

## APPENDIX F SUPPLIER DAY QUESTIONS AND ANSWERS

### I HELP PROJECT SUPPLIER ENGAGEMENT EVENT – 3<sup>rd</sup> MAY 2017

#### QUESTIONS AND ANSWERS

#### BREAKOUT SESSIONS – MINIMUM REQUIREMENTS QUESTIONS

Question	Answer
What turnaround time would you accept for diagnostic Imaging results?	<p>We are considering the turnaround time for diagnostic imaging results to be appropriate for the patient's needs. Some services have indicated that the results can be available on the same day the imaging was done with consultant input if required.</p> <p>We would also like results to be available on the NHS Picture Archiving System (PACS) or equivalent and available to GPs electronically and via PACSS or equivalent</p>
Do you have any requirements around availability of the service for patients?	<p>We are considering the service to be available and accessible at times and places that are convenient for patients.</p> <p>It might be that parts of the service are conducted electronically if this is what patients require.</p> <p>We anticipate the service to be innovative in how and when it is available.</p>
How will patients be referred into the service?	<p>We anticipate that the service should make use of the NHS e-Referral where appointments can be made and the service would be capable of accepting and managing both referrals and requests for advice from referrers. Responses to requests for advice should be within an agreed reasonable time frame.</p>
Does the service have to be Medically lead?	<p>We are open to your service design ideas as long as they can be shown to meet patient's needs while moving away from the use of medication and joint injections, and be clinically safe.</p>
We believe 2 – 3 months will be needed to agree the design Phase.	<p>We will consider the comments submitted.</p>
We believe that the service will need to provide education for both primary care clinicians and patients.	<p>We will consider the comments submitted.</p>
We were very impressed with the Suffolk pain management service that we went to visit.	<p>Thank you for the information shared and we will consider opportunities to engage with the commissioner for this project to understand lessons learnt and opportunities</p>
We would like to see a forum of Mindfulness practitioners for mutual support and to feed in to national research	<p>We will consider the comments submitted.</p>
How will patients transition into the new service?	<p>It is possible to identify patients that are currently on pain medication and/or joint injections so that a staged referral process into the new service can be agreed.</p> <p>A process for accepting new patients into the service in order to manage capacity and demand should be agreed.</p>

Question	Answer
Could there be a transition control group?	We will consider the comments submitted.
We would like to see a contract with practices regarding referring patients into the new Pain Management service.	We will consider the comments submitted.
How will you prevent sharing ideas with other suppliers during the design process?	<p>The project team are all required to agree a confidentiality agreement to ensure they treat supplier's information appropriately.</p> <p>During the procurement process all innovative ideas will only be shared with the project team and the information shared by suppliers shall be strictly ring fenced to this supplier. There will be no opportunity during the negotiations for suppliers to receive information about their competitor's innovative ideas.</p> <p>On the assumption that there are more than one successful suppliers following the design procurement, those contracts are subject to the confidentiality clauses and the only circumstances where information would be shared is in the situation where a FOIA or EIR request is received and it is appropriate to release any specific information relating to the request, or where the Parties agree a public statement about the project.</p>
Can the final phase be agreed after the pilot?	<p>From the feedback received in the sessions there were two opinions put forward</p> <p>1 The three-phase procurement with (1) Design (2) Pilot (3) Delivery with stages 2 and 3 having one supplier and alternatively a two-phase procurement with (1) Design (2) Pilot and delivery with a milestone for successful pilot and the option for a contract break clause if the pilot failed.</p> <p>We will consider these options.</p>
The innovation partnership procurement process could damage the provider and the commissioner.	We believe that if the process is articulated clearly to potential suppliers and appropriately followed there is minimal risk of reputational damage providing the successful suppliers deliver on their contractual outcomes.
How can the hidden demand of unmet need be managed by the new service?	<p>It is possible to identify patients that are currently on pain medication and/or joint injections so that a staged referral process into the new service can be agreed.</p> <p>A process for accepting new patients into the service in order to manage capacity and demand should be agreed.</p>
We would envisage working closely with A&E and IAPT services.	Suppliers will be free to submit their approaches to meet the required project outcomes
Will you consider use of the Opioid Risk Tool in medication reviews.	Suppliers will be free to submit their approaches to meet the required project outcomes
There may be some instances where joint injections are appropriate, for example if they keep a 75-year-old patient mobile. These may be Medial Branch block or radio frequency guided injections	We will consider the comments submitted.

Question	Answer
Also, where patients insist on a joint injection providing it will give the opportunity to review the effectiveness with the patient.	
Can individual funding requests be used?	We will consider if this option is appropriate
Clinics can be held in sports and leisure centres to help patients adapt to this kind of environment helping to prepare them to make use of sports services.	Thank you for this idea, we will consider the feedback provided.

