

Market Engagement Analysis Report

NHSE969 Special Allocation Scheme Services

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

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1. Purpose

The purpose of this report is to:

- 1.1 Inform NHS Lancashire & South Cumbria Integrated Care Board (NHS LSC ICB) (the Contracting Authority) Primary Care Commissioning Committee of the outcome from the market engagement activity undertaken jointly between North of England Commissioning Support Unit (NECS) and NHS LSC ICB in relation to Special Allocation Scheme services for the North West of England; and
- 1.2 Request that the Contracting Authority consider the recommendations and next steps within the report as part of the future considerations for this service.

2. Project Group

- 2.1 A project group, made up of the following relevant subject matter experts was established to oversee the market engagement process:
 - Senior Delivery Assurance Manager, NHS LSC ICB;
 - Delivery Assurance Manager, NHS LSC ICB; and
 - Procurement Project Lead, NECS.

3. Background

- 3.1 A Special Allocation Scheme (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.
- 3.2 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.
- 3.3 In 2016 discussions with Clinical Commissioning Groups (CCGs) within the Lancashire and South Cumbria locality were undertaken in relation to the service model which was in place to deliver the SAS across the locality. At that time service provision for the SAS constituted several separate agreements with GP practices across the locality as part of the DES. Under those arrangements the providers were only required to provide six months' notice to withdraw from the scheme. As a consequence, it became increasingly difficult to ensure that there was adequate service provision to meet patient need across the locality.
- 3.4 A Market Engagement Decision Tool (MEDT) has been used by NECS to determine the level of market analysis and engagement that should be

undertaken. A score of 45 out of 100 was obtained from the NECS MEDT with a recommendation that some market engagement such as a Request for Information (RFI) exercise is undertaken.

The MEDT Summary is located at Appendix 1.

4. Aims and Objectives of Market Engagement

4.1 The aims and objectives of the market engagement were to determine market capability and capacity in relation to:

- Market Capability and Capacity;
- Contractual Model;
- Service Model;
- Financial Model; and
- Mobilisation.

5. Market Engagement Process

5.1 A variety of tools were used during market engagement and analysis. Table 1 provides details of the tools used and activities undertaken and their benefits.

Table 1 Market Engagement Tools/Activities and the Benefits

Tool	Benefits
Prior Information Notice (PIN)	Alerts the market to a potential future procurement and/or to gain insight into interest and help define procurement needs.
Request for Information (RFI)	Provides an overview of the current market including capability and capacity to deliver services through direct market feedback. An RFI tests e.g. service models, contractual models, finance, whole service risks, Mobilisation, etc.
SWOT analysis (Strengths, Weaknesses, Opportunities and Strengths)	Allows an assessment of strengths, weaknesses, opportunities and threats to a commissioning organisation in relation to the service and market.

5.2 A Prior Information Notice (PIN) was published on Find a Tender Service and an Early Market Engagement notice was published on Contracts Finder on 23rd November 2023 to alert providers to a market engagement exercise, highlighting that the RFI documentation was available via the NECS e-tendering portal.

5.3 The RFI concluded on Friday 8th December 2023 resulting in feedback being provided by 01 potential service provider (respondent).

6. Provider Interest – Request for Information

- 6.1 The RFI was viewed by 2 organisations who registered on the NECS e-tendering portal. Details of the organisations that expressed an interest and indicated that they were going to submit a response by “opting-in” can be viewed at Appendix 2.
- 6.2 A request for feedback was issued shortly after the closing date to the potential providers who indicated that they were going to submit a response but failed to do so. At the time that this report was drafted, no feedback had been provided.
- 6.3 Table 2 below provides a breakdown of the organisation who responded to the RFI.

Table 2

Organisation Name	Organisation Type
FCMS NW Ltd	Social Enterprise

- 6.4 Further details of the organisation who responded are listed below:
- FCMS NW Ltd – are a Social Enterprise organisation employing 799 staff. The provider currently delivers these services in the areas of North Cumbria and Halton contracts and is also the current incumbent provider for this contract.

7. Market Engagement Summary of Feedback – Request for Information

- 7.1 The project group reviewed the RFI response and a summary of response is provided below:

7.1.1 Contractual Model

Respondents were asked: **Please indicate if you would be interested in providing the service as a single provider, as a collaboration of providers, or in a lead provider model (with sub-contractors), also please provide a summary of the reasoning behind your selection highlighting the positive elements of undertaking such a model and any potential risks associated with your selection:**

The respondent stated that they would be looking to deliver this contract as a single provider and as they are the current incumbent provider see no reason to look at alternatives.

Please provide your preferred contract length; A) 3 Years, B) 3 Years plus 2 Years extension or C) 5 Years plus 1 Year extension. Please also provide reasoning in relation to your preferred contract length:

The respondent did not choose one of the given options but stated a longer contract provides more stability for both the provider and the wider system. This would be better from a recruitment perspective and allows for more longer-term planning, service development and investment in service improvement.

