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Planning

NHS Devon ICB Provision of Services for Out of Hours GP Support to Devon Community Hospitals

NHS Devon Integrated Care Board (ICB)

F21: Social and other specific services – public contracts

Prior information notice without call for competition

Notice identifier: 2023/S 000-023229

Procurement identifier (OCID): ocids-h6vhtk-03ee42

Published 9 August 2023, 12:43pm

Section I: Contracting authority

I.1) Name and addresses

NHS Devon Integrated Care Board (ICB)

County Hall, Topsham Road

Exeter

EX2 4QD

Contact

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

Email

Scwcsu.clinical.procurement@nhs.net

Country

United Kingdom

Region code

UKK4 - Devon

NHS Organisation Data Service

15N

Internet address(es)

Main address

<https://onedevon.org.uk/>

I.2) Information about joint procurement

The contract is awarded by a central purchasing body

I.3) Communication

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

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

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

NHS Devon ICB Provision of Services for Out of Hours GP Support to Devon Community Hospitals

Reference number

Atamis - C198816

II.1.2) Main CPV code

- 85000000 - Health and social work services

II.1.3) Type of contract

Services

II.1.4) Short description

NHS Devon Integrated Care Board (ICB) are seeking expressions of interest for a potential tender for a provision of services for "Out of Hours GP support to Devon community hospitals.

The service will be provided to patients residing as in-patients in the following Devon Community Hospitals:

North:

South Molton Community Hospital

East:

Exmouth Hospital

Honiton Hospital

Tiverton and District Hospital

Sidmouth Hospital

The Mardon Neuro-Rehabilitation Centre

West:

Tavistock Hospital

Kingsbridge Hospital

Mount Gould Hospital

South:

Brixham Community Hospital

Dawlish Community Hospital

Newton Abbot Community Hospital

Totnes Community Hospital

Further detail of the service is outlined below:-

Aim / Purpose of Service

To provide urgent (as opposed to emergency or routine) primary care support to Devon's Community Hospitals during the out-of-hours period where it is required, and the patients' needs cannot be appropriately met in the in-hours period. Hospital staff will be able to seek the advice of a clinician, who will arrange for a GP to attend the hospital to undertake a face-to-face assessment if clinically indicated. This is likely to include (but not be limited to):

- Patients who have had an acute deterioration and it is not clear or appropriate to directly admit to hospital
- Patients at or nearing end of life patients who require an urgent medical review

Specific Deliverables

During the out of hours period, the service will provide Devon's community hospitals with access to:

- Remote clinical assessment
- Prescribing where appropriate
- Face-to-face consultation where absolutely required

Hours of Operation

The hours of the service will be as follows:

- Weekday Evening/Overnight On-Call Shift: 18:00 to 08:00
- Weekend Saturday On-Call Shift: 08:00 to 08:00
- Weekend Sunday On-Call Shift: 08:00 to 08:00
- Bank Holiday On-Call Shift: 08:00 to 08:00

Anticipated Contract Terms

- Service to commence 1st October 2023
- Initial contract term of 6 months with an optional extension of up to 6 months
- The anticipated timelines are set to enable Devon ICB to review the service and develop a longer term plan.

Budget

The anticipated budget will range from £200,000 - £350,000 for the contract term (this includes the optional up to 6 months extension).

The anticipated budget covers funding for a service delivered across the whole of Devon. Providers expressing interest in certain regions / areas would need to note that funding would be apportioned to reflect this.

Contract.

The Commissioner will be contracting for the services using the NHS Standard Clinical Contract 2023/24 version.

Any subsequent awarded contract(s) may be based on community hospital location. Separate NHS Standard Clinical contracts may be issued covering one or more localities within Devon - north, south, east, west (please see service specification for the list of community hospitals within each of these localities).

To submit an expression of interest, providers are asked to firstly register on Atamis via the link provided <https://health-family.force.com/s/Welcome>

Once registered, interested parties are asked to complete the expression of interest by

way of an MS Forms questionnaire. The MS Forms questionnaire link can be found within the supplier documents section within the project in Atamis.

The deadline for Interested parties to complete the expression of interest by way of an MS Forms questionnaire is Friday 25th August 2023 at 12 midday BST.

If you experience any difficulties completing this questionnaire or registering on Atamis, please contact scwcsu.clinical.procurement@nhs.net

Please note a completed expression of interest form submitted via MS Forms is the only accepted method of expressing an interest (correspondence received by any other route will not be responded to).

Expressions of interest will be treated as commercial in confidence and responses will not be evaluated or used in the potential procurement.

