

**March 2015 Health Scrutiny Committee
Urgent Care Centre Procurement**

SUMMARY

This report updates on the progress of the walk-in services re-modelling and the outcome of the Urgent Care Centre procurement. Following review of current walk-in services, plans were agreed to combine resources from the current contracts to fund an enhanced 'Urgent Care Centre' from a single city-centre location, to include additional benefits such as diagnostic x-ray for suspected breaks and sprains. The new model will offer patients a real alternative to attending the Emergency Department for non-emergency health problems by better supporting the treatment of urgent but non-life threatening conditions outside of the hospital. The paper reports that following a robust procurement process, CityCare Partnership CIC have been successful in their bid to provide the Urgent Care Centre from the location of the existing Walk-in Centre on London Road. The report explains how clinical and patient feedback were incorporated during the specification development and tender evaluation to offer assurance that the project is being developed to meet the needs of the local population and that links will continue to be made with appropriate committees during the implementation stage.

REPORT

BACKGROUND

In 2013, Sir Bruce Keogh published his report 'Transforming Urgent and Emergency Care Services in England'¹, which suggests the need to reduce the level of duplication and confusion caused by the range of current services by setting out the vision that services will be streamlined so that patients with urgent but non-life threatening needs are able to access effective services outside of hospital in coordinated Urgent Care Centres.

Nottingham has two 'walk-in centre' services, the 'Walk-in Centre' on London Road (including the satellite clinic; Clifton Nurse Access Point) and the '8-8 Health Centre' on Upper Parliament Street. Both services offer walk-in provision of face-to-face consultation for minor illness and injury and provide self-care advice, information and signposting services that are highly rated by patients. NHS Nottingham City CCG undertook a review of both contracts ahead of their scheduled end dates in 2015. The review of activity data and surveys found that patients were using the services as an extension to primary care for conditions that could be assessed by their GP or a Pharmacist and there was concern about duplication in the use of resources.

The findings of the review were presented to the CCG clinical commissioners, who were in favour of continuation of the 'walk-in' element of the service and committing the same level of funding but remodelling to include additional provision to treat an extended range of urgent, immediate health needs. Following agreement of this approach, we began a period of intensive clinical and public engagement in early 2014 with the support of the CCG Patient Engagement Team and by following the guidance of Healthwatch Nottingham and recommendations set out by Monitor², we have aimed to ensure that we engage broadly, meaningfully and purposefully with the public and ensured that the views of all patient groups are heard.

Reason for the work/ programme

The views of providers, clinicians and patients have helped to shape the new service from the outset, beginning with a survey of public views, which attracted over 600 responses. The findings were presented at both a Clinical/Provider and a Patient Engagement Event; both events enabled open discussion about the future service, highlighted issues and generated solutions with an interactive focus. A report on the 'Phase 1' patient engagement highlighted key themes, many of which mirrored the

¹ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

² Monitor. Walk-in Centre Review Final Report and Recommendations. Feb 2014.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

feedback received from clinicians, including support for a city centre location, short waiting times, increased diagnostic ability (particularly x-ray), co-location or links to urgent dental services and the ability to see and treat the majority of patients within the same visit.

The success of Walk-in centres in removing barriers and improving access to healthcare for the most vulnerable people in society is valued locally and is recognised in both Sir Bruce Keogh's report and the Monitor recommendations³. It was therefore important for a second phase of patient engagement to involve a more targeted focus on communities and patient groups who are 'seldom heard', including homelessness, drug and alcohol services, LGBT and minority ethnic groups. Meetings with patient groups gave the opportunity to raise concerns or question the proposal and enabled more in depth discussion of patient pathways, allowing people to talk through their experiences of current services and to consider how this may be improved by the proposed changes.

A total of 18 focus groups took place with minority and vulnerable patient groups, enabling over 200 attendees to feedback. Patient views included echoes of the key themes from phase 1 engagement but with some additional comments including, value placed on provision of a welcoming and non-judgemental attitude of staff (praise was given for existing services), appreciation of close work between walk-in services and substance misuse services and mental health crisis response teams. In addition, a number of cross-cutting themes emerged such as difficulty in accessing mainstream primary care services and access to repeat prescriptions. In contrast to feedback from general engagement, vulnerable patients valued the ability to access assessment and repeat prescriptions at short notice. There was some nervousness about the plans as attendees expressed the value of current services and their concern about losing current benefits.

