**primary care medical services**

**Special Allocation Scheme Service**

**in**

**Bath and North East Somerset, Swindon and Wiltshire**

**Somerset**

**Devon**

**PROSPECTUS**

**Market Engagement**

**October 2022**

**PRIMARY CARE MEDICAL SERVICES**

**SPECIAL ALLOCATION SCHEME SERVICE**

**PROSPECTUS FOR MARKET ENGAGEMENT**

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# INTRODUCTION

* 1. Commissioners would like to explore options for the recommissioning of Primary Care Medical services to patients who meet the criteria for the Special Allocation Scheme (SAS) in Bath and North East Somerset (BaNES), Swindon and Wiltshire, Somerset and Devon
  2. The Commissioners are:
* NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board
* NHS Somerset Integrated Care Board
* NHS Devon Integrated Care Board
  1. The current SAS contracts in the above areas are due to expire:

|  |  |
| --- | --- |
| **Area** | **Contract Expiry** |
| BaNES, Swindon and Wiltshire | 31st March 2023 |
| Somerset | 30th June 2023 |
| Devon | 30th June 2023 |

* 1. Commissioners are seeking Expressions of Interest from Providers who have the capability and capacity to provide SAS services in these areas.

## Through this service prospectus and the market engagement questionnaire, the Commissioners invite Providers to support in the design of a proposed SAS service model including exploring the potential to offer a single contract across the Commissioners’ combined geographical footprints.

## The purpose of this prospectus is to supply potential Providers with information about service requirements, including the values and outcomes identified for the service. It will describe the process that South, Central and West Commissioning Support Unit (SCW CSU) will run on behalf of the Commissioners to facilitate the discussion regarding how the marketplace can shape and meet the service needs.

## The engagement will help inform future commissioning plans.

# ABOUT the Commissioners

2.1 Integrated Care Boards (ICBs) are the statutory bodies which replaced Clinical Commissioning Groups on 1st July 2022.

ICBs work together with NHS organisations, local authorities and other partners to improve population health and establish shared strategic priorities.

ICBs oversee how money is spent and make sure that health services work well and are of high quality.

2.2 NHS BSW Integrated Care Board

We are part of the BSW Together Integrated Care System (ICS). As an ICB, we oversee healthcare strategies for the BSW system encompassing Bath and North East Somerset, Swindon and Wiltshire.

As an ICS, BSW Together has four key purposes to:

* improve outcomes in population health and healthcare
* tackle inequalities in outcomes, experience and access
* enhance productivity and value for money
* support broader social and economic development

The NHS BSW ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

* improving the health of children and young people
* supporting people to stay well and independent
* acting sooner to help those with preventable conditions
* supporting those with long-term conditions or mental health issues
* caring for those with multiple needs as populations age
* getting the best from collective resources so people get care as quickly as possible.

We serve a combined population of 940,000 with 88 GP Practices and 26 Primary Care Networks (PCN’s) and cover a large and varied geographical area (1,511 miles squared) that includes the densely populated and growing town of Swindon to the North, the historic city of Bath, Salisbury Plains to the South and the rolling Mendip Hills to the West.

2.3 NHS Somerset Integrated Care Board

In Somerset, we have already made significant progress over the last few years to improve care and provide more joined up services, this means that some of the work we need to do to develop as an Integrated Care System (ICS) is already in place.

[Improving Lives’](https://www.somerset.gov.uk/social-care-and-health/somerset-health-and-wellbeing-board/) is the Somerset county strategy, informed by the Joint Strategic Needs Assessment (JSNA) and owned by the Health and Wellbeing Board. It sets out how we will work to deliver improvements for our population with four priorities for improving the lives of our residents:

1. A county infrastructure that drives productivity, supports economic prosperity and sustainable public services

2. Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment

3. Fairer life chances and opportunity for all

4. Improved health and wellbeing and more people living healthy and independent lives for longer

The [Fit for my future strategy](https://somersetics.org.uk/) will form the basis of the Somerset Health and Care strategy, summarising how we plan to improve the health and wellbeing of the people of Somerset. It will set out how the Somerset ICS will deliver the fourth element of Improving Lives strategy and will guide our future system planning and prioritisation.