II.1.5) Estimated total value

Value excluding VAT: £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)

- 85120000 - Medical practice and related services

II.2.3) Place of performance

NUTS codes

- UKK4 - Devon

II.2.4) Description of the procurement

NHS Devon Integrated Care Board (ICB) are seeking expressions of interest for a potential tender for a provision of services for "Out of Hours GP support to Devon community hospitals..

The service will be provided to patients residing as in-patients in Devon Community Hospitals:

Further detail of the service is outlined below:-

Aim / Purpose of Service

To provide urgent (as opposed to emergency or routine) primary care support to Devon's Community Hospitals during the out-of-hours period where it is required, and the patients' needs cannot be appropriately met in the in-hours period. Hospital staff will be able to seek the advice of a clinician, who will arrange for a GP to attend the hospital to undertake a face-to-face assessment if clinically indicated. This is likely to include (but not be limited to):

- Patients who have had an acute deterioration and it is not clear or appropriate to directly admit to hospital
- Patients at or nearing end of life patients who require an urgent medical review

Specific Deliverables

During the out of hours period, the service will provide Devon's community hospitals with access to:

- Remote clinical assessment
- Prescribing where appropriate
- Face-to-face consultation where absolutely required

Service Description / Pathway

Call Handling and Remote Clinical Assessment

The Provider will aim to answer all calls to the service within 60 seconds or, as a minimum, to ensure the first call made from the Community Hospital is answered .

Should Community Hospital staff require GP support during the out of hours period (as defined in the section entitled "Hours of Operation"), they will:

- Ring the agreed single point of access contact number for the service provider
- Speak to a Service Advisor who will:
 - Take demographics
 - Advise the caller that a clinician will call them back
- The clinician will aim to return the call within 30 minutes:

- The clinician will provide telephone triage
- The clinician will arrange a visit where and when clinically necessary

Information requested from the caller will include:

- Patient's name
- Date of birth
- Home address and postcode
- Registered GP/GP Practice

In addition, the following information will be required:

- The referrer's name and contact number
- The patient's current location (ward name, address and postcode)
- The reason for referral

Staff within the Out of Hours Community Hospital Service should be made aware of any Treatment Escalation Plan including:

- Resuscitation status
- Medications

The call answering and remote clinical assessment elements of the service will be delivered from agreed sites, unless otherwise agreed with the Commissioner. Any change to be agreed by provider and commissioner in writing in advance of change on either a temporary or permanent basis. Remote clinical assessment may also occur from alternative locations at the discretion of the clinician in question.

Face-to-Face

Where the patient requires a face-to-face assessment following telephone triage, the clinician will send the case to the service provider, who will coordinate a visit to ensure efficient use of clinical resource.

A GP will not be dispatched to undertake tasks that can be undertaken by a nurse, for example:

- Catheters
- Cannulas
- Dressings
- Syringe drivers (unless medication review is required and cannot be done remotely)
- Verification of death
- Phlebotomy

In the event there is a request to complete a nursing task, this should be escalated to the clinical site practitioner or equivalent at the community hospital site.

Similarly, a GP will not be dispatched for a clinical need that can be appropriately addressed during the in hours period, or for administrative tasks which should have been completed during working hours such as re-writing drug charts, completing TEP forms, clerking new admissions or routine reviews.

Visits will be undertaken within a reasonable timescale in line with the needs of the patient. This will be determined by the clinician at the point of triage.

Wherever possible, clinicians attending patients within a community hospital setting will record details of the visit and any action taken directly on the local patient recording system. Where this is not possible by exception, manual records will be generated and shared with the Community Hospital. In both instances, this constitutes patient care being transferred back to the community hospital in which the patient is resident.

Transfer of Care

Where a call is received during the out of hours period the Provider will complete all aspects of the call handling and remote clinical assessment for the patient regardless of whether handling the case continues into the in hours period. Where a case received out of hours requires an in hours visit, the Provider is responsible for ensuring the safe handover of the patient to the most appropriate service or the care of the community hospital in which they are resident.

Training

Clinicians to be appropriately trained in the clinical system used by the relevant Trust.

Remuneration

The Provider will be paid for GPs rotated to attend community hospitals on the basis of a retainer for being on call for the shift and a call out fee for call outs. A call out is considered to be travel to any single location regardless of the number of patients with whom the GP has contact whilst on site at the community hospital.

The call out fee is applicable to the first two visits per shift after which no further additional remuneration will apply for additional visits.

