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Planning

GP Service for Intermediate Care Clients in Care Homes for NHS Devon Clinical Commissioning Group (CCG)

NHS Devon Clinical Commissioning Group (CCG)

F21: Social and other specific services – public contracts Prior information notice without call for competition Notice identifier: 2022/S 000-008618 Procurement identifier (OCID): ocds-h6vhtk-032845

Published 30 March 2022, 5:41pm

Section I: Contracting authority

I.1) Name and addresses

NHS Devon Clinical Commissioning Group (CCG)

County Hall Topsham Road

Exeter

EX24QD

Contact

Garry Mitchell, Deputy Director of Procurement, South, Central and west Commissioning Support Unit

Email

scwcsu.clinical.procurement@nhs.net

Telephone

+44 7786275627

Country

United Kingdom

NUTS code

UKK41 - Plymouth

Internet address(es)

Main address

https://www.find-tender.service.gov.uk/Search/Results

I.3) Communication

The procurement documents are available for unrestricted and full direct access, free of charge, at

https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9Ueylge0jXdO45YvF8pSJ7xFsTjHjkMaPgNUOEVETVqwMlFNUE1HNUkxRIJNMkY1SDZJNC4u

Additional information can be obtained from the above-mentioned address

I.4) Type of the contracting authority

Body governed by public law

I.5) Main activity

Health

Section II: Object

II.1) Scope of the procurement

II.1.1) Title

GP Service for Intermediate Care Clients in Care Homes for NHS Devon Clinical Commissioning Group (CCG)

II.1.2) Main CPV code

85100000 - Health services

II.1.3) Type of contract

Services

II.1.4) Short description

NHS Devon CCG are inviting expressions of interest from organisations interested in providing primary medical care and visiting services for a cohort of people who are receiving intermediate care in care homes in Plymouth. The group of patients have needed to be placed outside the catchment area of their own GP practice, so with agreement with local practices an alternative service is commissioned to provide their ongoing clinical oversight.

Approximately 800 people are cared for in this way over the year, and approximately 140-180 on the caseload at any one time, with placements generally no more than six weeks although some considerably shorter and others longer and sometimes leading to long term placement.

Patients can be cared for in any home in the city, but at the time of the expression of interest there are some people in 'spot purchased beds but also groups residing in:

- Ashley Manor Care Home
- Woodland Villa Care Home
- Wisteria Care Home Roborough (DE mild/moderate assessment beds)

And then in April the Short-Term Care Centre will be opened in Mount Gould.

The service is provided by the incumbent for Plymouth. A GP is provided from 9am - 6pm daily, Monday to Friday. The service sees all new temporary residents for intermediate care AND end of life care within 24hours of arrival at the home (Mondays-Fridays). The service

undertakes any bloods, other tests, referrals and completes a discharge summary for the patient's own GP at the time of transfer back to their care.

A significant amount of work is done by telephone and covid has encouraged more flexible ways of working, the requirement to undertake a face to visit has been relaxed if contact made, and a decision made regarding a plan of care within the timescale.

Interested providers are invited to complete a short questionnaire as part of an information gathering exercise by NHS Devon CCG to inform their strategic direction and decision making. The questionnaire is available to download and complete within the Additional Information section (II.2.14) of this PIN.

The deadline for completing the questionnaire is 12.00 noon on the 11th of April 2022.

It is envisaged that the contract terms will commence on the 1st of October 2022 for 2 years with an option to extend for a further 2 years.

The anticipated contract value is £1.200,000 excl. VAT for the full term.

It is anticipated that the annual value will be £300,000 excl. VAT

If you require any further assistance, please contact scwcsu.clinical.procurement@nhs.net

This process is being managed by NHS South, Central and West Commissioning Support Unit (SCW) on behalf of the Commissioner(s).

II.1.5) Estimated total value

Value excluding VAT: £1,200,000

II.1.6) Information about lots

This contract is divided into lots: No

II.2) Description

II.2.2) Additional CPV code(s)

• 85121100 - General-practitioner services

II.2.3) Place of performance

NUTS codes

• UKK41 - Plymouth

II.2.4) Description of the procurement

NHS Devon CCG are inviting expressions of interest from organisations interested in providing primary medical care and visiting services for a cohort of people who are receiving intermediate care in care homes in Plymouth. The group of patients have needed to be placed outside the catchment area of their own GP practice, so with agreement with local practices an alternative service is commissioned to provide their ongoing clinical oversight.

Approximately 800 people are cared for in this way over the year, and approximately 140-180 on the caseload at any one time, with placements generally no more than six weeks although some considerably shorter and others longer and sometimes leading to long term placement.

Requirement

- •The service needs to provide a primary medical care service for the patient group.
- •The requirement is for all patients to be seen* within 24 hours of admission to the care home and ongoing care needs identified but then frequency of intervention can be determined by the service depending on the persons' clinical need.
- •The service needs to review the patients care needs, liaise with hospital and practice if needed, manage their ongoing care, including any referrals, diagnostics etc
- •At the end of the placement complete a transfer back to the patients originating GP providing information about their care whilst on the scheme.
- •Repeat TTA's and medication requests are a core requirement for the service.
- •Most of the referrals to the service are post discharge but there is a smaller number who might be linked with avoidance of admission schemes as well.
- •The service has an ad hoc requirement is responsible for supporting the administration of antivirals in the event of a flu outbreak in the care home.

