

Log No: XX

AWARD OF CONTRACT WITHOUT COMPETITION

1. PROPOSER	
Lead Manager	Hazel Thorp
Lead Director	Jane Pike
Date	22 January 2014

2. SERVICE
<p>The Urgent Care Service provided by South Western Ambulance Services NHS Foundation Trust (SWASFT) across NHS Dorset Clinical Commissioning Group (CCG) localities comprises of an Out of Hours - Unscheduled Care Service, providing an urgent service operating outside of normal GP operating hours. This service provides a timely response to assess patients' needs, aiming to reduce the need for urgent and emergency care and inappropriate admissions.</p> <p>The service hosts and works collaboratively with the NHS 111 service and provides clinical assessment including face to face contact and/or patients home visits offering:</p> <ul style="list-style-type: none"> • Self-care advice, reassurance and information over the telephone • Condition reprioritisation and referral to 999 • Referral to a treatment centre • A home visit • Referral to a community service, possibly through Single Point of Access for next working day • Onward referral to other services • Management of walk in patients from Emergency Departments in line with agreed protocols. • Communication and effective integration with general practices, pharmacies, out of hours dental service, palliative care and community nursing. • Meeting service demand fluctuations

3. BACKGROUND AND STRATEGIC CONTEXT
<p>South Western Ambulance Services NHS Foundation Trust (SWASFT) have been providing the 'Out of Hours – Unscheduled Care Service' since 2006 and it had been previously agreed that this urgent care service is due for a re-tendering process during 2014.</p> <p>As well as the urgent care service SWASFT currently are commissioned to provide the NHS 111 service implemented in 2013, Single Point of Access (SPoA) and also 999 (through a collaborative commissioning arrangement with five other CCGs). SWASFT also provide a Nurse Practitioner Service within the Emergency Department at Poole Hospital Foundation Trust which it has recently been agreed, due to successful outcomes, to move from pilot status and be integrated into the urgent care contract. There are also current plans to expand similar schemes by within the other two acute hospitals.</p>

All of these services interface extensively with the Out of Hours - Unscheduled Care Service and require robust integrated systems and strong working practices and relationships to meet the increasing demands and service quality requirements.

Having all these services provided through The Hub based at St Leonards Hospital ensures a well-integrated service. SWASFT have proved to be very proactive and responsive with service improvement and ensuring integration with all elements of their different services and workforce. This has included having robust IT systems, having good knowledge of local services, excellent clinical relationships across health and social care and sound clinical understanding of patients, particularly those whom are vulnerable, elderly or presenting with frequent contacts.

The service has not received any financial uplift until this year despite an activity increase of 25% which was absorbed within the financial figure. SWASFT has been working hard to improve both their quality standards and targets.

Dorset CCG have prioritised a local review of urgent care during 2013/14 for pan Dorset which will involve all stakeholders and aims to develop a model which will meet future needs and improve integration across all health and social care services. Within this review it may be concluded that some elements of SWASFT contract are joined to form one service.

A national review of Urgent Care is anticipated during 2015 and it would be beneficial for Dorset CCG to await these findings.

Recently several local CCGs have had to revisit their procurement process due to a judicial review taking place which Dorset CCG are following closely.

NHS Somerset CCG are currently re-procuring their Out of Hours and NHS 111 services which are currently run by SWASFT and therefore it would be prudent to await the outcome of these as Dorset's Out of Hours service has always run alongside NHS Somerset's.

There is also a clinical review due to start shortly in Dorset which could highlight service gaps or improvements; it is unlikely that this review will be completed before 2016.

In light of both the local and national reviews and the potential for destabilising and fragmenting the current services it is recommended that the re-tendering is postponed until March 2017.

4. PROPOSED CONTRACT

Proposed Provider(s)	South Western Ambulance Services NHS Foundation Trust
Proposed length of contract	Until the end of March 2018
Proposed start date	To continue current contract

5. FINANCIAL IMPACT

Urgent Care Service financial position 2013/14 £7,490,320. For 2013/14 there was an uplift agreed of 3.50%. We are currently negotiating the 2014/15 contract value.

