



Dorset Clinical Commissioning Group

# Paediatrics in Primary Care Services

## PROSPECTUS

Market Engagement

February 2017



**Supporting people in Dorset to lead healthier lives**

**PAEDIATRICS IN PRIMARY CARE SERVICE PROJECT**

**PROSPECTUS FOR MARKET ENGAGEMENT**

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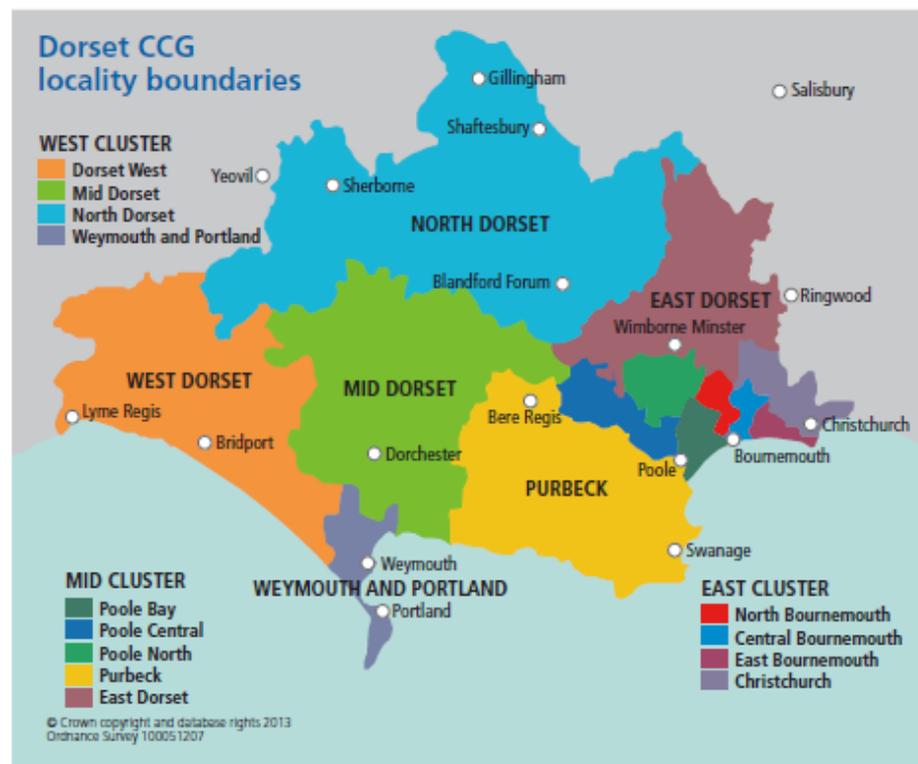
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## 1. INTRODUCTION

- 1.1 Through this service prospectus, NHS Dorset Clinical Commissioning Group invites providers to support the design of a service model and any potential provider structure(s) for a Paediatrics in Primary Care service for Dorset.
- 1.2 The purpose of this prospectus is to supply potential providers with information on the values and outcomes identified for the service. It will describe the process the CCG will run to facilitate the discussion regarding how the marketplace can shape and meet the service needs.
- 1.3 The engagement is part of wider stakeholder and staff engagement and will help form future commissioning plans. In context of the Clinical Service Review, the project board expects that the proposed service will fit with the strategic direction and provide a positive model for the future.

## 2. ABOUT NHS DORSET CLINICAL COMMISSIONING GROUP

- 2.1 The NHS Dorset Clinical Commissioning Group (CCG) is the third largest CCG in the country and the second largest in financial terms. It consists of 100 member GP practices which are grouped into 13 geographical localities, with a registered population of around 766,000.



