



Primary Care Co-Commissioning Committee

Alternative Provider Medical Service (APMS) Contracts

Date of Meeting	19th September 2017	Agenda Item	8
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CCG Corporate Objectives	
Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	Y
To work collaboratively to create safe, high quality health care services	Y
To maintain financial balance and improve efficiency and productivity	Y
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	Y
To maintain and improve performance against core standards and statutory requirements	Y
To commission improved out of hospital care	Y
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	Y
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	Y
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	Y

Decision Recommendations

Members are asked to:

1. Receive and consider this paper
2. Agree to Option 5
3. Agree to progress the procurement as described

Clinical Lead:	Dr Malcolm Ridgway
Senior Lead Manager	Mr Peter Sellars
Finance Manager	Mrs Linda Ring
Equality Impact and Risk Assessment completed:	n/a
Patient and Public Engagement completed:	n/a
Financial Implications	Contained within the document
Risk Identified	n/a
Report authorised by Senior Manager:	Dr Malcolm Ridgway

**BLACKBURN WITH DARWEN
CLINICAL COMMISSIONING GROUP (CCG)**

September 2017

**Alternative Provider Medical Service (APMS)
Contracts**

Introduction.

Blackburn with Darwen has 2 APMS practices that have come to the end of their contracts. A procurement process has already been undertaken, which ended in not awarding a contract due to a general lack of interest and the only bid being non-compliant. Both Practices are now in a caretaking programme until March 31st 2018. At the July PCCC meeting options were proposed to identify a way forward to deliver the services in the future.

Blackburn with Darwen APMS contracts

There are two APMS contracts currently being delivered within the district:

- The Waterside Practice
- Bentham Road Practice.

The Waterside Practice has only grown very slowly over the course of the contract and now comprises 1698 patients (Jan 17). This is in the “single handed” GP practice range, which the CCG and PCT before it, have not supported strategically in terms of viability and quality service provision to patients.

Bentham Road practice currently has an approximate list size of 5367 (Jan 17). It has provided a useful service to the population of Mill Hill, which has traditionally always had a local GP provider, albeit as branch surgeries in the past.

Options

Strategically Blackburn with Darwen CCG is planning for larger practices to operate primary care at scale as part of new models of care development. In recognition of this the PCCC considered five main options for these two APMS contracts.

1. Disperse one or both lists
2. Extend current arrangements
3. Re-procure Bentham Road and disperse the Waterside list (Waterside on its own is not viable)
4. Direct Award of the combined contracts to a suitable provider (Single Tender Action)
5. Combine both practice lists and procure as a single practice to operate out of one or both sites (reviewing the previous tender)

The PCCC identified Direct Award as the preferred option which would provide for the least patient disruption, alignment with the Primary Care Strategy, continuity of care provision and financial viability (the combined lists operating under GMS contract levels of funding). This decision was made subject to further advice from NHS England regarding identifying a robust, open and transparent process to identify a practice or organisation to award the contract to.

The advice received from NHS England was that the best process to undertake would be a further procurement with an altered specification to facilitate the development of larger, more productive and sustainable practices, in line with the CCG's primary care strategy. The CCG will require the bidders to be innovative in the delivery of the service as long as it operates within the GMS funding envelope. It is recognised that certain liabilities associated with mobilisation may have to be covered by the CCG eg redundancy costs if the successful bidder can redeploy staff that they do not require to viably run the service. If the procurement again fails to attract a provider who could deliver against the specification and financial envelope then the PCCC would have to consider the dispersal of both lists.

The CCG has commenced the procurement process including updating the specification and project plan pending the decision of the PCCC. A key requirement of the bidders will be to ensure they are able to work with practices in the neighbourhood as part of the West primary care network. They will also be asked to be innovative in terms of delivery for example operating from one or both sites even though previous experience showed that a two site service did not appear financially viable.

Conclusion

This paper has set out the current status of the APMS procurements with a suggested course of action following advice from NHSE.

Recommendations

Members are asked to:

1. Receive and consider this paper
2. Agree to Option 5
3. Agree to progress the procurement as described.

Peter Sellars
Primary Care Transformation Lead
September 2017