



To: Health and Social Care Scrutiny Board (5)

Date: 30th October 2019

Subject: Update on Alternative Provider Medical Services (APMS) Contracts

1 Purpose of the Briefing Note:

- To outline the processes in place and approach taken by NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) in relation to the 4 APMS (Alternative Provider of Medical Services) contracts in Coventry which are due to expire on 31st March 2020.
- Provide assurance that the CCG is seeking to commission appropriate service provision to meet the needs of registered patients
- Provide assurance that the CCG has appropriately discharged its duties in respect to commissioning primary medical services and undertaken appropriate engagement with patients and key stakeholders.

2 Recommendations:

- 2.1 Health and Social Care Scrutiny Board is requested to discuss and note the content of this report.

3 Context and Background:

- 3.1 As part of the [NHS Five Year Forward View](#) Clinical Commissioning Groups (CCGs) had the opportunity to take on greater responsibility for general practice commissioning. It was introduced to support the development of integrated out-of-hospital services, based around the needs of local people. Co-commissioning is part of a wider strategy to join up care and this direction of travel is further developed within the recently released NHS Long Term Plan. The intention of this policy direction is to achieve patient benefits including:

- Improved access to primary care and wider out-of-hospital services, with more services available closer to home
- High quality out-of-hospital care
- Improved health outcomes and reduced health inequalities
- A better patient experience through more joined up services.

- 3.2 In 2014/15, NHS England invited CCGs to take on greater responsibility for general practice commissioning through one of three models:

- **Greater involvement** – an invitation to CCGs to work more closely with their local NHS England teams in decisions about primary care services

- **Joint commissioning** – enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee
 - **Delegated commissioning** –an opportunity for CCGs to take on full responsibility for the commissioning of general practice services.
- 3.3 Coventry and Rugby CCG took on delegated commissioning responsibility in 2015 operating under the terms of a Delegation Agreement with NHSE. The [Delegation Agreement](#).
- 3.4 The Delegation Agreement entered into between NHS England and the CCG sets out the terms and conditions on how delegated primary medical care functions are to be exercised.
- 3.5 Every CCG operating under a delegation agreement with NHSE is subject to an annual audit. The scope of this audit framework is designed to seek assurance that the CCG is appropriately discharging delegated functions including:
- Commissioning and procurement of services
 - Contract Oversight and Management Functions
 - Primary Care Finance
 - Governance

CRCCG has received a rating of Full Assurance in respect to the Audit Framework.

4 Commissioning and Procurement of primary medical services under NHSE Delegation:

- 4.1 Clinical Commissioning Groups operating under a delegation agreement with NHSE are responsible for:
- Commissioning and procurement of primary medical services;
 - Planning the provision of primary medical care services in the area, including carrying out needs assessments and consulting with the public and other relevant agencies as necessary;
 - Processes adopted in the procurement of primary medical care services, including decisions to:
 - Extend existing contracts,
 - The involvement of patients / public in those commissioning and procurement decisions,
 - The effective commissioning of Directed Enhanced Services and any Local Incentive Scheme (including the design of such schemes),
 - Commissioning response to urgent GP practice closures or disruption to service provision.
- 4.2 Primary medical services are delivered to registered patients through two types of contracts:
- **General Medical Services Contract (GMS)**. These contracts cover core medical services and are agreed nationally, contracts are held by a GP or

GP partnership and are in perpetuity ie not time limited. The funding for these types of contract is calculated based on the practice's registered list size with a fixed, nationally agreed, price per patient.

- **Alternative Provider Medical Services Contracts (APMS):** a contracting route available to CCG's to commission primary medical services within their area necessary to meet all reasonable requirements of local patient population. APMS contracts are provided under Directions of the Secretary of State for Health and provide the opportunity for locally negotiated contracts. They allow Primary Care Organisations (PCO's) to contract with non-NHS bodies, such as voluntary or commercial sector providers, (or with GMS/PMS practices) to supply enhanced and additional primary medical services. PCOs can enter into APMS contracts with any individual or organisation to meet local needs, as long as core NHS values are fully protected and secured. APMS contracts are time limited, typically APMS contracts run for 5 years.