- 2.2 The CCG covers the same geographical area as the Local Authority boundaries of Dorset County Council, Bournemouth Borough Council and Poole Borough Council.
- 2.3 The CCG's mission is to: **Support people in Dorset to lead healthier lives**
- 2.4 The CCG will:

- Use resources effectively and efficiently
  - Challenge and encourage their partners, members and staff to drive improvements in services and performance
  - Have a local focus but not losing sight of the bigger picture
  - Value staff and membership and make sure it is a great place to work
  - Be trusted and build confidence in the public, patients and as stakeholders
- 2.5 The CCG strategic principles are:
- Services designed around patients
  - Preventing ill health and reducing inequalities
  - Sustainable healthcare services
  - Care closer to home
- 2.6 Overall the population of Dorset enjoys relatively good health with a higher life expectancy than the England average. However there is variation in life expectancy between those in the most affluent and deprived areas, with a gap of over 10 years in men and 5 years in women.
- 2.7 The population has increased across Dorset over the last 10 years, in particular the number of older people. The high number of older people across Dorset poses a significant challenge for the health and social care system as this is the area of greatest need.
- 2.8 In lieu of projected challenges associated with rising demand and shifting population demographics, the CCG is currently undertaking a Clinical Services Review (CSR) to inform future models of care across the health and social care system. The review incorporates all aspects of locally commissioned health services in Dorset and forms a key pillar in delivering Dorset's Sustainability and Transformation Plan

### **3. SUMMARY OF THE SERVICE**

#### **The existing service**

- 3.1 A paediatric and general allergy service has been provided in Bournemouth and Poole since 2009. The aim of the existing service was to:
- Improve access to paediatric assessment through provision of locally accessible, direct access to assessment, treatment and management of a range of paediatric health care needs provided in a 'one-stop shop' in primary care.
- 3.2 The services works in partnership with secondary care to improve care pathway management by reducing demand on secondary care.
- 3.3 The service is currently accessed through e-referral and is available to all NHS Dorset CCG GP registered children, aged 0-18 years old.
- 3.4 The current hours for the service are:
- **General:**
    - Every Monday morning at a GP practice in Hamworthy

- Every Wednesday morning at a health centre in Boscombe
- **Allergy:**
  - Once/twice a month on a Wednesday morning at a GP practice in Hamworthy

3.5 Activity levels for 2015/16 were:

- Paediatric General Service:
  - The total number of 1<sup>st</sup> appointments were 398
  - The total number of follow up appointments were 408
- Paediatric Allergy Service:
  - The total number of 1<sup>st</sup> appointments were 117
  - The total number of follow up appointments were 84

3.6 The service is funded through a locally agreed 1<sup>st</sup> and Follow up tariff basis.

3.7 Breakdown of conditions referred in 2015/16:

Reason for referral	New referrals	Follow Ups
Allergy - food allergy, atopic asthma, atopic eczema, allergic rhino-conjunctivitis	143	123
Chronic abdominal symptoms	121	169
General - failure to thrive	40	24
Neurology – headache	15	27
Other (please specify) include muscular skeletal issues (growing pains) and dermoids (lumps and bumps)	79	20
Renal – bladder (include enuresis and irritable bladder)	69	82
Respiratory - asthma (moderate chronic level 2 and 3)	49	48
<b>Total referrals</b>	<b>516</b>	<b>493</b>

**Need for change**

3.8 Parents' preference for initial advice is their GP and children make up around a quarter of a typical GP's workload. Facing the Future: Together for Child Health (RCPCH, 2015) clearly outlines the need to deliver better connected care in the community with more primary care healthcare professionals trained in child health and supported by more paediatricians operating outside the hospital setting. They set out standards that providers of paediatrics in Dorset (Poole Hospital Trust and Dorset County Hospital) should be delivering.

3.9 A recent service review highlighted the following areas:

- good patient and carer feedback suggesting the service is highly recommended

- for those living in the East of the county, particularly Adam Practice patients, the service provides care closer to home
- there has been an overall decrease in acute paediatric outpatient activity in Poole Hospital but this is not able to be directly linked as an outcome of this service delivery
- the location of the services are not necessarily based on population need and it does not serve the NHS Dorset CCG area. Whilst referrals can be accepted across the county the majority of activity is from the East of the county.
- the service does not operate late afternoon, evening or weekend appointments and the activity and waiting times suggests a preference for school holidays, indicating a demand for appointments outside school hours
- children and young people have not been involved in the service design
- there is a high proportion of under 5 year olds accessing the service, highlighting opportunities for closer working or integration with health visiting
- there are opportunities for sharing the expertise and skills in the service with the secondary and primary care workforce through education and training
- there are opportunities with technology and other ways of working to provide support to children, young people and their families to access information and advice and support themselves and to deliver the service in a different way
- future service developments need to have stronger financial management
- there are gaps in data and intelligence

### **The CCG's vision**

#### **The ambition for Paediatric and Child Health services:**

- 3.10 The ambition of future paediatric and child health services for the whole of Dorset is to ensure safe, high quality and sustainable care for all children and access to the right care at the right time across the county that embraces the development and use of new models of care and technologies, while cost effective.
- 3.11 By improving integrated care outside of acute hospitals i.e. across GP practices, the community and educational settings, the expectation is that in the future, parents and young people would be able to access care more readily in the evenings and weekends (outside school hours) closer to home. There would also be access to services more locally, in the community that might currently require a visit to an acute hospital setting.

