

<b>Title of meeting:</b>		<b>Primary Care Commissioning Committee</b>			
<b>Date of Meeting</b>	11/7/2018	<b>Paper Number</b>	Any other business		
<b>Title</b>	Special Allocation Scheme (formerly known as Violent Patient Scheme (VPS)) Re-procurement Update				
<b>Sponsoring Director</b> (name and job title)	Alex Tilley, Associate Director of Primary Care				
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	Clinical leads present at PCOG discussion: <ul style="list-style-type: none"> <li>• Lalitha Iyer</li> <li>• William Tong</li> <li>• Priya Kumar</li> </ul>				
<b>Author(s)</b>	Ricky Chana, Commissioning Manager, Primary Care				
<b>Purpose</b>	The purpose of this paper is to: <ol style="list-style-type: none"> <li>1. Outline the outcome of discussions between East Berkshire CCG and East Berkshire Out of Hours for service provision to commence on 1<sup>st</sup> July 2018;</li> <li>2. Seek approval for the SAS service model and costs outlined in this document.</li> </ol>				
<b>The Primary Care Commissioning Committee is required to (please tick)</b>					
<b>Approve</b>	<input checked="" type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>
<b>Note</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	<p><b>Process Risk:</b> there is a risk in relation to procurement timelines due to the original procurement process being unsuccessful and now timelines are extremely tight to procure a provider for this service. To mitigate this to the maximum possible extent, the current service provision has been extended until 30 June 2018.</p> <p><b>Financial Risk:</b> there is financial risk with service provision due to a foreseen increase in service activity in order to meet national guidelines. This will need to be mitigated by ongoing service user education and the maintenance of financial reserves until the foreseen increase is known.</p> <p><b>Procurement Risk:</b> Historically this has been a difficult service to commission. It is not attractive as an enhanced service and is considered small in contractual value terms. As mitigation, CCGs were required to have an urgent fall-back plan to maintain a core service provision through working with our local providers to secure a service should procurement prove difficult, as it has in this case.</p>				

<p><b>Legal implications/regulatory requirements</b></p>	<p>Requirement to meet procurement legislation.</p>
<p><b>Public Sector Equality Duty</b></p>	<p>EIA to be completed.</p>
<p><b>Links to the NHS Constitution (relevant patient/staff rights)</b></p>	<p>The NHS provides a comprehensive service available to all;          Access to NHS services is based on clinical need;          The NHS aspires to the highest standards of excellence and professionalism;          The NHS aspires to put patients at the heart of everything it does;          The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population;          The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.          The NHS is accountable to the public, communities and patients it serves.</p>
<p><b>Strategic Fit</b> <i>Primary Care strategy? and Other relevant strategies</i></p>	
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>See Financial Risk  <b>To be signed off by finance for the PCCC</b></p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>See Key Deliverables  <b>Quality Schedule from OOH contract to be reviewed by quality and signed off for the PCCC</b></p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>The specification and original procurement approach was presented to the Primary Care Commissioning Committee on 20<sup>th</sup> September 2017.</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Patient feedback is being sought in preparation for procurement. HealthWatch and LMC feedback has been taken.          EIA to be completed in preparation for procurement.</p>

<p><b>NHS Outcomes</b></p> <p><i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
---	--

**Co-Commissioning governance**

Which CCG does this Paper relate to or potentially affect?	East Berkshire CCG
--	--------------------

**Executive Summary**

In February 2018, the Primary Care Commissioning Committee formally approved the approach of working with a local provider to collaboratively find a solution for procuring the Special Allocation Service, following the current provider giving notice to cease providing this service after 30<sup>th</sup> June 2018. This approach followed NHS England having exhausted the standard procurement process without success.

The CCG and NHS England met with East Berkshire Primary Care Out of Hours (EBPCOOH) on 20<sup>th</sup> April 2018, with a view to EBPCOOH taking over provision of the Special Allocation Service from 1<sup>st</sup> July 2018. The Provider indicated that the cost assumptions that had been made in the original SAS procurement paper would not be sufficient to cover the costs of providing the service and following the meeting, submitted a revised proposal to the CCG.

This proposal was discussed at the May PCOG meeting, where it was advised that further negotiations should take with the provider before reaching final agreement.