4.3 CRCCG currently has 4 practices in Coventry and 1 practice in Rugby operating under time limited APMS contracts.

4.4 The 4 APMS practice contracts located in Coventry are due to expire on 31st March 2020. The practices concerned are:

- Stoke Aldermoor Surgery
- Foleshill Surgery
- Broad Lane Surgery
- City of Coventry Centre Practice

4.5 The CCG has followed a due diligence process to consider the most appropriate commissioning response in respect to each of these contracts, within the existing legislative and procurement framework, taking account of existing service provision, future demand for primary medical care including demographic growth, housing growth projections and the anticipated increase in student population.

4.6 The options available to the CCG were considered by the CCG's Primary Care Committee in June. The options considered were:

- List Dispersal – allow the existing contracts to expire and support patients to register at existing local practices
- Undertake market engagement to explore provider interest in securing APMS contracts for the registered patient lists associated with the 4 practices named above

4.7 This report sets out the decision making and patient engagement processes undertaken by the CCG to determine the most appropriate commissioning and contracting response, and sets out the next steps and timelines for taking forward the CCG commissioning and contracting obligations in relation to each of these 4 contracts.

5 Engagement Process and Outcome:

- 5.1 In order to ensure that the CCG appropriately discharged its obligations to engage with patients and interested key Stakeholders, the following actions were undertaken:
- a) Patient and stakeholder engagement - Communications and Engagement, as set out in Appendix 1
 - b) Market engagement undertaken in July attended by a total of 12 providers who expressed interest in one or more of the APMS contracts As set out in Appendix 2
 - c) Liaison with local practices to understand the potential impact on neighbouring practices within a 1 to 2 mile radius.
- 5.2 The feedback gathered through the patient and stakeholder engagement gave an insight into what mattered most to patients about the GP services that they received and the impact that any changes to these services, including the closure of their current practice, would have on them. Patients highlighted the importance of services close to their homes, as well as the need for timely appointments and easy access to services. These comments have been fed into the decision making processes through the CRCCG Primary Care Committee and were duly considered when taking the decision to go to market engagement.

6 Decision making process and procurement process:

- 6.1 The CCG has considered a number of configurations for the contract length for these four contracts, and the following points were noted and led to the decision to procure contracts of 5 years + 2 years extension:
- feedback taken from the Market Engagement event attended by 13 provider organisations
 - the changing NHS commissioning landscape
 - stimulate the Provider market
 - maintain a more sustainable contract model aiming to improve the patient experience in the longer term
 - support resilience in practice through a longer contractual term reducing recruitment and retention issues
 - limited market interest in previous procurements of GMS services for shorter contract length
 - provides longer-term flexibility to Commissioners.
- 6.2 The CCG is also seeking contract extensions for the existing four contracts for a period of 3 months. This will allow adequate time for a robust procurement and enough time for mobilisation of services to take place successfully.

6.3 Table 1:

Project Action	Project Plan Date of Completion
Proposed Tender issue date	28 th October 2019
Proposed Tender close date	6 th December 2019
Planned Evaluation period	9 th December 2019 to 3 rd January 2020
Planned Moderation period	13 th - 24 th January 2020
Primary Care Committee Approvals	4 th March 2020
Issue Contract Award letter	5 th March 2020
'Standstill' period	6 th to 15 th March 2020
Contract Award	16 th to 31 st March 2020
Mobilisation and transition	1 st April 2020 – 30 th June 2020
Services commence	1 st July 2020

6.4 The CCGs will continue to engage with patients and their representative organisations throughout the procurement process and an important and integral part of the bidder application process has included input from these groups and will also include them as part of the assessment of the relevant aspects of the procurement process. Part of the procurement process will include, as far as the procurement regulations allow, ongoing dialogue with all stakeholder groups.

7 Planning for the future of Primary Care:

7.1 We have developed a Primary Care strategy for Coventry and Warwickshire, which encompasses our ongoing plans for estates, workforce, digital technology and how we will deliver the objectives of the NHS England Long Term Plan. This document was widely engaged upon with health care professionals, stakeholders and members of the public. It is currently going through an assurance process at the Clinical Commissioning Group prior to publication, at which time we will circulate it to Health and Social Care Scrutiny Board members.

