**Primary Care Extended Access Service (16.321)**

**NHS Crawley CCG**

**NHS Horsham & Mid Sussex CCG**

**(The Commissioners)**

**Market Engagement - Request for Information (RFI)**

The Commissioners seek views for this requirement and ask a number of set questions below. We expect that some respondents may find some questions more relevant to them and easier to respond to than others at this stage of the process. However, please try to respond to as many questions as possible as all views are valuable.

This is a process designed to help the Commissioners form a view of the best way to commission the service and is not the beginning of a tender exercise. A further tender advertisement will be issued at the appropriate time if required. Feedback at this point will not have a bearing on any tender submissions that respondents may wish to offer at a later date in response to formal calls for tenders. No party will be disadvantaged which chooses not to respond to this RFI but it will be helpful to understand all views at this early stage, so all are encouraged to respond as fully as possible.

Please complete this document and return your responses via this email address: **hsccg.extended-access@nhs.net**

Please provide your responses to the Commissioners by **16TH FEBRUARY 2018**

The Commissioners appreciate the time and efforts of all respondents to this RFI.

**Please provide your organisation’s details:**

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| **Organisation Name** |  |
| **Name of Respondent** |  |
| **Respondent Email** |  |
| **Respondent telephone contact** |  |

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| **Organisation Type – place “X” in one box** | NHS Trust / Foundation Trust |  | NHS Trust / Foundation Trust |  |
| Limited Liability Partnership |  | PRIVATE Limited Company |  |
| Social Enterprise |  | PUBLIC Limited Company |  |
| Other – please state: |  | | |

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| **Is the organisation a small/medium enterprise?** (SME defined as employing fewer than 250 people and where annual turnover does not exceed circa £42m) **Please state “Yes” or “No”** |  |

**NB: This is not a call for an Expression of Interest for any Tender at this time.**

**Extended Access within Primary Care – Strategic Vision:**

The Extended Access service is designed to improve access to, and patient experience of, primary care for the registered populations of GP practices within Crawley, East Grinstead, Horsham, Haywards Heath and Burgess Hill.

The Extended Access service will be provided to individuals who are, or believe themselves to be, ill with a condition that can be managed within the scope of primary care. It is required to be sustainable and provide value for money; based on a service model that is clinically and commercially robust; can attract and retain suitably qualified competent practitioners; and is integrated with other primary care services as appropriate. The Extended Access service will be responsive to patient needs, able and willing to respond to a challenging and changing environment, and capable of further development throughout the duration of the contract for the benefit of patients: this will include being able to respond to predicted growths in population and associated activity.

**Principles:**

* Service delivered in an integrated way with local urgent care systems.
* Extended access will be delivered on a hub basis, the hubs to be based on our localities of Crawley, Horsham, East Grinstead, Haywards Heath and Burgess Hill (aspiring to colocation with existing and emerging local Urgent Treatment Centres)
* The provider(s) are to have sufficient access to the patient’s medical record
* Appointment booking will be via the patients’ registered practice (aspiring to NHS111 booking capability)
* 100% population coverage from October 2018.

**Coverage we want to commission:**

* Weekday provision of access to pre-bookable and same-day general practice appointments on weekday between 16.00-20.00hrs.
* Saturday, Sunday and bank holiday/public holiday provision of access to pre-bookable and same-day appointments between 08.00-20.00hrs.
* A minimum additional 30 minutes consultation capacity per 1,000 head of population from October 2018, aspiring to 45 minutes by/from April 2019.

**Draft Extended Access Specification**

The Commissioners have created a draftspecification which is available with this market engagement documentation. When considering the feedback requested later in this document, please refer to the draft specification attached.

**Activity and data pack:**

A data pack describing activity across the local emergency and urgent care system within primary care appropriate HRG codes is attached for information (including a raw data work book)*.*

**Draft Equality Assessment:**

Extended Access in primary care draft equality assessment is attached for information.

**Contract:**

The Extended Access Service will be delivered via an APMS Contract. The contract length will be for 3 years with an option of the Commissioner to extend for up to a further 2 years.

**Requested Information**

Please respond to each of the questions below in the unshaded response section as indicated

