Provider Rep Questions	NHS England Responses	TOPIC
Why is it a pre-requisite requirement to open on a Saturday AM? We need to respond to local patients' needs and not to details that are not necessarily relevant. Our patients have never indicated this need. We have a very deprived list (general terms) and we meet their needs in other ways. We should not be excluded for this.	Following the government lead, NHS England London Area Teams reflecting patient feedback have determined that Saturday Morning Opening will be a pre-requisite for all future APMS Contracts. We believe that there is sufficient evidence across London from patient surveys to justify this position.	Access & Hours
I assume that 56.5 hours includes Out of Hours provision that we buy in?	Yes. Miniimum opening hours of 56.5 per week excludes Out of Hours provision.	Access & Hours
Presence of GP on premises - only during core hours?	We will not be stipulating the period for GP presence on the premises but require the provider to reflect on patient need for the PPG, patient surveys and in hours A&E attendance.	Access & Hours
How can we offer appointments at the first point of contact? As this will make it difficult to manage daily demand (as people can't predict sickness).	We want contractors to find and develop new methods of delivering Primary Care. Although sickness cannot be acurately predicted, it can be predicted within a range. We want contractors to think about flexing the workfore and using differing means of delivery the service to their patients.	Access & Hours
Appointment offered at first contact: What is the evidence that this is true?	We have various evidence from patient surveys that supports the fact that patients do not like being asked to call back next day etc	Access & Hours
Why does the APMS contract state it is mandatory that Providers open the practice on Saturday mornings when there might not be a local need for it? But our practice shows there is no local need for our patients to use the services on a Saturday morning. Why should that hinder our chances of a bid?	NHS England beleives there is evidence from patients to support opening on Saturday morning. NHS England will lfurther test this point on the populations subject to theses procurements.. NHS England will be interested to understand how you test that there is no local need for a Saturday morning service.	Access & Hours
Capacity and access relates to a minimum number of appointments per 1000 weighted patient – what if the practice fulfils this requirement but the patient demands exceeds this. What measures are in place?	The level set will be a minimum and believed to be reasonable. The practice will have to meet the requirement of the KPI, and as a Provider will need to put in place arrangements to meet population needs.	Access & Hours
Will the process allow small providers to provide a contract even if it is very localised?	The process will not discriminate against providers of any size	Bidder Status
How will NHS England ensure that new bidding organisations are not disadvantaged in the process, especially in terms of providing historical data usually required in PQQs?	This will be reflected in the design of the PQQ / ITT process. NHS england will be seeking evidence of a history of delivery of high quality primary care services either from existing providers or members of a new formed consortium.	Bidder Status
If we are a new company how can we prove we are financially viable?	This will be reflected in the design of the PQQ / ITT process. NHS england will be seeking evidence of financial viability from the existing provider or through guarentees for a new formed company.	Bidder Status
Open and honest etc - but the first presentation implied that bigger Providers would do better?	There will be nothing inherent in our process that will favour any particular organisation size.	Bidder Status
Are small organisations who have not procured before disadvantaged in the bidding process; what are the safeguards to protect this?	Organisations that have bid before will always have the benefit of their experience. There is nothing that we can do about this	Bidder Status
Do you no think that Bundling contracts disadvantages small firms?	Our approach will not disadvantage small firms per se. However it maybe that some small organisations will not have the current infrastructure to deliver exsiting contracts and a further list of say 5000 patients. It is for them to consider how they scale up their operations in order to bid and manange the service	Bidder Status
Is NHS England favouring bigger Providers rather than smaller/single Providers when it comes to bidding?	There is no preference for bigger providers over smaller providers and it is not NHS England's intention to give that impression. It is about the quality and the range of services that a Provider offers in its bid. If a small Provider offers the best bid in terms of services and other criteria, then they will be awarded the contract.	Bidder Status
Small organisations may be disincentivised by financial costs to bidding; is there any provision/adjustment for this?	No.	Bidding costs
There is a cost of bidding, so if a bid is unsuccessful, that money is lost, which is difficult for smaller Providers.	There is the possibility of a federated model of General Practice, so there is a benefit of practices/Providers getting together to bid as a membership organisation. Bidding costs reduced through the use of the E-procurement system.	Bidding costs
To what extent will a proven track record of delivery influence your choice of provider? I.e some organisations may be able to present an impressive set of ITT answers but not follow through with actual delivery of those standards. Is track record taken into account?	Bidders will be required to give specific examples demonstrating delivery of excellence in their track record as part of their responses to ITT questions	Bidding Process
