New provider entry

Preliminary engagement pack

July 2020

Background

Please send any comments to england.digitalmarketentry@nhs.net

To meet the current challenges facing the NHS, we need to evolve models of clinical service delivery.

The NHS Long Term Plan contains a commitment that by 2023/24 every patient in England will be able to access a digital first primary care offer. Digital first is an approach that aims to ensure people can access appropriate health and care services consistently as and when they need to in a way that meets their needs.

We aim to improve access in an **inclusive** way. Practices will be expected to provide **digital-first access alongside full face-to-face services.** We expect providers to be **innovative and inclusive in improving access for the whole population**, including support and alternatives for those at risk of being 'digitally excluded.'

We will target new providers at areas of greatest need (e.g. under-doctored areas, and areas with poorest access).

We will ensure that new practices deliver good access to **physical services**, address the specific needs of the local population and integrate with local services and providers. Our aim is to encourage new providers to establish practices, ensuring that physical premises are located in deprived areas.

Digital first approaches will also reduce the requirement for face-to-face treatments, assisting with ongoing infection control measures in response to COVID-19.

We propose to run a Dynamic Purchasing System to create a list of accredited providers that could set up services in these areas in a way that minimises bureaucracy for local commissioners.

What is covered in this pack?

1. **Model of care being sought**
2. **Operation of the national provider list**
   - **Overview**
   - **Assessment criteria for providers**
   - **Assessment of need**
   - **Reflecting local populations & workforce plans**
3. **Terms of contract**
   - **Overview**
   - **Premises**
   - **Partnering arrangements**
   - **Duration of the contract**

This pack is for engagement, we welcome your feedback and proposals are subject to change.

How can providers help the NHS achieve their aims?

NHSE/I have identified areas where New Market Entrants can help to deliver improved outcomes to communities and practitioners.

NHSE/I seek to provide the opportunity for New Market Entrants to establish practices to serve communities who have greatest need. To deliver this, we propose the establishment of an approved list of providers, whose capabilities are assured prior to further commissioning activity.

This pre-assurance will involve defining a set of agreed National Standards which providers must meet in order to become an approved provider.

Pre-approved suppliers will then be invited to bid for opportunities across England, with the pre-assurance reducing the burden on suppliers and commissioners when these opportunities arise.

There will be two routes through which approved suppliers may set-up:
Accredited suppliers: Will have met national standards and commissioners may run local procurement processes drawing on this preapproved list.
Qualified suppliers: Will have met a further enhanced set of national standards and when qualified will have a right to set up services in a nationally defined list of areas which are under doctored or subject to poor access. This will be subject to undertaking local mobilisation but no additional procurement.

This approach will benefit suppliers in providing a pipeline of opportunities and will also ensure a vibrant and active marketplace, delivering best outcomes while minimising workload associated with multiple procurement.

The next 3 slides outline how NHSE/I expect New Market Entrants to deliver best outcomes to patients, communities and practitioners.

What do we want from providers?

Access

Timely advice, information and services

Reduced waiting times

Convenience

Support people in an innovative and inclusive way through digital and face-to-face access

Patient experience

High levels of satisfaction

Feel more at ease

Continuity of care

Avoid the waiting room

Save time/cost in travelling

Quality of care

Pick up red flags early using triage

Comprehensive symptom enquiry

Empower self-care

Prioritise care based on needs

Efficiency

Signpost patients to the right place or professional

Optimise appropriate use of skill-mix

Good integration with local services

Less time spent documenting and better data capture

Supporting staff

Greater control over workload

Opportunities for flexible and remote ways of working increasing staff retention and practice capacity