7.1.2 Service Model

Do you think the service is deliverable as described within the service specification. Do you think the additional “Social Prescribing Service” is deliverable as set out in the service specification? Please also summarise your reasoning so that we may better understand your selections:

The respondent advised the service is deliverable as described within the service specification, including the social prescribing element. However, have highlighted the following areas which require further clarification:

1. The respondent does not currently provide care for children under the age of 16. For the example the specification directly references working single parents. Would the expectation be that their children were also covered by the scheme?
2. The respondent as the current incumbent provider currently recharge prescriptions back to commissioners. Clarity is required on whether this will continue to be the approach and if not how it will be costed?
3. The mobile vehicle that the respondent currently use was funded by NHSE with the lease expiring at the end of the current contract. This is not directly referenced in the specification. Will there be additional funding available to lease an equivalent vehicle?

They also stated they have recently undertaken a significant piece of work with commissioners to restructure and remodel the staffing make-up of the service. This includes the addition of the Social Prescriber, which is an important element of the specification and a unique way of providing the service. FCMS recently took part in a multi-agency meeting at County Hall with various key stakeholders. They are in the process of establishing working groups to go through ongoing development of the service and how the SAS interacts with partner organisations. This will extend to include a best approach to information sharing with regards to SAS patients and their histories. They support the Scope and Section 11.0 of the specification which outlines the importance of this cooperation and partnership working.

How would you arrange security for this service:

The respondent stated they would (and do currently) use Patient Liaison Officers (PLO) to provide security. All PLOs employed are ex-service personnel. They also use solo protect devices to provide additional security for staff. All patients are risk assessed once they have joined the service to determine the necessary PLO/security arrangements.

Please highlight any areas of the specification where you feel improvements could be made:

As above, the respondent would welcome clarification on the points raised and would also appreciate clear guidance on the additional services outlined in point 9.4 of the service specification. They are aware that practices receive QOF funding for vaccinations, minor surgery etc. and would appreciate clarity on how funding for this aspect will work.

Please identify any risks associated with the service specification and suggest any mitigation to remedy the risks detailed:

The respondent stated that as the incumbent provider they are familiar with the risks associated with providing a service of this nature. All patients receive a risk assessment so the service can best suit their needs.

It is anticipated that the successful Provider will be expected to work with the Primary Care Support Service and Local Security Management Service, (Commissioning Support Unit). Please describe how you would engage with these stakeholders and other agencies:

The respondent has strong existing relationships with CSU Security team via their existing provision. They would continue to work closely with the CSU and Primary Care Support Service in future delivery of this service.

7.1.3 Financial Model

Do you envisage any one-off set-up costs related to delivering the service: Please share your reasoning so that we may better understand your selection:

As the current provider they would not anticipate any one off set up costs. However, this may be affected by their points with regards to the mobile vehicle and whether children are to be seen through the service.

The anticipated financial envelope for this contract is £712,535 per annum. Please confirm that you feel the contract is deliverable with the stated proposed financial envelope in line with the draft service specification. Please also provide your reasoning to your response:

They advised that they feel this service is deliverable within the proposed financial envelope, subject to any confirmation with regards to the mobile vehicle and additional activity in relation to children. This is also with the assumption that appropriate inflationary uplifts would be applied during each year of the contract.

The respondent benefits from the additional resilience, resource and infrastructure gained through their comparable service delivery in other locations.

7.1.4 Mobilisation

Please specify the mobilisation phase you envisage and an explanation around this statement. Please state number of months required for mobilisation. Please state your reasoning behind your mobilisation length:

The respondent states subject to no major changes in service provision, if the respondent was to continue providing the service the mobilisation would be seamless, and therefore no mobilisation period would be required.

Please describe the areas and reasons where you would require support from the Commissioners in mobilising the service:

The respondent confirmed they would welcome ongoing commissioner support with regards to communication specifically around key contacts, events and networks so that we can continue to benefit from learning and best practice with regards to how the SAS interacts with key partners.

7.1.5 SWOT Analysis

The main elements of the feedback received from the market engagement exercise in respect of the future service delivery of Special Allocation Scheme services (North West) can be summarised through a SWOT analysis of the feedback obtained from the RFI response as follows:-

Table 3

<p>Strengths:</p> <ul style="list-style-type: none"> • The current incumbent provider is actively interested in continuing to deliver the service and would prefer a longer term contract for stability for both themselves and the ICB. • The current incumbent confirms the contract is deliverable within 	<p>Opportunities:</p> <ul style="list-style-type: none"> • An opportunity to look at innovations and also inclusion of social value goals into the contract in line with the Governments commitment to include social value within all public procurements.
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<p>the given financial model, subject to no significant changes in the service specification.</p> <ul style="list-style-type: none"> • The current incumbent confirms that the service is deliverable in line with the published draft service specification. • No mobilisation period would be required if contract is awarded to the current incumbent (respondent) subject to no significant changes in the service specification. 	
<p>Weaknesses:</p> <ul style="list-style-type: none"> • Very limited interest in this contract. 	<p>Threats:</p> <ul style="list-style-type: none"> • The respondent had a number of clarifications to be responded to and failure to respond effectively could cause issues. • If the current incumbent decide they no longer want to deliver this would be an issue as there is limited interest from the market.

