

## ICB Primary Care Commissioning Committee

<b>Date of meeting</b>	29 August 2024
<b>Title of paper</b>	Options Appraisal for the Special Allocation Scheme
<b>Presented by</b>	Peter Tinson, Directory of Primary and Community Care
<b>Author</b>	Sarah Danson Senior Delivery Assurance
<b>Agenda item</b>	7
<b>Confidential</b>	No

### Executive summary

Following a direct award by the Primary Care Commissioning Committee in March 2023, the contract for the Special Allocation Scheme service remains with the current provider FCMS Ltd until 30<sup>th</sup> November 2024.

To ensure continued access to primary medical services for patients currently allocated to the Special Allocation Scheme, the Primary Care Commissioning Committee is required to decide the best option to secure ongoing service provision for these patients.

A market engagement exercise was carried out in November 2023 to test the market's appetite to deliver this service for the Lancashire and South Cumbria area, further details on this exercise are listed in this paper.

In summary the options available to the ICB are as follows:

- A. Undertake a competitive process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB
- B. Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB

This paper provides a more detailed appraisal of each option.

North of England Commissioning Support (NECS) have provided procurement support and advice in relation to the long terms options for providing the Special Allocation Scheme.

<b>Advise, Assure or Alert</b>				
To advise the Primary Care Commissioning Committee of arrangements currently in place to provide primary care services for patients who have been allocated to the Special Allocation Scheme.				
To assure the Primary Care Commissioning Committee of the process undertaken in respect of the options presented within this paper.				
<b>Recommendations</b>				
The Primary Care Commissioning Committee is requested to:				
<ul style="list-style-type: none"> <li>consider the options, procurement advice and Appendix A due diligence.</li> <li>support the preferred option of option 2, Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB</li> </ul>				
<b>Which Strategic Objective/s does the report contribute to</b>				<b>Tick</b>
1	Improve quality, including safety, clinical outcomes, and patient experience			✓
2	To equalise opportunities and clinical outcomes across the area			✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			✓
4	Meet financial targets and deliver improved productivity			✓
5	Meet national and locally determined performance standards and targets			✓
6	To develop and implement ambitious, deliverable strategies			✓
<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks	✓			As detailed within the report.
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications				
<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>				
<b>Meeting</b>	<b>Date</b>		<b>Outcomes</b>	
Primary Medical Services Group	20 <sup>th</sup> June 2024		The Group agreed to support Option 2 Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB	
<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed	✓			In the process of completion
Equality impact assessment completed	✓			Complete
Data privacy impact assessment completed				
<b>Report authorised by:</b>	Craig Harris Chief Operating Officer			

# ICB Primary Care Commissioning Committee

## 29 August 2024

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### Special Allocation Scheme

#### Options appraisal

#### 1. Introduction

- 1.1. The Special Allocation Scheme (SAS) is provided on a Lancashire and South Cumbria basis by Compass Medical Practice which is part of Fylde Coast Medical Services (FCMS).
- 1.2. There is currently a contract in place until 30 November 2024.

#### 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 The contract with the current provider commenced on 1st June 2017. This contract was initially for a period of 5 years and contained a provision for a one-year extension until 31st May 2023.
- 2.5 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.
- 2.6 Compass Medical Practice currently serves approximately 336 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.

- 2.7 Following a subsequent market engagement exercise, a direct award was agreed at a meeting of Primary Care Contracting Group on 31<sup>st</sup> March 2023 to the incumbent provider for a further year until 31<sup>st</sup> May 2024.

