

Dudley Multi Specialty Community Provider (MCP)

Overview of MCP role and responsibilities and Purpose of Prior Information Notice (PIN)

1. NHS Dudley Clinical Commissioning Group (“the CCG”), in conjunction with Dudley Metropolitan Borough Council (“the Council”), expects shortly to seek expressions of interest from providers for the development of a MCP for the delivery of a range of community-based health and care services for the registered patient population covered by the CCG and the resident population of the Council.
2. It is anticipated that this single entity will, in summary:-
 - hold a contract of up to 15 years’ duration;
 - manage a single, whole-population budget;
 - transform the access to and delivery of community health and care services;
 - meet a defined set of outcome and performance measures.

A. National Background

3. The NHS Five Year Forward View set out three gaps which the NHS must close:
 - the health and wellbeing gap;
 - the care and quality gap;
 - the finance and efficiency gap.
4. The development of new models of care which remove traditional service barriers is one policy designed to address the three gaps. The MCP policy is set out in “The multispecialty community provider (MCP) emerging care model and contract framework” which can be accessed through the following link:
<https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf>

B. Local Background

5. Dudley faces a number of challenges in the years ahead including:-
 - a growing frail elderly population;
 - a population living longer with more complex needs;
 - the need to manage growing demand with limited resources;
 - the need to sustain robust general practice as the first point of access to a range of services.
6. Existing service delivery mechanisms will need to change in response to these challenges and recognise that needs do not match traditional service boundaries.
7. Further detail about the needs of the Dudley population is set out in our Joint Strategic Needs Assessment and can be accessed through the “All About Dudley Borough” web site <http://www.allaboutdudley.info/AODB/navigation/home.asp>

C. Service Scope

8. The services to be provided by the MCP are likely to include:
 - community-based physical health services for adults and children;

- some existing out-patient services for adults and children, including Ophthalmology, Urology, Respiratory Medicine, Gynaecology, Diabetic Medicine, Dermatology, Rheumatology, General and Geriatric Medicine, among others;
 - emergency admissions from care homes and/or admissions attributable to falls or ambulatory care sensitive conditions;
 - primary medical services currently commissioned from general practice;
 - local improvement schemes currently commissioned from general practice;
 - general practice prescribing;
 - urgent care centre and primary care out of hours services;
 - all CCG commissioned mental health services;
 - all CCG commissioned learning disability services;
 - intermediate care services and services provided for people assessed as having NHS Continuing Healthcare needs;
 - end of life care;
 - CCG commissioned voluntary and community sector services;
 - services currently commissioned and/or provided by Dudley Metropolitan Borough Council in relation to adult social care (see 9 below)
 - services commissioned by Dudley Metropolitan Borough Council's Office of Public Health, including health visiting; family nurse partnership; sexual health; and substance misuse services;
 - some activities currently carried out by the CCG, including, in whole or in part, service redesign; financial management; information technology; business intelligence; patient and public engagement; safeguarding; complex case placement, management and recovery; NHS Continuing Healthcare and intermediate care assessment; and medicines management.
9. In addition to the above, there is potential for the Council's net adult social care budget in the CCG's geographic area to be included. There is potential for all or part of that adult social care provision, together with some or all of the related budget and functions (depending on the extent of the service in question) to be transferred to the MCP throughout the contract period, and thereby to form a constituent part of the subject-matter of the MCP's contract. Subject to Council approval, such transfer may take place on a service by service basis, or in such stages or steps as the bodies responsible for commissioning adult social care services may decide, or be required to implement, in agreement with the CCG. There is currently an expectation on the part of Central Government that health and social care services should be fully integrated by 1 April 2020.
 10. Integration with general medical practice is a critical feature of the model and this will be achieved in a manner that is consistent with the options identified in the MCP framework document cited above, through either a "partially integrated" or "fully integrated" service model.
 11. The MCP will be expected to demonstrate the highest level of commitment to innovative, community-based service delivery and implementation of a multi-disciplinary team-based service model linked to a defined set of outcomes.
 12. The MCP will be designed in such a way as to remove barriers that currently exist between physical health care, mental health care, primary care, and social care.
 13. The MCP will be expected to work in a much more inclusive and collaborative manner with voluntary and community sector partners. In this sense, the MCP will act as a catalyst for community transformation, developing existing local assets and supporting the creation of vibrant and connected communities. Organisations with

the capacity and capability to support this may wish to partner with potential bidders for the main contract (see 16 below).