Is it important to NHS England that bidders suggest how they will achieve delivery of quality and patient satisfaction in their practice?	Yes, very important.	Bidding Process
Bundling: assume this will be considered as to whether the services being tendered actually fit?	Bundling decisions will be made on a case by case basis and be dependent on the particular circumstances of procurement.	Bundling
Clarification about bundling procurements - in collaboration (what mechanism)?	More details will be provided about the various options when the procurements are advertised	Bundling

What is the value of bundling? Why would you not just let the practices as individual procurements?	Bundling may allow the incoming provider efficiencies of scale which may improve the atrractiveness of the proposition	Bundling
You said that procurement will be in some cases due to the early termination of some contracts which are considered not to offer VfM. How is this going to be determined and what criteria are going to be used to assess VfM?	Value for money will be based on comparision between existing contractual arrangements and the new standard APMS terms and price. We will also fully assess the service and proposed changes through an Equality Impact Assessment & appropriate consultation/engagement.	Capacity
What did you mean by standardising minimum capacity provision (PN/GP) per 1000 patients?	There will a standard ***minimum*** number of GP and Nurse consultations per 1000 weighted patients per week, that must be provided by the contractor. Some scope will be allowed for substitution with Nurse Practioners and Health Care Assistants and /or also telephone /electronic engagement with patients	Capacity
How will caretaking arrangements be dealt with in future? Will the PQQ process produce a list of preferred bidders?	It is planned that NHS England will seek willing providers that meet the minimum standardss of the APMS contract and are capable of rapid deployment in cases of service provision being interrupted. The seeking of such providers is not part of this procurement.	Care-taking
What influence will local CCGs have in the decision on which Provider gets the contract?	NHS England commissions Primary Care and NHS England will award the contract, but will confer and discuss with CCGs. In these conversations, bidders/Providers will be anonymised. Ultimately, NHS England has the final decision on which Provider is awarded the contract.	CCG Involvement
How "final" is this process, i.e. how much could it be revised following consultation with stakeholders? What if there are concerns/objections?	NHS england will reflect on feedback from the market event and patient/pblic consultation before finalising the specification.	Consultation & Process
Other than this event, what other engagement & consultation opportunities will be offered to stakeholders to feed into the process?	None in terms of the general offer. Appropriate opportunities will be provided for engagement / consultation for each procurement	Consultation & Process
How is GP/Provider engagements catered for outside of these one-off sessions?	There will be specific bidder engagement events for each Procurement phase.	Consultation & Process
We are a PMS contract surgery. If we go for APMS what will happen at the end of the APMS contract - 5 or 5 + 5 years?	Your existing PMS contract will continue and if you are a successful in a procurement this will be a new separate APMS contract. At the end of 5 or 10 years the contract, the needs of the population will be reviewed and a commssioning decision taken on further contract provision.	Contract Length/Type/Requirements
Do we need to go completely as APMS, or continue as PMS + bidding for the procurements as a private company/plc?	As PMS Contarct holders you would be eligible to hold a separate APMS Contract in the name of the organisation/ partnership that holds you PMS Contract. You may also set up a new organisation if you wish, but this won't have the trading history of your current organisation. This will be a ITT/PQQ Question	Contract Length/Type/Requirements
Please confirm that no existing GMS or PMS contracts will be affected by this process.	This process only relates to APMS contracts where re-procurement is deemed necessary. Where existing GMS or PMS contracts terminate e.g. retirement, those practices will be re-procured under this process.	Contract Length/Type/Requirements
Are the GMS etc contracts expected to change?	No change is expected as part of this process, save where a GMS /PMS contract terminates e.g. due to retirement	Contract Length/Type/Requirements
Currently in GMS contracts any GP hired must have BMA contract guidelines followed. Will this be the case for APMS contracts?	There will be no specific requirements to engage / employ staff under any particular contractual models. However APMS contracts will mandate that best employment practices be followed and that NHS 'Fair Deal' will apply	Contract Length/Type/Requirements
On what basis is the additional 5 years contract issued after the initial 5 years?	At the discretion of NHS England. Primarily based on performance in the first 5 years and whether the contract terms are out of date due to any national re-negotiation.	Contract Length/Type/Requirements
If an APMS contract is coming to an end, would it be considered for renewel instead of going through the procurement process?	The contract can only be extended if there is a suitable provision in the contract, and for the period allowed for in the contract/ terms of the original procurement. NHS England may decided to extend some of the contracts on this basis.	Contract Length/Type/Requirements