The findings of all patient and clinical engagement was included in the development of the Urgent Care Centre service model and in June 2014, the model, along with plans to undertake a robust procurement process was presented to key committees (including Clinical Congress, Clinical Council, People's Council and the Health Scrutiny Committee); all were supportive of the approach. Approval was granted by the NHS Nottingham City, Rushcliffe, Nottingham West and Nottingham North East CCG Governing Bodies to proceed with re-commissioning of the existing 'Walk-in Centre' and '8-8 Health Centre' service in order to undertake procurement of a single Urgent Care Centre service. The Governing Bodies agreed to delegate appropriate authority to a project team or Procurement Delivery Group (PDG), who would agree the specification, set fair and robust evaluation criteria, address specific challenges and mitigate risk, particularly in relation to conflict of interest. The Procurement Delivery Group included representatives from all stakeholder CCGs, clinical governance, finance and GPs. The PDG co-opted or sought advice from individuals with specialist knowledge as required and Healthwatch Nottingham were invited to attend meetings in an advisory capacity.

It was decided that GEM commissioning Support Unit would be contracted to lead and advise the commissioners on the procurement process and ensure it adhered to procurement regulations. All members of the Procurement Delivery Group were required to sign and agree to the Declaration of Conflict of Interest and Confidentiality prior to their involvement. The role of the PDG would be to make the following decisions on behalf of the CCGs:

1. Finalising the service model and service specification
2. Finalising tender documentation including evaluation criteria
3. Assessing and scoring bids
4. Contract award on the basis of scoring

Patient Procurement Panel

³ Monitor. Walk-in Centre Review Final Report and Recommendations. Feb 2014.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf. NHS England. Transforming urgent and emergency care services in England. <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>. Nov 2013

The Procurement Delivery Group agreed to create a separate Patient Procurement Panel to enable patients with an interest in the development of the Urgent Care Centre to continue to be involved throughout the procurement process. The Panel was setup to enable patients to share their views about the content of the specification and provide input into the evaluation criteria. Whilst the Patient Panel would provide feedback into the scoring process, the PDG agreed that members of the Patient Panel would not score bids directly due to the difficulty in one or several members of the Panel being able to represent a wide public view and also to minimise risk in terms of confidentiality and potential or perceived conflict of interest. The Patient Panel helped to set the evaluation criteria by creating scenario-based questions, which were developed through a combination of Panel members' experience and the findings of engagement reports. The questions required bidders to demonstrate their understanding of the key quality and safety aspects of the patient journey (e.g. presentation of a homeless young person with a long term condition). In addition, the Patient Panel reviewed all draft evaluation questions and provided views about what would constitute a 'good' or 'poor' answer. Their comments were collated and shared with the Procurement Delivery Group prior to the scoring process.

The fourth meeting of the Patient Procurement Panel meeting is being arranged for April 2015 and will provide a detailed debrief of the rationale behind the scoring and moderation of bids. Plans are in place for the CCG to work with Healthwatch Nottingham to capture feedback from Panel members about their involvement and whether they felt their participation added value to the procurement process. The aim will be to share learning with commissioning colleagues and inform patient involvement in future large-scale procurement processes.

The key stages of the procurement process are outlined below, providing further detail of where patient and clinical engagement continued as far as possible as we developed the final service specification and prepared evaluation criteria for procurement.

'Pre-qualification Stage' - Shortlisting Bidders

The Urgent Care Centre 'Pre-qualification stage' was launched on 21st July 2014, with 13 organisations expressing an interest and of those 5 submitted a completed pre-qualification questionnaire for consideration. The 5 Providers were shortlisted against key, high level assessment criteria and all were passed, which enabled them to progress to take part in the ITT stage and submit a full tender application.

Market Engagement Event or 'Bidder Event'

The CCGs hosted a Bidder Event on 26th September 2014, which was formed of three discussion rooms, 'Premises', 'Urgent Care Network Stakeholders' and the 'Patient Procurement Panel'. The aim of the event was to offer the 5 PQQ shortlisted organisations the opportunity to discuss possible premises solutions with commissioners and query areas of uncertainty in relation to requirements and location boundaries, meet key stakeholders (including NUH and EMAS) and to answer patient pathway scenario questions from the Patient Procurement Panel. The key outcomes for the Procurement Delivery Group was to verify the assumptions made in costing the financial envelope for the Urgent Care Centre and to understand the main areas for clarification to be included in the ITT supporting documentation, particularly in relation to premises.