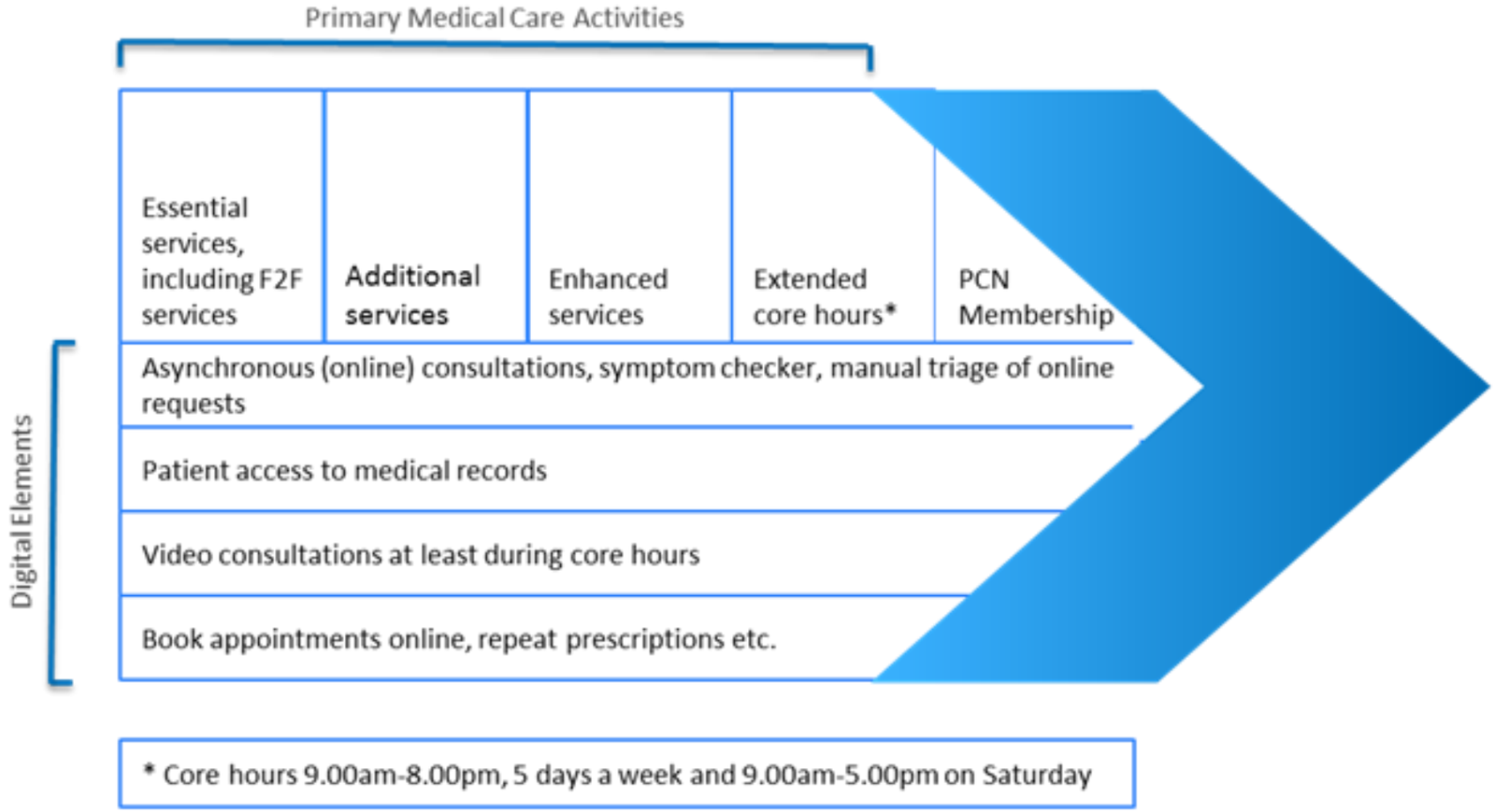
Give people the time they need

Staff satisfaction

Save time in travelling

Overview of the service

Providers will have to deliver a full primary medical care service. This must include both digital and face-to-face services, and practices must ensure that access for the whole population is improved by using innovation to create different pathways as needed. The core digital offer is set out on the next slide.



