


**Mobilisation of contract for the  
West Kent Urgent Care  
Service (GP Out of Hours,  
Primary Care Service and  
Home Treatment Service)**

A blue ribbon graphic with a white border, containing the date 'October 2015'.

**October 2015**

A large decorative graphic on the left side of the page, composed of overlapping curved shapes in various shades of blue and purple.

**Patient focused,  
providing quality,  
improving outcomes**

## **1. Background**

Prior to 1 September 2015, NHS West Kent CCG commissioned three core primary care services delivering urgent and emergency care. These were an out-of-hours GP service, GPs working in A&E to see and treat primary care type patients, and an enhanced rapid response service (ERRS). ERRS provided care in the community for patients who are acutely unwell and at risk of a hospital admission as well as working closely with Maidstone and Tunbridge Wells NHS Trust's (MTW) discharge teams and primary care teams to facilitate early discharge of patients, providing a step down service for patients who are assessed as being medical fit.

In order to comply with NHS financial regulations and competition rules, NHS West Kent CCG re-tendered West Kent out-of-hours provision. Agreement from the CCG Clinical Strategy Group (CSG) to procure a single primary care urgent care service that encompassed the out-of-hours service, GPs seeing and treating patients in A&E and a hospital at home service, was achieved in September 2014.

The aim of this reconfiguration was to improve integration of urgent care services and reduce fragmentation across the health economy. This simplification of the system will improve efficiencies as well as helping to ensure patients access the right treatment in the right place and are treated by the most appropriate clinician.

A paper outlining the award of the contract process and decision making for the urgent care service procurement was presented to the CCG Governing Body on 26 May 2015. This included:

- Procurement process governance and delivery
- Key milestones delivered during the procurement
- Award of the West Kent Urgent Care Service Contract
- Communication and mobilisation plan requirements

## **2. Procurement key milestones**

The procurement process has followed the following timeline:

- 1 December 2014 – PQQ advertised on Contracts Finder
- January 2015 – PQQ evaluation period
- 1 February 2015 – ITT advertised on Contracts Finder
- March 2015 – ITT evaluation period
- 28 April 2015 – Governing Body sign off
- May 2015 – Contract awarded
- June 2015 – August 2015 – Service mobilisation
- 1 September 2015 – New service implemented

### **3. Awarding the west Kent Urgent Care Service Contract**

The Governing Body approved the process, assessment criteria and reasons for selecting the preferred bidder at its meeting on 28 April 2015, which was followed by a 10 day standstill period. The CCG received no challenges and therefore formally awarded the contract to IC24 as the lead contractor with subcontractors Kent Community Health Foundation Trust (KCHFT) and Maidstone & Tunbridge Wells NHS Trust.

### **4. Contract mobilisation**

To gain detailed assurance of the mobilisation of the contract by the lead provider IC24, WK CCG has put in place a service mobilisation team who have held regular mobilisation meetings and teleconferences with the lead provider and South East Commissioning Support Unit (SECSU) to monitor contract mobilisation progress. The action plan and progress has been updated on a weekly basis.

#### **4.1. Governance**

The joint leadership and operational oversight for service has been convened under a Joint Operating Board (JOB). The JOB meets monthly and has representation from the lead contractor and sub-contractor organisations.

#### **4.2. Contract and performance management**

SECSU has provided contract and performance management support to the CCG and contract negotiations have commenced.

Contract sent by SECSU to IC24's contracting team for signing 18 September 2015

The key aspects of the contract are:

- The contract term is for two years and will be a standard NHS Contract
- Key performance indicators (KPIs) developed to reflect appropriate and deliverable outcome measures.
- Quality information will be provided in the monthly quality report received by the CCG Board
- The contract has been awarded as block contract with indicative activity levels pre-defined. There is no Payment by Results (PbR) elements to the contract.
- Finance levels have been amended during contract negotiations to reflect additional finance added for prescribing, and deductions for a delayed start to the Tunbridge Wells Hospital, Primary Care Service (see 4.8 Finance). Other alterations have been made to remove funding for overnight GPs in A&E, which was included by IC24 but not required by the Service Level Agreement. Re-deployment of this funding to support a multi-shift incentive scheme to reimburse doctors for indemnity costs incurred for working above thresholds defined in indemnity cover arrangements (see 4.3 Workforce).

