

Commissioning NHS Health Checks In Worcestershire - A case study of the Worcestershire experience of the Any Qualified Provider procurement process

Compiled by Julia North, Commissioning Manager, Worcestershire County Council
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a presentation by Darren Plant, NHS Worcestershire (PCT) January 2013

Introduction

Prior to the transfer of NHS Worcestershire Public Health (PH) Department to the local authority (LA), a GP LES was in place for the delivery of health checks, but participation by GPs was variable: practices were concerned about capacity, room space, staff availability, dedicated staff and long-term funding risks.

Based on national guidance, the PH Management Team made the decision to end all LESs at the point of PH transfer to the LA. An options appraisal identified any qualified provider (AQP) as the preferred method for the future commissioning of health checks and the LA Chief Officer's Management Board agreed for the tendering process to be initiated against an uncapped budget. The issue of a non-capped budget had already been raised at Cabinet through a similar exercise for smoking cessation services, reassurances were given, and a 2 year contract with option to extend a further 2 years was agreed.

The commissioning of health checks on an AQP basis was subsequently started as a joint process between the LA and PH prior to transfer, through the contract novation workstream of the PH Transition Plan. A PH Commissioning Manager and dedicated LA Contract Officer worked together to complete the Health Check Service tendering process in time for delivery from 1st April 2013.

There are 69 GP practices across Worcestershire and our target is to invite 38,000 eligible patients per year.

Procurement

This is the tender process and timescales we worked to for 2012-13:

| Process | Timescale |
|---|-------------------------------|
| Advertise Application opportunity LA website e-portal | 4 th December 2012 |

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| Closing date for submission of questions | 19 th December 2012 |
| Summary published of response to questions | 24 th December 2012 |
| Closing date and time for receipt of completed Applications | 4.00 PM on Wednesday 23 January 2013 |

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|--|--------------------------------------|
| Evaluation of Applications | 24 January to 8 March 2013 |
| Clarification Meeting (if required) | 18 February to 1 March 2013 |
| Outcome of Application process announced | By or on 13 th March 2013 |
| Contract commences | 1 April 2013 |

We awarded a contract to 55 practices and 12 external providers (a mix of pharmacies and private sector) and are going to tender for a second round in October 2013 for new contracts to start 1st April.

We pay £37 for a low to medium risk health check outcome and £44 for a high risk, which is higher than most other LAs.

Implementation

Data: we have systems in place for collecting and monitoring providers' quality assurance information, key performance indicators and service user data, but we are still developing our mechanisms for capturing data. It has taken longer than anticipated to work out what we need to capture and how to pull it all together. This is crucial, but with many providers it has proved to be a large task.

Outputs and outcomes

- In 2012/13, 25,748 eligible people aged 40 -74 were offered a health check.
- This was 68% of the target of 37661.
- Of those offered a health check, 13,350 took up the offer (52%).

For provider performance indicators please see Appendix 1

Any lessons learnt

The Health Check contract is complex and has many elements. We would suggest don't underestimate time needed for contract management by the LA commissioning and contracts team.

We arranged for our data management system provider to give a training session (group) to GP staff and this proved to be very constructive and good for building a shared understanding and relationship between commissioner and provider.

We also met with external providers to consider how they could avoid clashing with each other over recruitment events. This was helpful although communication between providers hasn't improved greatly. We are in the process of arranging to list external provider events on our website. Again, this meeting helped to build relationships between commissioner and provider, making it more of a working together relationship rather than them and us.

Key issues

- Issues with software for identifying eligible patients and the call/recall system
- GP systems needed to identify eligible patients and record that the health check had been undertaken for recall to work
- No system for automatic upload from external provider (details sent to NHS.net accounts where available)
- GP clinical systems required to meet national data reporting requirements (accuracy of data dependent on GPs uploading data sent from external providers)
- GP practices unhappy about having to upload data from external providers
- Issues with sending client reports back securely to GP practices that are outside of Worcestershire
- Lack of trust in external testing equipment
- GPs lack of trust in commissioning data reporting system
- No additional funding for workload generated from follow-up (including data upload)

- No necessity for GPs to be involved in the delivery of the LA mandated programme
- Lack of provider experience/skills in tendering process, especially GPs
- GPs only engage if they have the capacity to deliver the programme
- Non- mandated means health checks lose priority with GPs over other programmes (e.g. flu immunisations)
- Lack of buy-in from some GPs due to the inconsistent evidence base
- No access to GP practice lists – particularly a problem for non-participating GP practices, issues re equity of access

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Appendix 1 Provider performance indicators – quarterly reporting

| Quality Indicator | Threshold | Method of Measurement | Consequence of Breach |
|--|---|---|---|
| Percentage of invites that have a full NHS Health Check | A minimum of 40% of those invited | Quarterly, based on service users with a reported risk score in the Core Dataset Report | Trigger point for Council contract review meeting |
| All smokers offered advice and referral to Healthy Lifestyles Hub/or in house service if available | 100% of all identified smokers | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |
| All individuals with a BMI>25 to be offered advice and referral to the Healthy Lifestyles Hub/or in house service if available | 100% of all service users with BMI>25 | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |
| All individuals with a less than active GPPAQ score (1-3) to be offered advice and referral to the Healthy | 100% of all service users with a less than active score | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |

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| Lifestyles Hub/or in house service if available | | | |
| All individuals with an AUDIT score of 8+ given a brief intervention, all those with a score of 20+ offered referral to specialist alcohol services/or in house service if available | 100% of all service users with a score of 8+ and 20+ | Quarterly based on Core Dataset Report | Trigger point for Council contract review meeting |
| Number of complaints received | | Provider to collate and submit as part of the Quarterly Service Quality Performance Report | Provider to submit to Council plan to address issues raised in complaints |