The move to integrated care gives us the opportunity to really make a difference for our residents and communities. Working together in partnership we can deliver huge benefits to the health and care system and will improve the health and wellbeing of Somerset’s residents.

With fully delegated commissioning responsibility for General Medical Services, the ICS works with the 64 GP practices and 13 Primary Care Networks (PCNs) to serve a population of 580,000.

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2.4 NHS Devon Integrated Care Board

Devon Integrated Care Board serves a population of around 1.2 million people. Devon is the fourth largest county in England with a diverse and growing population.

Map

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## Our vision is simple: equal chances for everyone in Devon to lead long, happy and healthy lives.

#### To deliver our vision, and to rise to these challenges, we are setting out six ambitions for the next five years that will help us transform services and redesign the way we provide care. Everything we do will aim to realise these 6 ambitions:

##### Ambition 1: Effective and efficient care

##### Ambition 2: Integrated Care Model

##### Ambition 3: The Devon deal

##### Ambition 4: Children and young people

##### Ambition 5: Digital Devon

Ambition 6: Equally well in Devon

[NHS Devon constitution - One Devon](https://onedevon.org.uk/download/nhs-devon-ccg-constitution/)

# 3. summary of the SAS service

3.1 The SAS service aims to provide a secure environment where patients who have been violent or aggressive in their own GP practice can receive general medical services.

3.2 Availability of SAS services enables Commissioners to balance the rights of patients to receive services from GPs, with the need to ensure the security of GPs, practice staff and other patients.

3.3 In addition to providing routine GP appointments, the SAS service also includes call handling arrangements to enable patients to make an appointment, and the provision of security escorts to attend the appointment. SAS services are required to work towards repatriating patients back to mainstream GP services wherever possible.

3.4 Further detail about the process and circumstances for designating a patient as appropriate for the SAS scheme can be found within the Primary Medical Care Policy and Guidance Manual:

[B1420-primary-medical-care-policy-and-guidance-manual-may-2022-v4.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2017%2F11%2FB1420-primary-medical-care-policy-and-guidance-manual-may-2022-v4.docx&wdOrigin=BROWSELINK)

More specific content regarding the expectations of the service can be found in the Commissioning a Robust SAS document:

[1-commissioning-robust-sas.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2017%2F11%2F1-commissioning-robust-sas.docx&wdOrigin=BROWSELINK)

3.5 Commissioners will base service specifications on the above documents and tailor these to reflect local needs and outcomes.

3.6 The table below gives an indication of current patient numbers, location of services and approximate contract values for SAS services currently delivered in the relevant geographies:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Geography** | **Location(s) within area** | **No. of patients** | **Approx. annual contract values** | **Additional Information** |
| BaNES, Swindon and Wiltshire | Devizes and Swindon | 35 | £70-80K | The current contract is a combination of block (£58,600) and activity (circa £21,000). Commissioners are keen to explore alternative finance models  The BSW annual contract value excludes the cost of security staff. The SAS provider in BSW is responsible for booking security staff however the security staff provider invoices the ICB for these costs |
| Somerset | Yeovil, Bridgwater and Taunton | 23 | £60K | This value is inclusive of security costs and currently paid on a block contract basis (subject to review). |
| Devon | Locations to be agreed but a minimum site per locality (North, South, East, West) | 80 | £150K | This value is inclusive of security costs and currently paid on a block contract basis (subject to review). |

3.7 Patients registered under the SAS scheme are entitled to the full range of Primary Care Medical Services which are available to the general patient population.

