

# SMA Practice Procurement

## SMA Practice

Dr Azeem Nizamuddin

Sharon Yepes-Mora



# Welcome

## Team

- Azeem Nizamuddin – Clinical Lead
- Aysha Patel – Head of Primary Care WF CCG
- Sharon Yepes-Mora – Associate Director Strategic Commissioning WF CCG
- Kay Saini – Lead Prescribing Advisor Medicines Optimisation Team WF CCG
- Ada Onyeagwara Associate Director Medicines Optimisation and Long Term Conditions WF CCG
- Alison Goodlad – Head of Primary Care (NEL) NHSE
- Kasia Gaj – Senior Primary Care Commissioning Manager NHSE
- Ada Onyeagwara Associate Director Medicines Optimisation and Long Term Conditions WF CCG
- Khadijah Yasmin – Procurement Officer NEL CSU

# Introductions

Please introduce yourself and what organisation you are representing

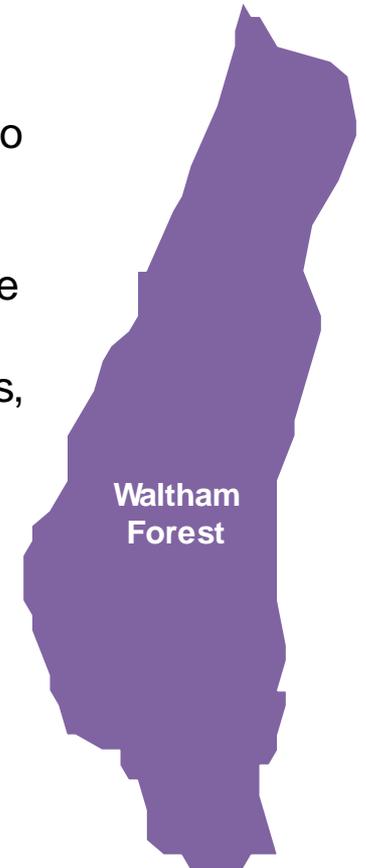
# Agenda

| Topic                                   | Time          | Presenter                    |
|---|---------------|------------------------------|
| Presentation                            | 12:00 – 12:20 | Azeem/Sharon/<br>Alison/ Ada |
| Exercise on<br>tables and<br>networking | 12:20 – 12:50 | All                          |
| Break                                   | 12:50 – 13:00 | All                          |
| Feedback from<br>tables                 | 13:00 – 13:20 | All                          |
| Procurement<br>process                  | 13:20 – 13:25 | Khadijah                     |
| Questions and<br>Answers                | 13:20 – 13:55 | All                          |
| Next steps                              | 13:55 – 14:00 | Azeem                        |



# Introduction to Waltham Forest CCG

- The Borough is the 15th most deprived Local Authority in England and the 7th in London
- For the boroughs younger population there are significant issues related to childhood obesity and incidents of tuberculosis compared to the rest of London.
- Childhood immunisations are reducing year on year with only 74 per cent of children being immunised for measles, mumps, rubella by age five
- The rate of chlamydia screening has been decreasing in recent years, which potentially indicates an underperformance in detection.
- HIV prevalence is lower than London average
- The diagnosis rate for Gonorrhoea has steadily been increasing in recent years
- The Borough has the ninth worst cardiovascular disease mortality rate in under 75 years compared to rest of London.
- Diabetes prevalence is in line with the rest of London
- Flu vaccination coverage is within the higher rates in London with 69% compared to London average of 66%.
- The Borough has lower levels of hospital admissions for mental health conditions (MHC) and self-harm



# Primary Care Strategy 2014 - 2019

The WF primary care strategy outlines the CCGs Priorities, these are:

- Integrated Care Systems
- Using the London Strategic GP Commissioning Framework to improve access, proactive care and co-ordination of care.
- Integrated Urgent Care
- The Development of GP Provider Networks.

Our clinical priorities are supported by the Waltham Forest Health and Wellbeing Board.

- Care for Older People
- Mental health
- Long Term Conditions Management
- Child and Maternity Care
- Cancer

# Background to SMA Medical Centre

- SMA Medical Centre is located in a purpose built building with a registered raw list size of 10,818 patients and weighted 9526.23
  - The practice has a young population, only 6% of patients aged over 65 years and 28% were aged under 18
  - Approximately 60% of the practice population do not have English as a first language
  - 48% of patients have a long standing health condition, which is similar to the CCG average of 49%
  - The practice has a lower rate of unemployment 3% compared to the CCG's 7%
  - The practice is rated as two on the deprivation scale, where a rating of one represents the most deprived and 10 represents the least deprived
  - The practice is current being managed under a 'caretaking' arrangement which will come to an end in June 2019
  - The GPs working at the practice currently are primarily sessional / Locum GPs
  - The practice boundary is in an area of significant growth
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# Vision for SMA Medical Centre

