



# Procurement Options Report

*Title:* Special Allocation Scheme Services

*Project Reference:* NHSE1040

*For and on behalf of:*  
NHS Lancashire & South Cumbria  
Integrated Care Board

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Document	Initials	Date
Developed by:	DC	23/06/2024
Quality check by:	IB	07/06/2024

## 1. Purpose

The purpose of this paper is to:

- 1.1 Advise NHS Lancashire and South Cumbria Integrated Care Board (NHS L&SC ICB) (the Contracting Authority) Primary Care Commissioning Committee of the options available to them with regards to the Special Allocation Scheme (SAS) contract for the North West of England.
- 1.2 Request that the minutes of this meeting for this agenda item are forwarded to NECS for audit purposes via email to [necsu.neprocurement@nhs.net](mailto:necsu.neprocurement@nhs.net).

## 2. Background

- 2.1 Provision for the SAS is set out in the General Medical Services (GMS) and Personal Medical Services (PMS) Regulations.
- 2.2 The SAS was first introduced as a Directed Enhanced Service (DES) in 2004 to provide general primary medical care services in a secure environment to patients who met the criteria for inclusion on the scheme.
- 2.3 The SAS allows commissioners to balance the rights of patients to receive services from GPs, with the need to ensure that specified persons including GPs, their staff, patients and others on the premises deliver and receive those services without actual or threatened violence or other reasonable fear for their safety.
- 2.4 In 2016 discussions with Clinical Commissioning Groups (CCGs) across Lancashire and South Cumbria were undertaken in relation to the service model which was in place to deliver the SAS. At that time, service provision for the SAS constituted a number of separate agreements with GP practices as part of the DES. Under those arrangements the providers were only required to provide six months' notice to withdraw from the scheme. A number of practices withdrew from the scheme / requested additional funding and as a result it became increasingly difficult to ensure that there was adequate provision of this service to meet patient need.
- 2.5 It was agreed that a procurement exercise would be undertaken to secure a provider across Lancashire and South Cumbria. Appropriate advice was sought in relation to the scheme of delegation for co-commissioning arrangements and variations were signed by each CCG. The procurement exercise was undertaken by NHS England and an APMS contract was awarded to Compass Medical Practice (formerly PDS Medical which is a subsidiary of Fylde Coast Medical Services (FCMS), and the contract was novated to FCMS in September 2021.
- 2.6 The current service model also includes those patients who may not have been violent, but who cannot maintain a relationship with GP practice. These patients were previously under a 'Difficult to Doctor' Local Enhanced Service (LES) and often exhibit behaviour which makes caring for them extremely difficult, sometimes with diagnosed and undiagnosed mental health conditions.

- 2.7 Compass Medical Practice currently serves approximately 280 patients and operates to a specification that requires the practice to provide services within a 10-mile radius of a patient's home address. This is delivered either through agreements with local practices for access to rooms within practice buildings, or from the practice's mobile clinic.
- 2.8 A direct award under the Public Contract Regulations 2015 was initially discussed for a period of 3 years with the option to extend for a further 24 months at the discretion of the Contracting Authority. Following this initial discussion the Contracting Authority then confirmed they required a short term 6 month extension to allow the time to look at their options under the new Provider Selection Regime (PSR) process. The current financial envelope for the service is £731,844 per annum. It is proposed that this will be the baseline level of funding from 1<sup>st</sup> December 2024 onwards.

### 3. Procurement Options

- 3.1 The procurement options for NHS L&SC ICB Primary Care Commissioning Committee, to consider in respect of the delivery of future services are shown in the table below. The column labelled 'Risks' provides detail of what potential issues may occur if taking that route forward, the column labelled 'Benefits' provides information on what would be a positive motion for that particular option:

Option No.	Option Action	Risks	Benefits
1	Do nothing	<ul style="list-style-type: none"> <li>• Patients will not have access to Services; and</li> <li>• Impact on waiting lists, resulting in patients needing to be dispersed elsewhere.</li> </ul>	N/A
2	<p><b>Under the Provider Selection Regime 2023</b></p> <p><b><u>Most Suitable Provider Process</u></b></p> <p>The relevant authority is able to identify the most suitable provider without running a competitive exercise</p>	<ul style="list-style-type: none"> <li>• Small risk that another provider challenges this route, however the relevant authority have evidence to show no organisation other than the incumbent have shown any interest.</li> </ul>	<p>This would allow the incumbent provider and the relevant authority to gain stability with a longer term contract.</p> <p>The relevant authority can identify the current incumbent provider as the most suitable provider.</p> <p>The current incumbent provider has shown a willingness to continue this service</p>

			<p>on a longer term contract.</p> <p>Having explored no less than 3 separate Request for Information (RFI) market engagement exercises in the last 36 months only the current incumbent provider has responded and/or showed a willingness to delivery this service.</p>
3	<p><b>Under the Provider Selection Regime 2023</b></p> <p><b><u>The Competitive Process</u></b></p> <p>The relevant authority wishes to conduct a competitive procurement process.</p>	<ul style="list-style-type: none"> <li>• Risk of no bids being submitted as the previous Requests for Information (RFIs) have only shown the incumbent as an interested party.</li> <li>• With current contract running out in 6 months, this would make a procurement process possible but very tight on timescales.</li> <li>• Potential representations from bidding organisations during standstill period.</li> </ul>	<p>Would eliminate any initial risk of legal challenges as a fair, open and transparent process.</p> <p>Potential that bidders will price their bid lower than the maximum financial envelope if they think they are bidding against other organisations.</p>

3.2 For clarity the other potential options generally available to the Relevant Authority below:

- Direct Award Process A – This option is available when the current incumbent provider is the only provider in the market who can deliver these services due to the nature of the specific contract. Whilst the current incumbent provider is the only interested party they are not the only organisation available to market;
- Direct Award Process B – This option relates to a contract where patients are offered a number of choices to which provider they will use and the number of providers are not restricted and so would not applicable to this contract;
- Direct Award Process C – This option does not allow changes of more than £500,000 or 25% of the current contract. As the current contract is a

short term extension this option would not allow for a longer term contract as agreed.

#### **4. Recommendations**

NHS L&SC ICB Primary Care Commissioning Committee are asked to:

- 4.1 Note the information contained in this report.
- 4.2 Consider the procurement options, risks and considerations in Section 3 and advise NECS on their preferred option.
- 4.3 Request that the minutes of this meeting for this agenda item are forwarded to NECS for audit purposes to: [necsu.neprocurement@nhs.net](mailto:necsu.neprocurement@nhs.net).

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