What is needed.

- •A point of contact for care homes to be able to be in touch with the service, request advice and guidance, repeat medication etc.
- •Clinical Advice and guidance capacity for care home mangers with the service
- •Mechanisms to see/ liaise with patients it is not prescriptive and various formats are

acceptable.

- •Ability to register the patients as a TR
- •Ability to book tests, make referrals etc.
- •Link with the community clinical teams responsible for ongoing oversight and care
- •(OOH response to be provided by local OOH service)
- *Face to face appointments might be necessary to examine patient or family, but it is expected that a full range of alternatives can be offered such as video conferencing, and telephony.

Patients can be cared for in any home in the city, but at the time of the expression of interest there are some people in 'spot purchased beds but also groups residing in:

- Ashley Manor Care Home
- Woodland Villa Care Home
- Wisteria Care Home Roborough (DE mild/moderate assessment beds)

And then in April the Short-Term Care Centre will be opened in Mount Gould.

Background

Plymouth has for many years had intermediate care schemes in place which uses care homes for short term placement for people who cannot stay, or return to their usual home whilst unwell, but do not need be in hospital. GPs in Plymouth have always been funded to provide medical cover for these patients in acknowledgement of the potential for increased visiting and oversight reflecting the complexity of this patient cohort. The scheme was funded on a daily sliding scale fee. Whilst there was an initial implicit expectation of visiting in the days following discharge, over time (based on anecdotal feedback) this appeared to have been happening less as practices were becoming busier. In this context, there were concerns (voiced by different GP practices, care homes and community health and social care teams) that people were not having the clinical oversight they required.

Following discussions with representatives from practices it was felt that different 'enhanced' arrangement needed to be put in place to care for the temporary residents in these schemes to reflect the clinical profile of this cohort. The preliminary step was the description of the level of medical cover which was needed.

For patients who moved out of their geographical catchment area and practices felt they

could not continue to care for them safely, an alternative medical supervision arrangement would be put in place.

The service is provided by the incumbent for Plymouth. A GP is provided from 9am - 6pm daily, Monday to Friday. The service sees all new temporary residents for intermediate care AND end of life care within 24hours of arrival at the home (Mondays-Fridays). The service undertakes any bloods, other tests, referrals and completes a discharge summary for the patient's own GP at the time of transfer back to their care.

A significant amount of work is done by telephone and covid has encouraged more flexible ways of working, the requirement to undertake a face to visit has been relaxed if contact made, and a decision made regarding a plan of care within the timescale.

Current position

The contract is due to end at the end of September 2022. It is helpful to be aware this was only ever intended to be a short-term scheme to support practices whilst they made longer term decisions about care home resident management and workforce improved but it has not been possible to progress a return to prior arrangements. Discussions have been had with local PCN's to consider if the service could transfer and align with the care home management arrangements which have come into place with the NHS Care Homes contracts with primary care, but it has been agreed that this is not possible yet, but it would still be our long-term conclusion to be able to integrate this service with the wrap around community services with primary care for care homes.

Contract Term

It is envisaged that the contract term will commence on the 1st of October 2022 for 2 years with an option to extend for a further 2 years.

The NHS Standard Contract Full Length 2022 / 23 will be used for this clinical service.

Contract Value

The anticipated contract value is £1,200,000 excl. VAT for the full term.

It is anticipated that the annual value will be £300,000 excl. VAT

Any values and timescales stated within this PIN notice are for guideline purposes only and should not be taken as a guarantee.

This processed is being managed by NHS South, Central and West Commissioning Support Unit (SCW) on behalf of the Commissioner(s).

II.2.14) Additional information

NHS Devon CCG will not be liable for costs incurred by any interested party in participating in this exercise.

Based on the market awareness and findings gathered from this process the commissioner may or may not engage in a competitive process. Should it be deemed that there is sufficient interest and capability in the market and subject to commissioner decisions interested parties should be aware that this notice may then be used to trigger as a call for competition and in that scenario no other notices will be placed before the competition is commenced. For the sake of clarity, interested parties should be aware that in that event any subsequent competitive process undertaken will not be advertised.

Interested providers are asked to complete a questionnaire by no later than 12 noon on the 11th of April via the following link:

https://forms.office.com/r/b4jHYdkn4B

The data will be handled securely and none of the information collected will be published publicly nor shared with other suppliers.

The services are healthcare services falling within Schedule 3 to the Public Contracts Regulations 2015 ("the Regulations") which are not subject to the full regime of the Regulations but is instead governed by the "Light Touch Regime" contained within Chapter 3, Section 7 of the Regulations (Regulations 74 to 77).

II.3) Estimated date of publication of contract notice

1 May 2022