Five year contracts - how will it be renewed?	At the discretion of NHS England, this will be primarily based on performance in the first 5 years and whether the contract terms are out of date due to any national re-negotiation.	Contract Length/Type/Requirements
When the APMS Contract expires, will the Provider automatically be moved back to GMS or PMS?	No. It is a fixed term contract. There are no rights to secure a GMS or PMS contract given by this procurement.	Contract Length/Type/Requirements
Does the GMS contract run in parallel?	They will be two separate contracts.	Contract Length/Type/Requirements
Does the mechanism for GMS and PMS contracts still exist?	Yes	Contract Length/Type/Requirements
What is the maximum contract length?	The maximum contract length is 10 years and NHS England will consider future provision having undertaken a needs assessment of the local population.	Contract Length/Type/Requirements
Will practices be informed of current/expected weighted list size of contracts?	Yes. When the advert is placed a Memordanum of Information will also be published for each procurement. This will include details of current list size and list size trajectory	Contract Length/Type/Requirements
How do you envisage the relationship between these APMS developments and the various "Whole Systems" and "Out of Hospital" initiations going on in CCGs?	APMS Contractors will have obligations to be part of the local CCG and appropriately collaborate and participate in the local Health agenda	Contract Mechanism
Is this procurement purely aimed at continuing exisiing GP services or is there scope to fund the development of proven new services e.g. the expansion of a specialist adolescent health care service?	This procurement is purely aimed at Primary Medical (GP) Services	Contract Mechanism
Where will care/residential homes fit into this? They attract considerable additional costs and GPs can levy charges….	The Carr-Hill formula provides additional weighting for Care/ Residential Homes. Further investment if necessary should be commissioned by CCGs - In the form - of a local service (former Enhanced service)	Contract Mechanism
You are keen (personally) for appointments at first contact. Are you as keen about continuity of care with the same GP? If so, how do you hope to achieve this? APMS contracts typically employ GPs/staff with high turnover and low job satisfaction and the contracts themselves (ie. 5 years) do not encourage long-term stability.	NHS England will be seeking to test from ITT submissions how the provider intends to deliver continuity of care.	Contract Mechanism

What will be the approach to sharing patient information?	NHS England will follow national guidance and requirements in relation to Information Governance	Contract Mechanism
How does the APMS Contract support the Acute agenda?	NHS England is the direct commissioner of Primary Medical Care Services. The successful provider will be expected to fully engage with the CCG and deliver CCG programmes.	Contract Mechanism
How can NHS England overcome current issues in NHS Primary Care i.e. high staff turnover, low motivation.	NHS England will seek through the ITT to understand how the Provider will deliver the contract requirements including its HR and employment policies. employment terms and conditions as a business to ensure that its staff want to provide high level of services and are content working for that business. It is a Provider issue rather than an NHS England issue. It is your business.	Contract Mechanism
You say it is the Provider's problem to deal with the above issues in the previous question, but does a 5 year fixed contract allow General Practice to make long-term plans for care to patients? Do 5 year contracts help or hinder that?	NHS England is offering an APMS Contract with an initial contract for 5 years with a possible extension of 5 years for high performing contractors.	Contract Mechanism
How 'alternative' is the 'Alternative' in APMS?	NHS England will consider an "alternative" offering subject to that provider delivering to the ITT requirements.	Contract Mechanism
What about cross border clusters e.g. London/Essex? Will the clusters be London only	This procurement exercise covers the 3 area teams in London only.	Cross-borders
What about cross-borders?	This procurement exercise covers the 3 area teams in London only.	Cross-borders
As a practice in an area with high deprivation and ethnicity, how will this deliver a better service for our patient population? I feel that practices with this demographic will be disincentivised from bidding due to "standardisation". Is there any mechanism to address this? If not, this will lead to overall greater inequality for healthcare provision in London.	NHS England is seeking to improve the provision of primary medical services and would require potential providers to consider the MOI when completing the ITT documentation to evidence their ability to deliver to the local population.	Deprivation
If an area is 60% mixed ethnicity and English not first language what is the incentive for procurement as we are being underpaid from onset?	NHS England is seeking to improve the provision of primary medical services and would require potential providers to consider the MOI when completing the ITT documentation to evidence their ability to deliver to the local population.	Deprivation
Will there be an opportunity to revise/amend the ITT following E-Evaluation and resubmit?	No. Once a submission has been made and the deadline passed, there is no opportunity for a bidder to amend documentation submitted. This is standard procurement protocol. Some bidders will also be invited to Interview as part of the process where may be asked to clarify responses or respond to additional questions.	E-procurement process