Overview of the service

Digital Standards – service offer

Providers will be expected to deliver the Core Digital Offer in Primary Care:

- Functionality to provide or signpost the patient to information relating to their query or symptoms. This includes validated information about conditions and treatment and about local health, care and support services.
- Two-way, structured, secure online communication between patient and practice, including the ability to share images (with the ability for practices/PCNs to control use of this functionality).
- A system to enable online triage of requests - including the ability to flag urgent requests, to enable staff to easily signpost patients to the most appropriate service and bespoke service messaging based on time of day/day of week, and to distribute requests to team members with minimal manual burden.
- Video capability to enable staff to carry out a video consultation with a patient.
- Patient access to records, including the ability to add their own information.
- An informative online presence – e.g. practice/PCN website that provides access to digital services.
- Functionality for patients to book appointments online, for patients to order repeat prescriptions online and to benefit from electronic repeat dispensing.
- Appointments to be bookable by 111 on a patient's behalf into both practice level and PCN level services.
- Practices / PCNs to make appointments that do not require a triage process available for online booking.
- Practices and PCNs to have mechanisms in place for secure communication with other health, social care and third-party organisations (so that the use of fax machines for NHS work is no longer required).

Digital solutions will also need to be assessed against NHS Clinical Risk Management Standards (https://digital.nhs.uk/services/solution-assurance/the-clinical-safety-team/clinical-risk-management-standards) to ensure their safe and effective use for the treatment of patients.

Alignment with the NHS app

“[Through] creating a platform, and letting other people innovate on top of it – [we] will ensure a continuing evolution of products available to our citizens and patients.”
Matthew Gould, CEO, NHSX

The NHS App is a national platform providing people with a ‘front door’ to a range of online health and care services, via their smart phone, tablet or device.

NHSE/I are working with NHS Digital to integrate online consultation tools with the NHS App to support a safe and consistent user experience.

The NHS App will utilise an NHS Login to verify patient details and allow interaction with GP services and access to up to date online advice.

Providers will be required to include the NHS App within their service planning and consider how they can ensure its usage is maximised.

New Market Entrants will be required to work with NHSE/I to ensure that their online communication tools can be integrated with the NHS App.

Interoperability And data sharing

NHSE/I have introduced an interoperability standard through GP IT Futures. This allows users of different primary clinical systems to share information seamlessly.

We would require any new market entrant to meet the capability and standards requirements for all digital systems.

This may include a requirement for any new market entrant to utilise a GP IT Futures approved solution.

We encourage providers to consider how their digital solutions will comply with GP IT Futures requirements.

More information relating to GP IT Futures can be found at **https://digital.nhs.uk/services/future-gp-it-systems-and-services**

New Market Entrants will also be required to implement digital interfaces with the following NHS systems

- NHS.uk content
- NHS login
- NHS app (as stated on the previous slide)

To ensure safe and secure transfer of data, New Market Entrants will be required to comply with the following Information Governance requirements:

- Data, Security & Protection toolkit,
- Cyber Essentials Accreditation, and
- any other relevant information security accreditations (e.g. ISO27001)

Innovative access, inequalities and local integration

Providers will be expected to be members of local primary care networks, and to work together with other members to take a population health management approach to delivering services, particularly to delivery of the network service specifications.

- Structured Medications Review and Optimisation
- Enhanced Health in Care Homes,
- Anticipatory Care requirements for high need patients
- Personalised Care, to implement the NHS Comprehensive Model
- Supporting Early Cancer Diagnosis
- CVD Prevention and Diagnosis
- Tackling Neighbourhood Inequalities.

They will also be linked in, through their network, to the wider integrated care system.

A key plank of this population based approach will involve taking a proactive role inn addressing health inequalities in the local population, particularly through ensuring equality of access across population groups. This will require active engagement with local communities and innovative approach to offering accessible inclusive services.

Operation of the national provider DPS

Overview

NHSE/I propose the introduction of a Dynamic Purchasing System (DPS) for the operation of the National Provider List.