3.8 Whilst each SAS patient will have their own individual profile of needs, the experience of the commissioners is that the needs of this patient cohort often reflect the underlying factors which have brought the patient to the SAS service.

3.9 Where for example a violent incident has been precipitated by severe mental illness or the misuse of drugs and/or alcohol, patients may have health needs commonly experienced by people who have a severe mental illness or who misuse drugs/alcohol.

3.10 This can present challenges with patient engagement. An holistic approach to healthcare management, with wider connection with the health and care system is an important aspect to achieve positive health outcomes.

**4. MARKET ENGAGEMENT**

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

* Communicated a clear vision of the service outcomes and direction of travel
* Engaged with, listened to and collaborated with potential Providers regarding potential service models and contractual arrangements
* Received feedback to support future commissioning plans for the service.

4.2 During the market engagement we will ask questions which relate to (but are not limited to) the following areas:

* Opportunities and/or challenges relating to the service model
* Opportunities and/or challenges relating to the contract model
* Opportunities and/or challenges relating to the potential to offer a single contract across the Commissioners’ combined geographical footprints
* Potential benefits of delivering the SAS service in conjunction with other services
* Factors enabling or preventing Providers from bidding
* Mobilisation timeframes

4.3 Providers will be encouraged to feedback to the Commissioners. The process described in the following section shows how Providers can do this.

**5 OVERVIEW OF OUR PROCESS**

## 5.1 SCW CSU will manage the engagement process which is designed to complement wider stakeholder engagement and internal design processes 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 Commissioners’ advert, including the completion of a questionnaire | Fri 30th Sept 2022 |
| Virtual Engagement Meeting (Microsoft Teams) | The Commissioners will engage with all Providers, provide further information and seek information about the areas outlined in para 4.2 | Thurs 13th Oct 2022 |
| Analysis | Analyse engagement meeting feedback | Fri 21st Oct 2022 |
| One-to-one engagement | An opportunity to further explore the service model and Provider feedback | Fri 28th Oct 2022 |
| Close dialogue | End date for the engagement period. | Fri 28th Oct 2022 |
| Develop commissioning plans | Produce report for the respective Integrated Care Boards proposing approach to future commissioning arrangements | Fri 4th Nov 2022 |

## 

## **Expressions of Interest**

## 5.3 Any Provider wishing to participate in this engagement must express an interest by completing the Market Engagement Questionnaire before:

## **12:00 noon Fri 30th Sept 2022**

## The questionnaire can be accessed via:

## <https://health-family.force.com/s/Welcome>

## 

## 

## **Market Engagement Meeting**

## 5.4 The engagement meeting shown in the overview table has been set for **Thurs 13th October 2.30 p.m. to 4.30 p.m.**The agenda for the meeting will be circulated closer to the date. Providers will be expected to participate fully in the discussions on the day.

## 5.5 Prior to the above meeting the Commissioners would welcome feedback and suggestions as to how to deliver excellent Special Allocation Scheme services. Providers are encouraged to provide this information within the Market Engagement Questionnaire attached.

## **One-to-one Engagement**

## 5.6 Once the Commissioners and the Providers have had an opportunity to reflect on and consider the outputs from the engagement meeting, SCW CSU will facilitate a round of one-to-one meetings with any Provider who wishes to build upon information received and explore further potential service and Provider solutions.

# 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, the NHS in connection with the selection of the Provider in relation to the managed tender process.

## **Freedom of Information Act**

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

Disclaimer

## 6.3 Each organisation will be responsible for its own costs incurred throughout this engagement process. The Commissioners 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 Commissioners, 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 Commissioners 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 Commissioners in relation to any future selection process. No person has been authorised by the Commissioners 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 Commissioners do not commit to invite open competition for any future service model.

## **Conflicts of Interest**

## 6.11 The Commissioners require that all actual or potential conflicts of interest are declared to SCW CSU. 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 Commissioners reserve 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 SCW CSU shall normally notify the Providers of any such changes.