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Appendix 1

Please note: This document was prepared to cover an equivalent exercise being undertaken in Warwickshire North in addition to the work in Coventry and Warwickshire

APMS Engagement

Background

Across Warwickshire North and Coventry and Rugby there are eight time limited APMS contracts currently in place and due to terminate 31st March 2020.

These are:

Practice	List size
Malling Health – Stoke Aldermoor	3,454
Malling Health - Foleshill	3,797
VirginCare – Broad Lane Surgery	3,936
VirginCare – City Centre Practice	5,506
Satis House Medical Practice	3,601
Camphill GP Led Health Centre	4,362
Chaucer Surgery	2,881
Leicester Road Surgery	2,635

The CCGs have previously been advised by NHSE, while undertaking the closure of other local practices, that procurement of a practice of a list size below 3,500 has previously not been considered viable and would therefore not attract the commercial interest required to be in a position to award a further contract. This is especially so when the local GP practice capacity and proximity to each of these contracts is considered.

Statutory guidance

From the NHS Patient and Public Participation Guidance:

The closure of a GP practice would mean patients having to find a new practice to seek treatment. This would impact upon the way in which services are delivered to patients. The degree of the impact will depend on how far individuals will have to travel to access another GP practice as well as any specific care that may have been provided at the practice. In such circumstances it is likely that the legal duty to involve applies.

The termination of a GP contract and the award of a new contract to a provider, with no change in the specification of such a contract, would not ordinarily be expected to result in changes to the way that services are delivered to patients or the range of services available. In such circumstances it is unlikely the legal duty to involve will apply.

If additional public involvement has been identified as a requirement under the legal duty, we must review existing arrangements for involving the public in this activity and, where you assess that further action is required, this should be planned and undertaken.

The review of existing insight and previous involvement activities is the first step.

We must consider existing sources of feedback and insight on the views and experiences of different groups of people. A review of existing information can save time and money and point staff towards gaps in insight. This helps to ensure that public involvement is focused and meaningful, rather than being generic and imposing an unnecessary burden on people.

Examples of insight and feedback sources:

- Surveys
- Social media
- Healthwatch reports
- Care Quality Commission (CQC) reviews
- Research
- Reports
- Complaints
- Patient Experience Library
- Intelligence from NHS bodies, the VCSE sector and local authorities
- Staff feedback including their own views, any 'whistleblowing' concerns and intelligence they have gained through their interactions with patients and the public
- Previous public involvement exercises.

Implementing the guidance for involvement

In order to ensure we understand the potential impact that dispersal would have on patients, we need to undertake engagement to understand what matters most to people in their GP services, and what impact any changes to their current services would have on them.

This needs to be combined with information from NHS Choices, complaints, CQC information, and any other information from the above list which is available to create a report for each practice, which details the views of the patient and the impact any changes would have.

Mechanism for gaining feedback

The optimum way to engage with people will be via a survey. In order to get the maximum responses in the time frame, we will use the following mechanisms.

Via GP Practices

Each GP practice will receive:

- 2 x poster asking people to fill in the questionnaire
- 100 x printed questionnaires
- 1 x response box
- 10 x pens

Practice Managers will ask receptionists distribute the questionnaire to patients while they are waiting for their appointments. Patients will then post the questionnaire directly into the response box to preserve their anonymity. Responses will be collected by the primary care team at the end of the engagement.

Online

An online version of the questionnaire will also be shared on Survey Monkey. Practices will be asked to forward this to their PPGs for further promotion. Details of the online survey will also be shared on the poster in practices.

Patient Participation Group engagement

Arrange meetings with PPG members from each group within the two week time frame to discuss the questionnaire and gather their thoughts.

Seldom heard engagement

In addition to the above, the CCG will conduct work with targeted groups representing those people with a protected characteristic in the targeted areas. These include

- Foleshill Women's Training (BME Women)
- Ekta Unity (Older Asian women)
- Hope Unity (Afro-Caribbean community inc dementia and carer support)
- Carer's Trust
- Coventry Older Voices
- Nepalese Community Group (Warwickshire)
- Sikh Mission (Warwickshire)
- Muslim Women's Group (Warwickshire)
- Healthwatch Coventry
- Healthwatch Warwickshire
- Nuneaton Disability Forum
- Warwickshire Pride
- Coventry Pride

Note: Review of how many responses have been gathered to be undertaken throughout. If numbers are low, we may need to consider a member of the primary care team / engagement team visiting each practice for a morning and handing out copies of surveys to increase uptake.