7.1.6 The aims and objectives of the market engagement exercise were achieved as a result of feedback that provided a better understanding from potential providers in respect of;

- The development of the future service
- The proposed service model
- The preferred contract length
- Mobilisation requirements
- An understanding of the level of interest amongst and competition between potential providers within the marketplace.

8. Conclusion / Options / Risks

- **Level of market competition:** Only 1 provider responded to the RFI exercise (the incumbent).
- **Preferred contractual model:** The respondent indicated that they would provide this service as a single organisation.
- **Preferred Service Model:** The respondent stated that they thought that the service is deliverable as described within the service specification / model. They did however raise a number of clarifications which will need to be addressed before any decisions are made.

- **Contract Length:** The respondent was in support of a contract term for as long as possible to allow for stability to both themselves and patients.
- **Financial envelope:** The respondent stated that the financial envelope shared was viable and deliverable at the financial envelope published, subject to no significant changes in the service specification.
- **Mobilisation:** The respondent has advised that no mobilisation period would be required as they are the current incumbent.

9. Next Steps

Inform NHS Lancashire & South Cumbria Integrated Care Board (NHS LSC ICB) (the Contracting Authority) Primary Care Commissioning Committee meeting are requested to;

- 9.1 Note the contents of this report;
- 9.2 Consider procurement options due to the limited interest in this contract and respond to the clarifications asked by the respondent in section 7.1.2; and
- 9.3 NECS requests that the minutes of any meetings for this agenda item are forwarded for audit purposes to necsu.neprocurement@nhs.net

Appendix 1 Market Engagement Decision Tool Summary

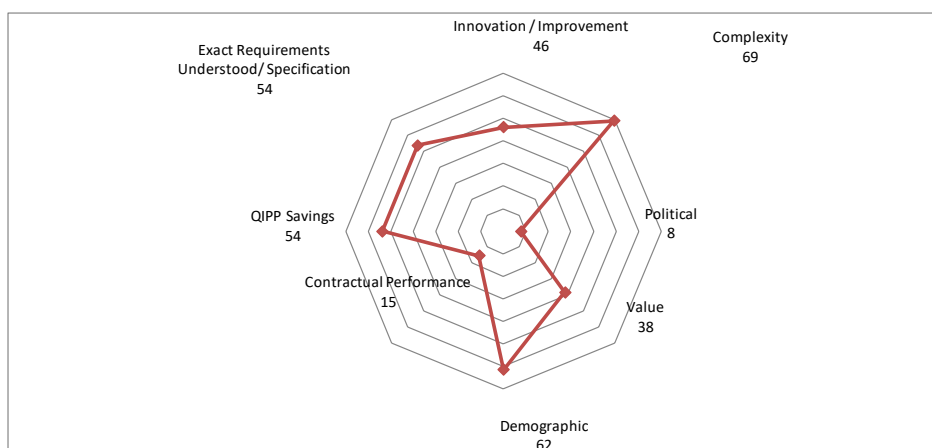
EXECUTIVE SUMMARY

Project:	Special Allocation Scheme
Final Project Score:	45 out of 100
1. Innovation / Improvement Factor	
If time allows, it would be worthwhile to learn more about potential innovation within the market	
2. Complexity Factor	
There is high risk around this project and will require full market engagement	
3. Political Factor	
As there are few political factors or influences, it is not critical to engage with the market	
4. Value Factor	
If time allows, it would be worthwhile to engage and inform the market	
5. Demographic Factor	
Better understanding of the market would be an advantage and if time allows, it would be worthwhile to engage and inform the market	
6. Contractual Performance Factor	
There have been no historic issues around current or previous contracts which ensures a good understanding and relationship around this service requirement	
7. QIPP Savings Factor	
If time allows, it would be worthwhile to engage and inform the market	
8. Exact Requirements Understood / Specification Factor	
If time allows, it would be worthwhile to engage and inform the market	

PROJECT FACTOR ANALYSIS

Project Factors	Score
Innovation / Improvement	6 out of 13
Complexity	9 out of 13
Political	1 out of 13
Value	5 out of 13
Demographic	8 out of 13
Contractual Performance	2 out of 13
QIPP Savings	7 out of 13
Exact Requirements Understood/ Specification	7 out of 13

The Relative Strengths & Weaknesses of the Project Factors (scale = 100 - lower % score is good. High peaks / high % score indicates factors of concern)



SUMMARY OF FINAL RECOMMENDATIONS

Appendix 2 Expressions of Interest

1. *FCMS (NW) Ltd – Submitted a response; and*
2. *Spectrum Community Health – Did not submit a response.*