The CCG subsequently met with EBPCOOH on 6<sup>th</sup> June 2018, where the following rates were agreed:

**Service Costs:**

Service	Original EBPCOOH Quote	Revised Quote
GP retainer	£5,000.00	N/A - No retainer
Administration: incl monitoring and audit, referrals, records, telephone service, admin support, infrastructure/equipment,	£10,000.00	£ 7,000.00 £ 3,000.00 transition SOP development
CQC registration fee (to new market entrants)	N/A - Provider already registered with CQC	N/A - Provider already registered with CQC

GP Consultation:	£250.00	£200.00
GP Consultation Session:	Not quoted	Where consultations provided in a session £200.00 for first consultation and £100.00 per consultation thereafter in the session.
Nurse Consultation	£140.00	£40.00
Telephone Consultation	£60.00	£60.00 – aligned to OOHs
Home Visits	£300.00	£300.00 with OOH car/lone working arrangements / risk assessment prior to contact SOP
Accommodation	Within premises (CCG assumption)	N/A – Within existing premises
Security	TBC - Provider has indicated that this is to be added on top of the rates above.	Security retainer: £500 p/a plus VAT
		Session price / appointment price – £29.76 p/h plus VAT

### **Service Model:**

When a patient is considered to meet the criteria for the SAS service, the practice will notify Primary Care Support England (PCSE) and complete an immediate removals form. PCSE will then inform the patient and SAS provider of the immediate removal of the patient from their GP practice's list and their temporary placement onto the SAS register.

The provider will then contact the patient to carry out an initial clinical and risk assessment. Following assessment, the provider, in conjunction with the commissioner will determine whether the temporary SAS patient should be retained on the SAS or reintegrated into mainstream primary care provision. If it is determined that the patient should remain on the SAS register, they will access their primary care through this service until they are deemed fit to return to mainstream primary care provision.

The service provided by EBPCOOH will be delivered from the Slough Walk-In Centre, as it is currently by the existing provider. Patients would be registered as temporary patients on the Chapel Medical Centre system for access to their medical records.

While security is listed as an additional cost to the clinician rate and it is likely to be required at the initial patient assessment, the ongoing requirement for security for patients will be assessed on a case by case basis. In many instances, once a relationship has been established with a clinician, security is no longer required for consultations.

In addition, the provider is willing to provide a session rate if there are a number of patients that need to be seen in succession, which will be at lower rate than for single consultations.

### **Contractual Arrangements:**

This service would be added to the existing Slough Walk-In Centre contract through a

contract variation and would be subject to its terms. All contract monitoring would be carried out through the existing SWIC contract monitoring arrangements.

### Service Risk

The designed service specification is in-line with national guidelines and similar specifications elsewhere in England (notably NHS South-West and NHS Lancashire and Cumbria) and thereby provides increased standardisation and reduced health inequality. It is also considered to provide a broader scope to service provision. In fulfilling national guidelines, this broader scope, whilst considered to provide a quality service and improved patient experience, is likely to result in an increase in SAS patient activity and therefore an increase in the cost to run the service.

There is considered to be financial risk with the potential increase in activity under the new specification where all immediate removals would be placed temporarily on the SAS for assessment; based on 'immediate removal' figures provided by PCSE. This would see an activity increase of at least one consultation per temporary violent patient. Further, if it is assumed that 75% (worst case) of temporary violent patients will remain on the SAS for up to one year then the activity increase could be significant.

#### 1. Full Costs Breakdown: The core 2017/18 Financial Envelope is based on the 2016/17 SAS budget figures = £24,697

	NHS E Cost Assumptions - APMS	NHS E Cost Assumptions – Enhanced Service	EBPCOOH Revised Quote
GP retainer	£2,500.00	£2,500.00	N/A – No retainer
Administration: incl monitoring and audit, referrals, records, telephone service, admin support, infrastructure/equipment,	£4,500.00	£4,500.00	£ 7,000.00 £ 3,000.00 transition SOP development
CQC registration fee (to new market entrants)	£6,000.00	No additional CQC Registration costs	Provider already registered with CQC
<b>Enhanced Service Retainer Total</b>	<b>£13,000.00</b>	<b>£7,000.00</b>	<b>£10,000.00</b>
GP Consultation	£225.00	£175.00	£200.00
Nurse Consultation	£190.00	£140.00	£40.00
Telephone Consultation	£50.00	£50.00	£60.00 – aligned to OOHs
Home Visits	£200.00	£200.00	£300.00 with OOH car/one working arrangements / risk assessment prior to contact SOP
Accommodation	Includes accommodation overhead calculated at £50.00 per	No accommodation costs (delivered from surgery)	N/A – Within existing premises

	consultation		
Security	Included in the prices above (Includes security overhead calculated at £100.00 per consultation)  (2 x 2 pers x 2 hrs @ £25.00/hr)	Included in the prices above (Includes security overhead calculated at £100.00 per consultation)  (2 x 2 pers x 2 hrs @ £25.00/hr)	Security retainer: £500 p/a plus VAT  Session price / appointment price – £29.76 p/h plus VAT (anything additional required above this to be agreed with commissioner)

Current VPS list size: 2 patients

Assumed list size on new specification (where all immediate removals are assessed by SAS) based on PCSE immediate removal data, 12 patients will have at least one assessment on immediate removal, and 75% (9 patients) of these (worst case scenario) will remain on the SAS list for the remainder of the year.