- An opportunity for an innovative model that supports the development of an integrated system with closer working between primary and community care together with partner organisations to deliver shared outcomes.
- Development of a better interface between teams, to enable building of relationships between primary, community and secondary health services, social care and the voluntary sector
- Key Performance Indicators which aim to reduce unscheduled emergency admissions, A&E activity and prescribing costs
- Improved prevention and support for self-management of long term conditions to manage avoidable demand and reduce unwarranted variation
- A service that drives innovation and provides new models of consultation type demonstrating creative use of health professionals such as the use of paramedics and clinical pharmacists. The practice would act as a test bed for new ways of employing GPs e.g. GP as care consultants
- Triaging patients to the appropriate service using on line access and other innovative means offering quick access to the appropriate health or care professional
- Share learning with local practices and act as a local resource for the Waltham Forest Primary Care Academy demonstrating IHI methodology
- The development of shared records and resolving information governance barriers.
- Newly procured services commences on time - 1st July 2019
- The service should be underpinned with effective audit and best practice.
- Ensure that the appointed service provider/s share CCG objectives and are properly integrated into the local health community, acting as a beacon for good practice.

# Equalisation of contracts

In 2014 NHS England mandated a review of PMS contracts. Within Waltham Forest, the equalisation of the service offering to patients underpinned by equal pricing has been a fundamental element of the review. The contract for SMA practice will be offered the same Key Performance Indicators (KPIs) as those offered to GMS and PMS practices and further KPIs will be added until 2019/2020 when the equalisation process is completed.

Addition KPIs will be included specifically for SMA practice, which allows for equalisation in the price offered to the APMS provider

There is a real opportunity presented by the procurement of the SMA practice to establish an innovative model of care, which integrates seamlessly across health and community care together with the voluntary sector to achieve the best outcomes for the patients.

**This vision is detailed within the critical success factors and the service specification.**

# APMS Contract Price

- GMS standard price
- + £5.00 risk premium
- + £8.60 local KPIs
- + Future funding for 19/20 local KPIs (amount yet to be finalised)

# Local KPIs (£5.90)

Below are the current KPI's which will be offered to the provider to ensure equity in service provision across all Waltham Forest practices:

- Number of consultations offered per 1000 car hill weighted patients
- GP patient survey outcomes x 2
- At scale working
- Utilising the Life Quality Improvement tool
- Improving Chronic Kidney Disease outcomes

# Proposed KPIs £1.20

| Clinical Condition | Clinical Performance Metrics/Outcomes<br>Key Performance Indicators (KPIs)  | Monitoring  |
|--------------------|---|---|
|                    | <p><b>Overarching Key performance Indicators</b></p> <ul style="list-style-type: none"><li>• Reduce the rate of emergency hospital admissions for patients with LTC per 1000 population (Diabetes, Respiratory, Cardiovascular disease)</li></ul> | <ul style="list-style-type: none"><li>• Health analytics<br/>Prevalence data –<br/>Can be obtained from NHS Outcome.<br/>Baseline for admissions needs to be obtained from health analytics</li></ul> |

# Proposed KPIs £0.50

| Clinical Condition                          | Evidence Base   | Clinical Performance Metrics/Outcomes<br>Key Performance Indicators (KPIs)   | Monitoring   |
|---|---|--|--|
| <b>Obstructive Pulmonary Disease (COPD)</b> | NICE Quality Standard<br>Starting a pulmonary rehabilitation programme within 4 weeks of hospital discharge after an acute exacerbation reduces the short-term risk of hospital readmission, and improves the quality of life and the short-term exercise capacity of people with COPD. (1) | <ul style="list-style-type: none"> <li>Increase the number of patient who complete pulmonary rehabilitation</li> </ul> | Data from provider (NELFT) <ul style="list-style-type: none"> <li>Number of patients referred to Pulmonary Rehab</li> <li>Number of patients who complete the pulmonary rehabilitation programme.</li> </ul> |

# Proposed KPIs £0.50

| Clinical Condition | Evidence Base   | Clinical Performance Metrics/Outcomes<br>Key Performance Indicators (KPIs)   | Monitoring   |
|--------------------|---|--|--|
| Diabetes           | NHS England Diabetes Care Plan<br><br>diabetes-care-plan.doc | <ul style="list-style-type: none"><li>All patients with a confirmed diagnosis of diabetes have an up to date Diabetes care plan in place (2)</li></ul> | Health Analytics <ul style="list-style-type: none"><li>66AR.00 Read Diabetes management plan given</li><li>66AS.00 Read Diabetic annual review (4)</li></ul> Data to be obtained from health analytics |

