**SPECIFICATION for commissioning support to the London Any Qualified Provider (AQP) Framework for DOMICILARY CARE provision (adults) for NHS Continuing Healthcare (CHC)**

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**This specification should be read in conjunction with the specification for end-to-end commissioning support to the London AQP framework for care home provision for CHC 5.5.21 v7.2 (‘care home specification’). This specification includes additional information pertinent to a domiciliary care support service.**

1. **Context and Purpose Statement**

London CCGs use a variety of routes to commission domiciliary care for Continuing Healthcare (CHC) patients wishing to remain within their own homes. There is no consistency in care specification, quality management, pricing, and terms & conditions. Although some CCGs work with their local authorities for non-specialist domiciliary care, issues can occur regarding clinical needs for which the local authority has negotiated neither pricing nor a care specification. Most specialist domiciliary care is outside the local authority remit and is not covered by an appropriate contract. Additionally, several CCGs require contracts for non-specialist domiciliary care as they do not use local authority contracts.

Quality assurance for domiciliary care is challenging. Care homes have several service users and consequently many visitors (for instance, from local authorities, NHS, CQC, patient organisations). Domiciliary care is provided in an individual’s home and will not be subject to the same number of visitors. It is therefore critical that the domiciliary care contract provides a framework for quality assurance.

Current annual CHC domiciliary care spend across London is conservatively estimated to be £40m+[[1]](#footnote-1) and is increasing. A growing number of service users wish to remain within their own homes. Personal Health Budget (PHB) legislation is raising users’ awareness of the potential for spending their CHC “allowance” flexibly to support their care needs. Since October 2014 adults who are eligible for NHS CHC funding have a legal right to request a PHB.

**Appendix 1** summarises the care tiers for domiciliary care.

The purpose of seeking support is to secure a service provider who can provide a comprehensive commissioning support service to **specified London CCGs** to maintain and develop the London AQP for Domiciliary Care (adults).

Sections within this specification include duplicative activities which the provider will be able to interlink and do once for several purposes to ensure appropriate operating model is delivered to meet all aspects of this specification.

1. **Policy and Process**
	1. **National and regional alignment**

The service provider will be required to keep updated on AQP progress and with national and London-wide developments. For further details see ‘care home specification’.

* 1. **National and local guidance**

For a full list of all relevant national and local guidance see ‘care home specification’. In addition:

**London Living Wage**

The London Living Wage (LLW) reflects the high cost of living in the capital. Organisations can choose to pay employees the LLW but CCGs cannot unilaterally require nursing homes to pay their staff LLW.

The London Purchased Healthcare (LPH) Board is reviewing a phased approach to the implementation of the LLW over a 3 year period for domiciliary care AQP contracts. The aim being to attract and retain staff.

* 1. **Governance**

For a full list of all relevant governance requirements see ‘care home specification’. In addition:

Reporting

The service provider will produce monthly reports for consideration by the London Purchased Healthcare Steering Board. The reports to include (but not exclusive):

* Dominical care AQP placement analysis.
* Quality reporting e.g.
	+ Serious Incidents (SI) that would be reportable to the CQC.
	+ Patient (or family) experience and satisfaction.
	+ Complaints.
	+ Staffing levels and turnover.
* Market management e.g. financial sustainability, size of provider.
1. **Market Management and Analysis**

The service provider will be expected to deliver the following:

* 1. **Develop the market and shape relationships**
* Provide horizon scanning intelligence to CCGs within the scope of the services, providing strategic context, linking to policies and operation of the AQP to advise CCGs and provide information on the impact on the market.
* To support CCGs in their market management responsibilities (working with Local Authorities as needed) and shaping relationship with Domiciliary Care providers. This will require operating very locally, at a CCG level, sub-regionally and regionally.
* To provide service innovation within scope of the service to create value, deliver efficiencies and improve financial and quality outcomes and promote patient choice.
	1. **Provider placement data collection system functionality**
* Collects monthly AQP placement data from domiciliary care providers through an online portal.
* Automatically validates data.
* Reviews and validates provider commentary on submitted data.
* Achieves 75% of AQP provider data returns by deadline and over 95% of returns 3 months after deadline.
* Presents the data in an agreeable form, producing online, interactive placement dashboards which are updated monthly.
* Develop such dashboards with the CCGs to monitor AQP usage and support broader market management at local and regional levels.
	1. **System support**
* collect monthly CHC domiciliary care data from all CCGs.
* cleanse data into a consistent format across all CCGs to support cross-CCG analysis.
* actively manage provider and CCG data collection to ensure timely returns.
* perform regular data quality checks such as checking for missing or erroneous data and following up with CCGs for clarification where required.
	1. **Market analysis**
* Analyse data to identify target providers for procurement.
* Monitor placement dashboards for trends and to identify areas of improvement or concern, for instance:
	+ notifying CCGs where incorrect AQP rates paid,
	+ inviting non-AQP domiciliary care providers accepting the AQP rate to join the AQP,
	+ investigating non-compliance with the AQP and
	+ identifying improvements to AQP price structure.
* Perform market analysis as requested by CCGs to support local work, for instance:
	+ cost impact and market analysis with LAs to support price setting,
	+ analysis of the use and impact of block contracts on the market,
	+ AQP savings analysis,
	+ market overview analysis to identify opportunities to increase AQP usage and
	+ support sub-regional market management plans.
	1. **Directory of Services system functionality**
* Co-develop bespoke service definitions and categories against an agreed scope working with a wide range of stakeholders including:
	+ specialist providers.
	+ mental health trusts.
	+ clinicians.
	+ commissioners.
	+ brokerage officers.
	+ discharge/placement teams.
* provides an online directory of services (Dos).
* Organises services by bespoke service definitions and categories.
* Provides search functionality by service definitions and categories.
* Provides access to all CCGs, local authorities and hospitals to support standardisation, integration and partnership working.
* Supports CCGs, local authorities and hospitals to effectively manage the market.
* Increases efficiency through on demand access to a wide range of services.
1. **Contract Development and Pricing**
	1. **Contract Development**

The service provider will be required to:

Develop a full, outcome based, service specification every three to five years, in advance of the end of the domiciliary care AQP contract term (which is three years with an optional two-year extension).

Incorporate the most recent guidance, regulations and codes of practice for providers and commissioners into the specification during service specification development.

Coordinate input from various stakeholders across London including providers, commissioners, clinicians, provider representative groups, patient and carer representatives to develop best-practice service specification.

* Facilitate in-person meetings (separately and together) between providers and commissioners to co-produce and agree the service specification, including pan-London commissioning processes.
* Track provider and commissioner feedback throughout the contract term to incorporate into the specification during development and refresh.
* Incorporate the specification in the NHS Standard Contract template.
* Manage the sign-off of the service specification by all London CCGs and the London Purchased Healthcare Board (LPH board).
	+ 1. **Contract variations**

The service provider will be required to:

* Vary the AQP contract in accordance with the National Variation agreement to the NHS Standard Contract, as mandated by NHS England; incorporating local variations including new prices and any agreed changes to the service specification.
* Manage the coordinating commissioner (South East London CCG) to sign the variations in accordance with the [NHS Standard Contract Technical Guidance](https://www.england.nhs.uk/wp-content/uploads/2021/01/9-Contract-Technical-Guidance-2021-22-040121.pdf) Sections 12 and 13 (pages 21-22).
* Issue the variations to all AQP providers; managing the process for sign off and collection.
* Update appropriate resources to providers and commissioners to aid the implementation of the variation, to the implementation of new prices.
	1. **Pricing**
		1. **Price development**

The service provider will be required to:

* To develop and maintain a bespoke cost model for the domiciliary care AQP service specification. The model should look to capture the “fair” cost of CHC service provision.
* Review and refresh the cost model every three years.
* Update the cost model annually for inflation and statutory increases to provider costs, such as pensions and National Living Wage increases.
	+ Coordinate input to and review of cost model from many stakeholders, including commissioners (CHC leads and clinicians), domiciliary care providers (including managers, finance staff, and clinicians), provider representative groups and regulators (NHS improvement pricing lead and CQC market oversight group).
* Work with providers to develop the cost data template to support the model. This will need to capture all relevant costs to an individual cost driver level; so as to allow updates to the model to account appropriate inflationary indices on an annual basis (i.e. changes in the Living Wage).
* Build in appropriate data validation checks to ensure an accurate data return is provided by AQP domiciliary care providers, running additional checks as appropriate to identify data issues.
* Manage appropriate access to provider data returns through user registration and permissions.
* Achieve a provider data return rate representing over 30% of the relevant market.
* Input the provider cost data into the cost model to determine a pan-London sustainable and efficient rate.
	+ 1. **Price review**

