

Commissioning Business Unit comments for inclusion in submission to June HOSC

1. The proposed locations for the centres and why they have been chosen

The reasons for the proposed locations (yet to be finalised) are described in the March 2008 PCT Board paper – and was based on Public Health led needs analysis

2. Funding of the centres, including whether any part of the money for them is to come from PCTs' own budgets, as distinct from the special allocation for the centres

Funding for the GP led Health Centres will be included in PCT baseline budgets in future years. Any expenditure incurred in 2008/09 will be met from PCT contingency funds.

3. The proposed service model in each case, including how this has been arrived at and whether there is likely to be any adverse impact on existing local GP practices

The proposed service model is based on Department of Health core requirements. The GP-led Health Centre must meet the following criteria:-

- Core GP services
- Maximising opportunities to integrate and co-locate with other community based services, including social care
- Easily accessible locations
- 7 day a week service
- 8am – 8pm
- Open to registered and non-registered patients
- Bookable GP appointments and walk-in services
- APMS contract

Additional requirements are currently being determined based on:

- PCT objectives
- PBC commissioning intentions
- PPE events
- Additional needs assessment

The provision of additional services may have an impact on patient flows within the local health economy. In the case of Swale it is anticipated the provision of additional GP led services will enable a large proportion of the currently un-registered population to access GP services

4. The procurement process, including any measures being taken to ensure a "level playing field" between GP practices and other potential providers

Direct public involvement in the procurement evaluation process has to be balanced with the need to accommodate both confidentiality issues and

commercial sensitivities. These issues apply not only to the PCT's own data but also to that provided by the bidders.

However as the procurement is for a public service it is very necessary to capture the views of those for whom it is intended.

During earlier public engagement meetings on the required services and preferred locations in Swale and Thanet, volunteers were sought for a public reference group and a number of individuals expressed a willingness to be involved. This group is being canvassed for their views on what would be seen locally as the critical aspects of the service provision and location. The information gathered, including views from the wider public, is being included in the "Invitation to Participate in Dialogue (ITPD)" and will also be reflected in the evaluation criteria against which individual supplier responses will be matched and scored.

"Level playing field"

Within the procurement process it is necessary to maintain a level playing field for all bidders and on this basis GPs will be treated no differently to other bidders. The requirement will specify a range of required services that all bidders must provide either directly or through other contractual arrangements. While any major company may be able to offer all of the services from directly employed staff they may equally require to sub-contract certain specialist services. Smaller companies, including GP groups, may need to sub-contract or form consortia with others to offer the required range.

Bidders will not be judged on the basis of organisation size only their ability to deliver the service without risk to their organisation, the service delivery or the PCT. This means that a small organisation, adequately funded and with a sound delivery plan has the same opportunity as major national company.

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