## 2. Consultation Rate Comparison

GP Face to Face Consultation	Immediate Removals Oct 16 / 12 mths	GP First Consultations as Immediate Removal/ Temp VP	75% Assumed Retention	Current SAS list	New List Size	Cost @1 GP appt / ¼ 4 appts per annum	Cost @1 GP appt / month 12 appts per annum
APMS rate @ £225	12	12 appts = £2,700.00	9	2	11	44 appts = £9,900.00	132 appts = £29,700.00
Enhanced Service Rate @ £175	12	12 appts = £2,012.00	9	2	11	44 appts = £7,700.00	132 appts = £23,100.00
EBPCOOH Rate @ £200 + security	12	12 appts = £2,400.00	9	2	11	44 appts = £8,800.00	132 appts = £26,400.00

## 3. Total Potential Cost if each Immediate Removal (IR) patient is assessed and each patient on the remaining list and current list, are seen once every quarter:

	Retainer	First Assessments for all IR + <u>Quarterly</u> appts for SAS List	Total
APMS	£13,000.00	£12,600.00	<b>£25,600.00</b>
Enhanced Service	£7,000.00	£9,712.00	<b>£16,712.00</b>
EBPCOOH Revised Quote	£10,000.00	£11,200.00 + security	<b>£21,200.00 + security</b>

## 4. Total Potential Cost if each Immediate Removal (IR) patient is assessed and

each patient on the remaining list and current list, are seen once every month:

	Retainer	First Assessments for all IR + <u>Monthly</u> appts for SAS List	Total
APMS	£13,000.00	£32,400.00	<b>£45,400.00</b>
Enhanced Service	£7,000.00	£25,112.00	<b>£32,112.00</b>
EBPCOOH Revised Quote	£10,000.00	£28,800.00 + security	<b>£38,000.00 + security</b>

The above models are based on each patient on the SAS list requiring both monthly and quarterly face to face appointments with a GP, as the frequency and method of consultation are difficult to predict, so this gives us a range of possible costs. However, it is unlikely that the actual activity will be as high as outlined in model 4, as most patients do not require monthly appointments with their GP and the current provider advises that the majority of appointments are carried out over the telephone.

A retention rate of 75% for immediate removals is also considered to be a generous assumption, as it difficult to say how many patients removed from lists as immediate removals will be assessed as appropriate for the SAS.

At this time EBPCOOH would only be able to deliver the service from the Slough Walk-In Centre (SWIC) for all East Berkshire patients. However, this is how the service is currently delivered by the current provider Berkshire Forensic Doctors, as they utilise the SWIC premises where required. This has not caused any significant issues to date. EBPCOOH have also indicated that one of the current rooms on the SWIC premises would have to be converted into a waiting room specifically for SAS patients.

The revised rates from the provider are more in line with our original cost assumptions. There is no longer a GP retainer cost and the only potential risks, other than the difficulty in predicting activity, are the security costs, which are not included in the rates and home visits. However as indicated above, security may not always be required for each consultation and home visits are only required in exceptional circumstances where the patient is housebound. The risk around costs can also be further managed through appointments for patients being provided through sessions.

At the 28<sup>th</sup> June 2018 PCOG meeting, the group scrutinised in detail and approved the recommendation for East Berkshire Primary Care OOH to provide this service. This approval was given subject to the contract for this service being separate to the Slough Walk-In Centre contract, and the additional £13,303 + security costs being covered out of the delegated reserves. These patients are also not to be included in the Chapel Medical Centre's QOF when they are registered as temporary patients on the Chapel Medical Centre's system.

Following a discussion with the provider after the meeting, it was agreed by Fiona Slevin-Brown on Friday 29<sup>th</sup> June 2018 that the SAS service would be added to the Out of Hours APMS contract with EBPCOOH through a contract variation, as the infrastructure required for the provider to deliver the SAS service is in place only as long at the provider delivers the OOH and SWIC services. Therefore the contract duration would have to be in line with these services.

Given the urgency of this service commencement, Clive Bowman took a Chairman's PCCC action on Friday 29<sup>th</sup> June 2018, following the Decision Making PCCC v1 Feb 2017 process 3 (red route), as the next EB PCCC meeting was to take place too late on 11<sup>th</sup> July to ratify this before the start. The recommendation was approved by voting members through email and is being presented to the PCCC on 11<sup>th</sup> July 2018 for formal ratification.

**Recommendation(s)**

Therefore, it is recommended that the Committee:

1. Note the outcome of discussions between East Berkshire CCG and East Berkshire Out of Hours for service provision to commence on 1st July 2018;
2. Approves the SAS service model outlined in this document.
3. Approves the additional investment of £13,303 + security costs, over and above the allocated budget of £24,697, amounting to a total investment of **£38,000 + security costs**.
4. Formally ratify the approval given on Friday 29<sup>th</sup> June 2018 by voting members of the PCCC.

**Chairs Use Only**

Any known conflicted committee members from Declarations of Interest register?