A number of points of clarification were raised during the event including the potential cost of providing X Ray equipment and the viability of the implementation period. As a result, commissioners reviewed the accuracy of their estimated costs for X Ray provision and agreed to extend procurement process, postponing the commencement of the Service to 1st October 2015. As a result the CCG has extended current walk-in centre contracts beyond the end of March 2015 to coincide with the opening of the Urgent Care Centre, which will support a smooth transition and clear communication plan.

Continued engagement and ITT development

Following release of the PQQ documentation and draft specification to potential providers, we were able to continue engagement activities and presented the draft service specification to a number of key groups for discussion. Clarification questions were captured and presented at the Procurement Delivery

Group meetings, where a response was agreed or appropriate action taken. The Invitation to Tender (ITT) required potential providers to respond to a range of questions with associated evaluation criteria relating to the key deliverables within the Service Specification. The ITT stage allowed continued scope for clinicians, subject experts (e.g. Medicines Management) and patients to influence the final Urgent Care Centre service by having direct input into the evaluation questions. A full outline of ITT stage feedback and outcomes is included in Appendix 1.

The finalised Urgent Care Centre Service Specification and ITT evaluation criteria was released to bidders on 31st October 2014 with a closing date of 11th December 2014. A total of 3 organisations submitted a tender submission for consideration by the CCGs. The Procurement Delivery Group nominated the ITT evaluation team with representatives from a range of cross functional areas, including specialists in Clinical Governance, Information Governance, Equality & Diversity and Medicines Management. ITT scores were discussed in a moderation meeting in January 2015, which ensured evaluators comments were considered and agreed final scores. The meeting also confirmed any areas of uncertainty and questions to be clarified prior to contract award.

Contract Award and Implementation

CityCare Partnership CIC was announced as the successful bidder on 18th February 2015 and work is underway to agree the contract award. The first Implementation meeting is planned take place in April 2015 and will agree the key areas of focus to monitor deliver of the new Service. It is anticipated that members of the Procurement Delivery Group will from the Implementation Group, which will offer continuity to the project and ensure development of the Urgent Care Centre is on track and meeting the objectives set out in the Service Specification.

Alongside implementation of the new Urgent Care Centre, there will be close working with the Providers of the 8-8 Health Centre and the Clifton Nurse Access Point to minimise the impact of and to ensure that the closures are well planned. Patients have highlighted the need for clear communication and signposting to alternative services to prevent unnecessary concern. Commissioners plan to meet with existing services to establish a joint transition plan and to discuss the approach to communication.

Discussion will take place with CityCare Partnership about plans to continue to engagement patient groups during the implementation phase of the Urgent Care Centre, with a view to developing a joint publicity and engagement plan.

Timeline and Next steps

- February 2015- CityCare CIC announced as the successful bidder to provide the new Urgent Care Centre
- March 2015- Contract Negotiation and Agreement
- April 2015- Implementation Group established
- April 2015- Patient Procurement Panel debrief and feedback sessions
- July-September 2015- continued Public and Clinical engagement
- August/ September 2015- Urgent Care Centre public publicity in collaboration with Provider
- 1st October 2015- Urgent Care Centre commences

EXPECTED OUTCOME

** what are the expected changes, when will this happen and how will it be evidenced*

- Urgent Care Centre to open on 1st October 2015 to provide high quality assessment, diagnosis and treatment of urgent health conditions
- Increase in the number of patients who are treated for immediate but non-life threatening health conditions outside of hospital
- Open 365 days a year between the hours of 7am to 9pm
- Provision of urgent diagnostic x-ray without the need to attend the Emergency Department
- Short waiting times for initial assessment (20 minutes or 15 for children) and treatment (within 2

hours or 4 hours if diagnostics are required)

- Reduction in patient uncertainty around what service to access of urgent health needs
- Reduction in minor illness presentations and provision of patient information and support to access the right service for their health needs
- Continued support for vulnerable patients groups with close links to specialist services
- Continue to work with Healthwatch Nottingham as a 'critical friend' to learn from previous engagement activities and plan future public involvement in the development of the Urgent Care Centre

Outcomes will be evidenced through contract monitoring of the Urgent Care Centre, with key performance indicators to monitor waiting times, patient satisfaction, diagnostic decision making and number of patients who are referred to other services. Activity monitoring will determine whether patients are accessing the Service appropriately and that Urgent Care Centre is creating collaborative links and effective joint working across the urgent care system.