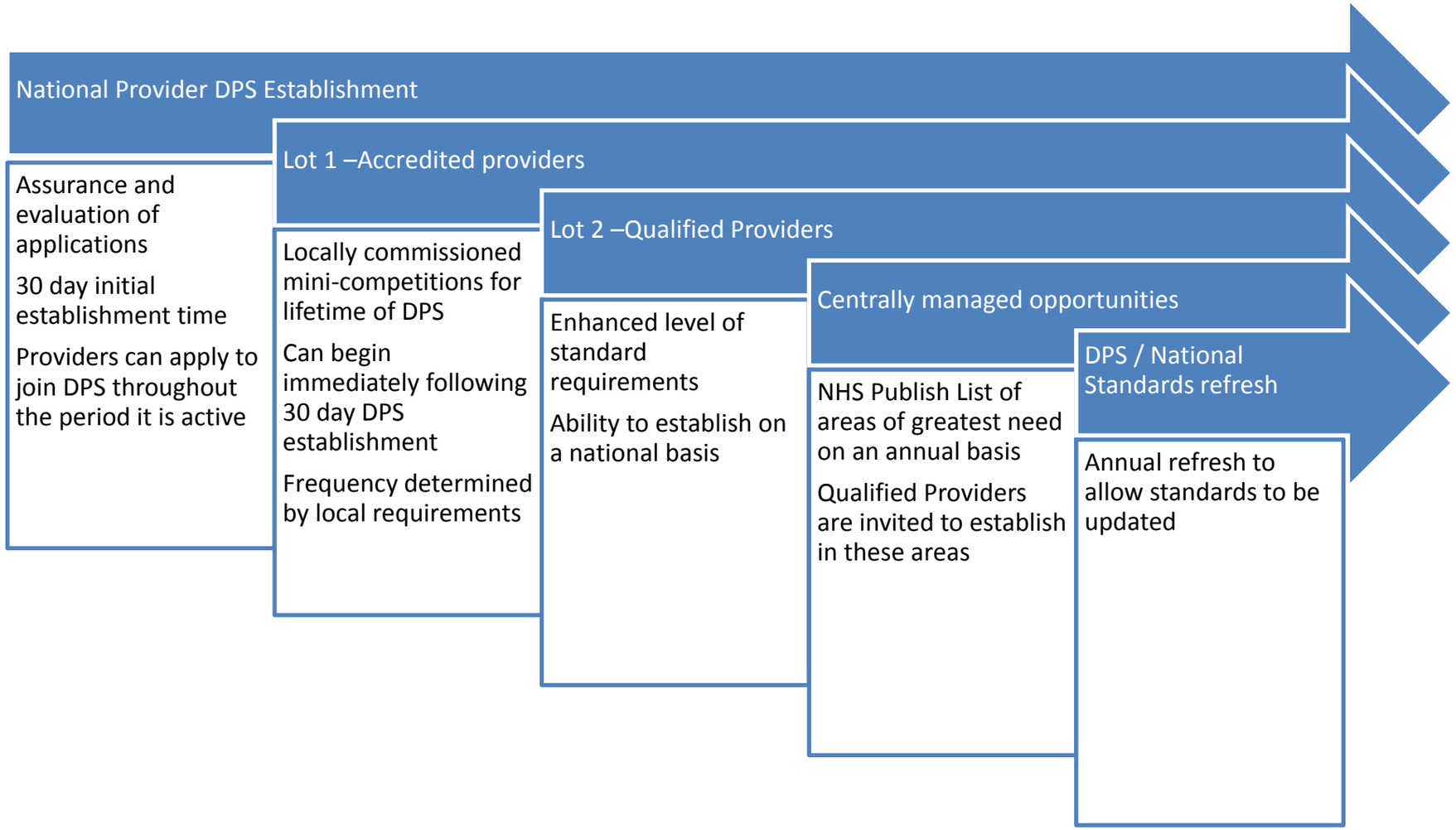
Providers will be invited to apply to join the DPS throughout its lifecycle, with successful applicants awarded approved status as stated below.

Applications will be assessed against a set of Nationally Defined Standards, with the DPS opportunity consisting of two Lots:

- **Lot 1 –Accredited Providers**
- Accredited Providers will be invited to take part in local mini-competitions, with specifications determined by local commissioners.
- The frequency of these opportunities will also be determined by local commissioners.
- **Lot 2 – Qualified Providers**
- Nationally Qualified Providers will be subject to an enhanced set of standards, which will include capability to establish practices in locations across England. Once accredited they will have right to set up in these areas without further procurement exercises.
- NHSE/I will issue opportunities for Qualified Providers to apply to establish in areas of greatest need, defined in a national list updated annually.
- Successful providers will be subject to APMS Contractual requirements with additional standard specific requirements as set out by NHSE/I.