In the event that the GP on call cannot reasonably be expected to complete all visits required during a shift, the Provider may make available a payment of up to £750 for an additional GP (not subject to the retainer fee during that period) to undertake a visit. Should a further visit be required by the second GP, this will be paid at the usual call out fee rate. The requirement for a second GP or a subsequent visit by a second GP must be signed off by the on-call director for both the Commissioner and Provider.

The Provider will not amend the rates of pay for GPs on call as outlined in the finance schedule of this contract without prior written agreement from the Commissioners.

Hours of Operation

The hours of the service will be as follows:

- Weekday Evening/Overnight On-Call Shift: 18:00 to 08:00
- Weekend Saturday On-Call Shift: 08:00 to 08:00
- Weekend Sunday On-Call Shift: 08:00 to 08:00
- Bank Holiday On-Call Shift: 08:00 to 08:00

Reporting Requirements

The service will be required to report on the following measures on a monthly basis:

Telephone Answering Statistics

- Number of calls received broken down by day and community hospital
- Total calls answered broken down by day and community hospital
- Average time taken to answer a call per month
- Average length of call per month

The Clinical Assessment Service

- Disposition resulting from contact with the service each month:
- Referral to in hours primary care
- Redirection to 999
- Advice given remotely
- Prescribing undertaken
- Out of hours visit arranged
- Case handed over to in hours services
- No further action
- Others as agreed necessary by commissioners

Face to Face Appointments

- Number of visits per shift by community hospital
- Start time of visit per week per hospital
- Treatment given grouped by type by month
- Informational outcome grouped by type by month
- Total number of shifts where a call out occurred per month
- Total number of shifts where no call out occurred per month
- Total number of occasions on which there was a clinician on shift but they could not be deployed within a timely manner resulting in the community hospital sought alternative support via 999

Rota Fill

- Total number of face-to-face GP shifts available
- Total number of face-to-face GP shifts filled

In the event that the Provider is, for a sustained period(s), unable to provide adequate shift fill for the service this will trigger a conversation between Commissioner and Provider. Commissioners reserve the right to withhold a proportion of the remuneration (up to 10% of the annual retainer value) in the event that inadequate rota fill persists.

A first view of all data identified above, must be provided to the Commissioner, by the Provider no later than six weeks following the service commencement date.

The Provider must provide Commissioners with evidence of the number of visits being made to the satisfaction of Commissioners before remuneration will be made to the Provider. Significant movement from expected volumes of activity will be subject to Commissioner scrutiny and where required a CQRM will be called to discuss:

- Changes in demand
- Changes in levels of provision
- Appropriateness of appointments being made
- Appropriateness of the agreed payment mechanism in the light of new information

Levels of performance expected are outlined within the Performance Schedule associated with this contract in Schedule 4

The Provider will provide on a one off or irregular basis, such information as reasonably requested by the commissioner to undertake a review of future provision. This is likely to be in the form of a raw extract of pseudonymized case level data.

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

II.2.14) Additional information

Interested providers will be able to view this opportunity via the live opportunities list on the 'Health Family' e-procurement system, Atamis. Click on 'View our Live Opportunities' from the home page, available on the following link: <https://health-family.force.com/s/Welcome>.

Once you have found the opportunity (via the search function, using the title or reference number), to gain full access to the documentation (including MS Forms questionnaire link), you will need to click on 'Register interest' - this will take you to the log-in page.

If you are not already registered on the system, you will need to do so before gaining full access to the documentation and be able to submit an expression of interest.

This notice is an information gathering exercise rather than a call for competition in its own right, and therefore publication or response does not commit the Authority or respondents to a future procurement, nor provide any process exemptions or preferential treatment to any parties expressing an interest. The Authority will not be liable for costs incurred by any interested party in participating in this exercise.

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 are 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 September 2023

Section VI. Complementary information

VI.3) Additional information

Any future tendering process will be conducted in accordance with the requirements and flexibilities provided by Articles 74 to 76 of the Directive, and Regulations 74 to 76 of the Regulations. The Authority will run a transparent tender process, treating all Bidders equally. For the avoidance of doubt, the Authority will not be bound by the Regulations or any other regulations or legislation except for the specific parts or circumstances that apply to the procurement of these Services.

Neither the inclusion of a Bidder selection stage, nor the use of any language or terms found in the Directive or Regulations, nor the description of the procedure voluntarily adopted by the Authority ("Open", "Restricted", "Competitive Procedure with Negotiation", "Competitive Dialogue" or any other description), nor any other indication, shall be taken to mean that the Authority intends to hold itself bound by the Directive or Regulations, save by the provisions applicable to services coming within the scope of Annex XIV of the Directive / Schedule 3 of the Regulations.