

# Meeting of Bristol Clinical Commissioning Group Governing Body



Bristol Clinical Commissioning Group

To be held on 25<sup>th</sup> March 2014 commencing at 1.30 pm  
in the Vassall Centre, Fishponds, Bristol

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## Title: Adult Community Health Services – Procurement

### Agenda Item: 9

#### 1 Purpose

In August 2013 Bristol Clinical Commissioning Group's (the CCG) Governing Body considered a paper on the options for the current Bristol Community Health (BCH) as the current contract was due to end on the 30<sup>th</sup> September 2014. The CCG agreed to extend the contract for 2 years. The purpose of this paper is to confirm the decision to now undertake the procurement of adult community health services.

#### 2 Background

Within the paper discussed in August 2013 the procurement rules for the commissioning of National Health Service (NHS) funded services were set out and the paper explained the overarching requirements of procurement law that the CCG must follow in its decision. These overarching requirements are set out in *The Procurement guide for the commissioning of NHS funded services*.

In addition the recently implemented National Health Service (Procurement, Patient Choice and Competition) No 2 Regulations April 2013 require the CCG to ensure it acts with a view to

- (a) securing the needs of the people who use the services,
- (b) improving the quality of the services, and
- (c) improving efficiency in the provision of the services,

The overarching principles of the Treaty on the Functioning of the European Union, transparency, proportionality, equality of treatment and non-discrimination apply to all decisions and are the key requirements for both the decision on the contract level and throughout any procurement process.

There have been discussions at European Council and Government level about whether there is necessarily a requirement for NHS services to go out to procurement and as such the advice on the requirement to undertake procurements may change in future years.

Procurement can be seen as a method of testing and ensuring value for money for services, this is often dependent on the model taken and the number of bidders in the market.

There is an expectation in the market that at the end of a contract, the services will be put through a tendering process. The recent South Gloucestershire community health services procurement has shown that there should be significant interest both locally and nationally on any potential procurement of Bristol community health services. Any decision not to tender at the end of a contract (when all extension options provided for within the contract have been exercised) would need careful consideration to ensure compliance with all current procurement legislation to avoid potential exposure to legal challenge and complaint.

The highest risk of legal challenge to a community health services procurement process would be as a result of the failure to ensure adequate consultation with patients, carers and local groups. Learning from other procurements which have been challenged by public groups would be incorporated into the procurement plan to minimise the risk of legal challenge. It would therefore require a minimum of 8 months dedicated commissioning and clinical time to develop new models of community health services and complete consultation and co-production of these models with local patients, carers and Patient Public Involvement groups.

The procurement process would enable the CCG to make changes to the core services, pathways and model of delivery. The review and redesigning of community health services would support the CCG's strategic aims to provide more care closer to home, support innovative models of delivery and commissioning. All changes to community health service delivery and service pathways require formal consultation, the timescale for consultation is 3 months with up to a further two months (minimum) to adjust the model and service specifications in light of the feedback.

The decision to go out to procurement for a new service to commence from the end of September 2016, enables the CCG to meet its legislative requirements for consultation and equality impact assessment reports on all significant changes to individual services and whole models. If the CCG chose to go out earlier to procurement this would need to be under the current community health service specifications and structure. Experience from the Modernising Mental Health Programme would indicate that it took two years of reviewing and consulting to design the new service specifications and models before the CCG was ready to begin the procurement process.

### **3 How have service users, carers and local people been involved?**

Patient experience and feedback from carers and families is part of the contractual monitoring of the BCH contract. However the decision to procure community health services in itself should not change the service delivery. The decision is part of the CCG's statutory duties and therefore is not seen to require consultation. The on-going reviews and service redesign or scoping of new models for procurement would involve service users, carers and local people and groups in both co-design and consultation.