Operation of the national provider DPS

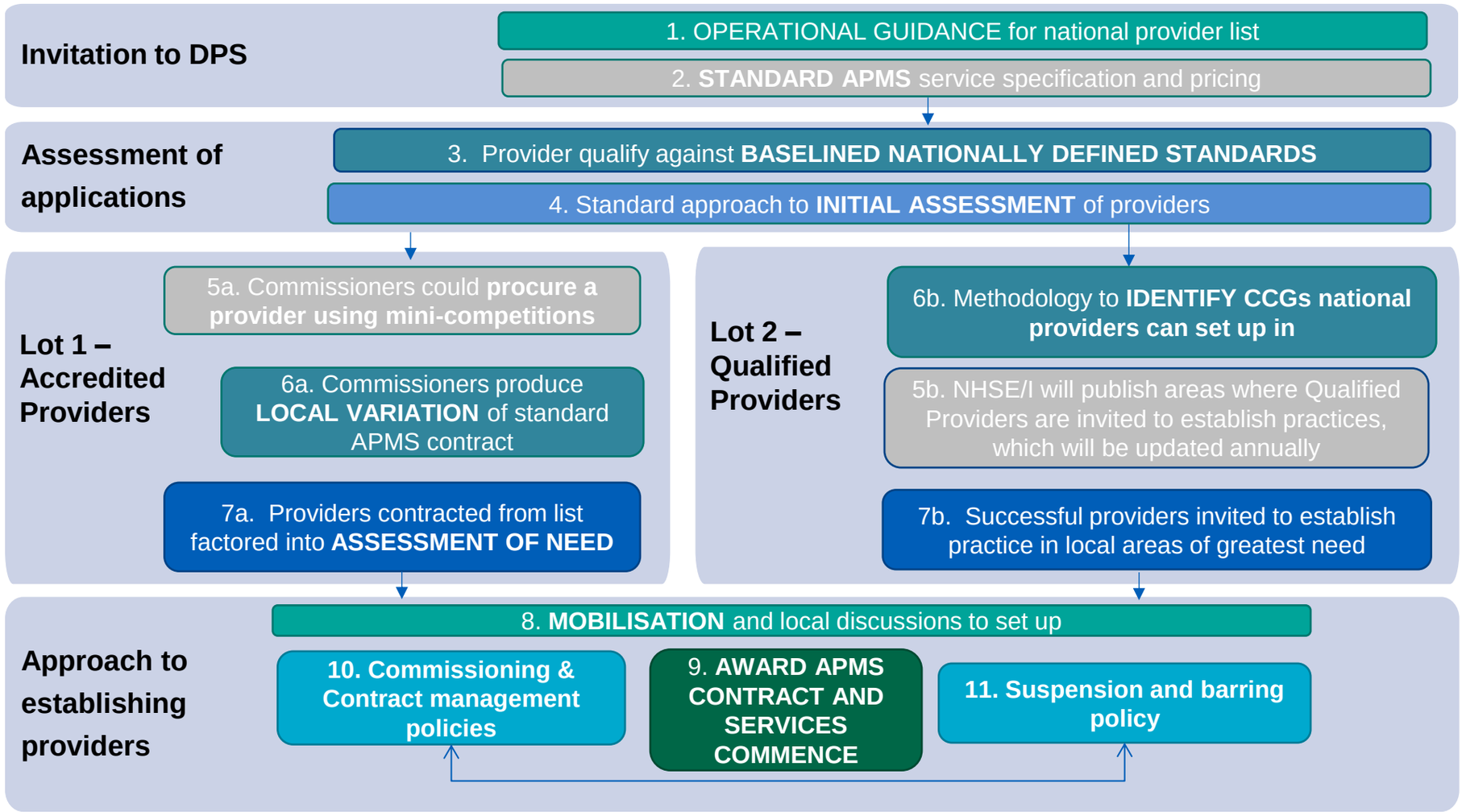
DPS Timeline



Operation of the national provider DPS

Overview

Definition of the national accredited and qualified list. All approved providers meeting a set of criteria would be able to set up and deliver services to patients who choose to register with them. These providers will be able to set up in areas identified as being under-doctored/where people have poor access to GP services.



