

Decision Matrix: Early Year' Service November 2016

Context

Following a review of strategy for children and families the CCG wish to commission an enhanced offer for pregnant women children and families from pre- conception to 19 years old. The service will be part of an integrated 0-19 Healthy Child programme 0-5 and 5-19 Pathway of care provided by GP's, Midwives, Obstetricians, Health Visitor's, Paediatricians and School Nurses for pregnant woman, children and families in City and Hackney. In addition the service will impact on the Safeguarding Pathway, Looked after Children Pathway, Child and Adolescent Mental Health Pathways (CAMHs) and the Vulnerable Women's Pathway and will ensure seamless transition between 0-5 services, 5-19 services and transition to adult services if required. This document analyses the suitability of the GP Confederation as the most appropriate and/or only provider of this enhanced service.

Service Aims:

Early intervention and Prevention

The service specification aims to ensure that GPs are contributing to the early identification of medical, obstetric or social problems of pregnant women. GPs will carry out an early risk assessment and this information will feed into care plans for pregnant women. Needs are established and appropriate services put in place early to ensure the prevention or treatment of any issues.

Integrated Working

The service specification aims to ensure that GPs are working in a joined up way with Midwives, Obstetricians, Health Visitors and potentially School Nurses, specifically sharing information on pregnant women, children and attending and contributing at joint meetings between Midwives, GPs and Health Visitors to discuss vulnerable pregnant women and vulnerable children and families. This helps to ensure women, children and families receive a seamless service and do not "fall through the net" of universal services.

Evidence Grid A		Is only one provider capable of providing services?
<p><u>Guidance Point:</u> Regulation 5 states where the CCG is satisfied that the services are capable of being provided by a single provider only, it can award a new contract for the provision of healthcare services to that provider without advertising it.</p>		
Consideration	Commentary	Evidence
Necessary Infrastructure (real or capable of development)	<p>The aim of the model is to increase earlier intervention and prevention of health problems in pregnancy and childhood and to improve integrated working among primary care and community services.</p> <p>The GP Confederation represents 41 practices all with premises within City and Hackney. The premises are well positioned to cover the whole population. Each practice has established relationships with the patients on their practice list. GPs have the necessary infrastructure to access all local pregnant women and children which no other existing service can offer (not all registered patients use Homerton maternity and children's services). In addition their list based nature means that the infrastructure to identify and support all pregnant women and children is already in place and well developed. No other</p>	<p>The draft service specification outlines the need to access all women and children to ensure equity of access and improvement of health outcomes and inequalities.</p> <p>No formal market analysis (from CSU or independent) has been carried out but it is very unlikely there would be another provider with necessary access to all women and children in City and Hackney (i.e. the necessary infrastructure).</p>

	provider would be capable of providing the hard and soft infra-structure necessary to deliver this.	
Clinical advantages of co-location with other services	There is a strong case that only 1 provider (GP Confederation) can provide access to all local women and children. The service will be required to work in an integrated way with other services (especially Midwifery and Health Visiting) and co-location of child health clinics (with GPs and HVs) is already in place. The aim of the development of these to services is to enhance their offer and increase accessibility (to avoid problems going missed and becoming chronic).	Service specifications for this contract and health visiting will outline joint working requirements especially for child health services. Joint working with midwives is already in place and again will be further strengthened e.g. early booking and meetings to discuss vulnerable women and children. Clinical interdependence is in place in terms of joint working arrangements alluded to above.
Meeting immediate interim clinical need Steps taken to ensure equitable access	Commissioning the GP Confederation will ensure service equity as all women and children registered with a City and Hackney GP will be able to access the service. This is not true for any other provider (local or otherwise). In addition no other provider can bring along the family medical, social and obstetric history or knowledge critical to identifying emerging health needs, risks and subsequently providing support, treatment, intervention or referral on.	The service will be commissioned to reach a certain percentage of the eligible population of women and children. This is already in place within the existing maternity and vulnerable children's contracts and will be further expanded to take account of the further enhanced offer e.g. pregnancy presentation appointments delivered to minimum of 50% of women.
Publish/transparency (15-30 days warning on web site)	Publish intent to award contract on CCG website within 15 – 30 days	Following decision by relevant CCG committees the decision to contract will be published and the Maternity and Children' programme board will develop a list of provider stakeholders to be informed of the decision.
Capacity for improvement	The service specification defines additional requirements to improve our local primary care offer. These include: Opportunistic and targeted pre conception care <ul style="list-style-type: none"> • Identify and treat medical issues early (and refer on) • Health promotion e.g. folic acid, healthy weight Pregnancy presentation appointment <ul style="list-style-type: none"> • Identifying existing and new obstetric, medical, social and psychological risks right at the start of pregnancy • Making good quality and swift referrals to maternity services including sharing risks and needs of pregnant women. Enhanced services for children and families <ul style="list-style-type: none"> • Developing partnership working with health visitors • Enhanced offer to children aged 0-19 	The GP Confederation in partnership with the CEG provides decent quality quarterly data which shows performance. This data is reported internally at the CCG and forms part of Maternity and Children's Programme Board papers which are routinely published on the external CCG website for patient and public consideration.
Manage conflicts	Ensure all actions/decisions have a clear audit trail and comply with the CCG governance processes	A timetable for transparent procurement, clinical and patient engagement and adherence to CCG governance processes is in place to ensure the process is carried out in a fair, transparent and open manner. Documents will be produced and can be published on the CCG website as deemed appropriate.