Who will cover the cost of IT under the APMS Contract?	NHS England will provide the GP clinical system to the successful provider.	Information Technology
What are the first 10 procurements going to be (in Jan 2014)?	This information will be provided with the issuing of the PQQ in January 2014	List of upcoming procurements
How would you find out which practices in the borough are APMS?	The current APMS contract list will be published in January 2014	List of upcoming procurements
Where are the locations of the practices/APMS contracts? (Borough and post code)	This information will be provided with the issuing of the PQQ in January 2014	List of upcoming procurements
How can you obtain a copy of the list up for procurement?	Each Procurement will be advertised on Supply2Health. We recommend anyone interested in future NHS England procurements to register for alerts from Supply2Health	List of upcoming procurements
Do you know what contracts are coming up for tender in early 2014?	Yes. The details will be provided to potential bidders with the issuing of the PQQ in January 2014	List of upcoming procurements
Could we not announce a list of all contracts and their end-dates, so we know what is the latest the particular contract will feature in the procurement list?	The current APMS contract list will be published in January 2014	List of upcoming procurements
What is the process for the 10 procurements in early 2014? I.e. are they single, lotted, bundled?	This will be advised when the advert is placed.	List of upcoming procurements
What are the locations and addresses of the practices?	NHS England plans to publish them in January 2014. You are encouraged to sign up on the Portal now to ensure that you see these opportunities when they are published.	List of upcoming procurements
Will the PQQ/ITT questions enable us to differentiate if we have a solid trading history?	We will be asking for different levels of information depending on what sort of organisation you are. If you do not have a trading history we will ask questions to enable you to demonstrate your potential ability to offer financial security such as a bankers letter. The information required will be dependant on the structure of your company.	PQQ/ITT
What about reimbursement for premises?	Premises costs will be pass through costs. Rent & Rates will be re-imbused as per GMS /PMS	Premises/Lease
If new premises are required, a typical lease will be for 15 years +…. Who takes the risk in the building if the 5 year contract is terminated? Will NHS take back the lease?	NHS England will be interested in receiving proposals within the ITT and to determine if and when the provider is successful.	Premises/Lease
Does the £81 include the cost of the building? Does the £81 cover the staff and running costs of the premises? E.g. we have a new building that costs £370 k p.a lease rates etc.	The £81.00 plus KPI payments covers all staff costs and the building service charges. It excludes rent and rates which are re-imbursed.	Premises/Lease
Is there an incentive for Providers to invest in Premises with only a 5 year contract with the option of a 5 year extension?	It is the Provider's obligation to provide services from that building for the fixed period of 5 years. After that, the continuation / extension or termination of the lease/services is up to NHS England in discussion with the Provider, but based on the performance of the Provider.	Premises/Lease

Will contracts be able qualify for additional: - QOF - LES & locally agreed contracts - DES - Premises - IT + Support As other than those specifically excluded (PPG + ??)	Yes. The £81.00 per weighted patient plus KPI Payments is the base price . QOF, Enhanced Services (other than Extended Opening Hours & Patient Participation), Premises and IT are funded over and above the base price.	Price/KPIs
Where London globally under-achieves a KPI, will allowances be made due to local circumstances if improvements/maintenance is made, or will KPI be raw or adjusted figures (assuming you will use GPOS/GPHLI metrics?	NHS England will reflect on feedback received and clarify the threseholds in the ITT documentation	Price/KPIs
If the KPI band C is a minimum level, but is based on the average performance for the CCG then half of the Providers will automatically fall short of this level. How will this be addressed?	NHS England is seeking to improve primary care provision and outcomes. THE KPIs will apply to the new provider who we would expect to deliver these KPIs.	Price/KPIs
If a contract was to be offered as zero start practice, i.e. no list - is there a minimum income guarantee?	The current procurements all have existing lists.	Price/KPIs
Are QOF payments in addition to, or part of, any KPIs?	QOF payments are in addition to KPI Payments	Price/KPIs
Can you explain your justification for a fixed price when you are operating in a free market?	The biggest sector of the health market -acute - uses a system of fixed pricing- payment by results. GMS, which is a nationally negotiated contract for Primary Medical Services, is also effectively fixed price. Evaluation of bids with variant prices is difficult in terms of equating price and quality. By establishing a fixed price the free market can be asked to focus on demonstrating the value for money in terms of services provided at that fixed price, which we think is far more important.	Price/KPIs
What is your justification for having a lower £/patient for a short term APMS contract than those recently agreed through PMS reviews in London?	The total £ per patient including KPI payments is £86.50. This exceeds the £ per patient of most PMS re-negotiatons in South London. Where a price was agreed for PMS in excess of this value it is important to recognise that such a price was reflective of a negotiated settlement and may have included other services to be delivered on top of the core PMS specification,rather than an assessment of a reasonable value for money price at which the services should be commissioned.	Price/KPIs
