North Central London Clinical Commissioning Group

Report Title	Management of Primary Care Contracts	Date of report	9 February 2022
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Report Summary	 The panel are interested in the issues with how GP contracts were awarded and managed, following the JHOSC item on AT Medics The NCL CCG APMS Procurement process is conducted in accordance with the Public Contracts Regulations 2015 (the Regulations). The procurement process is managed independently by the NEL Commissioning Support Unit (CSU), who oversee APMS procurements across the London Region. Procurements are published nationally through the e-procurement portal ProContract (the Portal), local NCL providers are notified directly through the CCGs communication routes and are informed when the tenders will be published on the portal. Prior to the procurement being published the CCG carries out a patient and stakeholder engagement over 6 - 8 weeks. The method of engagement is via a survey and forums held in the practice. Patients are notified via letters, website, text messages and in practice etc, they are also provided with the CCGs primary care team contact details to provide feedback. The survey is tailored to capture patients views on the delivery of the practice and what they would like to see in the future to improve their care and experience of services received from the new provider. The outcome of the patient survey is shared with the bidders who are required to respond via the procurement questions to demonstrate how they will address patient needs. 		
	To ensure strategic fit to the local area bidders are invited to provide a respon- are separated into Generic and Lot spe- headings of the questions are provided evaluated by subject matter experts, w Nurses), patient representatives, lay m commissioners, Quality, medicine man Interviews are also held with the bidden are also panel members.	se to a range of ecific (to the con- l below. The res hich include Clin embers of the C agement, financ	questions, which tract). The ponses are nicians (GPs and CG; senior e, GPIT etc.
	To ensure the CCG is compliant with the (2015) and to reduce the risk of legal control and moderation is managed and overs team.	hallenge the pro	cess of evaluation

The outcome of the evaluation, successful bidder and process carried out is referred to the NCL Primary Care Commissioning Committee (PCCC) to ratify and approve the notification of contract award. Once the letters have been issued to the successful and unsuccessful bidders, the CCG allows for the 30 day challenge period, prior to contract award.
Post the procurement and signing of the APMS contract, a 6 week mobilisation period commences and during this phase the successful bidder is encouraged to meet with the Patient Participation Group to introduce themselves and commence engaging early with the group and any other representatives. The new provider is also encouraged to meet with local stakeholders including the Primary Care Network of practices, Clinical Director, external agencies etc to ensure they understand the need of the local population and the immediate priorities.
The new provider is monitored on a quarterly and annual basis through Key Performance indicator and a broader quality reviews. There are a broad range of indicators the CCG monitors covering clinical, access, patient satisfaction and complaints, operational and clinical governance, compliance with the contract and regulation etc. Concerns regarding performance or if the provider is operating in breach of the APMS contract are referred to the NCL Primary Care Commissioning Committee.
APMS contracts are commissioned for 15 years, with a contract break at each 5 years. The CCG at each 5 year break is required to carry out a strategic and performance review to consider the options of extending for a further 5 years or allowing the natural expiry of the contract. The strategic and performance review includes, quality and performance, list size growth, patient views and complaints, value of the contract, premises considerations.
The Health and Social Care Bill published in July 2021 has proposed changes for procurements under the provider selection regime and patient choice. These changes will either allow consideration of a competitive tendering process or direct award of a contract. Decision on the method of award will have to be based on the following criteria;
 Quality and innovation Value integration and collaboration Access Inequalities Service sustainability Social value
The National Regulations have not been updated yet to reflect the proposed changes in the Health and Social Care Bill (July 2021), but in the interim the CCG will be commencing a review of the current procurement questions, patient and stakeholder survey to ensure there is greater emphasis on the stipulated criteria above to inform future decision making for new contract award.
 Headings for NCL CCGs existing procurement questions.

Generic questions Primary Care Network (PCN) Integrated care System (ICS) Signposting Support for carers
- Preventative medicine and self-care
- Prescribing
- Mental Health
 Medical emergencies and safety management
- Incidents
 Clinical and integrated governance and quality assurance model Change management
 Change management Safeguarding
- Business continuity
- Pandemic response
- Data management
- Information governance approach
- Workforce development
 Premises management approach
Lot Specific
- Access needs
- Health inequalities
- Patient experience
- CQC rating
- Clinical priorities
- Continuity of care
 Clinical capacity Contract mobilisation
- Social value
- Digital offer
- Premises proposal
- Financial model template (FMT)