3.12 Single organisations cannot deliver the vision alone, there needs to be a transformational approach across the whole system. Organisations need to work together, with commissioners and providers working together to deliver the vision.

3.13 The principles of the NHS Dorset Strategic Vision for Paediatric and Child Health services are:

- Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
- Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce<sup>2</sup>.
- Good mental and physical health and early interventions, including those for children and young people with long term conditions (LTC), will be of equal importance to caring for those who become acutely unwell.
- Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care into adult life, based on their recovery goals and assessed need.
- Every child should have timely access to high-quality urgent care services that are safe, effective and caring, that promote good health and wellbeing and that reduce the impact of illness on the child and their parents and carers.
- No child should be in hospital when care can be provided to an equivalent or better standard outside hospital in their locality and closer to their home if appropriate (right care, right time and right place).
- There will be clear leadership, accountability and assurance, and organisations will work in partnership for the benefit of children and young people.

3.14 The outcomes that will be delivered, which are the same as the Children and Young People's Health Outcomes Board<sup>3</sup> and the NHS outcomes framework<sup>4</sup> with some local additions are:

- Reduce child deaths through evidence based public health measures and by providing the right care at the right time.
- Prevent ill health for children and young people and improve their opportunities for better long –term health by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise health behaviour, inclusive of offering active immunisation programme
- Improve the mental health of our children and young people by promoting resilience and mental wellbeing and providing early and effective evidence based treatment for those who need it

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<sup>2</sup> The workforce, training and education requirements are outlined in the supporting documents

<sup>3</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207391/better\\_health\\_outcomes\\_children\\_young\\_people\\_pledge.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf)

<sup>4</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/513157/NHSOF\\_at\\_a\\_glance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf)

- Support and protect the most vulnerable by focusing on the social determinants of health and providing better support to the groups that have the worst health outcomes
- Enhance the quality of life for children and young people with long term conditions by use of their recovery goals
- Provide better care for children and young people with long term conditions and disability
- Increase life expectancy of those living with life limiting conditions
- Help children and young people to recover from episodes of ill health or following injury
- Ensure children and young people have a positive experience of care
- Treating and caring for children and young people in a safe environment and protecting them from avoidable harm

### **The ambition for paediatrics in primary care service**

3.15 The aim of the paediatrics in primary care service is to reduce barriers between primary and secondary care and empower primary care to deliver care locally wherever possible.

3.16 The specific outcomes are:

- Reduce the need for children and their families to visit hospital for specialist paediatric care
- Improve children and their families experience of the NHS
- Children and young people can access services that do not impact on education
- Improved satisfaction of primary care staff
- Improve satisfaction of secondary care staff
- Improve the skills and confidence of primary care (including GPs, nurses etc) to assess risk and when or how to refer on
- Adopt a 'whole systems' approach
- Build relationships between primary and secondary care to support system wide change

3.17 We would expect to see:

- Reduction in first outpatient appointments in secondary care
- Reduction in follow-up appointments in secondary care
- Improved children and their families experience of the NHS
- Improved satisfaction of primary care staff
- Improved satisfaction of secondary care staff
- Improved skills and confidence of primary care staff to assess and treat children

## **4. MARKET ENGAGEMENT**

4.1 At the end of the market engagement the CCG will have:

- Communicated a clear vision of the direction of travel

- Engaged, listened to and collaborated with potential providers
- Received feedback to support future commissioning plans for the service.

4.2 During the market engagement we will ask (amongst others) the following questions:

- Q1** From a provider perspective, what are the potential pitfalls in moving to this model of service?
- Q2** What service areas could be built into future phases of development of the service?
- Q3** Could providers form partnerships to deliver this service?
- Q4** How should the CCG use pricing models and finance to deliver desired outcomes?

