

**Meeting Title: Governing Body**



**Scarborough and Ryedale**  
Clinical Commissioning Group

**Meeting Date: 25<sup>th</sup> July 2018**

**Report's Sponsoring Governing Body Member: Dr Peter Billingsley**

**Report Author: Louise Horsfield**

### 1. Title of Paper: Joint Procurement of Minor Eye Condition Service

### 2. Strategic Objectives supported by this paper:

To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture.



To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale.



To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners.



To support people within the local community by enabling a system of choice & integrated care.



To deliver against all national & local priorities including QIPP and work within our financial resources.



### 3. Executive Summary:

Scarborough and Ryedale and Vale of York CCGs are jointly procuring a community Minor Eye Conditions Service (MECS) to replace the PCT legacy Community Eye Care Local Enhanced Service (LES).

This paper provides background information and requests that authority is delegated from Governing Body to Business Committee to approve the Tender Award Report in order to keep to the agreed timeline.

### 4. Risks relating to proposals in this paper:

There is a risk, if a new service is not successfully procured, that the existing LES may fail and the activity will revert to other over-stretched areas of the system, such as GP practices and the Hospital Eye Service (HES), with associated cost pressure.

Risk rating: 8 High (4 Major – Service Interruption, 2 – Unlikely)

We are aware that there is a suitable provider locally, who is expected to respond to the Invitation to Tender (ITT), furthermore there are known to be other providers nationally so it is unlikely that the procurement will be unsuccessful.

## **5. Summary of any finance / resource implications:**

The new service will be on a 2+2 year contract. The value of the contract over this period, based on current LES spend, is approximately £400,000 for Vale of York CCG and approximately £150,000 for Scarborough and Ryedale CCG. A 'cap and collar' contract, will be used to safeguard against an unanticipated increase in activity and minimise any risk of sub-contractors 'generating' income; the contract will be paid on a price per attendance basis, however the contract will be subject to a floor and ceiling based on 10% of the contract value.

## **6. Any statutory / regulatory / legal / NHS Constitution implications:**

In view of the total contract value for both CCGs, a full procurement exercise is being undertaken in line with OJEU (Official Journal of the European Union) regulations.

## **7. Equality Impact Assessment Completed? Yes.**

## **8. Quality Impact Assessment Completed? Yes.**

## **9. Any related work with stakeholders or communications plan:**

In 2017 an engagement exercise was undertaken by the Referral Management Service with community optometrists on behalf of Vale of York CCG. The feedback highlighted an appetite for review and update of the existing LES, with the main concerns raised being the diminishing number of practitioners and consequently issues meeting demand.

In April 2018 providers of the LES were asked to distribute surveys to patients using the service in order to capture some baseline data; this feedback has informed the development of the new service specification.

## **10. Recommendations / Action Required**

Ordinarily Governing Body would consider and approve the Tender Award Report but the dates of the Governing Body meetings mean that the report would not be considered until 26<sup>th</sup> September 2018, which will delay the tender award and service mobilisation; given that the budget for this service is a transfer of an existing budget from the LES to the newly procured MECS, it is requested that Governing Body delegate authority to Business Committee to approve the Tender Award Report.

## **11. Assurance**

This project is being led by a Vale of York CCG project team, including the Senior Procurement Lead; the project team will be accountable via both the Vale of York CCG and Scarborough and Ryedale CCG governance arrangements.

The budget, financial model, service specification, and procurement processes, were

approved by Vale of York CCG Finance and Performance Committee on 23<sup>rd</sup> May 2018, and Scarborough and Ryedale CCG Business Committee on 6<sup>th</sup> June 2018, prior to the ITT being published on 21<sup>st</sup> June 2018.

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## **Introduction and Background**

A single provider model Minor Eye Conditions Service (MECS) is being jointly procured by Vale of York CCG and Scarborough and Ryedale CCG to replace the PCT legacy Community Eye Care Local Enhanced Service (LES).

The LES was established at a time when there was a desire to reduce demand on GP practices and reduce onward referrals to secondary care. A consultant Ophthalmologist from Scarborough Hospital (then not part of York Teaching Hospitals Trust) supported the development of the service. He no longer has any part in sustaining the service.

The LES is unsustainable in its current form due to

- Diminishing numbers of accredited practitioners
- The original accreditation training no longer being available, thus no new providers can become accredited
- Contracts being held with individual providers of the LES, i.e. individual high street optician practices, which means that monitoring of quality, performance, and governance is sub-optimal
- Finance arrangements being laborious and inefficient.

The aim of introducing a MECS is to

- Reduce inappropriate secondary care activity by continuing to utilise the skills of primary care optometrists to assess, manage, and prioritise patients presenting with a minor eye condition, whilst adopting a model which is sustainable and can be managed via a single contract.
- Reduce attendance at GP surgeries with minor eye problems: due to a lack of expertise and equipment (slit lamps) in most GP surgeries these contacts are often unnecessary and add little value to a patient's care. This is not intended to denigrate GP's roles but to reflect that in the past GPs referred many patients into the Hospital Eye Service (HES) because, prior to the LES being set up, there was no mechanism to refer to local opticians or to reimburse them for the work being undertaken.

Community Optometrists are able to:

- Review, diagnose and reassure patients
- Refer patients to the hospital eye service as emergencies
- Refer patients via the Referral Management Service (RMS) to routine hospital eye services.

## Procurement Timeline

Below is the agreed timeline for the procurement. Governing Body are requested to delegate authority to Business Committee to approve the Tender Award Report, in order that the Alcatel (standstill) period may commence on 10<sup>th</sup> September 2018. Otherwise, Alcatel cannot commence until 1<sup>st</sup> October 2018 and service mobilisation will have to be delayed correspondingly.

<b>MINOR EYE CONDITION SERVICE (MECS)</b>		
<b>OPEN PROCEDURE</b>		
<b>Activity</b>	<b>Date</b>	<b>Status</b>
Specification Development	Need to be completed by 16/18 May	Complete
Tender documents Development	Needs to be completed by 19 June	Complete
F&P approval - VOY	Thursday 24 May	Complete
Business Committee Approval - S&R	Wed 06 Jun	Complete
ITT Live	Thurs 21 Jun - allows 32 days for tender period	Complete
ITT Return	Mon 23 July	
Evaluation	Mon 23 July - Friday 10 August	
F&P Approval - VOY	Thurs 23 Aug	
Business Committee Approval - SR	Wed 5 Sept	
Governing Body Approval - VOY	Thurs 6 Sept	
<b><u>Governing Body Approval - S&amp;R</u></b>	<b><u>Wed 26 Sept - could this be delegated to Business Committee to approve?</u></b>	
Alcatel Period	Mon 10 Sept	
Tender Award	If only 1 bidder then no need for alcatel so could award on 10 Sept, but latest would be Fri 21 Sept	
Mobilisation	Fri 21 Sept - 30 Nov	
Contract Start Date	01-Dec-18	