This service is not within a tariff agreement.

It would be prudent during the extension to complete a financial benchmarking evaluation and ensure value for money.

6. REASONS FOR NOT SEEKING COMPETITON

At the current time SWASFT are still embedding the NHS 111 service which is being integrated with the urgent care service (particularly in terms of systems and processes) and there is a serious risk of service destabilisation and impact on service quality and patient outcomes if the CCG were to go to open competition at this point.

In terms of NHS 111 this sits within an immature market whereas urgent care is a more mature market generally. Inviting market competition at this point with a mixed market position and the currently very negative high media attention nationally with both 111 and urgent care potentially would be a negative barrier to attracting new market entrants at least in the short term.

'Putting Patients First – the NHS England Business Plan for 2013/14-2015/16', section 3.15 covers the Choice and Competition Framework and states that:

'Competition is not an end in itself and will only be used as a means of improving outcomes. It needs to be applied appropriately by commissioners as part of a wider approach to improvement, and should never impact negatively on the ability to join up services around people's needs.'

Therefore recommending the delay to re-tendering of current services until 2017 would enable careful consideration of both national review recommendations and the local findings to ensure robust service models are developed to meet local need. Furthermore delay gives time for the market to stabilise and potentially strengthen and widen and prevent service destabilisation.

It is worth noting that it may be determined in the future that an alignment of NHS 111, SPOA and urgent care contracts could improve patient access and outcomes through integrated services and could reduce inequalities.

7. DUE DILLIGENCE OF PROPOSED PROVIDER (ARE THEY SAFE AND FINANCIALLY STABLE)

SWASFT are currently financially stable and a mature, well established provider across Dorset and the South West area. Despite no financial uplift until this year they have absorbed an activity increase of 25%.

They provide robust information to Dorset CCG on both activity and performance monitoring through monthly contract meetings and are actively working hard to improve all performance measures.

8. RISKS IDENTIFIED AND MITIGATION PLANS

The key risk of re-tendering of this service at this point would be a serious destabilisation of services particularly due to a lack of integration of systems and potentially having a negative impact on patient outcomes.

Our local knowledge and working with providers within the CCP we feel there is currently a low risk from other disgruntled providers capable of providing this service in particular due to the very negative media focus and high service demands and pressures on NHS 111 and also urgent care services generally. Evidence across the country reinforces this with some providers in special measures and contracts running into serious difficulties elsewhere.

Delaying the re-tendering process will allow the market to develop, expand and allow the new services to stabilise. By 2018 with greater knowledge of patient needs and service demands there may potentially be a desire from primary care to provide this service.

It is worth noting, although highly unlikely, that there is a risk associated with one sole provider and the impact on services should they run into organisational difficulty. SWASFT merged with Great Western Ambulance Trust in 2013 which is still bringing some organisational change.

9. STAKEHOLDER ENGAGEMENT AND INVOLVEMENT

There have been initial discussions with the General Medical and Surgical Clinical Commissioning Programme Board which includes GPs, multiple organisations and clinicians.

It will be crucial to encourage dialogue with primary care during this interim period and with all localities across Dorset.

Health and Wellbeing Boards will need to be informed and encouraged to discuss across their communities and including involvement with Healthwatch to engage patients and carers.

10. PROVIDER INPUT AND MARKET RESEARCH

Due to the reasons stated in section 3 of this document we have not carried out any market research or requested any provider input at this time.

11. INDEPENDENT SCRUTINY

Due to the reasons stated in section 3 of this document we have not arranged for any independent scrutiny at this time.

12. CONFLICTS OF INTEREST

There are no conflicts of interest for this service.

APPROVAL	NAME & SIGNATURE	DATE
Approved/Rejected <£250k Chief Finance Officer <£500k Authorised Officer >£500k CCG Governing Body		
Comments		
Further Action		