4.3 Providers will be encouraged to feedback to the CCG. The process described in the following section highlights how we will do this.

## 5 OVERVIEW OF OUR PROCESS

5.1 The CCG shall manage the engagement process which is designed to complement its wider stakeholder engagement and internal design process to arrive at a service model and commissioning strategy to secure the future services.

5.2 The process will comprise the following steps:

STEP	DESCRIPTION	COMPLETION DATE
Expression of Interest (EOI)	All providers must submit an expression of interest to the CCGs advert.	<b>2nd March 2017</b>
Engagement meeting	The CCG will engage with all providers, provide further information and seek answers to the questions in para 4.2	<b>6th March 2017</b>
Analysis	Analyse engagement meeting feedback	<b>March 2017</b>
Share	Share the revised specification with providers	<b>March 2017</b>
Develop commissioning plans	Produce report proposing approach to future commissioning arrangements	<b>April 2017</b>

### Expressions of Interest

5.3 Any provider wishing to participate in this engagement must express an interest by completing the attendance form and returning it via the procurement email

[Procurement.bp@dorsetccg.nhs.uk](mailto:Procurement.bp@dorsetccg.nhs.uk)

before **12:00 noon Thursday 2<sup>nd</sup> March 2017**.

## **Market Engagement Meeting**

- 5.4 The engagement meeting shown in the overview table has been set for a **10.00am** start on **Monday 6<sup>th</sup> March 2017 in Meeting Room 16, Trust HQ, Vespasian House, Barrack Road, Dorchester DT1 1TG**. Refreshments will be available from 9.30am. Providers will be expected to participate fully in the discussions on the day.

## **6. GOVERNANCE AND ADMINISTRATION**

### **Non-collusion and Canvassing**

- 6.1 Each potential provider must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS in connection with the selection of the provider in relation to the managed tender process.

### **Freedom of Information Act**

- 6.2 The CCG advises that this process is, or may be subject to the Freedom of Information Act 2000 (FOIA) and the CCG may be required to disclose information about the contract to ensure the compliance of the CCG with the FOIA.

### **Disclaimer**

- 6.3 Each organisation will be responsible for its own costs incurred throughout this engagement process. The CCG will not be responsible for any costs incurred by any prospective provider or any other person through this process.
- 6.4 The information contained in this prospectus is presented in good faith and does not purport to be comprehensive or to have been independently verified.
- 6.6 Neither the CCG, nor any of their advisers accept any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any potential provider, or any of their advisers, orally or in writing or in whatever media.
- 6.7 Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by the CCG or any of their advisers.
- 6.8 Nothing in this Prospectus is, nor shall be relied upon as, a promise or representation as to any decision by the CCG in relation to any future selection process. No person has been authorised by the CCG or its advisers or consultants to give any information or make any representation not contained in this Prospectus and, if given or made, any such information or representation shall not be relied upon as having been so authorised.
- 6.9 Nothing in this Prospectus or any other engagement documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the engagement process, nor shall such documentation / information be used in construing any such contract.

- 6.10 Engaging in this process does not guarantee any providers automatic pre-selection for any future commissioning activity or procurement of the services. In addition the CCG does not commit to invite open competition for any future service model.

#### **Conflicts of Interest**

- 6.11 NHS Dorset requires that all actual or potential conflicts of interest are declared to the CCG. A form will be sent to all providers who express an interest.

#### **NHS Constitution**

- 6.12 The NHS Constitution provides a legal duty on NHS bodies and other healthcare providers to take account of the NHS Constitution in performing their NHS functions. All providers will be expected to ensure that the delivery of patient and staff rights is explicit in their documentation and there is clear evidence of how the NHS Constitution is embedded into the organisation both for patients and staff. It is expected that there is also an outline of how these rights and responsibilities are communicated effectively to all audiences.

### **7. RIGHT TO VARY PROCESS**

- 7.1 The CCG reserves the right to change the basis of, or the process (including the timetable) relating to, the engagement process and not to invite a potential provider to proceed further, not to furnish a potential provider with additional information nor otherwise to hold dialogue with a potential provider in respect of the engagement process.
- 7.2 The CCG shall normally notify the providers of any such changes.