

Appendix 4 - NHS Health Check Delivery Model Options Appraisal

NHS Health Check Provider Options for mixed model where GP practice is the predominant method of delivery Option 4 Mixed Model (A combination of predominant GP Practice Delivery and some community outreach delivery to key most likely to benefit groups)	Strengths	Challenges
<p>Option 1</p> <p>Citywide coverage using individual GP practices via Direct Award under negotiated procedure for predominant NHS Health Check provision and focused community outreach</p>	<ul style="list-style-type: none"> • All of the advantages of GP Practice provision (Option 1 Model document) apply for this. • Use of existing IT infrastructure (System1, EMIS) input, extraction and recall. Patient data access ensures that eligibility is checked • Current GP Practice model uses existing venous blood testing without additional incurred costs – more cost effective, higher quality assurance and referral opportunities • Digital aspect of NHS Health Check can feed directly from and into the clinical system building on the pilot that has been developed by the GP Confederation. Some practices already established this. 	<ul style="list-style-type: none"> • Opportunity to improve outcomes is reduced due to lack of community focused element serving key at risk groups. • Opportunity for collaboration is limited due to individual contracts. Also economies of scale and efficiency are reduced as more difficult to maintain uniform processes. • More difficult for commissioner to manage and support contract delivery with resource available across 96 practices • Negotiated Procedure with 90 plus Practices wouldn't be feasible as a procurement route.
<p>Option 2</p> <p>Citywide coverage using GP Confed as lead provider via Direct Award under negotiated procedure for predominant NHS Health Check provision and focused community outreach. (As part of the negotiated procedure, project team to determine whether it is best for Confed. to directly provide community outreach (ie appoint staff) or sub-contract this element out to a third party)</p>	<p>The GP Confederation is a Member Led organisation that unites and represents over 90 GP Practices across the city. All of the advantages of GP Practice provision (Option 1 Model document) apply. However the following specifically apply to the Leeds GP Confederation as a lead Provider.</p> <ul style="list-style-type: none"> • Reduced management cost as only dealing with one provider • Use of existing IT infrastructure (System1, EMIS) input, extraction and recall. Patient data access ensures that eligibility is checked • Current GP Practice model uses existing venous blood testing without additional incurred costs – more cost effective, higher quality assurance and referral opportunities • Digital aspect of NHS Health Check can feed directly from and into the clinical system building on the pilot that has been developed by the GP Confederation. Some practices already established this. • Extended access appointments are able to offer flexible appointment times across evening and weekends if utilized. The GP Confederation manage the contracts for this provision. This service gives service users more options to obtain NHS Health Checks. • There is much more control to deliver LCC's core values. There is much more ability to influence and commission on outcomes 	<ul style="list-style-type: none"> • Contract managing a large service and budget to committed to one organisation. Although only one provider the provision of the activity is actually subcontracted to over 90 Provider (GP practices), which mitigates this risk. • Majority of provision is still within GP Practices which can be affected by other priorities eg Covid vaccination programme. However the contract could allow more flexibility with the addition of community outreach built into the contract. • Practicalities of managing budget envelope need to be considered I.e. splitting GP activity based payment with some budget for community provision.

	<ul style="list-style-type: none"> • The GP Confederation have experience of developing, implementing and evaluating a pilot for community outreach in current contract, therefore in a good position to build on and manage a successful community outreach service. • If there are any issues, they will be easier to resolve with one provider • Negotiated Procedure will allow the opportunity to negotiate and build on outcomes and value for money. 	
<p>Option 3</p> <p>Competitive Tender Exercise for predominant NHS Health Check provision and focused community outreach</p>	<ul style="list-style-type: none"> • Testing the open market for innovation. 	<ul style="list-style-type: none"> • The responses received would all rely on co-operations with all GP practices in Leeds to enable access to their clinical systems, determine the eligible population details, a systematic invitation process and appropriate follow up for people identified as being at high-risk of CVD. Information governance and data sharing agreements would be required • NHS Health checks may not be offered at GP Practices and service users may be reluctant to use the service based on Insight consultation undertaken. • Additional significant financial costs will affect the delivery of the service, eg IT costs, costs of training staff. Cost implication to purchase software solution to enable access eligible population and transfer data back to GP • Potential fallout from some GP Practice if activity taken away and given to a new Provider/consortia. Practices still need to be part of the pathway even if not delivering NHS Health Check. From feedback from the consultation and from experience elsewhere this would be a high risk process as GP's may disengage and not be willing to work as part of a consortium. • Practicalities of managing budget envelope need to be considered i.e. splitting GP activity based payment with some budget for community provision. • Would focus on opportunistic testing if eligible patient data wasn't provided therefore meeting OHID target achievement would be reduced • limited provider interest from expressions of interest exercise undertaken during Review.
<p>Option 4</p> <p>Assuming Option 2 using Confed as lead Provider is adopted:</p> <p>Separating above into two contracts to deliver:</p> <p>1) Predominant NHS Health Check provision</p> <p>- Direct GP Confed as lead provider</p>	<ul style="list-style-type: none"> • Gives LCC more flexibility • All advantages listed in Option 2 using negotiated procedure with GP Confed and advantages of Option 3 in terms of testing the market for innovation within the community outreach arm of the service. 	<ul style="list-style-type: none"> • Challenge of correct governance and data sharing procedures being in place between GP Confederation provider and Community Provider. This will require higher costs. • All the disadvantages listed in Option 2 using negotiated procedure with GP Confed and disadvantages of Option 3 in terms of testing the market for innovation within the community outreach arm of the service. • limited provider interest from expressions of interest exercise undertaken during Review.

2) Focused Community Outreach
- Competitive Tender

- Lack of economies of scale for community service
- Lack of detailed evidence of appropriate costings, likely to be less value for money as paying for duplication eg IT systems.

Preferred Route and Rationale to Option 2, Citywide coverage using GP Confed as lead provider via Direct Award under negotiated procedure for predominant NHS Health Check provision and focused community outreach. (As part of the negotiated procedure, project team to determine whether it is best for Confed. to directly provide community outreach (ie appoint staff) or sub-contract this element out to a third party)

Recommendation:

Seek approval to utilise the negotiated procedure without publication of notice under Regulation 32 of the Public Contracts Regulations 2015 to enter into negotiations with the Leeds GP Confederation to establish a new contract commencing 1st April 2024 for a period of 5 years with the option to extend for 3 years for the provision of the NHS Health Check service. This is on the grounds that competition is absent due to the requirement for access to the GP patient records, which Leeds GP Confederation can provide, meaning no suitable alternative exists in addition with other strengths and weaknesses listed above.