Reporting of the contract performance will be monthly in the first instance, with the first WKUCS performance meeting being held 6 October 2015.

#### **4.3. Workforce**

The current clinical recruitment difficulties in primary care have impacted on the workforce recruitment for the West Kent Urgent Care Service.

Delays in recruitment to the Primary Care Service at Tunbridge Wells Hospital have put back the expected start date from 1 September 2015 to 2 November 2015. All other elements of the service were sufficiently staffed to enable launch on 1 September 2015.

In order to mitigate against this risk a multi-shift incentive scheme has been implemented by IC24. This sets out to compensate GPs for the increased indemnity payments required to work over a certain threshold of shifts. Funding for this scheme was released from re-deployment of savings made by reducing the overnight GP hours in A&E, which were incorrectly included in the bid.

The CCG has been assured by IC24 that since the introduction of the scheme the rota fill for both Primary Care services has improved to viable levels.

#### **4.4. IM&T**

The streaming process and the interoperability of the various electronic records keeping systems i.e. Patient Administration System and Electronic Patient record, (PAS and EPR).

Appropriate interoperability of the various electronic record keeping systems was assured, during the bidders' presentations.

To date these systems have yet to be integrated, however the need for a working group to address these issues has been identified, and actions to facilitate this work have been assigned to individuals.

#### **4.5. Communication**

As part of the procurement process the CCG, supported by SECSU, reviewed existing insights, engaging patients/public in the procurement process and communicated them about the change.

Communication teams from IC24, SECSU and KCHFT have been involved in the development of a service Frequently Asked Questions document which has been circulated to GPs, SECAMB and A&E teams to inform them of the service changes, referral criteria and processes. The information has been stored on the DORIS system.

Further communication and engagement with GPs is planned for the CCG AGM on 15 October 2015.

#### 4.6. Finance

<b>Commissioner</b>	<b>Expected Annual Contract Value</b>
<p><b>Year 1 - Urgent Care Service</b></p> <p>1 September 2015 - 31 August 2016</p>	6,059,211*
<p><b>Year 1 - GP Indemnity Additional Funding **</b></p> <p>(Q1 &amp; Q 2 only - Sept to Feb 16 inclusive)</p>	£100,000
<p><b>Year 2 Urgent Care Service</b></p> <p>1 September 2016 - 31 August 2016</p>	6,153,622
<b>Total</b>	<b>12,129,995</b>

\* Due to the expected delay in the start to the Tunbridge Wells element of the service it is agreed that for each month the service in Tunbridge Wells is not operational there will be a downward financial adjustment of £56,232.

\*\*This funding has been agreed for a period of six months. If the additional funding for the GP indemnity does not show an increase in GP interest and shift fill in line with expectation commissioners will withdraw funding at this point. Any continuation of funding beyond 16 February must be agreed via a contract variation. If a national solution is found and/or funding for GP indemnity is no longer needed an early termination date for funding will be agreed between the two parties.

#### 4.7. Risk management

IC24 and sub-contractor representatives agreed in principle on the presentation day that a robust process would be put in place to stop any double counting or charging for activity occurring in the Primary Care Service and other interfaces of the three providers. Clarity on the

sub-contracting arrangements for the Primary Care Service between IC24 and MTW is still being sought by IC24, particularly around the triaging function of the service. This has been taken to the highest level of these organisations for resolution. SECSU wrote to IC24 on 24 September 2015 to inform the contracting lead that this issue must be resolved between the organisations, but offered to support IC24 with advice or to suggest ways forward in order to reach resolution.

## **5. Procurement beyond September 2017**

The KPIs, quality indicators and audits developed for the combined service will enable tracking and monitoring of the benefits associated from the integrated service.

An evaluation of the cost-effectiveness of the integrated service will be planned to justify the increased contract price when compared with the three current component contracts.

Evidence will be sought to confirm whether the consolidation of the medical workforce, increased medical cover at weekends and at night would enable the Home Treatment Service to accommodate patients with a higher acuity and extend the hours of the service. The benefit of this additional investment would be a reduction in Non Elective (NEL) admissions to hospital.

Learning gained from the implementation of the contract will inform the next phase of the urgent care procurement beyond September 2017.