Survey design

We want to get:

- Patients from the eight affected practices to:
 - let us know how they would be affected by potential list dispersal of their practice,
 - let us know how far they would be prepared to travel to a different GP practice.

By:

- filling in a brief questionnaire.

The information gathered from the questionnaire will be analysed and fed back into the next Primary Care Commissioning Committee for each CCG.

Timeline

8th March – Agreement on approach

1st April – Surveys and information distributed to all practices

1st April – Survey goes live online

1st April – 11th May – Seldom heard engagement

1st April – 11th May – PPG engagement

1st April – 11th March– Gathering of NHS Choices, complaints and other info

14th May – All boxes collected from practices

13th-24th May – Data entry, analysis of feedback and creation of reports for CR CCG practices.

27th May – Reports available to append to CRCCG PCCC papers.

28th-29th May– Data entry, analysis of feedback and creation of reports for WNCCG practices.

Consideration of input

These reports will form a part of the information presented to the PCCC in order for them to make a decision regarding the re-procurement / list dispersal of the eight practices.

If the decision is taken that a practice will be re-procured to deliver the same services, there is no further engagement required at this stage.

If the decision is taken to explore list dispersal further, patients of affected practices will need to be engaged to understand further the potential impact and how we can support them with transition to other GP practice.

Proposed patient questionnaire

The next section contains the questionnaire. This was given out in GP practices, hosted online and shared with the above-listed seldom heard groups to circulate amongst their attendees who are at one of the eight practices.

Let us know what you think of current GP services

Your GP services are currently provided through a contract. This contract is up for renewal in 2020. This means that we, as the local NHS clinical commissioning group who plan and pay for health services in the area, need to consider what happens to the service next.

Our goal is to make sure that we deliver high quality services for our entire population, which make the best use of the resources that we have. This means that we need to consider where GP services are located, how easy they are to access, and whether they are able to provide the care that patients need, both now and in the future.

As part of our work, we want to understand what you think about the GP services that you receive and, if these services were to move or change, how we could support you to continue to access GP services easily.

Please fill in the questions below and place the completed questionnaire in the box on reception. Your answers will be anonymous and used to inform our decisions regarding the best way to deliver GP services in your area.

If there are any changes to your GP service, we will write to all patients to let you know the next steps. You do not need to do anything now.

1. Thinking about the GP services which you currently receive, please tell us how you feel about the following statements. Please just tick one box per line.

	Strongly disagree	Slightly disagree	OK	Slightly agree	Strongly agree
My current GP services are easy for me to get to					
I find it easy to get an appointment					
I can usually see the same GP if I want to					
My GP offers a range of services for me					
The staff at my GP practice are friendly and knowledgeable					

2. Please circle which ONE of the statements below is MOST important to you

It is easy for me to get to my GP practice	It is easy to get an appointment with my GP	I can see the same GP every time if I want to	My GP offers a range of services from the building	GP practice staff are friendly and knowledgeable
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Please circle which ONE of the statements below is LEAST important to you.

It is easy for me to get to my GP practice	It is easy to get an appointment with my GP	I can see the same GP every time if I want to	My GP offers a range of services from the building	GP practice staff are friendly and knowledgeable
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3. How do you currently get to your GP appointments?

I drive myself	I walk	I take the bus	Someone else drives me	Other (e.g. cycling)
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4. If you had to travel to a different local GP practice to attend appointments, how far would you be prepared to travel? Please only tick one box per line.

	Up to 10 minutes	Up to 20 minutes	Up to 30 minutes	More than 30 minutes	I would not/ could not attend appointments this way
By car					
By bus					
Walking					
Other e.g. cycling					

5. If you were unable to attend your current GP practice anymore and had to register at another local practice, how would this affect you? Please circle one below.

It would not be a problem for me	It would only have a small impact on me	It would have some impact on me	It would make things quite difficult for me	It would have a big impact on me
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6. Please explain why you chose the answer above

Thank you for your time in completing the survey.