Two tiers for providers

Accredited Providers

Providers who apply for and achieve the standards required in Lot 1 of the DPS will be granted Accredited Provider Status.

This process will assess the ability of Providers to meet the requirements of NHSE/I to establish practices.

Once successful, these providers will be published by NHSE/I and the providers will be invited to tender for locally commissioned procurements.

As an Accredited provider, the requirements will be assured by NHSE/I. Local procurements will by-pass this stage of evaluation and base their requirements on price and localised quality criteria.

Qualified Providers

Providers who apply for and achieve the standards required in Lot 2 of the DPS will be granted Qualified Provider Status.

NHSE/I will publish areas of greatest need on an annual basis. Providers who have achieved qualified provider status will be invited to establish in these areas.

The Nationally Qualified Providers will be required to demonstrate that they can meet the enhanced requirements of NHSE/I to deliver long-term benefits to the population.

Localised requirements within scope of procurement based upon population need will be managed through the mobilisation stage with the CCG.

NHSE/I will review the areas of greatest need annually.

Two tiers for providers

Accredited Providers:

- Can only establish following a local draw down by the commissioner
- Premises arrangements will be included as part of local specifications
- Standards required will be locally determined.

Qualified Providers:

- Can establish in all areas identified on a national list
- Will receive premises funding only for those practices in designated areas (see below), and to make use of void space wherever possible
- Will be required to outline plans for supplementing GP resource within the area

Operation of the national provider DPS

Assessment criteria

	What are we assessing?	Who does the assessment?	Process	When are procurements executed?
Lot 1 – Accredited Suppliers	• The type of criteria we are considering, include: • Eligibility to hold a GP contract; • Suitability to hold a GP contract; • Details of the model of care; • Financial checks; • Ability to deliver core digital-first service; • Testing to ensure digital systems are compatible with GP systems; • Inclusive face-to-face services	• A national assessment process, linked to existing procurement processes	Two-stage process: 1) Written submission 2) Evaluation and moderation panel	• An open application process to the DPS • Local mini-competitions executed as per the requirements of local commissioners
Lot 2 – Qualified Providers (enhanced requirements)	• Ability to deliver 'best in class; digital-first service; • Ability to bring in additional GP capacity; • Demonstration of how providers will work to reflect the local communities and address health inequalities; • Demonstration of plans to tackle digital exclusion; • Full interoperability testing; • Inclusive face-to-face services	• A combination NHSE/I and NHS X nationally	Two-stage process: 1) Written submission 2) Face-to-face panel approval	• NHSE/I will publish areas of greatest need, which will be refreshed on an annual basis • Qualified providers will be invited to establish in any of these published areas

Assessment of need in CCGs

We will work to create new opportunities for providers to set up new services in areas of greatest need (e.g. under-doctored areas or areas with poorest access and long waits for a GP practice appointment).

Our current expectation is that these opportunities will be available in the 20% of CCGs with the highest need. There are 135 CCGs (since April 2020). Given this, we would expect providers to be able to establish themselves in 27 CCGs.

We expect to have an interim methodology with an aspiration to amend the methodology once new access measures are available.

Summary: First year methodology

Methodology	Overview	Comment
Assessing level of needs	Current Carr-Hill formula weighted population	• Provides a simple and agreed approach to adjusting for relative needs and aligned to many reimbursement systems. Proposing a different set of measures might mean undermining the current Carr-Hill formula. As such we do not recommend this at this time.
Assessing level of service provided	Care workforce - only GPs	• GPs WTE has been used in the past to assess the level of primary care services in local areas. Expanding the workforce covered (e.g. nurses, other new roles) would introduce a subjective assessment of GP equivalence and we have sought to avoid this. • There has been recently a lot of work to improve timeliness, completeness and accuracy of workforce data capturing. • New access measures could be incorporated in the methodology once they will be agreed and tested, e.g. at least 1 year from their launch; this will avoid misalignments between the two methodologies and reduced scope for challenge.

