

As promised please find attached the slides from the consultation event regarding Cancer and End of Life Care for 4 CCGs:  
NHS CANNOCK CHASE CCG; NHS NORTH STAFFORDSHIRE CCG; NHS STAFFORD AND SURROUNDS CCG; NHS STOKE ON TRENT CCG

We were unable to stay for the 'end of life' presentation due to other commitments but here's the summary from the cancer consultation. I have also attached the list of attendees, as you can see the usual suspects are out in force – Care UK and Serco  
Regarding Macmillan's involvement - they are involved in an advising capacity alone and have no decision making role, nor are they allowed to make a bid. They are providing justification for change from the service users.

Summary:

**Andrew Donald** (Chief Officer, Cannock Chase and Stafford & Surrounds CCGs) is heading up the programme and hosted the event.

**Lesley Savage** (responsible for patient engagement) and **John Sneddon** (specialist in end of life care) are Non-Executive Board Members and continued to emphasise the importance and ongoing work of making decisions based on community involvement. They do this through their partnership (previously patient forum) and patient champions groups (open membership of 28, an additional 13 have not attended the workshops and 4 have volunteered to be part of the procurement process). They are recruiting for more members to join so if any of you are based in the catchment of those CCGs it might be worth getting involved. They hold a monthly meeting at Meer Health Centre and have a 10 year plan of creating multiple 'cells' of patient champions around the region.

They are looking to create a service based on the 9 Macmillan outcomes determined as a result of patient consultation (please see slides)

**Ann Marie Holder GP and Chair of Stafford and Surrounds CCG** – outlined the vision of achieving the best outcomes for patients in Europe and showed how far down the league tables we are at the moment.

**Glenn Warren - Procurement Lead for Cancer and End of Life Care Cannock Chase CCG** – explained that they were looking for a 'prime provider' which means that they are looking for a **manager of contracts** and **not a provider of care**.

**Rhian Vandrill Lawyer at Wragge & Co, Director (Health Team)**

Highlighted that the prime provide can be a consortia or a joint venture it need not be a single provider / company

Outline of the 10 year contract –

Years 1 and 2: integration period and more a case of managing existing contracts and conducted on a fee based contract.

Years 3-10: prime provider to be responsible and liable for delivery – outcomes based contract.

**Martin Peat - Commercial Director, The NHS Strategic Projects Team**

Timeline of procurement:

1. Issue PQQ/MOI – May 2014
2. PQQ return, evaluation and selection of bidders – July/August 2014
3. Issue ISOS – September 2014
4. ISOS preparation and return – November 2014
5. ISOS return, evaluation and selection of short listed bidders – December 2014/January 2015
6. ISFS issue – January 2015
7. ISFS preparation and return – March 2015
8. Appointment – May 2015
9. External approvals and mobilisation – July 2015

Questions Raised:

Q: Serco asked if this was about TUPE `ing existing contracts or starting from scratch

A: Bids proposing `ideal pathways` will be dismissed – this is not about reorganisation and restructure it is about using what is existing and discovering HOW to deliver wrap around care for the patient.

Q: Boots/Alliance Health asked about remuneration basis

A: This has yet to be decided – there are many potential models to follow, performance / outcome / percentage of achievement etc...

Q: How can the prime provider be selected If the service is to evolve over the first two years and then implemented ?

A: To ensure continuity and stability for patients this process is necessary, the primary provider could destabilise the current structure which is counterproductive and we are looking at installing safeguards against unintended consequences. Prime provider should present year on year plans and forecast potential effects, there will be a quality impact assessment on the bid to prevent things getting worse for patients. Patients are to be partners in commissioning.

We can keep track of them here, let's try and encourage an NHS coalition to propose itself as a bidder :

[@StaffsCancerEOL](http://www.transformingcancerandecol.com)

Others involved in this process:

OPM are working with CCGs to evaluate the past two years service:

<http://www.opm.co.uk/>

Jon Rouse is meeting with the project team today (Director General, Social Care, Local Government and Care Partnerships)

<https://www.gov.uk/government/people/jon-rouse>

Edith McAllister NHS England

Public Health England

Resources highlighted:

Piece on impact of commissioning by Chris Ham

<http://www.kingsfund.org.uk/audio-video/chris-ham-assessing-potential-impact-innovative-commissioning-and-contracting-uk>

Alexandra Fraser, Organiser, WM, 07718 668 511, Regional office: 0121 553 6051