

itt_940 - Provision of APMS GP services for LOT 1 – Walsall Town, LOT 2 – Harden/ Blakenall, LOT 3 – Keys Medical Practice & LOT 4 – Collingwood Family Practice in Walsall

ITT Clarification Questions and Answers

Version 9 – 18 April 2018

Q1	Can we ask for NHS PS service charges based on current occupancy levels with assumed location for all LOTS?
A1	The Commissioner has provided the Costs which are included on the attached spreadsheet. Please note that Lot 3-Keys Medical Practice costs to be confirmed by NHS Property Services.

Q2	Can you confirm which rates, taxes and utilities costs will the awarded contractor have to pick up?
A2	The Commissioner can confirm that rent, rates, water rates and clinical waste costs are reimbursed by the CCG. The Preferred Bidder would need to pick up facilities management costs such as gas, electricity, cleaning maintenance, security and this is consistent with charges to GMS practices. The costs are provided on the attached spreadsheet. Please note that Lot 3-Keys Medical Practice costs to be confirmed by NHS Property Services.

Q3	The ITT Process Overview document (document 1) states that 'the current contract for the Services will end on 30th June 2018 and as a result the successful Provider is expected to be fully operational, providing the Services from 1st September 2018'. What are the plans for the interim period? (1st July - 31st August)
A3	The Commissioner has confirmed during July and August we are looking to extend the current contracts by 2 months, although this is not yet confirmed, however the Commissioner hopes to confirm this by tomorrow.

Q4	References – As the PQQ was only a short time ago, are Bidders expected to re-request references to be re-submitted?
A4	This is a new procurement and Bidders should provide references as requested and outlined in the Qualification Envelope.

Following on from Q1 above, please see below for further details:

Q1	Can we ask for NHS PS service charges based on current occupancy levels with assumed location for all LOTS?
	The figures supplied are based on the latest information provided to the CCG by NHS Property Services (NHSPS) and are the forecast costs for the financial year 2017-18. The CCG is currently in discussion and review with NHSPS regarding such charges across the whole of the Walsall estate, and therefore such costs are subject to change once this review has been completed. In the event that there is a material change in these levels of costs, both reimbursable and non-reimbursable, the CCG will enter into further discussions with the service provider to assess the cost implications of such change. Please see attached spreadsheet for figures.

Q5	Lot 2 receives an estimated £98k income per year for Enhanced Primary Care to Nursing Homes. No service specification has been provided for this. It seems likely that a service of this size would have staffing implications. Could a service specification for this service be provided please together with information on the staffing requirements to provide this locally commissioned service?
A5	The CCG does not commission staffing for Enhanced Primary Care to Nursing Homes service or specify with Providers the level of staffing required, the CCG does not have access to this information. A Service specification is attached.
Q6	The Practice Profile for Lot 2 mentions enhanced services for Nursing Cover and Discharge to Assess Beds. No service specification has been provided for these and there does not appear to be an income estimate for them in the Schedule for Lot 2. Could a service specification for these services be provided please together with information on the staffing requirements to provide this locally commissioned service and the estimated income earned from them?
A6	The CCG does not commission staffing for Enhanced Primary Care to Nursing Homes service or specify with Providers the level of staffing required, the CCG does not have access to this information. A Service specification is attached.
Q7	Will there be any scope for negotiation around these non-reimbursable service charges, or are there any discretionary elements within them that could be procured separately?
A7	Any negotiations would be between the new Provider(s) and NHS Property Services if the Provider(s) wished to utilise their own resources rather than NHS Property Services for non-reimbursable costs.
Q8	We note the KPI of 75 GP face-to-face appointments per week per 1,000 patients. Could the commissioner confirm if there is scope for this to include clinicians who are able to prescribe (i.e. Advanced Nurse Practitioner or Prescribing pharmacist)?
A8	ANP or prescribing pharmacist appointments can count towards the 75 appointments per 1,000, with the recommendation that these would not account for more than 20% (15 appointments).
Q9	Given that a 5% year on year reduction in A&E and urgent care attendances and emergency admissions over 5 or 10 years would be very large and possibly beyond the scope of what we could achieve on our own, would commissioners be able to confirm that the targets for KPIs 3a and 3b will be set on a basis to be agreed mutually before contracts are signed?
A9	The Commissioner would expect 5% to be met in Year 1 and the percentage will be subject to agreement thereafter.
Q10	Will the premises be decorated prior to being handed over to the new provider?
A10	The Commissioner can confirm that the premises will not be decorated prior to being handed over to the new Provider.
Q11	Is the capital expense to complete reconfiguration works sit outside of non-recurring funds?
A11	The CCG will be paying the capital costs for reconfiguration and therefore capital costs are outside of non-recurring funds.
Q12	Will the incumbent provider be willing to allow consultations with staff to commence from the end of the standstill period?
A12	The Commissioner can confirm that the incumbent Provider will allow consultations with staff to commence from the end of the standstill period.

Q13	Do any of the practices have debt that will be (or potentially) transferred to the new provider, if so please provide full details?
A13	The Commissioner can confirm that any debts relating to the incumbent Provider will not transfer to the new Provider.

Q14	Is there an opportunity for site visits prior to the submission date?
A14	The opportunity for site visits will not be available.

