

CLUSTER-LED ORAL SURGERY PROCUREMENT

Briefing for Joint Overview And Scrutiny Committee Tina Raphael, March 2012

Background

This procurement is part of a wider project to reroute minor oral surgery out of the hospitals and into the community. There are significant costs associated with oral surgery, particularly day case activity and this activity is increasing.

Based on work done in London and nationally, it is estimated that 50% of the daycase activity can be provided in the community with a significant cost saving.

The first aspect of this project was to ensure that referrals for non-urgent minor oral surgery go to referral management services rather than the hospital for all NCL boroughs. This allows for clinical triage to identify those referrals which

- are suitable for Intermediate Minor Oral Surgery (IMOS),
- require hospital treatment
- should have been within the competence of a general dentist.

From 1st October 2011, all dentists across NCL have been asked to refer non-emergency oral surgery referrals via the relevant referral management centre for their borough using a standard referral form. Barnet, Enfield and Camden are each using their GP referral management service for these dental referrals (Barndoc, SCAS and CCAS respectively) while Haringey and Islington use the Haringey Dental Referral Management Service.

The second aspect of the project has been to ensure that there is IMOS provision across the cluster. The present position in each borough is as follows:

Haringey - An IMOS provider has been in place since April 2010. They were contracted on a pilot basis which has been extended. Their dental referral management service handles the majority of oral surgery referrals for Haringey dentists.

Barnet - Two IMOS providers are in place, who were formally procured in 2010, and are contracted until 2013. As at April 2011 they were only receiving a small proportion of referrals since most Barnet GPs were continuing to refer directly to hospital.

Enfield - Two IMOS providers (contracted on a pilot basis) had been in place until December 2010 when the service had been suspended to reduce costs. The providers have now been recommissioned up to April 2012.

Islington - Established an IMOS pilot in April 2011 provided by their community dental service

Camden – The Islington pilot has been extended to cover Camden until April 2012

An NCL service specification has been agreed which takes account of NCL's policy on treatments of limited clinical effectiveness. Borough leads are working with their current IMOS providers to ensure that they are providing the service in line with the agreed specification.

Reason for the Procurement

IMOS providers now need to be formally procured for all boroughs where there has not been a formal procurement process (ie all but Barnet) for the following reasons

1. To allow all those who are interested to put themselves forwards to ensure that the service is provided at the highest quality and the best value for money
2. To ensure that contracts are consistent across the cluster and contain the appropriate mechanisms for the service to be properly monitored.

Referrals will continue to go via the referral management service of each borough and it is likely that clinical triage will in the future be provided by one provider across the cluster.

Current Position

The procurement was advertised in January on Supply2Health and in the British Dental Journal. Camden advertised for one provider, Islington and Haringey for two and Enfield for three. 48 expressions of interest were received and the applicants were sent pre-qualification questionnaire documentation. These were considered by a panel made up of

- primary care commissioning leads from each of the four boroughs,
- senior managers from NCL,
- a dental advisor,
- a local dental committee representative
- an oral surgeon

The panel was co-ordinated by a member of the NCL procurement team.

22 of the applications from whom pre-qualification questionnaires were received have now gone through to the Invitation to Tender Stage.

PROCUREMENT TIMETABLE
ORAL SURGERY CARE CLOSER TO HOME PROJECT

	STEP	NO. DAYS	DATE START	DATE END	TIME/ PLACE
	<i>Procurement Process Phase</i>	<i>115 days</i>	<i>04/01/2012</i>	<i>11/06/2012</i>	
	COGs of all boroughs advised of procurement	12 days	04/01/2012	19/01/2012	
	Advert approved by Comms Team	5 days	16/01/2012	20/01/2012	
	Advertise Procurement on Supply2Health and BDJ and inform all existing GDPs and salaried services.	1 day	23/01/2012	23/01/2012	
	Period for expressions of interest	15 days	23/01/2012	09/02/2012	
	PQQs issued	0 days	09/02/2012	09/02/2012	
	Period for submission of PQQs	15 days	09/02/2012	02/03/2012	
	Initial Financial Assessment of PQQ submissions (Ian and Sunil)	1 day	02/03/12	02/03/12	
	Panel evaluation period of PQQs	5 days	06/03/2012	12/03/2012	
	Moderation Meeting	0 days	12/03/2012	12/03/2012	2-4pm Stephenson House
	ITTs sent out	0 days	13/03/2012	13/03/2012	
	Period for submission of ITTs	24 days	14/03/2012	13/04/2012	
	Bidders day	0 days	19/03/2012	19/03/2012	1-3pm Stephenson House Room 6LM1
	Panel evaluation of ITTs	10 days	16/04/2012	27/04/2012	
	Moderation meeting of ITTs and preparation for interviews	0 days	30/04/2012	30/04/2012	2-5pm Stephenson House
	Presentation Days	2 days	9/05/2012	10/05/2012	NB Enfield presentations on Thurs if poss
	Final Panel evaluation	1 day	11/05/2012	11/05/2012	TBC
	Award report paper prepared for board				

	Board sign off on process				
	Notify applicants of result				
	Alcatel Period				
	Sign contract with agreed providers				
	<i>Mobilisation Phase</i>	<i>30 days</i>	<i>18/06/2012</i>	<i>30/07/2012</i>	
	Work with providers to mobilise service 6 wks Thu 09/02/12 Wed 21/03/12	6 wks			
	Notify RMS	30 days			
	Prepare paperwork for patients	30 days			
	Commence referrals to new providers	10 days	09/07/2012	20/07/2012	
	On-Going monitoring commences	0 days	23/07/2012	23/07/2012	