

APPENDIX B

Response to questions from HOSC regarding ACE:

1. Why was ACE the only bidder for services?

13 suppliers registered an interest in bidding for the Clacton Alternative Provider of Medical Services (APMS) services when they were advertised at EU and national level. A market engagement event was held in July 2017 to seek the views of interested providers and to ensure that from the CCG's perspective there was an appetite for the CCG's vision in Clacton. Nine organisations attended the market engagement event.

One bid was submitted by ACE; and the evaluation of the Invitation to Tender (ITT) was undertaken in accordance with the following principles:

- A fair, open and transparent process
- Clearly stipulated evaluation criteria within the procurement documentation
- The weighted ratio of qualitative and quantitative criteria clearly set out within the procurement documentation
- Confidentiality was maintained throughout the Evaluation Process
- No conflicts of Interest were identified

2. Why was ACE given a 10 year contract (it was stated in the meeting that it brought some stability for the provider – were there any other considerations)?

In north east Essex, the recruitment and retention of staff to work in primary care remains a challenge despite having numerous initiatives in place to attract GPs, nurses and other skilled primary care workers to come and work in our locality. The Clacton APMS tender process happened in 2017/18 in response to the previous GPs leaving the practices. Prior to being awarded the contract, the 4 practices, currently managed by ACE, were particularly challenged in recruiting GPs to permanent positions. Under the Standing Financial Instructions (SFIs) for the primary care delegation at the time, a maximum contract term of 5 years was permissible. However to effect true transformation of the service provision for the three registered patient lists; promote stability; and enhance the ability to recruit highly skilled and motivated practitioners to an area where there was and is a high level of health need and deprivation, a longer term contract was desirable.

Therefore a business case was submitted to NHS England to request an extended contract term of 10 years for the following reasons:

1. Economic and social deprivation
 - a. High levels of deprivation with enduring health outcomes – longer contract to embed stability and investment
2. Delivery of an established workforce model
 - a. Attracting, recruiting and retaining GPs; longer term job security and incentive to be involved in a longer term change programme; development of different workforce models focused to matching patient needs i.e. recruitment and training of advance nurse practitioners; clinical pharmacists; and emergency practitioners across the group of practices.

- b. Strategic alignment with capital investment in the estate and GP Forward View (GPFV)
 - c. Sufficient time to embed new ways of working and aligning with GPFV and CCG's transformation strategy. Proposed contract term aligned with expiry date of the Caradoc APMS contract which would provide some flexibility in future to meet a GPFV aim to commission primary care at scale. As the biggest patient list in Clacton, the provider would have a leadership role in at-scale work and be able to build a model of care to attract GPs and other health care professionals.
3. Return on investment required by the preferred bidder
- a. Market engagement indicated that a contract less than ten years would not be of interest and a 5 year contract would not be economically attractive. Maximum value for money could be achieved over a longer duration with exit costs occurring once in ten years, with the capitated weighted payment tapering over that term to a local average. Savings made over a ten year term £2.8m

3. *What consideration was there about bringing the care navigation pilot issues to HOSC earlier?*

As stated previously, prior to being awarded the contract, the 4 practices, currently managed by ACE, were particularly challenged in recruiting GPs to permanent positions. To deliver the new service ACE has had to fill vacancies with locum GPs to work alongside other clinical staff, despite having an ongoing recruitment and retention plan in place. It was important that patients had access to a range of clinicians who can best meet their needs and clinical appointments available at these practices were used effectively and efficiently.

The Care navigation system, namely the telephone system, acts as a single gateway for calls into any of the 4 ACE primary medical service practices. The use of Care navigation at the front of house provides patients with a first point of contact which directs them to the most appropriate source of help. Through a process of care triaging, patients are initially assessed and directed to a clinician who can best meet their needs. This could be to a practice nurse, nurse practitioner, clinical pharmacist or a GP and the patients with the greatest clinical need are prioritised to see a GP.

Prior to the introduction of the telephone system by ACE, patients at several of the surgeries were queuing outside in the streets to book an appointment with a GP. Patients queued in all types of weather and did not always get to see the GP. The introduction of the Care navigation system was to provide patients with better access; reduce inequity; and avoid having to queue for long periods of time and in all types of weather.

