NHS
Dudley
Clinical Commissioning Group

Healthcare Forum : 1 December 2016

Brierley Hill Civic Hall

Welcome

Dr David Hegarty, Chairman of Dudley Clinical Commissioning Group (CCG) welcomed everyone to the Healthcare Forum. The aim of this event is to update on the plans for Dudley Multi-Speciality Community Provider (MCP) and raise awareness of the Black Country and West Birmingham Sustainability & Transformation Plan (STP)

Neill Bucktin presented the update on the **Multi-Speciality Community Provider (MCP**). Slides available on the web.

A Question & Answer session followed:

Q How will the MCP affect local GP independence?

A There are two main MCP options – a "fully" integrated MCP, or a "partially" integrated MCP. At present most GPs are independent contractors, whilst some are salaried employees of independent practices. Independence will be entirely a matter for individual GP's depending upon which option they choose. In a fully integrated model they would become employees of the MCP and relinquish their independent contractor status. In a partially integrated model they would retain their independent contractor status and have an "integration agreement" with the MCP.

Q What accountability measures will be in place?

A The main accountability mechanism will be the contract the MCP holds with the CCG. In addition, the MCP will be accountable to its regulators – the CQC and NHS Improvement.

The Council's Health Overview and Scrutiny Committee will also have a role in holding the MCP to account.

The "MCP Prospectus" sets out the expected governance arrangements for the MCP, including holding board meetings in public, publishing an annual report etc... Again, these provide a further element of public accountability.

Q What powers will be in place to 'sack' the MCP Provider?

A The procurement process is designed to ensure we test out fully the integrity of the bid in order to remove any risks that might lead to the provider being "sacked". This is further supported by an assurance process run by the regulators – the "Integrated Support and Assurance Process".

Ultimately, the contract will provide the necessary levers for termination should the need arise.

Q With regards to the formation of the MCP, is it possible that GPs may join together to become the MCP or for a Hospital Trust to bid to become the MCP?

A It is possible for a NHS Trust or NHS Foundation Trust to bid and hold the contract.

It is unlikely that a group of GPS could do so as they will not have the necessary "track record". The MCP will work closely with GPs and other providers. . There will be ties between all parties and but it will be of mutual benefit to all parties to work together collectively.

Q Funding has shrunk from the Summer 2016. The MCP could charge up to 10% of the value of the contract to run itself. What will the CCG do throughout this process?

A £245m was the planning assumption in July 2016. The inclusion of further services within the scope of the MCP changes this. The amount will change again when contracts are agreed for 2017/18.

There will be an incentive payment scheme equivalent to 10% of the contract value linked to the achievement of particular outcomes. Some CCG activities will transfer to the MCP and the nature of the CCG as a commissioning organisation will change.

Q Who do you anticipate bidding for the MCP?

A The Prior Information Notice (PIN) was issued on 28 November 2016 with a Market Engagement Event due to take place on 19 January 2017.

The Pre-Qualification Questionnaire (PPQ) and full procurement notice will be issued in March 2017

At this time we do not know who will bid. We will have more idea of interested parties following the Market Engagement Event on 19 January 2017.

Q It is pleasing to see that the timetable had slipped by 12 months. The public do not wish to see private providers take on this role. Can you guarantee a public voice in the MCP ie. Patient panels, patient opportunity panels etc.

A Yes. These type of arrangements are described in the MCP Prospectus published on our website.

Q Will members of the public be involved in the MCP process?
What will the impact be on GP contracts and patient/clinician relationships?

A Public consultation has already taken place and further consultation will take place if any service changes are suggested.

Many GPs are self-employed and there is potential for their employment status to change. Significant numbers of GPs are partners or employed by a practice, so there should be very little difference. Some GPs may have a GMS contract, whilst others may have a MCP contract bolted on. With regards to Doctor/Patient relationships; there should be no change. Professional regulators such as CQC, General Medical Council (GMC) and the Code of Practice will remain and be monitored.

Q Commercial Confidentiality Barrier – How will the CCG deal with this?

A Legitimate commercial confidentiality is something that has to be respected throughout the process, in the same way as we do with our existing commissioning arrangements.

Q Is there a clear medical based agenda? Why doesn't the CCG make the decision for patients?

A The MCP will be expected to adhere to a defined clinical model to deliver the outcome objectives.

Q The public are worried about the CCG accepting the 'lowest' bidder. Who will dictate who will be awarded the contract and the funding available? And if the funding is not spent where will this go?

A The CCG are not running a competitive tendering process. The price is fixed and the contract will be awarded to the organisation that can demonstrate it is capable of managing the contract and delivering the expected outcomes.

Q Who will hold to account on bonuses?

A There will be no bonus payments over and above the contract sum. 10% of funding will be held by the CCG until the provider demonstrates it has met all targets and criteria.

Q The public would prefer the contract to remain in the UK, ideally in Dudley. What are David Hegarty's thoughts?

A As Chair and a GP with a GMS contract I want the best contract and provider to ensure the best healthcare for the population of Dudley.

On a personal note, I would struggle to see how a non-UK private company could run the MCP. There are many countries who would like to have their own healthcare system similar to the UK NHS.

Q If after 2-3 years, the MCP provider fails. What safeguards will be in place to protect staff, the public and medical care?

A The financial capability and standing of the preferred bidder will be tested during the procurement process and financial guarantees will apply. The MCP contract provides for contingency arrangements should the need arise.

