

## **Update on the procurement processes for five General Practice services in Brent**

### **1.0 Summary**

1.1 This paper is to provide the Committee with a briefing and update on the processes being undertaken by NHS England to procure contracts to continue services for patients of five practices across Brent. This paper sets out

- Key information about the five practices and the proposals for them
- Details of the public and stakeholder engagement processes being undertaken.
- How the outcomes of the engagement process and the equality impact assessments will influence the tendering process, particularly the service specifications
- The process of inviting tenders and the overall timeline

### **2.0 Recommendations**

2.1 That the Committee note the briefing and timeline for the procurement process.

2.2 That the Committee receive an update in March 2016.

### **3.0 Background**

3.1 There are five practices in Brent whose current contracts have come to an end or will come to an end in the next twelve months. NHS England and Brent Clinical Commissioning Group agreed in August 2015 that services to the patients of those practices must be continued and that procurement processes should be initiated to put in place new contracts for those services.

3.2 The NHS is required to have regard to key legislation in relation to procuring services.

3.3 Public Contract Regulations (2006; amended 2009) require that there is

- Best use / accountability of public money
- Give all providers the opportunity to bid
- Give patients the best available service

3.4 Public Service (Social Values) Act 2012 requires that we

- Consider economic, social & environmental wellbeing of the area in which service procured

3.5 Also importantly, National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 require that we secure

- Value for Money for tax payers
- Improve services for patients
- Engage with patients
- Feedback to patients
- Inform of outcomes

3.6 Engagement processes with patients and stakeholders are being carried out before finalising the proposals and completing service specifications that are to go out to tender.

#### 4.0 Overview of the practices

4.1 The table below shows the practices whose contracts are ending, the contract end dates, size of the practices and proposed approach to procuring new contracts for continuing the services.

Practice	Contract End Date	Practice List Size	Proposal
Brent Access Centre (not walk in service) Wembley Centre for Health & Care	30.06.16	7100	Re-procure a new contract to provide a service at the same site
Burnley Practice, Willesden Centre for Health	30.10.16	4738	Re-procure a new contract to provide a service at the same site
Acton Lane Surgery Acton Lane Harlesden	Expired. Extended to facilitate procurement process only	3694	To bring together this list with that of Harness Harlesden Practice under one contract for procurement. The proposal is to site the service at Hillside Primary Care Centre
Harness Harlesden, Hillside Primary Care Centre, Hilltop Avenue, Harlesden	30.06.16	2500	To bring together this list with that of Acton Lane Surgery under one contract for procurement. The proposal is to site the service at Hillside Primary Care Centre
Sudbury Surgery, Sudbury Primary Care Centre, Vale Farm, Wembley	30.09.16	7733	Re-procure a new contract to provide a service at the same site

#### 5.0 Engagement

5.1 NHS England commenced engagement with patients and key stakeholders at the end of September 2015. This included but was not restricted to engagement with

- All patients registered with the practices
- Local Healthwatch
- Health Overview and Scrutiny Committees
- Local Councillors
- PPGs of the practices (where they existed).

5.2 All registered patients were written to at the beginning of October 2015 inviting them to give their views on the proposals for the service, what they valued about their current service or would like to see changed and give any specific feedback on the proposals. Patients have been asked to feedback online or via a paper return that was provided to them. It is important to note that the engagement is on the proposed range of services, the sites of the services and local specific needs that should be taken into account and

not the intention to procure replacement services. As explained earlier in this paper, it is clear the services must continue and in order to do so, and be compliant with legislation, an open procurement process needs to be undertaken.

5.3 Engagement events were also held at each site during October and November, when patients were invited to attend presentations from NHS England staff on the process and proposals and give direct feedback either individually or as a group.

5.4 Originally, the engagement period was due to close in the first week of November but patients from three of the practices fed back that they had not received the notification letters until late. Therefore the engagement period has been extended to 22<sup>nd</sup> November 2015 and additional engagement events are taking place to ensure patients have the opportunity to feed back to us. It is therefore not possible to provide the Committee with the engagement outcome report as part of this paper.

### 5.5 Service Specification

5.6 The standard service provision required of the new contractors is summarised as

#### Appointments

- Opening Times: 8am – 6.30pm. Sat am 9am – 1pm
- Same day and next day appointments available
- Appointments available 4 weeks in advance
- Can make an appointment at first attempt without having to call back
- Appointment booking at reception, by telephone, or on line
- Consultations available face to face, telephone, email or Skype if required
- Consultations within 30 minutes of appointment time

#### Using Information Technology

- Book / cancel appointments
- Order repeat prescriptions
- View your medical record
- Consult with your doctor
- Find information about the surgery on the surgery website

#### Types of Clinical Services

- Health promotion to help people stay fit and healthy
- Screening for serious conditions
- Supporting patients to manage their long-term conditions
- Special support for patients who are terminally ill
- Vaccinations and immunisations
- Contraception
- Maternity Medical Services
- Child Health Services
- Minor surgery

5.7 However, we need input from people who will be using the services on whether this would meet their needs, how it compares with their current services and whether there is the need for tailoring of the service to accommodate specific requirements relevant to that local area or population.

5.8 Patient and stakeholder feedback will be used to modify the specification for each practice. In addition, an engagement feedback report will be provided to those individuals or organisations who wish to tender for the contracts. They will be required to include in their tender how they will meet the needs set out by the patients.

## 5.9 Equality Impact Assessment

5.10 Equality Impact Assessments have been completed for each practice intended for procurement. Their findings together with the engagement outcomes and other relevant information, such as estates assessments, will be considered and used to shape the proposals for the services and the service specifications.

## 6.0 Procurement Timeline

6.1 The intended procurement timetable is set out below. There may be a requirement to amend this slightly as the process goes on to accommodate any delays, for instance the longer engagement period.

Patient and Stakeholder Engagement	October and November 2015
Advert and Pre-Qualification Questionnaire	Mid November 2015
Invitation to Tender (including Patient views)	February 2016
Bid Deadline	March 2016
Announcement of Preferred Bidder	June / July 2016
Mobilisation period begins	August 2016
Service commencement	September/October 2016

6.2 The Pre-Qualification Questionnaire (PQQ) process has been initiated recently. This invites individuals and organisations interested in tendering for one or more contracts to complete a set of pre-qualifying questions and provide key information and documentation about their organisations. This allows the required checks and due diligence to be completed on those parties by NHS England to ensure they are fit to hold a contract with the NHS for delivery of these services.

6.3 This part of the process lets interested parties know the number of contracts that will be advertised, the area they are in and an indication of their size. Once this process is complete, only those individuals/organisations who meet the requirements are allowed to later tender for the contracts.

6.4 In February, the completed specification and other documentation will go out with the invitation to tender (ITT). The contract price and currency is set and those putting in tenders are informed of those details as part of the ITT stage.

6.5 Once the deadline for bids has passed the assessment of those bids will commence. The assessors are a panel of subject matter experts such as commissioners, finance leads, premises leads, human resources leads and patients. The patients on the assessment panels are from different areas to where the practice will be based to ensure no conflict of interest. As part of the assessment the tendering organisations will be interviewed by a panel that must include a patient.

6.6 The successful tenderer will be the one who best demonstrates they can deliver the specification to the required quality standards. The financial value of the contracts is set by NHS England at ITT stage and therefore there is no financial 'bidding' as such. The announcement of the successful tender is expected in June/July 2016.

6.7 The successful tenderers will then commence their mobilisation plan implementation to ensure service start from September or October dependant on when the current contracts expire.