Appendix 1 Feedback into ITT Development

(March 2015 Health Scrutiny Panel- Urgent Care Centre Procurement)

Group/ Committee	Feedback received	Action
Health Scrutiny Panel (July 2014)	<p>Important to capture the views of patients from vulnerable or 'seldom heard' communities</p> <p>Keep the current close working between the '8-8', 'Walk-in Centre' and services for vulnerable patients (including homeless and patients with substance misuse problems)</p>	<p>A Phase 2 Patient Engagement Report will include focussed work with vulnerable patient groups. Patient engagement reports were published and to bidders at ITT stage.</p> <p>The Urgent Care Centre specification includes a section about 'Focused support for Vulnerable Patients' and specific ITT questions addressed this.</p>
Clinical Congress (cross-CCG representatives)	<p>Concerns about a city-centre location and a suggestion that the service is provided on the QMC site.</p> <p>Comments that there need to be a clear aim in relation to a reduction in Emergency Department attendance.</p>	<p>Highlighted that engagement to date has shown preference to provide a city centre based service. Also, confirmed that location on the hospital site is not currently an option.</p> <p>Reduction in unnecessary ED attendance is listed as an outcome and will be linked to provision of urgent x-ray.</p>
CCG GP Practice Members (Cluster Boards and Clinical Council)	<p>Important for GP clinical systems to be interoperable with the new Service systems</p> <p>Queries about the follow up for X-ray and how the UCC will link with existing fracture services.</p> <p>Clarification requested about whether a multi-site solution would be considered and if the Clifton Nurse Access Point contract will end</p> <p>Important to reduce current minor illness activity that duplicates primary care and avoiding overall demand generation and strong communication about the e term 'urgent'</p> <p>Consistency of staffing to enable links to 111</p>	<p>Specification includes reference to NHS compliant IT systems and advice sought from CCG IT Lead to ratify specification wording.</p> <p>ITT stage will require bidders to detail their plans to deliver x-ray, including any collaborative working with stakeholders.</p> <p>It was confirmed that a multi-site solution was not required by the Specification.</p> <p>Activity modelling has been based on existing minor injury activity. An objective of the specification and a question within the tender documents will be about avoiding duplication with primary care services and working collaboratively with the local health system to ensure that patients use the new service appropriately.</p> <p>Specification and ITT criteria require a consistent level of clinical expertise throughout opening times and that the Service will link to 111 and other urgent care stakeholders.</p>

	<p>Discussion about monitoring activity by CCG to understand long term financial implications</p>	<p>The PDG agreed the timeframes for a period of review to determine activity levels for each CCG.</p>
<p>Patient Procurement Panel</p>	<p>Commented that bidders should clearly link to the Patient Engagement Report to explain the benefits of their premises solution</p> <p>Important to have consistent staffing to ensure that the same quality service is provided to all patients, particularly important in relation to paediatrics.</p> <p>Comments that both clinical and non-clinical staff should be trained to recognise symptoms requiring expedited assessment.</p> <p>The service should be responsive to the needs of diverse communities and knowledgeable about migrant and vulnerable patient groups.</p> <p>Access to interpretation (such as language line) was seen as crucial.</p> <p>The service should be responsive to the needs of mental health patients, with appropriately trained staff to assess and deal with presentations from patients in crisis.</p> <p>How will we be assured that the service is affordable and value for money?</p> <p>Assurance needed that patients who present and require emergency medical assistance are recognised and transferred to ED quickly and safely</p>	<p>Engagement report was included in the ITT and bidders were asked to outline how their premises and service model delivered the key findings. The premises compliance document included a definition of what is considered to be good accessibility.</p> <p>The workforce section of the specification contains reference to the need for consistent staffing to meet the needs of all patients who present (i.e. paediatric or mental health specialism)</p> <p>Question included in Bidder event panel and required in ITT submission</p> <p>Included in specification and ITT questions to ensure that current links are maintained</p> <p>A requirement in the specification and ITT</p> <p>Asked as a question at bidder event and included in ITT questions.</p> <p>High level CCG financial representation at PDG meetings to develop and ratify financial ITT template. The financial template for bidders will require detail about proposed staffing, shift patterns and building/ equipment costs.</p> <p>The specification and ITT required bidders to detail how they would work with other urgent and emergency care providers to provide safe and efficient transfer of care</p>