# Proposed KPIs £0.50

| Clinical Condition   | Evidence Base  | Clinical Performance Metrics/Outcomes<br>Key Performance Indicators (KPIs)   | Monitoring   |
|--|--|--|--|
| <p><b>Asthma</b></p> <p><b>Percentage children and young adults under 18</b></p> | <p>NRAD</p> <p>All people with asthma should be provided with written guidance in the form of a personal asthma action plan (PAAP) that details their own triggers and current treatment, and specifies how to prevent relapse and when and how to seek help in an emergency. (3)</p> <p>All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in</p> | <ul style="list-style-type: none"> <li>• Increase the number of personalised asthma action plans for children and young adults who have a confirmed diagnosis of asthma</li> <li>• Invite all patients over-ordering more than 6 short-acting</li> </ul> | <p>Health analytics</p> <ul style="list-style-type: none"> <li>• 663U.00 Read Asthma management plan given</li> <li>• 663U.00 Read Asthma management plan given</li> <li>• 66Y9.00 Read Step up change in asthma management plan</li> <li>• 66YA.00 Read Step down change in asthma management plan</li> <li>• 8CR0.00 Read Asthma clinical management plan</li> <li>• 66Y9.00 Read Step up change in asthma management plan</li> <li>• 66YA.00 Read Step down change in asthma management plan (4)</li> </ul> |

# What we need from you today

- **Feedback on:**
- The specification and the proposed KPI's
- Financial attractiveness of the contract
- Potentials for collaboration
- The length of contract
- Potential impact on resources to deliver the model

# Table top exercises 12:20 – 12:50

- Each table to discuss the proposed KPIs and answer the following questions:
- How would you set up an integrated patient pathway to achieve the KPI?
- What are the barriers to success?
- Are there any changes you can propose to improve the KPIs?

# Break 12:50

10 minutes for break. Please be back by 13:00

# Feedback from tables

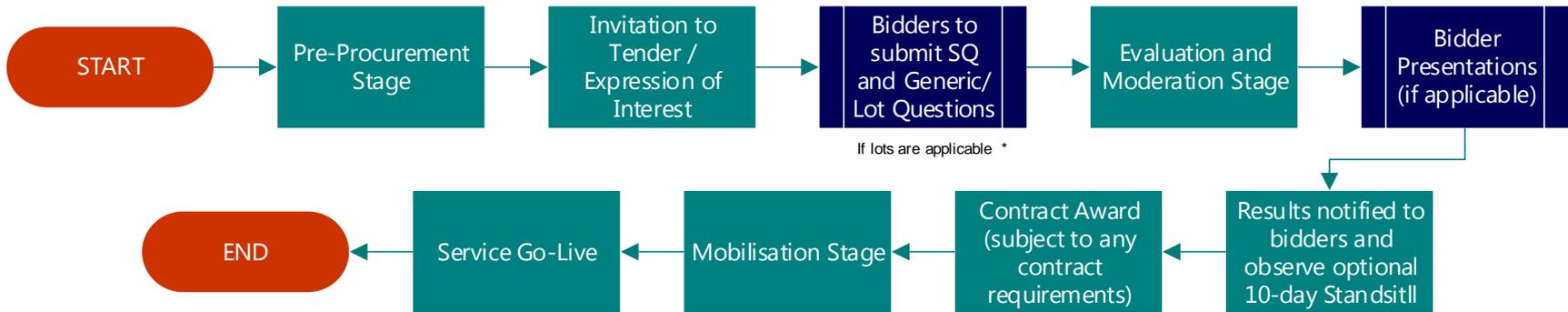
- Each table to share their discussions and then a plenary discussion within the room to share ideas
- **3 mins to summarise your feedback**
- We will be write up all the feedback and compile a report

# Pre-Procurement Preparation

- Register **now** on ProContract:  
<https://procontract.due-north.com/register>;
- Access the ProContract Help centre for “how to” guides and video tutorials; and
- Contact the ProContract Help desk if you are unable to resolve a technical problem (t: 0330 005 0352 e: [Procontactsupplies@proactis.com](mailto:Procontactsupplies@proactis.com))

# Procurement Process

## Open Procedure



# Procurement Imperatives

- Post-publication, read all of the procurement documentation;
- Submit Clarification Questions as early as possible in the procurement phase (via ProContract) and note the deadline for receipt; and
- Submit your ITT response by the stated deadline and in alignment with the ITT Guidance;
- You should use the available time prior to ITT publication to register on ProContract and access the guidance available from the Help centre.