Market testing suggests only one provider interested	What extent of market testing has been carried out? What benchmarking against other CCG areas?	Formal market testing has not commenced and advice on the requirement for this was sought from contracts team / CSU. However in light of the lack of other providers who have the necessary infrastructure and clinical capacity to provide this service to all pregnant women and children in City and Hackney, this was deemed unnecessary (as the GP Confederation is the only capable provider).
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Evidence Grid B	Is one provider assessed as being the most capable of providing services?
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Guidance Point: Regulation 3 provides that the NHS must procure services from one or more providers that are:

- Most capable of delivering the objectives in the Regulations (i.e. secure health needs, improve quality of services, improve efficiency); and
- Provide the best VfM in doing so.

When acting with a view to improving quality and efficiency in the provision of services the relevant body must consider appropriate means of making such improvements, including through –

- The services being provided in an integrated way (including with other health care services, health-related services, or social care services);
- Enabling providers to compete to provide the services, and
- Allowing patients a choice of provider of the services.

Monitor’s guidance states:

“In the context of the [detailed review], the commissioner may be able to identify with reasonable certainty those providers that are capable of providing the services.....In these circumstances it may appropriate to negotiate with that provider”.

Note that even if one provider could be assessed as the most capable, there is still a need to consider whether competition and/or patient choice would offer additional benefits.

Consideration	Commentary	Evidence
Review service for its compatibility with other services.	The points of compatibility are outlined within the draft service specification. Key compatible services include Health Visiting and Midwifery. Other relevant services include children’s social care, voluntary sector children’s services	The provider / service landscape for maternity and children’s is well established with strong links in place via the CCG programme boards.
Engagement and consultation and reference to clinical guidance.	Feedback has been sought, collected and the service specification has been changed as a consequence.	Feedback summary from CCF, LMC, CEC, GP consortia, PPI committee in place. Further consultation planned for February 2016 which will be added to the document and help hone the service specification.
Network or group of providers as “most capable provider”.	Consider whether a network of providers offer improved VfM or economies of scale, rather than contracting individually with single providers? Could a network have benefits in terms of sharing skills or continuity of care pathways, or ensuring population coverage of services? Gather feedback from proposed network on benefits they might be able to offer. If alternatives to the network exist, consider announcing decision to buy from network on CCG website so that other categories of providers are aware of its intentions and able to express an interest in supplying services themselves.	A network approach may prove difficult at this point in time due to tariff commissioning and payment arrangements for maternity providers. There is not currently any scope to localise these arrangements. A partnership arrangement to formally document working arrangements between GPs, Midwives and Health Visitors could instead be developed. This could be further developed into a network / alliance model as Devolution plans / an Accountable Care Organisation evolves.

Is bundling clinically necessary?	External, independent clinical view – being sought from independent GP for city and Hackney and feedback from clinicians on Maternity and Children’s Programme Boards. However bundling has been adopted in this service to better reflect the patient journey or “care pathway” that all women and children follow (even though some may follow a more universal route and some a more intensive one).	Input received from independent GP and spec amended.
Patient choice	Check action is consistent with CCGs' policies on choice and constitution – to be completed	Bundling will improve access and ensure a smoother journey along the case pathway. Strengthened integration with the compatible services will also ensure a better joined up offer. Patient rep feedback has to date supported this service development. If patients do not wish to access early pregnancy services they can self-refer to maternity services.
Capacity for improvement	Define performance metrics and levels of potential capacity increase – set benchmarks - These are defined with the service specification	As above – will be completed quarterly as part of Programme Board paper publication.
Clinical Audit	Track relevant clinical audits locally and nationally and, if necessary, commission one	Some audits already specified in the service specification, but the schedule is to be discussed and agreed with GP Confederation. Independent clinical input will be sought to develop this area.
Manage conflicts	Ensure all actions/decisions have a clear audit trail and comply with the CCG governance processes	Approach for sharing meeting minutes/papers/CCG policies in place for both Maternity and Children’s Boards alongside a timetable for governance requirements.
List-based services	Are the relevant services best provided in a GP provider environment given the other core services provided by GP providers?	Yes – this has been addressed earlier on. Access to all City and Hackney women and children does require list based service as a provider as no other clinical provider would be applicable.

Evidence Grid C		Are the benefits of competitive tendering outweighed by the costs of running competitive tender or other VFM issues?
<p><u>Guidance Point:</u> The Monitor guidance asks commissioners to consider whether the benefits of non-competitive behaviour outweigh the costs.</p> <p>It states “Commissioners will need to determine on a case-by-case basis whether the costs of a competitive process would inevitably outweigh the benefits that could be achieved, or whether the process could be adapted so that it both secures the benefits of a contested process and is proportionate to the nature of the services being procured.”</p> <p>The guidance suggests a decision not to compete is more likely to be appropriate where the degree of clinical risk inherent in the service is low and/or the monetary value of the service is low.</p>		
Consideration	Action	Evidence
Proportionality test	Actions must be proportionate to the value, complexity and clinical risk associated with the provision of the service	Potential additional revenue - £567k p.a.

	Ensure measure the amount of resources committed to procurement process compared to the value of services provided	Yes the proposed service and provider do match the 17/18 commissioning intentions and priorities for Children and Maternity.
Assess value	Take into account all aspects of Value, including tender cost, validity of patient flows (i.e. are there sufficient patients that would wish to access this service?), cost incurred by provider	Publish VFM statement – to be completed. There are sufficient numbers of women (4500) and children (64,000 aged 0-19) including with high levels of health and social needs to warrant an enhanced service.
Assess clinical risk	Conduct risk evaluation	Demonstrate low clinical risk – to be completed

There may be circumstances where a competitive procurement process has been undertaken, however only one response has been received from providers. In such circumstances, the CCG should consider VfM and could do so by considering benchmarking pricing with other commissioners for similar services. It may also be sensible to consider the specification of services that has been created and consider whether this has restricted the response from the market. Having considered both, if the CCG can demonstrate VfM it may be minded to proceed with awarding a contract to the relevant provider.