Q If the service fails, how will this affect the public? Will the CCG step in?

See above.

Q Will the competitive tendering questions be written solely by the CCG?

A The CCG are not running a competitive tendering process. The MCP will have a fixed price and will be awarded to the most capable provider. The questions will be written by the CCG and other parties.

Q If the MCP goes ahead, how will this improve communications between Hospitals/Trusts and GPs?

A Communications between Hospitals/Trusts and GPs continue to develop and improve; and this will be no different when the MCP commences. It is expected that a cohesive and effective working relationship will develop between the MCP and all parties. E-Referrals and electronic patient records are just a few of the initiatives used to communicate between the providers.

Q Hospitals are concerned with the rising number of patients coming through their doors. Has anyone ever asked why this is occurring?

A This is a considerable concern to the Trust and is constantly monitored and reviewed. The reason for the rising number of admissions and patient attendance is due to a variety of reasons linked to the fact that the population is growing older and people are living longer with more complex conditions. Respiratory conditions and patients being transferred from care homes are two examples. It is hoped that the MCP will aid and incentivise the hospitals and other providers to work in new ways.

Q Medical evidence for integrated care? Apparently NOT really? Major reviews of IC pilots failed to confirm that integrated care reduces demand for hospital care – said 2012 RAND Europe, Nuffield Trust, Kings Fund, Manchester University, 2016 Meta-analysis University of York.

A Evidence reviews to date vary, mainly due to the different approaches to integration and the difficulties that this creates in assessing the impact of a consistent "intervention". Early evidence from other Vanguard sites indicates that some models have had an impact on reducing demand for primary care, unnecessary emergency admissions and delayed transfers of care. We are reviewing these findings and the associated care models to see how we can develop our model and deliver the same changes.

Q To maximise the involvement of patients and users/carers, would it be possible to shortlist a handful or preferred providers and then put the final selection to the public vote? Just an idea to maximise public ownership of decision.

A No. We have conducted a full public consultation to inform the procurement of the MCP in Dudley and we have plans to include public and patient representatives throughout the process. For example a stakeholder session to give people an opportunity to hear from bidders and give feedback on what they have heard.

Q Hospital equipment ie. Patients having aids to help them with their health conditions. Most hospitals say keep the equipment because of infection control. Barnsley has now decided to recycle by cleaning professionally.

What does our CCG do? Can we do this too to save money? It has saved over a million pounds.
Idea is to collect aids. Awareness to patients to take aids to place of reference. Ask supermarkets etc. to have an area they could have for aids to be stored on their

premises. Council buildings area set aside and vans to collect aids from homes of patients and areas allocated for collection.

A The CCG have raised this as an important area of work and recognise it offers opportunities for significant savings. Current community equipment providers acknowledge there is a need to reduce the level of waste and increase the amount of recycling; we are working with them and are looking to learn from other areas that have addressed these issues so this feedback is really helpful.

Q Will GPs becoming employees of MCP affect their relationship with patients?

A At present GPs operate on the basis of two different employment models – either as independent (self-employed) contractors or as salaried (employed) GPs. Salaried GPs are either employed directly by NHS organisations or by practices. There is no evidence to suggest that this affects relationships with patients. In a fully integrated MCP the MCP would become the employer for those GPs relinquishing their existing contracts. Again, there is no evidence to suggest that the GP: patient relationship would be any different.

Q How do local small businesses get involved in supporting local health care for local residents?

A Our Prior Information Notice (PIN) for the procurement encourages "partnering" arrangements between the MCP and other organisations. Anyone interested in finding out more about the relationship with the MCP can register to attend the market engagement event via https://ardengemcsu.bravosolution.co.uk/web/login.html

Caroline Brunt presented the **Sustainability Transformation Plan (STP)**. Presentation available online

A Question & Answer session followed: (slides were provided to all attendees)

Q 'What is a STP?' was recently aired on Radio 4 and can be located via: bbc.co.uk/inbox/programme/live-broadcast/Monday 30-11-2016

Highly recommend that everyone listens to this broadcast as it will aid the event being held on 6 December 2016.

How many are attending the Black Country Event?

A Unsure of the actual numbers as this event has not been organised by Dudley CCG but can confirm that it is around 200 and that there is a waiting list for available places.

Q This will involve restructures, and funding is already tight. What level of local GPs, have been involved in formulating the STP?

A The STP is a National driven agenda and consultation was held. If as some other Black Country providers fail then Dudley CCG will fail. The STP will address these challenges; close the gap in care and quality and finance. This is largely run by Dudley CCG and GPs were extensively consulted and involved.

Q The BMA studies of GP involvement in the STP process state that many GPs were not involved or aware of the process. GPs were asked if they have or can influence the STP – 75% stated No.

A The STP has been discussed at all five localities; membership and educational events and weekly newsletters include STP material and questions and comments are encouraged from all staff members.

Due to the limited time available, attendees were invited to submit written questions and the CCG will respond to these.

Three Villages 'Tea-Party'

The Three Villages 'Tea-Party' recording was presented to the Healthcare Forum.

It took two years for this initiative to get to its current point but 50% of those who attend are people who live on their own and are socially isolated. Word of mouth has encouraged attendance and moved this project forward so successfully.

Three Villages Tea Party : You Tube Instamation clip