

Locally Commissioned Services (LCS') Market Engagement Event

Thursday 29th November 2018

Questions and Answers

No.	Questions	Answers
1	Who made the decision on what services are GMS or not?	<p>The service bundles have been developed from existing LCS currently provided by primary care and a list provided by the LMC.</p> <p>The LMC have been involved with the service redesign process and is aware as to the proposed in scope services as detailed within the presentation.</p> <p>In and out of scope services being considered have been reviewed with CCG clinicians, commissioners and the LMC. The first of several sessions occurred earlier this week.</p> <p>This is not a final decision of scope and we are looking to the market to feedback with regards to this.</p>
2	You have said that you can't discuss the financial arrangement and that at the moment it is in development – but what can you tell us?	<p>We are undertaking background work to ascertain costings.</p> <p>We need to review existing provider contracts to understand existing service provision, e.g. some non-acute phlebotomy services sit within other contracts and may be more appropriate for inclusion in this.</p>
3	We [GP Practice] receive a significant amount of money from the current LES scheme and we need the details as soon as possible regarding the proposed changes and direct awards; this is a critical matter. When will you be releasing information about the finances?	<p>Current finances shouldn't change until after October 2019.</p> <p>We are looking at the entire finance package now; and until we have agreed which services are in, we are not in a position to calculate a proposed financial model. We hope to have an indicative envelope at the end of January 2019.</p>

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4	It is considered that this [the above] is a vague overview, and more details are required as soon as possible. Until the practice know what services are included or not included and if they currently deliver these, they are unsure as to whether they would need other partners to deliver. The practices could give some of these services up as they may not be economic for them to provide going forward. How has this been considered?	We hope to have developed an indicative envelope by the end of January 2019.
5	Can I ask with all the provider organisations you wish to direct award for the interim period; is it a given they will take on all these bundles as you have described? This will depend upon the financial arrangement.	All five of the organisations have indicated they are interested in holding a CCG level contract,
6	With regards to the treatment room bundle, it appears that items currently in the unfunded work are included in that. These are items we [current provider] get paid for (per item) currently. Are we going to be disadvantaged under a new contract?	This sort of detail is currently being developed through the financial envelope that is being calculated.
7	Is there some element for admin in these contracts? Will this move to providers and is it just clinical modelling of budgets moving into providers? Will any resource from the CCGs be moving in to providers to help manage the co-ordination of this?	Again unfortunately this relates to financial modelling and as previously discussed this will be available in the next few months. No resource from the CCGs is currently identified.
8	We [GP Provider organisation] have identified the required amount to deliver these and multiple providers will be required.	This is the reason we are here today, to seek expert feedback from the wider market.

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9	When we [GP Practice] send questions in about this, should we copy our GP Provider organisation [Federation] in as well? Will you share who has asked what questions?	It is the decision of each individual provider who to copy in to queries, however when responses are shared to all, these will not contain information of who has asked what; this will just remain in our audit trail.
10	We have just taken part in a virtual market engagement event, it was extremely difficult and lacked interaction, and we struggled to see the use of it.	Thank you for that feedback, and we will consider this. For clarity, a virtual market engagement process may not just be a Web-Ex, but also the publishing of notices and structured feedback forms on Contracts Finder seeking further feedback. If there is any other feedback as to what you feel you would like us to support at future market engagement events, such as market stalls for networking, then please let us know this also.
11	Patients have only been mentioned once, very early on in this process and have not been mentioned since, are they being considered as part of this process?	<p>This is a Market Engagement Event, to specifically engage with the market. There is a separate stakeholder engagement process ongoing, of which patient engagement is included.</p> <p>CCGs have a duty to engage with service users and we are already working with HealthWatch.</p>
12	When will notice be services on the current contracts?	Existing provider contracts will expire naturally on 31 March 2019. March 2019 to October 2021 there will be an interim contract in place with the 5 Norfolk & Waveney Prime Providers as outlined in the presentation.
13	Mobilisation prior to September 2021, tenders don't release funding for mobilisation phases is this you're understanding?	Thank you for the feedback; please record all thoughts such as these and make sure they get to us, either on the feedback form or by email.

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	<p>Most tendered contracts don't release any of the funding until the first month of the service go-live; this is difficult for smaller providers who require resource to mobilise. Please can you consider this when designing the finances and mobilisation period?</p>	
14	<p>March 2019 existing contracts will end, will you be working with the 5 providers to September/October?</p>	<p>The proposed timeframe is;</p> <p>March 2019 to September 2019, to continue existing service provision with existing provider.</p> <p>October 2019 to September 2021, award a 2 year contract to the Norfolk & Waveney GP Prime Providers as identified within the presentation.</p> <p>October 2019 to September 2020 to review and refine the service specification.</p> <p>October 2020 to September 2021 procurement process and contact award.</p> <p>New service to commence 1st October 2021.</p> <p>N&W CCGs are seeking all interested parties feedback to ensure we develop the most appropriate service specification that is right for the patient.</p>
15	<p>It is critical to get the pricing right first from October 2019 and in the contract and what the contract prices will be.</p>	<p>This is noted.</p>
16	<p>Do we have an idea of what is in the bundles?</p> <p>What are the intentions for the services not in the bundles?</p>	<p>Services for potential inclusion have been outlined within the presentation.</p> <p>It is the intention to continue with the services outside of the proposed</p>

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		<p>bundles.</p> <p>List based services will continue as is as these have to be delivered at practice level.</p>
17	Some bundles are missing, e.g. Shared Care agreements, will these be outside of the bundles?	Yes, this is a list based service and will remain as so.
18	We are Community Pharmacists and can provide some of these services, what can we do?	<p>It is a Provider's responsibility to seek out contacts and partners with the view to be able to meet the entire specification, if you cannot provide the entire proposed specification independently.</p> <p>Please do feedback to us, to let us know what sort of engagement events and activities could help this though.</p> <p>Also, please note that this service specification is draft and open to engagement; we need to hear the possibilities and limitations from the market expertise on the current ideas.</p>