Operation of the national provider DPS

List refresh

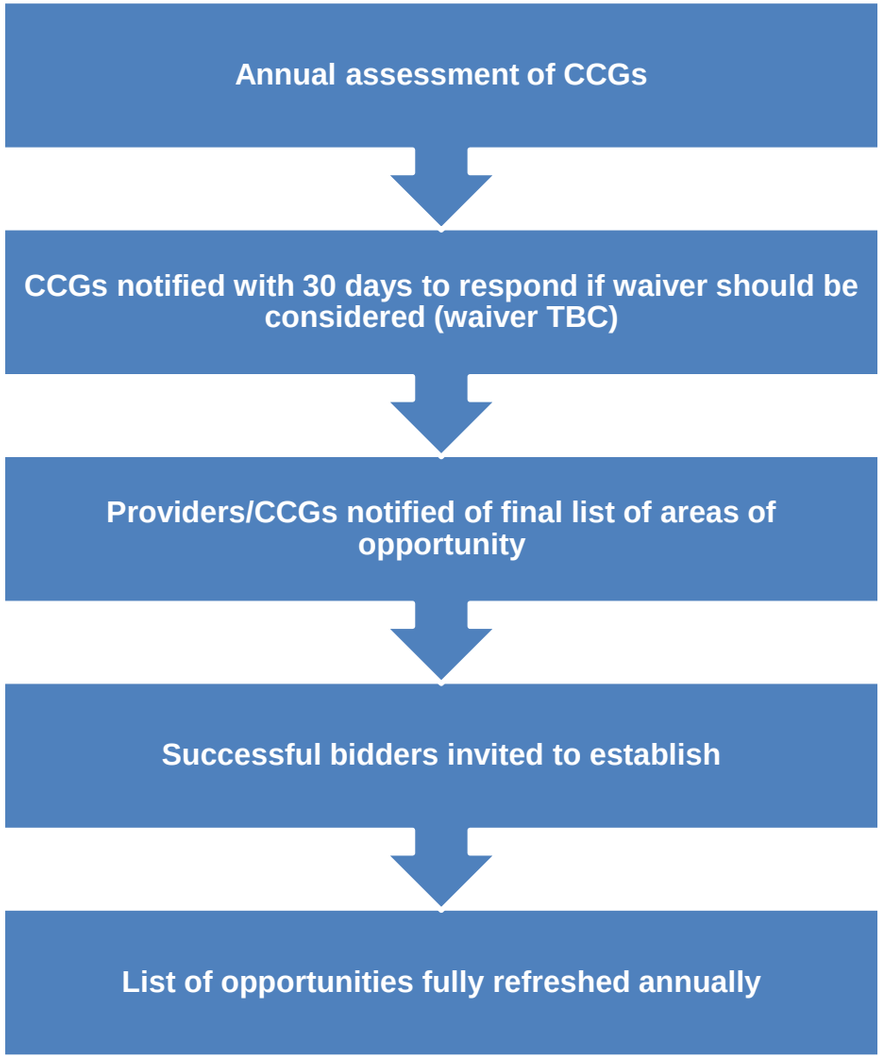
Once the National Provider DPS is established, we would expect a regular refresh of the areas national providers can establish themselves.

NHS will publish a list of areas in which Qualified Providers will be invited to establish. This list will be refreshed on an annual basis. NHSEI will consider ways publishing a list of new provisions in published areas, so that other providers can make an informed decision about whether to also offer services there.

As part of the methodology, we also want to make sure to **capture the current and future contribution of digital providers** which is not consistently captured in the current collection**;** particularly when a digital provider is partnering with other traditional providers in the area and the GPs FTEs working in that area have not been captured by the methodology. As national data sets improve this issue should reduce.

In practice, in the short term, this might mean that we produce an assessment for each CCG based on workforce data available centrally and CCGs will have to provide proof for a local workforce adjustment if they think that the standard methodology is not capturing local initiatives – we will have to work out the requirements for doing this.

We would expect these circumstances to be limited and exceptions to be rarely used; at least in the first few years; with a focus solely on the additional GP capacity they are bringing in that is not captured in the national collection.



Reflecting local populations and workforce plans

As set out in the original consultation we expect the provider to take steps to ensure that its list reflects the demographics of the local population.