The service provider will be required to:

* Co-ordinate the annual price review for the domiciliary care AQP contract.
* Review changes to relevant guidelines and regulations to ensure cost model complies with National Tariff/CQUIN guidance and update model and report where necessary.
* Produce an annual cost model report, which is reviewed by the Care Quality Commission (CQC) Market Oversight Group and NHS Improvement pricing leads before being shared with CCGs.
* Propose appropriate price setting which considers the impact on CCGs against market sustainability.
* Perform additional per-CCG cost impact and market analysis to help CCGs to interpret the report and set prices that support market sustainability.
* Perform per-CCG analysis to model price impacts of London Living Wage on request.
* Facilitate CCG price setting to meet timelines ahead of the new contract year, co-ordinating sub-regional level discussions.
* Manage provider price review communications.
* Share the cost model report with and issue a price review outcome letter to providers (the pricing updates are implemented through the annual contract variations).
1. **Procurement and Contract Award**

The service provider will be expected to open the AQP annually to procure and award contracts to new providers to ensure maximum market coverage. The service provider will therefore be required to deliver the following:

* 1. **Overall process**
* Deliver the procurement process on-time and to the advertised timescales (5 months from the receipt of tenders to the go-live date) in line with agreed CCG expectations.
* Deliver the procurement process without challenge from providers.
* Deliver the procurement process in accordance with Public Contracts Regulations 2015, The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 and best practice guidelines.
	1. **Market engagement**
* Open the AQP for procurement to add new providers as needed to ensure maximum market coverage.
* Maximise number of tenders through pro-active market engagement with providers.
* Publish “Future Opportunity” and “Contract Notice” announcements on Contracts Finder.
* Work with CCGs to identify their key service providers.
* Present the procurement opportunity at relevant domiciliary care forums.
* Draft communications and resources for CCGs to share across their local market.
* Draft offer documents including terms of bidding, qualification criteria, offer information and guidance.
	1. **Receipt of tenders**
* Manage an online procurement portal for the tenders.
* Publish offer documents.
* Accept and respond to provider clarification questions about the tender.
* Track applications progress and provide weekly update reports to CCGs.
	1. **Evaluations**
* Manage the evaluation process for the procurement.
* Deliver standard and equal treatment for applicants.
* Maintain a full audit trail of the evaluations process.
* Manage a “challenge free” process where all providers accept the results.

The evaluations have three components:

*i. Compliance checks*

* Review tenders to ensure providers are:
	+ compliant with CQC and ICO registration,
	+ hold valid insurance and
	+ are not subject to any relevant exclusion grounds under Public Contracts Regulations 2015.

Validate all applicant information and issue clarification questions as required through the procurement portal.

*ii. Technical evaluations (service delivery)*

* Co-ordinate nomination of clinical and commissioning evaluators from CCG directorates across London.
* Provide evaluator training on the evaluation methodology and qualification criteria.
* Issue and collect Conflict of Interest declarations from all evaluators.
* Manage evaluators to complete the evaluations through an online procurement platform and provide on-going support.
* Act as a moderator to ensure consistent application of the evaluation criteria.
* Facilitate moderation meetings to determine the evaluation outcomes.
* Issue clarification questions to applicants and share the responses with evaluators.