D. Characteristics

14. It is expected that the MCP will be responsible for 4 key aspects of population health management:-
 - improving the health status of individuals and the local population;
 - providing responsive and accessible planned and urgent care;
 - providing appropriate and joined-up care for people with continuing needs;
 - providing responsive and coordinated care for patients with the highest and most complex needs.
15. The CCG has a statutory duty to have a regard to the need to reduce health inequalities and the MCP will be a key contractual vehicle for achieving this. In doing so, the MCP will be expected to work in partnership with other stakeholders who have an impact on the wider determinants of health and well-being and delivery of social value in meeting its contracted outcomes.
16. Whilst it is expected that the contract will be awarded to a single legal entity for the entirety of service provision, this should not preclude interested parties coming forward to express an interest in being partners, or sub-contractors to the MCP entity where they believe they have the capacity and capability to provide an element of the scope of services and/or to support the delivery of its contracted requirements.

E. Outcomes

17. The MCP outcomes are derived from an engagement process with stakeholders. They are organised around the 4 major improvement areas that stakeholders considered would have the biggest impact:-
 - population health
 - access, continuity and coordination
 - empowering people and communities
 - system and staff
18. The outcomes within the contract will be split into 3 schedules;
 - population health goals
 - local quality and outcome requirements
 - incentive scheme
19. Patient Reported Outcome Measures and Patient Reported Experience Measures will be important features of the Payment for Performance Outcomes
20. Wherever possible, targets have been derived from an analysis of national distributions of achievement and consideration given to achievable stretch targets over the first 5 years of the contract
21. For particular outcomes it is recognised that some development, in terms of data capture and baseline establishment, will be required and where relevant this will be reflected within the targets.

22. Current versions of the MCP prospectus, service scope and outcomes, as approved by the CCG Board following our recent stakeholder engagement process are available at <http://www.dudleyccg.nhs.uk/mcp-procurement/>

F. Risk/Gain Share

23. The contractual arrangement will also be subject to a risk/gain share agreement in relation to acute hospital activity.

G. Operational Date

24. We anticipate that a contract will be in place by 1st April 2018 for a period of up to 15 years.

H. Market Engagement

25. A market engagement event for those interested in the proposals described above, and who might wish to consider expressing an interest as a potential provider or participant in an MCP, will be held on **Thursday 19th January 2017** at:

The Copthorne Hotel, Merry-Hill, Dudley

The Waterfront Level Street, Brierley Hill Dudley, United Kingdom DY5 1UR

- 12.30pm - Coffee and Registration
- 1.00pm – 4.00pm - Market Engagement Event

The deadline for registration is 5:00pm on Friday 6th January 2017

26. This will be designed to provide further information on the procurement, invite feedback and give potential interested parties the opportunity to network.
27. General practice has a pivotal role to play in the eventual MCP model. Therefore, the programme for the event will be designed in such a way as to provide an opportunity for interested parties to engage with local GPs.
28. To register for the information/market engagement event, please register on the Bravo eProcurement system and submit a response confirming attendance details and attendees as follows:

Details of how to register on Bravo and to access market engagement documents:

1. Go to <https://ardengemcsu.bravosolution.co.uk/web/login.html> and click the link to register
 - a. Enter your business and user details and click “save” when complete
 - i. You will receive an e-mail with your unique password,
2. Express an interest in the engagement:
 - a. Login to the portal with your username/password
 - b. Click the PQQs open to all suppliers link
 - c. Click on the relevant PQQ (330) to access the content
 - d. Click the “Express Interest” button at the top of the page
 - e. This will move the PQQ into your “My PQQs page” (this is a secure area reserved for your projects only)
 - f. You can now access attachments by clicking “Buyer Attachments” in the PQQ details box.
3. Registering for the Market Engagement:

- a. Click “my Response” under PQQ details, you can now choose to “Create Response”. Note deadline, then follow the on-screen instructions to complete the PQQ
- b. You must submit your response using the “Submit Response” button.

no later than 17:00 on Friday 6th January 2017

Please note that, in this instance, the Bravo eProcurement system is being used to help facilitate engagement with the market in relation to the MCP model. Any reference to ‘PQQ’ is system terminology only. This is not a pre-qualification questionnaire and does not relate to a procurement process.

29. If you are unable to attend the event but wish to receive any information that is published for (or following) the event, then please still follow the above instructions and submit in the same way, but state you are unable to attend the event.
30. The CCG does not bind itself to commencing or running any public procurement procedure further to, or as a result of, this notice/market engagement. Any subsequent procurement will be commenced by way of a separate call for expressions of interest. The CCG therefore reserves the right to make any necessary changes to the MCP's scope, characteristics and outcomes set out in this PIN, and any other associated documentation, depending on the feedback and engagement as a result of this PIN.
31. Any procurement and the award of a contract for the MCP will be subject to an Integrated Support and Assurance Process overseen by NHS England, NHS Improvement and the Care Quality Commission. This will be conducted in conjunction with the procurement process.

NHS Arden and Greater East Midlands Commissioning Support Unit (AGCSU) is managing this exercise, and any subsequent procurement, in accordance with the Public Contracts Regulations 2015 (the “Regulations”). It is expected that any subsequent procurement process would, if commenced, be subject to Part 2, Chapter 3, Section 7 of the Regulations.