To do this, they will need to demonstrate how they will make reasonable efforts to ensure their registered list reflects the communities they are serving and ensuring that people from deprived communities have opportunities to learn about the service and how it operates. Given this, as part of the application process, they will set out how they will:

- Build trust and engage with local communities
- Explain how they will support uptake of digital services to disadvantaged communities
- Explain how patients can access service face to face
- Be innovative and inclusive in their approach
- Have a clear implementation plan with timelines

Workforce plans

The consultation also set out that we expect providers to increase total GP capacity in the areas they set up in.

This capacity will be viewed in the round and GPs working remotely will be factored in.

We will expect providers to submit credible workforce plans for review during the assessment process to become a national provider.

We will also develop proposals, and potential penalties, to ensure that these plans are delivered on.

Overview

As set out above, each CCG identified as having a need will need to mobilise a contract with any qualified provider that expresses a desire to provide in their area.

The contract will be a standard APMS contract designed for this purpose.

During mobilisation the commissioner are provider will need to work through:

- Any enhanced or local incentive scheme requirements
- Detail of IT and Premises funding
- Compliance with local referral processes and procedures that are currently in place;
- Locally agreed contract management and exit management clauses
- Detailed requirements around digital integration.
- PCN membership.

Overview

The standard APMS contract will be used with the addition of specific elements for Qualified Providers.

The burden of the costs of set up (including IT costs) would be for the provider to meet.

Funding for each practice be based on patient registrations with capitated payments using the Carr-Hill Formula.

Providers will be eligible for services as per the GP IT Futures Framework, and will need to adhere to the requirements of the GP IT Operating Model.

APMS providers would not as a default have access to funding through the Premises Costs Directions (see below)

Premises

Services will be established in areas that need them most. Our expectation would be that within these wider CCG areas that premises would be established in deprived parts of the CCG in order to improve existing access inequalities.

Void spaces within the NHS estate are being scoped to determine if they can be repurposed and utilised as premises for digital providers to have face-to-face consultations. This would still involve some set-up costs, but would be efficient in terms of on-going running costs.

Should existing NHS premises be deemed unfeasible, premises costs will be reimbursed as a % of the contract price as a lump sum. This is to be subject to local negotiation with the CCG, supported by national guidance.

APMS contractors are not entitled to receive funding through the Premises Cost Directions.

Contractual Partnering arrangements

Establishing a holistic service will require a range of abilities.

- A holistic service may mean that two or more organisations join together, to deliver the range of services required based upon their specialities, for example joining together digital and clinical expertise from different organisations. Partnership arrangements are encouraged to facilitate best practice delivery for patients.

- The contractual model can be adapted to reflect partnerships. The **alliance model** is designed to support multi-party contractual arrangements, and is commonly used to set up governance and an infrastructure to deliver joint goals. The current version (link below) will be updated alongside the creation of a toolkit in August 2020. https://www.england.nhs.uk/wp-content/uploads/2017/08/3b.-170802-Alliance-Agreement.pdf

- Other models that can be explored include the **prime/ lead contractor model** which can be set up using the NHS Standard Contract or the Integrated Care Provider Contract, depending on the model commissioned.

Duration of the contracts for national providers

Proposal		Options being explored
Duration	• In the consultation document we set out that, in relation to both the Out of Area proposals and the new market entry that: *The APMS contract would be offered on a rolling basis without a fixed length, subject to acceptance that the provider would deliver against prevailing national APMS terms which could be amended by commissioners. The burden of the costs of set up would be for the provider to meet* • The length and feasibility of 'rolling contracts' must be set against NHS duties including compliance with relevant procurement laws. The aim is to implement **longer term contracts** to enable providers to deliver sustainable positive outcomes for populations.	• **No fixed term but a regular renewal process (e.g. every 3-5 years)** when contract requirements are reviewed • A **longer term APMS contract** 15 – 20 years with break clauses (e.g. every 3 - 5 years) when contract requirements are reviewed

In addition, we are exploring penalties to be applied if a provider exits outside of these renewal points, given poor patient experience and issues with service continuity that could result.

Contact us

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Date issued | **July 2020**
Version | **1.5**