*iii. Financial evaluations*

* Co-ordinate nomination of financial expert evaluators from CCG directorates across London.
* Provide evaluator training on the evaluation methodology and qualification criteria.
* Issue and collect Conflict of Interest declarations from all evaluators.
* Run credit checks on all applicants and share credit check details with evaluators.
* Share provider accounts to evaluators to enable evaluation.
* Create a Financial Assessment Tool for evaluators to conduct a ratio analysis and provide support and training on its use.
* Act as a moderator to ensure consistent application of the evaluation criteria.
* Facilitate moderation meetings to determine the evaluation outcomes.
* Issue clarification questions to applicants and share the responses with evaluators.
* Manage the offer and execution of parent company guarantees for organisations that cannot complete the financial evaluation.
	1. **Contract award**

The service provider will be required to:

* Manage the contract award and mobilisation for all providers.
* Issue individual outcome letters to all applicants and providing feedback as required.
* Publish a contract award notice on Contracts Finder.
* Manage an online contract mobilisation process through a Capacity Management System where providers submit contractual information and select providers to be included on a Capacity Management System AQP list. Information to be validated through the Capacity Management System
* Generate and issuing contracts to successful providers, and tracking returns.
* Add successful domiciliary care providers to a Capacity Management System AQP list following go-live date. Providers are added to the list with CQC registration information and contact details submitted by providers during the online mobilisation process.
* Add successful domiciliary care providers to monthly quality reporting and daily vacancy reporting on a Capacity Management System from the go-live date.
* Publish AQP guidance and resources for providers and commissioners on a Capacity Management System.
1. **Contract Management and Quality Monitoring**
	1. **Contract Management**
		1. **Capacity Management System (CMS)**

The service provider will be required to implement and maintain an on-line system for use by CCG directorates, domiciliary care providers, and associated partners (Local Authorities, Hospitals etc.). This will provide a directory of services and AQP Quality Monitoring information. The service provider will be required to deliver the following:

* + 1. **CMS Functionality Requirements**
* CMS to be accessible through standard online portal.
* Provides an online directory of all CQC registered domiciliary care providers in England.
* Provides functionality for all domiciliary care providers on the system to share availability online.
* Automatically syncs daily with CQC through an API for updated inspection ratings and registration information.
* Provides functionality for provider concerns to be shared on the list with commissioners in accordance with pan London safeguarding vulnerable adults’ protocols.
* Allow providers to manage changes to their contact details.
	+ 1. **CMS Required Implementation Support**
* Implement programme of training and implementation of CMS across London, where required.
* Transfer of information from historical systems, if appropriate.
* Publish weekly engagement reports which are circulated across London.
* Give CMS presentations, demonstrations and webinars including at local domiciliary care provider forums, and at regional network events.
* Collaborate with relevant partners including attending meetings to present AQP updates and agree engagement strategies.
* Publish guidance and resource documents.
* Managing provider queries and changes to contact details.
	+ 1. **CMS Future Development**

The service provider will be expected to work with London system partners to undertake agreed developmental work on the CMS. All such proposed developmental work will need to be discussed and approved at the London Purchased Healthcare Steering Board.

* + 1. **Contract Management Support**
* Implement contract changes, including:
	+ Adding/removing domiciliary care providers to/from the domiciliary care AQP and sharing this information through CMS.
	+ Updating provider information on CMS AQP list to display up to date contact details.
	+ Terminating provider contracts when required.
	+ Issuing change of control notices.
	+ Novating contracts upon sales of provider businesses.
	+ Preparing and circulating variations.
* Act as an escalation route to resolve provider and/or commissioner non-compliance with the contract terms, including supporting and attending poor performance meetings with providers as required.
* Interpret and apply contract terms. Provide advice to CCGs as regards contract compliance and escalation routes.
* Draft and share contract documents and templates, e.g. the AQP contract itself, Additional Care guidance packs, contracts that mirror terms of AQP contract that can be used for non-AQP spot-purchases, annual variations and parent company guarantees.
* Run CMS and AQP training sessions.
* Develop a system to undertake financial checks on AQP providers to assure financial stability of providers during life of the contract (frequency to be agreed), as well as through procurement.
	+ 1. **Information Requests**
* Support CCGs, individually and through single pan-London responses, with regards to AQP-related content in the following areas, which are non-exhaustive:
* Freedom of Information requests (FOI).
* Continuing Healthcare Assessment Tool (CHAT).
* NHSE Strategic Improvement Programme (SIP).
* CMS reports.
* Internal and external CCG audits.
	1. **Quality Monitoring**