### **3. Current Position**

- 3.1 The current contract is due to end on 30<sup>th</sup> November 2024. The original SAS core contract, held by the current incumbent provider was a 5+1 contract from 2017 to 2023. This was extended for 12 months until 31 May 2024. At a meeting of the Primary Care Commissioning Committee on 14 March 2024 a contract variation in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) was agreed for a period of six months from 1st June 2024 to 30<sup>th</sup> November 2024. The 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.
- 3.2 A market engagement exercise was undertaken by the North of England Commissioning Support unit (NECS) on behalf of the ICB during November 2023 to test the appetite of the market and also enable the ICB to fully assess the risks in relation to any options. This allowed the ICB to establish the capability and capacity of a market in relation to a specific service, with the findings used to inform the most appropriate procurement option and the development of the service specification / service model.
- 3.3 A Prior Information Notice (PIN) was published on Find a Tender, and an Early Engagement notice was published on Contracts Finder on 23 November 2023. The request for information (RFI) was viewed by two providers who registered on the NECS e-tendering portal.
- 3.4 Of the two providers who viewed the documentation, one indicated that they were going to submit a response and ultimately did so (incumbent provider). The remaining provider did not indicate whether they would submit a response or not and ultimately did not. The organisation who expressed an initial interest but did not submit a response was subsequently asked for feedback via survey as to why they did not submit a response. The message was read by the provider, but no response was received.
- 3.5 Engagement with patients has also been undertaken. A detailed communications and engagement plan and patient survey have been compiled by the communications team. This has been circulated previously but is attached again for reference as Appendix B.
- 3.6 To ensure continued access to primary medical services for patients currently allocated to the SAS scheme, the Primary Care Commissioning Committee is required to decide the best option to secure ongoing service provision.

3.7 The procurement options available to the ICB are:

- Undertake a competitive process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB
- Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB

#### **4. Options for consideration by the Primary Care Commissioning Committee**

- 4.1 A detailed procurement options report has been completed by NECS which is attached at Appendix C.
- 4.2 Section 3.1 of the NECS report outlines the options available for consideration in respect of the options available to the ICB for the future provision of services for the Special Allocation Scheme.

#### **5. Due Diligence**

- 5.1 Due diligence in relation to the current contractual position covering these areas can be found in Appendix A:
- Patient experience and stakeholder engagement
  - Contractual/performance assurance
  - Quality and Safeguarding Metrics
  - Quality Outcomes Framework (QOF)
  - Financial Assurance

#### **6. Conclusion**

- 6.1 The ICB has a responsibility to ensure provision of services with the best outcomes for the public, working within the statutory frameworks that are in place. This includes understanding and responding to needs within communities that are unique and present both challenges and opportunities based on their location.
- 6.2 There are two options available to the ICB as the next steps and both have been appraised and risk assessed.
- 6.3 Option 2 undertaking a Most Suitable Provider Process under the Provider Selection Regime provides the most robust option in terms of maintaining a safe,

cost-effective service with the least risks to business continuity.

- 6.4 In addition, evidence shows a good level of patient satisfaction with the current service provider, no areas of concern in relation to performance (either contractual or financial), and good responsiveness to patient need.
- 6.5 Whilst there are risks with this option, on balance, the risk of legal challenge is low and is, arguably, significantly outweighed by the benefits for patients. High quality, safe, and effective services will be secured and supported to develop further with the stability of a long-term contract underpinning any service development.
- 6.6 Market testing identified that there was limited provider interest. There is no subsequent evidence to indicate a change in the market or in the needs of the population served by the practice. Provider interest in the contract opportunity has been tested via market engagement exercises three times since 2022. On each occasion only the current incumbent provider responded or registered an interest.
- 6.7 The ICB has also carefully considered the key factors (patient experience and stakeholder engagement; contractual and performance position; quality and safeguarding metrics, and financial assurance) relating to the current contractual provision given one of the options is to progress direct award the contract to the incumbent provider. No areas of concern have been identified. It should be noted that information is still outstanding for some areas. (see Appendix A)

## **7. Recommendations**

- 7.1 The Primary Care Commissioning Committee is requested to:
  - consider the options, procurement advice, and Appendix B due diligence.
  - support the preferred option of option 2, Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB

**Sarah Danson**

**Senior Delivery Assurance Manager**

**August 2024**

## **Appendix A:**

Due diligence in relation to the current contractual position covering the areas of:

- Patient experience and stakeholder engagement
- Contractual/performance assurance
- Quality and Safeguarding Metrics
- Financial Assurance

### **1. Patient experience and stakeholder engagement**

#### **Patient engagement exercise**

The ICB communications and engagement team ran a patient engagement exercise from December 2023 to January 2024 in order to gain an insight into the experiences of patients on the SAS.

