>Responsible Chief Officer: Andrew Phillips</p>	<p>Report Author: Becky Case</p>
<p>Strategic Priority: Urgent Care Programme</p>	
<p>Purpose of the Report</p> <p>To update the governing body on the progress of the OOH GP Procurement project.</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> • That the governing body continue to support this project against the timescales and specification as described. 	
<p>Impact on Patients and Carers:</p> <p>Patients will receive an OOH GP service that is at least as safe, effective and accessible as the current service, with the potential for an improved service. It will meet national standards and local priorities.</p>	
<p>Impact on Resources (Financial and HR):</p> <p>Unknown at present; the current contract costs in the region of £3.045M and the expectation is that the new service will be of similar value.</p>	
<p>Risk Implications:</p> <p>The risks of this project are:</p> <ul style="list-style-type: none"> • That no providers are found: this will be mitigated by the invitation of potential bidders to a market place event in May 2014. This will enable an assessment of current interest. It is anticipated that the current provider will also bid. • That the service can only be re-procured for a much larger contract value: this will be mitigated by careful financial analysis of all bids received and strong contract negotiation with the successful bidder. 	

This contract expires in April 2015 and there would be significant legal challenge if not retendered and procured.

- That the service procured is found to be not fit for purpose: this will be mitigated by robust contract negotiations and clear KPI's.
- That the service procurement runs behind time: this will be mitigated by close monitoring of the project timescale by the project team and escalation to this body if there is significant slippage against the timescale.
- That there are legal challenges to the process which delays implementation: this will be mitigated by following the guidelines closely, keeping communication logs up to date, taking expert advice from the NE Procurement Team and ensuring that conflicts of interest are managed effectively.
- That there is insufficient clinical input into the specification when conflicts of interest restrict this: this will be mitigated by the two clinical advisors that have been recruited to the project team from GP's not involved in the process. Work is ongoing to ensure the specification includes staff competencies, audit and peer review requirements.

Equalities Implications:

The re-procurement will have an equal impact on all users. There is some current inequality in the geographical spread of the service bases, but this will always be an issue with services of this type. There will be standards around the maximum time to access which will be required to be adhered to in both urban and rural locations.

Sustainability Implications:

It is anticipated that this contract will give financial stability over the life of the agreement. There are no changes to the current environmental or social implications.

GOVERNING BODY MEETING: (Insert Date)

OOH GP procurement

1. Purpose of the Report

- 1.1 To update the governing body as to progress of this project
- 1.2 To recommend the continuation of this project against predicted timescales

2. Background

The CCG initially considered the re-procurement of these services in Spring 2013; however this was delayed whilst the CCG received a commissioned report for additional research from York University. This investigated whether a model involving a direct integration with Emergency Department (ED) services at York District Hospital, part of York Teaching Hospitals Foundation Trust would be beneficial. The evidence base around this model was found to be inconclusive and so the decision was made to recommence the re-procurement. Potential providers would be asked to describe a model around required national and local outcomes; giving the opportunity for new and innovative ideas to be included as part of the programme.

3. Evidence base

Already covered in previous reports. Re-tender and procurement is necessary before the cessation of the current contract in April 2015. The OOH procurement team are continuing to work with the University of York/Clinical Research Department (part of the National Institute for Health Research) to understand the clinical evidence around the expectations of the procurement. Current work is reviewing the specification against those of comparator CCG's to ensure that appropriate levels of service are specified.

4. Content of the report/ Issues to Consider

Summary of progress:

Pre-tender phase: a project board group has been set up and meetings commenced. The initial draft of the specification is being completed with input from HR, IT, Contracting, Business Information, leads for primary care and community services and others. Additional procurement expertise has been obtained from the North-East procurement hub and meetings are ongoing. Clinical expertise has been considered and a number of individuals invited to participate. The specification will be completed by the end of March 2014.

The tender phase will commence in May 2014

5. Stakeholder/ Public Engagement *(to date or proposed)*

Patient engagement events are ongoing until the end of February 2014, a stakeholder statement has gone to the public and the questionnaire has been reissued. Over 100 responses were initially obtained to the questionnaire and these will be also considered.

Specific focus groups have been set up for key demographic sections of the population; such as parents of young children, care homes and students.

Please see the attached public engagement document for detail.

6. Financial Implications

Currently the financial implications of this project are unknown. It is hoped to re-tender and procure the service for a similar value to the current service.

7. Legal Implications

All legal implications around the previous delay in procurement have been worked through. There are no ongoing legal implications.

8. Equalities Implications

None

8. Recommendations

That the governing body continue to support this project against the timescales and specification as described.