Diversity of provision of public services: General practice

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Presentation plan

- Setting the scene – APPC and APMS
- Our research
- Methods
- Descriptive presentation of findings – types of APPC, procurement process, & monitoring process
- Implications

Alternative Providers of Primary Care (APPC)

The DH scheme ‘Fairness in Primary Care’ (2007/08) stimulated private sector involvement.

This was followed by a second scheme ‘Equitable Access to Primary Medical Care’ (2008/09).

APMS contract are one of five contracting routes to enable PCTs commission the provision of primary care services locally. This has been available since 2004.

PCTs are able to contract for primary medical services with:

- commercial providers
- mutual sector providers
- public sector bodies
- GMS/PMS practices
- through a separate APMS contract with NHS Trusts
- NHS Foundation Trusts

Our Research

The focus of the study is on:

- The commissioning by Primary Care Trusts (PCTs) of primary care from organisations *other than* traditional general medical practices.
- Such non-traditional organisations may include (though are not limited to):

  - corporate commercial providers

  - ‘chains’ of general practices under single ownership

  - social enterprises

  - secondary care foundation trusts.
- We use the term Alternative Providers of Primary Care (APPC) to denote such organisations.
- Aim: to understand how APPC are organised and operated in the provision of primary medical care to the NHS.

Methods

Two parallel case studies over a period of 14 months in 2010.

Each case is based on a procurement / commissioning team (may be a single PCT or group of PCTs)

Qualitative research:

- Documentary analysis
- Observations – approx 65hrs
- Interviews – 23 staff (PCTs and APPC)

Types of APPC present

In the sites we are working with we have examples of:

- Horizontal integration
- Corporate companies (regional and national)
- Partnerships between private companies & existing GPs
- Partnerships between GPs and OOH providers
- Partnerships between a PCT provider arm & a GP consortium
- Social enterprise
- GP-led health centres or ‘equitable access’ practices (the phenomenon formerly known as polyclinics) operating under APMS contracts

Procurement

To date 2 main rounds of this kind – Fairness and Equitable Access.

Core contract for APMS same with local flexibility for change / additions - dependant on the needs of the local population, specifications set out by the procuring PCT and offers of additional services from the APPCs.

Identification of sites / tender / application / interviews / award contract - time consuming and staff intensives for the PCT and carried out in a very short timescale set out by DH

Tendering, consultation, operation, & monitoring of the contracts – new for both PCTs and the APPCs.

Monitoring

Much more tightly monitored than any other GP practice contracts, for example:

- sampling / checking (e.g. practice appointment availability).
- face to face meetings between PCTs and contractors.
- electronic workbooks containing key performance indicators linked to payment.

Lots of evidence of formal contract amends as process has developed (rather than informal flexibility).

Possibility of ‘toning down’ amount of monitoring as contract runs / relationships develop etc.

Talk of using this as basis for local monitoring of other GP contracts locally.

Contract monitoring

Key performance indicators (25% of monetary value).

Core Contract:

- Satisfactory understanding and application on all aspects of the APMS Contract
- The practice has adequate provisions in place to enable effective delivery of the contract
- There are adequate procedures and systems in place for recording services provided by the practice to the patients

Also:

Local enhanced services (which can vary locally) e.g. asylum seekers, alcohol misuse, find and treat, depression etc.

Key Findings: Procurement

- Waves of contracting are important (fairness in primary care or equitable access / Darzi practices).
- Different levels of interest in the contracts across the waves of commissioning.
- Funding from external vs internal PCT resource important.
- Location and buildings are issues for new practices (ex-PCT run, old venues, or brand new sites).
- Different types of APPC being found associated with single commissioning group (PCT).
- Main problems / issues with rounds of commissioning = timescale and cost.

Key Findings: Monitoring

- Much tighter monitoring of these APMS contracts than other forms of primary care contracts.
- Main problems / issues for monitoring by PCT = time and cost, split teams (contract vs monitoring), clarity of contracts.
- Main problems / issues for APPCs = premises, time for monitoring, clarity of contract, recruitment of patient numbers, relations with other local GP practices.
- Learning by both APPCs and PCTs over time important (e.g. refinement of KPIs, definitions within contracts, monitoring processes).

Implications

- Procurement and monitoring processes are costly and time consuming .
- ‘Trust’ – traditional GP partnerships vs private providers.
- Will APMS still exist / incorporate part into new style contract? – Dixon (2011) argue “not to contract GP practices any more, but contract for GP care as part of integrated care through the process of more competitive commissioning.”
- ‘Any Qualified Providers’
- Debate urgently needed about processes involved including trade-offs between transparent processes, fair procurement, performance assurance, and costs.