A report detailing the outcome of the patient engagement exercise is attached as Appendix B

#### **Friends and Family Test**

Unfortunately, due to the small list size, very few friends and family tests have been received into Compass Medical Practice, and in some months the sample size has been too small for the results to be declared.

#### **GP Patient Survey**

A summary of GP survey results has been included in the patient engagement report.

### **2. Contractual/performance assurance**

There are no current areas of concern in relation to this practice.

### **3. Quality and Safeguarding Metrics**

**Complaints** – For the period 1 April 2022 to 31<sup>st</sup> March 2023 the current provider received 74 formal complaints direct to the practice for patients on the scheme. For the period 1 April 2023 to March 24 the provider has received 59 complaints.

The ICB Patient Experience Team had 19 contacts from patients registered with the practice in 2023/24. The ICB Patient Experience team had 19 contacts in 2023/24. Of these, the Patient Experience team handled 8 as formal complaints. 2 complaints did not progress due to lack of consent or losing touch with the complainant. Of the remainder, 4 were about being included on the scheme rather than the care or service provided. Only 2 were about the service offered by Compass (1 was about

staff attitude and 1 about prescribing). The Patient Experience team have reported no problems with working with the practice on any complaints handled by the ICB.

**Incidents** – Feedback has been requested from ICB quality assurance colleagues in relation to any significant incidents reported by the practice. The quality assurance do not have any issues noted with the provider.

**CQC registration status**– Compass Medical Practice (provider – FCMS (NW) Ltd, previously known as PDS Medical Ltd) was last inspected between 9 November 2018 and was rated as Good overall. There have been no previous inspections whilst registered under FCMS (NW) Ltd.

#### **4. Quality and Outcomes Framework QOF performance**

Demographics such as age, deprivation scale, and ethnicity should all be considered when reviewing QOF indicators.

Historically the special allocation scheme provider has not formally participated and been paid as part of QOF. This was due in part to the contracting arrangements which were put in place when the service was commissioned at the outset. This is being reviewed with the provider.

The provider has indicated that their QOF is not consistent with the effort undertaken to achieve this. All eligible patients are contacted 3 x per annum via letter to arrange an appointment and they are also called to try and support this. Unfortunately, many of patients have poor engagement in relation to health promotion and prevention. Additionally, the provider does not register children within the service, and is therefore unable to meet the QOF criteria for some areas.

**Prescribing data** – The Medicines Optimisation team have been approached to ascertain if there are any identified issues with prescribing at the practice. The Medicines Optimisation team have confirmed that there are no concerns with practice prescribing data. They will however be working with the practice to review prescribing patterns and formulary choices going forwards.

**Safeguarding** – Safeguarding colleagues have been contacted to obtain information on the following areas:

- completion of a safeguarding assurance framework self-assessment that demonstrates appropriate safeguarding training compliance
- practice engagement GP champions forum that is held monthly.
- any safeguarding Local Authority requests that the practice has had to respond to
- any active safeguarding concerns for the practice.

Safeguarding colleagues have confirmed that there are no areas of non-engagement. The Delivery Assurance team is aware of one active safeguarding issue which the practice has raised with the safeguarding team. The practice have updated their safeguarding assurance framework self-assessment and this is



awaiting review by the safeguarding team

## **5. Financial assurance**

FCMS NW (Ltd) have submitted a set of published accounts for the year ending 31 March 2023. The accounts have been reviewed by the Associate Director of Finance (primary care) who did not highlight any concerns.

The Compass contract is a block contract which is paid via invoices submitted by the provider.