Are all Enhanced Services within the contract price?	No. The only Enhanced Services within the price are the Extended Opening and Patient Participation DES. All other Enhanced services are paid over above the core contract price of £81.00 plus KPIs (£86.35)	Price/KPIs
What Enhanced Services would be considered for additional revenue?	standard DES (excluding Extended Opening Hours & Patient Participation) plus whatever equivalent services are locally commissioned by CCGs and Local Authorities	Price/KPIs
What income is available outside the core capitation and KPIs?	Enchanced and Locally commissioned services	Price/KPIs
How will service specifications address Carr-Hill limitations in those areas with multi-ethnic patient populations? Specialist provider skills will be required by patients.	The Carr-Hill formula is a national formula. There are no plans to introduce an additional / alternative local formula	Price/KPIs
Is the £81 per patient based on London or national averages? London is more expensive.	The £81.00 Core Price and payment for KPI Delivery is not based on any average payment. In setting the pricing level consideration has been taken of the service specification. Potential bidders should also note that in addition to the Core Price of £81.00 plus KPIs (£5.35), there may also be transitional support payments and payments for delivery of opening hours in excess of 56.5 hours	Price/KPIs
How does the Carr-Hill formula work? Is £81 actual amount payable or does this reflect something else with Carr-Hill formula?	Please see national guidance on the factors used in determining the weighted capitation of a practice population.	Price/KPIs
If year 1 is the 'Honeymoon Period' why are KPIs paid at Band B rather than Band A?	Band B level is considered by NHS England as reasonable and provides for an incentive to contractors	Price/KPIs
In the KPI model you will pay at Band B in year 1, why not at Band A?	NHS England will pay at Band B in Year 1 to still provide you with an incentive to achieve Band A.	Price/KPIs
What is included in the core contract price?	DES paid on top of the core price, but not Extended Hours or Patient Participation as these are included in the core specification. QOF is paid on top. LES and Public Health Services are paid through the relevant commissioners, and are not part of the core APMS Contract.	Price/KPIs
How will you overcome the issues with Carr-Hill?	Carr-Hill is the national formula for determing GMS and most PMS contracts.	Price/KPIs
Are the set KPIs national? Will they be responsive to local needs (i.e. Continuity of Care)?	NHS England is looking at up to 12 KPIs which have been heavily debated within NHS England. We are very keen to keep focussed KPIs that are measurable and to fit them broadly within commissioning responsibilities. NHS England and Providers will be able to retrieve data easily. Local issues and needs are dominant in the KPIs. They are around Prevention, Screening, Vaccinations and Immunisations, Capacity and Access, and Patient Experience. One KPI in particular is an Access KPI about core hours attendance. It is about how we move from process measures to output measures. We rely on CCGs providing information, which is how we can pick up on themes across London and make sure both NHS England and the Provider can collect the data.	Price/KPIs
Will NHS England consider a Band A+ to incentivise the highest performing Providers?	NHS England will be interested in understanding the Provider's view on innovation in their bid. The APMS contact works within a budgetary envelope.	Price/KPIs

The Contract price is not competitive. Have NHS England given any thought to a minimum list within bundles/lots to make it viable?	These are commercial decisions to be made by the Provider. NHS England will not favour bigger organisations but organisations might federate to bid for more contracts. NHS England wants to see innovation in the bids. £81 is considered a fair price for the core standard service specification. KPI delivery monies are paid on top of this. NHS England is looking for bidders to achieve the aspiration payments to award band A to all bidders.	Price/KPIs
Are these figures final or estimates?	At this stage they are considered indicative but may be subject to amendment.	Price/KPIs
What if the Provider/practice financials cannot viably cover these extra measures?	There will be dialogue between NHS England and the Provider to discuss these issues. We will be looking for the range of ways the Provider can meet population access needs i.e. internet / phone appointments etc.	Price/KPIs
How does a fixed price enable NHS England to deal with variations relating to TUPE etc?	NHS England is currently reviewing detailed mobilisation issues for each contract. NHS England will ensure that TUPE information is provided to enable effective mobilisation to take place. Transition arrangements will be applied to these contracts as appropriate. Premises issues will also be considered on an appropriate basis.	Price/KPIs
Studies have shown that 80% of tendered bids come from incumbents. Does NHS England favour them?	Purely from a procurement point of view, NHS England will not treat incumbents more favourably than others. NHS England is only concerned with which practice submits the best bid. By the fact that incumbents know the practice patients and area enables them to give strong answers, which is reflected in the results.	Small Vs Large providers/ New Vs Existing P