# Indicative Timetable (Subject to operational change)

| Key Milestones  | Date   |
|---|--|
| Advert published on Contracts Finder, OJEU, ProContract | w/c 07 <sup>th</sup> January 2019                                |
| Invitation to Tender (ITT) issues                       | w/c 07 <sup>th</sup> January 2019                                |
| Deadline for receipt of ITT clarification questions     | 30 <sup>th</sup> January 2019                                    |
| Deadline for receipt of ITT submissions                 | 08 <sup>th</sup> February 2019                                   |
| ITT Evaluation  | w/c 18 <sup>th</sup> February 2018 - 08 <sup>th</sup> March 2019 |
| Panel Presentations                                     | 14 <sup>th</sup> /15 <sup>th</sup> March 2019                    |
| Recommendation to Board                                 | w/c 01 <sup>st</sup> April 2019                                  |
| Inform bidders of outcome and observe standstill period | w/e 12 <sup>th</sup> April 2019                                  |
| Contract Award  | w/c 15 <sup>th</sup> April 2019                                  |
| Mobilisation  | April – 30 <sup>th</sup> June 2019 (3 months)                    |
| Service Go-Live   | 01 <sup>st</sup> July 2019                                       |

# Procurement Components

- The procurement documents as a whole will comprise the following;
  - ITT Guidance document;
  - Mol;
  - Selection Questionnaire;
  - ITT Questionnaire;
  - Financial Model Template;
  - Draft Contract and Service Specification
- Any additional documents will also be on the ProContract Portal once the Procurement is live.

# Key Points

- Make note of instructions, word limits and the ITT submission format - **Be compliant;**
- Try to understand what each question is asking and why it is being asked - **Answer the Question;**
- Note the scoring / weighting of criteria - **Allocate time / effort on your response accordingly;**
- If in need of clarification, contact the buyer (but be aware that any question you ask will be notified to other bidders);
- Answer all questions honestly and be positive in your responses - **Emphasise your USP;**
- Double check your response / second pair of eyes;
- Ensure you complete and submit all the documents required; and
- Make careful note of the deadline and make sure you submit well in advance - **Avoid last minute submissions).**

# Procurement Preparation

- Get your team together, appoint a “Bid manager”, and conduct a detailed review and interpretation of the ITT requirements;
- Determine whether you require clarification of any aspect of the ITT, and submit question(s) using the template provided, allowing enough time for a response within the stated deadline;
- Check regularly to see if any other clarification question answers have been published. Be aware that any question you ask will be notified to other suppliers unless marked as “Commercially Confidential”);
- Prepare work plan & allocation of roles/tasks/milestones in reference to the ITT submission deadline; and
- Build in time to review, refine and style your bid submission.

# Writing the Bid

- Plan a clearly structured ITT response aligned against each question requirement and criteria;
  - Demonstrate a clear understanding of the requirements;
  - Methodology: clearly show who does what, why, when, how, and who benefits from Patients/Commissioners' perspective – illustrate with charts where requested (i.e.. Gantt); and
  - Identify and demonstrate clearly your capability and the innovation of your offer (USP) - can your offer exceed the contract requirements and provide additional benefits, outcomes?
-

# Writing the Bid

- Write in plain English, use short sentences and paragraphs;
  - Avoid jargon and unexplained abbreviations;
  - Use 'active' verbs, refer to 'we' and 'you';
  - In your response try to reflect key wording as found in the service specification;
  - Lay-out: Use clear headings aligned to the ITT, standardise fonts, illustrate with examples where possible; and
  - Remember, punctuation and spelling really matter.
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# Writing the Bid

- Have you articulated ‘Why choose us?’;
- Have you fully defined the key features, quality and benefits of your approach?;
- Have you used and made the most of recent and relevant case studies to illustrate your capability?;
- Have you gone the extra mile in manifesting your understanding of the requirements and approach to delivery?; and
- Conduct a mock assessment against the evaluation criteria and allocated weightings.

# Dos...

- Have you articulated 'Why choose us?';
- Have you fully defined the key features, quality and benefits of your approach?;
- Have you used and made the most of recent and relevant case studies to illustrate your capability?;
- Have you gone the extra mile in manifesting your understanding of the requirements and approach to delivery?; and
- Conduct a mock assessment against the evaluation criteria and allocated weightings.

# Dont's

- Do not attempt to find an “inside track” (canvassing);
- Ignore the ITT Guidance and Instructions;
- Write by committee, this will hinder narrative flow and highlight a lack of control/ownership;
- Submit with incomplete or missing answers/sections/documentation;
- Repeat answers or refer to ‘see above’ (cross-referencing is not permitted);
- Over emphasise what you currently know or do to the detriment of what is required;
- Recycle old responses. Beware of ‘cutting & pasting’; and
- Provide generic responses to specific requirements.

# Questions and answers

- Your opportunity to ask questions
- Please fill out a questionnaire

# Next Steps

- A copy of this presentation will be posted on Contracts Finder and circulated by email to all attendees;
- A copy of the Q&A from this event will also be shared;
- ITT publication date will be communicated in advance.