### OPEN SESSION - FINANCE

Question	Answer
It would be challenging and expensive and potentially confusing for service users to have multiple suppliers running a pilot scheme are you open to having three phases to the procurement for (1) Design (2) Pilot (3) Delivery	From the feedback received in the sessions there were two opinions put forward  1 The three-phase procurement with (1) Design (2) Pilot (3) Delivery with stages 2 and 3 having one supplier and alternatively a two-phase procurement with (1) Design (2) Pilot and delivery with a milestone for successful pilot and the option for a contract break clause if the pilot failed.  We will consider these options.
How can you help us have financial certainty that we will win the delivery contract if we are successful with the design / pilot phase?	The procurement process will always remain competitive when there are one or more suppliers engaged, in the event that the CCG reduces the process down to one supplier we would need assurances about future affordability. Whilst it would be our aspiration that we would create a long-term relationship with the single supplier, this commitment cannot be guaranteed at this time
How long will the pilot last?	Our initial thinking was up to a year, there are some suggestions from the supplier day we could extend this to up to 2 years or reduce it to 6 months.
Will you take costs from the current providers to fund the iHELP project?	This is possible, as the iHELP project reaches pilot stage and demonstrates financial savings to the CCG these savings could contribute to the affordability of iHELP.

### BREAKOUT SESSIONS – FINANCE

Question	Answer
We would like to see the following information to assist us to bid.  At all stages, it would be helpful to understand what the target budget is.  It would be helpful to understand the savings target the CCG needs to achieve.  In the design phase a clear understanding of the funding model.	Thank you for your feedback, we appreciate the comments and will consider how we can incorporate them into the financial cost envelope.



Question	Answer
<p>How the pilot phase will be funded? Can this be laid down in advance during the design phase.</p> <p>What cost options (block, payment by results, price per patient, local tariff) will be considered?</p> <p>Staff funding budget for the pilot phase especially if there is no certainty of going forward with the delivery phase.</p> <p>In the delivery phase how will you manage changes in demand and reduce the risk of this cost being borne by suppliers?</p> <p>Feedback required on the level of support the supplier will receive from the CCG to support meeting the contractual outcomes of each stage of the project.</p>	
<p>We see the following risks and opportunities with the project.</p> <p>An opportunity to significantly reduce volume of activity into secondary care. However, we can't have control of secondary care spend – secondary care may decide to use released activity for other purposes.</p> <p>An opportunity to build a bridge between health and social care</p>	<p>Thank you for your feedback, we appreciate the comments and will consider how we can incorporate them into our risk profile.</p>
<p>We do not see significant commercial risks with the innovation partnership approach.</p> <p>We have some experience of delivering elements of the service required.</p> <p>The previous procurement risk / gain share was unacceptable due to the lack of control of secondary care spend</p> <p>The focus on Virtual reality options were unpalatable as there may be insufficient evidence to drive this option forward</p>	<p>Thank you for your feedback, we appreciate the comments and will consider how we can incorporate them into our risk profile.</p>

## BREAKOUT SESSIONS – ASSETS

Question	Answer
Does the service have to use Voluntary, Community and Faith Sector (VCFS) services as part of their offering?	Suppliers are free to identify other innovative ways of creating the holistic service to meet the patient's needs, however it should be cost effective and sustainable.  The Council for Voluntary Service (CVS) have been invited to engagement events to showcase the services that they can potentially co-ordinate and the maturity and effectiveness of the services that are already in the local community across West Lancashire.

## BREAKOUT SESSIONS – PROCUREMENT QUESTIONS

Question	Answer
Why not use an AQP?	The innovation partnership solution provides Suppliers freedom to put forward their most innovative solution to meet the minimum requirements, in addition they are free to use the opportunity to negotiate with potential suppliers to support them creating the optimum solution and minimise the set-up costs.
How will you assist suppliers to reduce the risk to the project?	The approach with the phased procurement is specifically designed to reduce risk to the supplier and CCG. By allowing each successful supplier to put forward and be paid for the solution model they propose reduces the risk of upfront costs being borne solely by the supplier.
Can you ensure the ITT documents have details of the number of patients, volumes of activities and cost per patient for activities?	Where possible the ITT will provide this information
Are you willing to consider a longer-term delivery phase for the contract, such as 3 years?	Yes, we envisage that once the pilot would be complete if the supplier's solution was commercially affordable and aligned with our requirements we would seek to create a longer-term delivery contract, of which 3 years would be a modest duration, it could be significantly longer with appropriate contract break clauses in place, however this cannot be guaranteed.
We believe it would be beneficial for the PQQ phase to start 4 to 6 weeks after the supplier day, as it would allow us time to consider the partners we want to work with and to develop those relationships.	We will consider the comments submitted.
We believe the timescale to Contract award is challenging and award by January 2018 may allow sufficient time to fully explore the options put forward by suppliers	We will consider the comments submitted.



Question	Answer
<p>Why consider the Innovation Partnership route?</p>	<p>The Innovation Partnership procurement route allows us significant flexibility to bring out the most innovative ideas from suppliers to resolve our challenges, coupled with the option to negotiate around the proposed solutions. We believe this will lead to the best possible outcome for the design phase.</p> <p>Having the freedom to reduce suppliers through further phases ensures suppliers remain focussed and committed to our goals.</p>
<p>How will you handle the situation where different suppliers have different creative solutions and a hybrid of those solutions will bring the best outcome?</p>	<p>Each Suppliers solution will be treated in the strictest confidence and not shared with other Suppliers. The Supplier(s) with the best overall solution from a price/quality perspective will succeed and if we lose innovative opportunities from unsuccessful Supplier that is simply a by-product of the tendering process.</p>
<p>Do the CCG wish to own the Intellectual Property Rights (IPR) of the solution offered?</p>	<p>No, the CCG are open to suppliers retaining the IPR if it has a positive impact on the affordability of the design work, providing they have a licence to use and modify the solution put forward including access to the work product in creating the solution and any developed software code being lodged in escrow.</p>