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| **1** | **Service Contract Approach**  Please indicate which delivery model you would propose adopting for best delivery of the services:   1. Single provider and contract holder for the full service model; 2. Strategic lead/contract holder with subcontracting arrangements – include examples of the elements that would require sub-contracting; 3. Other collaborative arrangement (please provide details); 4. Other not listed above (please provide details). |
| **RESPONSE** |
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| **2** | **Service Contract Model**  This service will be delivered via an APMS contract. Please indicate your views on (i) an appropriate contract duration, (ii) payment structure, (iii) incentive arrangements and (iv) associated risk sharing: |
| **RESPONSE** |
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| **3a** | **Service Model:**  What do you consider to be the key attributes of this service, appropriate for the delivery of the CCGs key aims and objectives for this requirement? How should service delivery be phased in – if at all?  Please explain why you consider the attributes and service delivery phasing detailed in your responses to be important. |
| **ATTRIBUTES & SERVICE DELIVERY PHASING** |
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| **WHY IMPORTANT?** |
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| **3b** | **Service Model:**  What do you envisage to be the most significant local challenges in delivering the requirement as set out in the draft specification (including preparing for the additional out of hours activity which will carry the appropriate funds disaggregated from the current Out of Hours contract) – are there any gaps in provision? How should these be addressed?  Does the draft specification allow you to be innovative to the extent that you feel you could be in providing this service? If not, please give an indication of the areas in which further innovation might be feasible. |
| **CHALLENGES & HOW TO BE ADDRESSED** |
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| **INNOVATION** |
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| **4** | **Proposed location of hubs**  Our expectation is for the extended access service to work in an integrated way with the local urgent care system, delivering activity in partnership where appropriate. Please indicate your views on where the extended access hubs may be located to bring about the commissioning and delivery objectives and whether you see there being any differences as to service demands on weekdays as opposed to weekends.  Please include in your response which areas your organization will be interested in providing the services. |
| **RESPONSE** |
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| **5** | **Digital solutions and information governance:**  Please explain what digital solutions you would seek to put in place or plan to develop in order to deliver your service model and enhance patient care and experience?  Access to medical records / managing data sharing presents many challenges in light of information governance requirements. How would you overcome these? Please provide sufficient meaningful information to allow Commissioners a clear understanding of your responses. |
| **DIGITAL SOLUTIONS** |
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| **ACCESS TO RECORDS** |
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| **6** | **Workforce**  Please indicate your approach to workforce resource and skill mix. |
| **RESPONSE** |
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| **7** | **Ease of access and patient engagement (draft Equality Assessment is attached for your reference)**  Please indicate how you would ensure equity and ease of access to the service for patients and gain their engagement in service delivery. |
| **EQUITY & EASE OF ACCESS** |
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| **PATIENT ENGAGEMENT** |
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| **8** | **Data sets & Activity reporting:**  Please review the draft Key Performance Indicators and Data Sets in the draft specification.  Please indicate any other data sets and/or activity monitoring processes that you feel would be of benefit in the delivery of the service. |
| **RESPONSE** |
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| **9** | **Risk to the Services Provider**  Please indicate the areas you consider to be of potential risk for a provider and how you would manage risk.  Is there any information that the provider could provide or steps it could take to reduce this risk – please detail? | |
| **SERVICES PROVIDER RISKS** | **MITIGATION / COMMISSIONER INFORMATION** |
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| **10** | **Risk to the Commissioner**  Please indicate the areas you consider to be of potential risk for Commissioners. Is there any information that the Commissioners can provide or material steps they could take to reduce this risk – please detail? | |
| **COMMISSIONER RISKS** | **MITIGATION** |
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| **11** | **Mobilization** |
| **a) Do you consider 3 months to be a reasonable length of time to mobilise the service (If not, please state reasons for this including an alternative mobilization period)?** |
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| **b) Summarise the key risks to the mobilisation of the service and the main challenges that a provider would face.** |
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| **c) Please describe the areas where you would require support from the Commissioners in mobilising the service (quantify where possible)?** |
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| **12** | **Draft Specification**  Please provide any general comments you have on the scope and clarity of the requirement, including any areas that may be ambiguous, unclear or counter to normal practice. |
| **RESPONSE** |
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| **13** | **Other Supplier Feedback**  Use the space below to inform Commissioners of any other points you feel would inform this process – please limit your response to 1000 words maximum. |
| **RESPONSE** |
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**There is an optional information exchange facility for “main / sub contractors / other” on the following page. If you wish to submit your details, please also complete the form below.**

**Thank you for completing this Request for Information form. Please return it to us using the information provided on page 1.**

**OPTIONAL INFORMATION EXCHANGE Facility FOR POTENTIAL Main/Sub Contractors**

Commissioners may consider using competitive tendering as a potential route to commission the service and wish to offer providers the facility to:

1. submit their contact details for inclusion in a list headed “Wish to be a Sub Contractor and contacted by potential Main Contractors”; and/or
2. submit their contact details for inclusion in a list headed “Wish to be a Main Contractor and contacted by potential Sub Contractors”; or
3. other.

Suppliers wishing to appear on one or all lists should complete the table below. The lists will be circulated to all providers responding to this Request for Information document. It is important to note that providers will not be committed by the information provided in the table below and will be free to reposition themselves in any future involvement in the requirement.

**Contact details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provider Name:** |  | | | | | |
| **Point of Contact (Name):** |  | | | | | |
| **Point of Contact Email:** |  | | | | | |
| **The list on which provider’s details are to appear** (place “X” in box as appropriate) | To be a Main Contractor: | | **Yes** |  | **No** |  |
| To be a Sub- Contractor: | | **Yes** |  | **No** |  |
| Other | Please describe… | **Yes** |  | **No** |  |

**Important notice about using the above information.**

The commissioning CCGs give no endorsement of or take any responsibility for the suitability of providers appearing on any of the above lists It is the responsibility of providers to undertake their own investigations and draw their own conclusions about the suitability of other providers when entering into any form of relationship. This facility is only intended to allow the exchange of contact information between providers.

Providers must use their own judgment about whether they wish to contact potential main/sub contractors appearing on the lists.

Providers are under no obligation to use this opportunity and will not be disadvantaged if they choose not to do so. If in the future Commissioners choose to compete this requirement, providers who do not use this opportunity may still choose to offer tender submission(s) containing a main, subcontractor or other relationship at either Pre-Qualifying stage (where used) or Invitation to Tender stage.