### **4 Implications on equalities and health inequalities.**

The re-procurement of community health services would involve re-modelling of the existing services and will require extensive equality impact assessments on

changes to services. BCH services are mainly provided to adults over the age of 18 years via clinics and services in the patient’s home. A small number of services are also provided to children such as through the Community Learning Disability Team. Several of BCH services support transition between child and adult services such as continuing health care. BCH also provides services to all communities in Bristol including services aimed to improve access to health care for Black, Asian and minority ethnic (BAME) communities and patients with a requirement for reasonable adjustments

<b>Please indicate below the age group/s covered by the service/affected by the issue discussed</b>			
<b>Children/Young People</b>	<b>X</b>	<b>Adults</b>	<b>X</b>

## **5 Financial Implications**

The BCH contract is currently £37 million pounds per annum, a new community health service contract or contracts should be for 5 - 7 years, and the total value of the procurement would therefore be £180-250 million in total.

Community health services (regardless of provider) are one of the key vehicles for delivering shifts in care settings particularly moving care from secondary care to community which are required to improve patient choice, experience and for delivering value for money including reducing cost of service provision and delivering CCG strategic objectives.

A procurement of community health services would require additional clinical time, commissioning, procurement team and project management capacity. This should to be equivalent to that required for the Modernising Mental Health Programme.

## **6 Legal implications**

The legal issues raised in this paper are in relation to procurement legislation outlined above. Community health service and governmental procurements have attracted considerable attention and could be subject to legal challenge from both public groups and unsuccessful bidders. The decision to go to procurement could be challenged if it was viewed that the decision could not be supported by evidence such as the delivery of the contract the CCG holds with BCH. A procurement of community health services would require expert legal and procurement advice to ensure that risks of challenge to the process and outcome are managed.

## **7 How does this fit with Bristol CCG’s Annual Work Plan or Strategic Objectives?**

Community health services including those held within the BCH contract are core to the delivery of CCG strategy and objectives such as reducing health inequalities and providing more care closer to home. As outlined above new services and models are subject to competition and procurement law and would be reviewed independent of this decision to ensure that the method of delivery is in line with legal requirement.

## **8 Recommendation**

The procurement of community health services has been discussed by the Governing Body in a number of arenas, specifically at a Board Seminar held on the 14<sup>th</sup> July 2013 and the CCG board meeting on the 6<sup>th</sup> August 2013,

Members are requested to endorse the decision to procure adult community health services.

**Lizanne Harland, Head of Community Commissioning**

**Judith Brown, Operations Director**  
**19 March 2014**

### Glossary of terms and abbreviations

<b>Continuing Health Care</b>	Continuing health care (CHC) describes a situation where, following a thorough assessment of needs, a person's overall health needs are judged to be so great that the NHS will manage and pay for all the care they need. An NHS professional will supervise the agreed care plan and care can be provided in any setting, for example the person's own home, a hospice, a care home or a hospital. In this situation, no charges are made for care services that are arranged as part of a care plan. Health Assessment and Review Team (HART) is the local name of the CHC/FNC service provided by BCH.
<b>CQUIN</b>	The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of providers' income conditional on quality and innovation.

Appendix 1

**Bristol Community Health service specifications list for 2013/14**

Community Learning Difficulties - Bristol
Broadmead Walk in Centre
Chronic Obstructive Pulmonary Disease (COPD)
Community learning disabilities service (including BIRT)
Community nursing (including CNOP, DN, CM)
Continence
Dermatology services
Diabetes Education
Diabetes Nurse Specialist Service
Dietetics and Nutrition
Disabled Adult Resource Team (DART)
Falls Nurse Specialist Team
Haven
Health Assessment & Review Team – Continuing Care (HART)
Health Links / Language Line
Heart Failure (South Gloucestershire and North Bristol)
Heart Failure (South Bristol)
Home oxygen service
Intermediate Care - Out-of hours
Intermediate Care - Rapid Response
Intermediate Care - REACT
Intermediate Care - Rehab Centres
Intermediate Care - Rehab Teams
Intermediate Care - Specialists Team
Musculoskeletal Assessment & Treatment Service (MATS)
Musculoskeletal Assessment & Treatment Service (MATS) - Spinal
Occupational Therapy Service
Palliative Care Home Service
Parkinson's disease nurse
phlebotomy
Physiotherapy – Domiciliary
Physiotherapy – Musculoskeletal Outpatients
Podiatry
Resilience
Safeguarding
Single point of access
South Bristol Hospital Urgent care service
TB Service (Bristol and South Gloucestershire)
Telehealth
Wound Care