



***South Gloucestershire***

# Designing high quality community services fit for the future

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Gloucestershire**

# The Community Services Contract



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A 2 year block contract of £14m per annum. Currently hosted by North Bristol Trust

Care Management and In-reach  
Church House (learning difficulties respite)  
Clinical Assessment and Treatment Service (CATS)  
Community ENT Service  
Community Matrons  
Continence  
Deprivation of Liberty Safeguards  
Dietetic Malnutrition Service  
Disabled Adult Resource Team (DART)  
District & Community Nursing  
Education & Development  
Emergency Care Practitioners (ECPs)  
Emergency Response  
Extended Care Nursing  
Falls Service

Falls Physiotherapy  
Henderson Ward Thornbury  
Infection control  
Integrated Community Equipment Service  
Intermediate Care  
Joint Community Assessment Point (JCAP)  
Minor Injury Unit Yate  
Musculoskeletal outpatients  
Night sitting service  
Nutrition and dietetics  
Occupational Therapy  
Podiatry  
Specialist Nurse Dermatology  
Specialist Nurse Parkinson's Disease  
Spinal Assessment and Treatment Service (SATS)  
Tissue Viability

# Procurement Process



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Key Milestone	Timescale
Initial patient/public and stakeholder engagement	November 2011- February 2012
Prior Indicative Notice in Supply2Health	December 2011
Service specification advertised	30 <sup>th</sup> March 2012
Provider briefing event	April 2012
Evaluation process	June – July 2012
Contract awarded	August 2012
Mobilisation and Transition phase (6 months)	Oct 1 2012– 30 <sup>th</sup> March 2013
Contract Starts	1 <sup>st</sup> April 2013

# Where we are now



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**Over-arching principles for community services were developed by the PBC consortium in 2009**

- Collaborative working with other organisations and agencies to ensure success of care planning approach
- Community nursing teams should focus on the most vulnerable patients in the community i.e. frail and elderly care, those with complex conditions, frequent flyers into hospital, those who require intensive short term intervention and patients on an end of life pathway
- Community services resources should be distributed equitably across South Gloucestershire



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**Key Milestone Completed by** Place Prior Indicative Notice in Supply2Health Dec 2011  
Staff consultation commences Jan 2012 – Oct 2012  
South Gloucester Community Health Services Prospectus to CCG Feb – March 2012  
Gateway 2 & 3 Papers to South Gloucestershire CCG 7th March 2012  
Gateway 2 & 3 Papers to BNSSG Governance Committee 22nd Mar 2012  
Gateway 2 & 3 Papers to Cluster Board 28th March 2012  
Advertise in Supply2Health (Expression of Interest stage) 30th Mar 2012  
Advert closes - Issue prospectus, tender documentation and initial dialogue with interested providers 20th April 2012  
Provider Briefing Event 17th or 18th May 2012  
Return of questionnaires 1st June 2012  
Evaluation process 6th – 20th June 2012  
Evaluation Review meeting 21st June 2012  
Shortlisted provider presentation and interviews **2nd – 11th July 2012-TBC**  
Gateway 4 Contract award paper to CCG 4th July 2012  
Gateway 4 Contract award paper to BNSSG Governance Committee 25th July 2012  
Gateway 4 Contract award paper BNSSG Board 8th August 2012  
Commissioner Case for Change to Strategic Health Authority 13 August 2012  
TUPE transfer process Sept 2012- Mar 2013  
Contract negotiations, agreement & Transition phase (6months) Sept 2012 – 30th March 2013  
Contract Starts 1st April 2013

# Where we are now (cont)



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**These principles have been translated into the current community services' service specification the core of which is the establishment of locality teams**

## Expected Outcomes

- Practices should be able to access high quality community services for their patients quickly and easily
- Community services should be consistently available and delivered in line with performance and access requirements
- Patients with Long Term Conditions will be appropriately supported and be able to access relevant care in a timely manner
- Patients should be able to receive appropriate and timely intermediate care/ rehab support
- Patients are able to exercise choice at end of life, including choice of where to die and be supported in that choice
- Reduction in avoidable emergency admissions to secondary care
- Patients most at risk of admission will have care plans
- Reduced delayed discharges from hospital
- All community service interventions are entered into GP clinical systems to create a comprehensive health record

# Procurement process



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NHS South Gloucestershire has begun the procurement process to award the contract to start April 2013

The prior indicative notice (PIN) has been released on Supply2health

Open procurement - NHS, social enterprise, 3<sup>rd</sup> sector and private companies are welcome to bid

# Engagement



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**NHS South Gloucestershire is undertaking a series of public patient engagement activities to shape the service specification**

- Patient/public questionnaire
- Discussion and presentations at patient and 3<sup>rd</sup> sector meetings
- PPI representation/representatives during the procurement process

# Key Questions for discussion



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- **What are the key functions that a community services provider will need to deliver**
- **How will they need to link with other agencies and healthcare providers to achieve this?**
- **How can we measure achievement of partnership working**