Telephone triage systems have been piloted and introduced in a number of various health and care settings for some time and would not normally be something that is brought to the attention of HOSC

4. *What would the CCG do differently if another GP provider group would look to introduce similar system elsewhere?*

The learning from this transformation project has been extremely useful and ACE were pioneers in developing a single point of access for their GP services, which has mitigated the queues of patients waiting outside of the ACE practices before 8am.

If another GP provider group were to consider introducing a similar system, the CCG would ensure learning would be shared and ongoing monitoring and support from the CCG would be in place to ensure that a high quality service is provided.

While ACE did undertake a review of the practice activity prior to implementing the care navigation system, the CCG advocates a more thorough review is required. Prior to introducing a new system, practices would need to

- Assess the pattern of public access to primary care services in the practices
- Map the call and query volume, including prescription queries and test results to gain better understanding of peak time activity in order that call handling and supervision capacity can be adjusted accordingly.
- Review the types of query being received and at what time of day.
- Consider how clinical triage could be undertaken by the other appropriately qualified and skilled members of staff namely advance nurse practitioners, practice nurses, clinical pharmacist etc.
- Implement a recruitment, retention and development plan for all staff
- Ensure care navigation staff are well trained and supported by clinicians to address complex queries.

Following a thorough assessment of the practice activity, prior to implementing a new system, the key lesson to be learned is the importance of fully engaging, explaining and collaborating with the patient population about

- The need to work collaboratively with patients and the public to help understanding of the new system and the need to adapt their behaviour to access primary care services in a different way and at different times.
- The challenge of recruiting GPs and other practice staff;
- The need to deliver primary care differently with other appropriately skilled clinicians;
- How to effectively access primary care services online where appropriate.
- The care navigation/telephone system to be implemented and how patients can access services more effectively and efficiently
- Being clear what the service can/ cannot deliver from the outset
- The availability and access to other health and wellbeing services within their community

5. *What performance targets are being set for ACE (an indication was given in the meeting that some would be set – I suggest further indication is given on the anticipated format and timing for this).*

NHSE and the CCG recognise the Care navigation system has experienced difficulties, leading to poor patient experience. ACE has introduced a number of improvements and continues to engage with the public to further improve how patients can access the services they require. ACE continue to aspire to improve the call answering rate and has been working to ensure sufficient staff; efficient triaging processes; reviewed appointment availability improves patient access and eases the pressure on the Care navigation staff. As an example of this improvement, at the beginning of December 2018,

- the average waiting time when the patient had got through was 08:12 minutes
- the longest waiting time when the patient had got through was 45:00 minutes
- 52.26% of calls were answered in 10 minutes or less

As at the beginning of April 2019,

- the average waiting time when the patient had got through was 05:44 minutes
- the longest waiting time when the patient had got through was 36:12 minutes
- 71.94% of calls were answered in 10 minutes or less

North East Essex CCG recognises that the above does not capture how long a patient waits to get through in the first place and continues to monitor the situation on a very regular basis. To improve patient experience and reduce call waiting time, the CCG, working collaboratively with ACE, has introduced an enhanced patient orientated website across the four ACE practices. This enables patients to access primary care services online and includes ordering repeat prescriptions; medication reviews; healthy lifestyle advice; asking a question on line etc , thus reducing the need to phone the Care navigation service. Patients are encouraged to access and use this facility at <https://www.caradocsurgery.co.uk/>. The CCG does however realise that a number of patients may not have access to online facilities and hope the use of this online facility by those who are able to, should improve access to the Care navigation system and help reduce call waiting times for those without computer facilities. The CCG together with ACE and the Local Authority are engaging with the public, through a variety of ways to introduce them to the use of this facility.

A high volume of the calls to the ACE care navigation system relate to prescriptions and the CCG is working with ACE to develop an additional performance KPI to improve the outcomes for patients in relation to the management of prescriptions. A specific performance measure on the turnaround of repeat prescription is likely to have a positive effect on the number of contacts made to the care navigation system and a higher level of patient satisfaction. This is being developed in line with contract discussions for 2019/20 with ACE.

NEECCG continue to monitor the performance of ACE through contractual meetings and quality assurance visits to ensure improvements are implemented for the benefit of patients. Additional assurance has been requested through the form of an improved, robust and updated Improvement Plan which includes timescales and trajectories/deadlines of when improvements are expected; patient engagement plan; online facilities ; weekly reports, risk assessments, complaints management etc

In addition the CCG have secured the facilitation services of NHSI to work with ACE to improve patient engagement and experience through the 'Time to care' national programme.