Q15	The TUPE sheet for Keys shows a Practice Nurse at Keys earning £38,100 for 8 hours a week. Should this figure be £8,708.57?
A15	Please see attached revised TUPE for LOT 3 - Keys Medical Practice.

Following on from Question 5 please see below for further details:

Q5	Lot 2 receives an estimated £98k income per year for Enhanced Primary Care to Nursing Homes. No service specification has been provided for this. It seems likely that a service of this size would have staffing implications. Could a service specification for this service be provided please together with information on the staffing requirements to provide this locally commissioned service?
A5	<p>The CCG does not commission staffing for Enhanced Primary Care to Nursing Homes service or specify with Providers the level of staffing required, the CCG does not have access to this information. Please find attached the Enhanced Primary Care Medical Cover for Nursing Homes.</p> <p>The Commissioner can confirm that Blakenall practice in LOT 2 currently provides the cover for the following care homes:-</p> <ul style="list-style-type: none"> • Arboretum • Ash Grange • Brownhills • Cottage • Parklands • <p>Please note that an updated version of the specification is attached; please disregard any previous published copies of the specification.</p>

Q16	Could we have a breakdown of the non-reimbursable service costs please so that we can see what is included and what will need to be funded in addition?
A16	<p>The attached spread sheet shows a breakdown of service charges per property as supplied by NHS Property Services. These figures are unconfirmed so should be considered as indicative figures.</p> <p>LOT 1: Walsall Town</p> <p>Sai Medical Centre costs attribute to</p> <ul style="list-style-type: none"> • 3 Providers, • 2 GP practices • Walsall Healthcare Trust (who occupy some rooms) <p>The non-reimbursable costs will account for the 2 GP practices and an element of the Walsall Healthcare Trust costs as the reconfiguration will mean that the combined practice will use some of the rooms currently used by Walsall Healthcare Trust"</p>

Q17	Can we submit a variant bid?
A17	Variant bids are not accepted as part of this procurement process, please refer to

	the Document 1 for further information.
Q18	Are the staffs on Agenda For Change contracts? We'd like to know what each employee's redundancy entitlement is – whether it is statutory or enhanced.
A18	Bidders should be making their own assumptions and calculations based on the TUPE information provided.
Q19	When will new provider be permitted to commence reconfiguration works at Lot 1 and 2?
A19	This will be subject to agreement with NHS Property Services, please refer to the premises information within Document 1. The new Provider will not be responsible for the reconfiguration works, as the CCG will be leading on the reconfiguration works. Due to the need to maintain current services until the end of the contracted period, it will not be possible to commence any significant changes to the buildings until the end of that contract period. But the CCG will be developing plans in readiness for the change in tenant so that work can commence as soon as practical thereafter.
Q20	Can we have site plans for each Lot site?
A20	LOT 1: Walsall Town Sai Medical Centre is identifiable by code 01110 Manor Medical is identifiable by code 01100 LOT 2: Harden/ Blakenall Coalpool practice is identified by code 01100 Harden practice code is identified by code 01120 LOT 3: Keys Medical Practice Keys Medical Practice is identified by code 01100 LOT 4: Collingwood Family Practice Collingwood Family Practice occupy most of the building Please find attached the Site plans for each LOT.
Q21	Can we have condition reports for each site?
A21	Please find attached the Condition reports for each site.
Q22	Schedule 4, section 1.1.1, gives a figure for Global Sum income at £85.35 per weighted patient “excl deductions for opt outs”. The usual deduction for opt outs is for not providing Out of Hours services. The Service Specification states in section 4.2 that the Contractor will not be required to provide Out of Hours services. Are we correct to assume that we will receive £85.35 per weighted patient as Global Sum (subject to any uplifts for 2018/19) and there will be no further deduction for not providing Out of Hours services?"
A22	As stated, the provider will receive a Global Sum payment which reflects the opt out of Out of Hours services - for clarification, the Global Sum per weighted patient will be reduced by the specified percentage to reflect the service opt out, which is consistent with all other Primary Care contractors - in 2018-19, the gross Global Sum figure is £87.92 per weighted patient per annum, and the percentage deduction is 4.87%, and therefore the contactor will be paid £83.64 net per

	weighted patient per annum
Q23	The Practice Profile for Lot 2 mentions support for Discharge to Assess Beds. This is not included in Schedule 4 (Commercial and Financial). In the previous set of clarification questions the CCG sent a service spec for Discharge to Assess Beds covering 25 beds across 3 of the homes looked after by Lot 2. The service for these beds had income attached of £42,250. This seems to be additional to the Enhanced Primary Care to Nursing Homes. So: is Lot 2 required to provide support for Discharge to Assess Beds, if so is this to the Cluster 3 homes only (Arboretum, Ash Grange and Parklands), and if so would that mean an additional £42,250 of income in addition to the income shown in Schedule 4?
A23	The practice profile for LOT 2 is incorrect and they do not provide the “Discharge to Assess Beds” service anymore and schedule 4 is correct.
Q24	Can the Commissioner confirm that it will be acceptable to provide a glossary of terms / acronyms to facilitate easier interpretation of the submitted documents.
A24	In the interests of transparency and fairness, the Commissioner cannot allow glossary of terms / acronyms to facilitate easier interpretation as part of the submitted documents. As there are a number of subject matter experts as part of the evaluation panel, this would be very difficult to co-ordinate during the evaluation period.