The service provider will be required to ensure that AQP providers adhere with the terms of the AQP contract and report on activity and performance. This is to be undertaken via on online CMS and the service provider will be required to deliver the following:

* + 1. **Online Quality Data System Collection Functionality**
* Providers to complete monthly online quality reporting for all of London CCGs through single online system.
* Ensure 75% of AQP provider data returns by deadline and over 95% of returns 3 months after deadline.
* Validates provider reported data including checking all answers are consistent with the total number of service users supported by providers, ensuring sub-totals of metrics add up to the total metric.
* Allow providers to add additional comments to each data item to provide context to the data.
* Allows commissioners to specify and ask providers three qualitative questions online every six-months, in addition to regular monthly quality reporting.
* Allows providers to view copies of all historic reports.
* Allows providers to view recent punctuality of report completion to incentivise on time submissions.
* Give central provider contacts an overview of the reporting and submission status of all their providers. Automatically issues reporting links and reminder emails to all central contacts each month.
* Develop a system in conjunction with commissioners to share intelligence and enable that intelligence to be effectively responded too through the AQP as well as supporting connection to stakeholder mechanisms such as Local Authorities and CCGs, including at sub-regional level though quality surveillance approaches.
	+ 1. **System Support**
* Facilitate commissioners, clinicians and providers to jointly develop the standardised reporting requirements, based on the NHS Outcomes Framework.
* Proactively manage provider quality reporting for timely and complete returns
* Review and validate provider commentary on submitted data.
* Co-ordinate development of the additional qualitative questions with commissioners.
* Manage changes to provider contact details.
	+ 1. **Online quality dashboard creation system functionality**
* Analyses provider quality data returns to produce monthly online dashboards.
* Dashboards to be available to all CCGs to support collaborative market management.
* Dashboards to show quality over time and are produced at a range of levels:
	+ individual dashboards for every AQP domiciliary care provider.
	+ aggregate dashboards at CCG level.
	+ aggregate dashboards at CCG Directorate (32) level.
	+ a pan-London overview.
* Produce exception reporting and highlights this to commissioners through the dashboards and the commissioner home page.
* Exception reporting includes notable changes in the CCG’s local area including e.g. a sharp rise/fall in a quality reporting metric, a provider not reporting.
* Presents Provider responses to qualitative questions on the dashboards every six months.
* Includes Care Quality Commission (CQC) inspection ratings are included in the dashboards and updated daily from the CQC portal.
* Allows domiciliary care providers to view their individual online dashboard, supporting provider internal quality improvement processes.
* Allow commissioners to view provider comments that provide further context to the data.
* Allows domiciliary care providers to view their reporting archive.
	+ 1. **System Support**
* Actively monitor provider performance under the domiciliary care AQP.
* Collecting quality data through CMS monthly gives commissioners faster and more frequent access to domiciliary care provider performance information.
	+ 1. **Online Resource Centre Functionality**
* Accessible by all AQP and registered domiciliary care providers.
* Includes information from sources such as:
	+ Skills for Care.
	+ CQC.
	+ NHS Digital.
	+ Healthy London Partnership.
* Includes on-demand announcements to domiciliary care providers as requested by CCG directorates and other partners, including:
	+ Public Health England guidance.
	+ NHS Digital guidance on completing the Data Security and Protection toolkit and how to access NHS Mail.
	+ Winter guidance and winter readiness packs from the Enhanced Health in Care Home (EHCH) programme.
	+ Infection prevention guidance from the Social Care Institute for Excellence (SCIE) and NICE
* Includes a resource library for AQP domiciliary care providers including:
	+ AQP FAQs.
	+ information about the contract.
	+ copies of the contract.
	+ instructions to support completion of the reporting.
	+ individual CCG directorate information pages including contact details and information regarding local arrangements for equipment supplies and incontinence products.
		1. **System Support**
* Support AQP domiciliary care providers to perform in line with NHS Digital requirements and information governance toolkit compliant.
* Provide phone and email support to domiciliary care providers using system.
* Provide demonstrations and instructional webinars to support providers using system.
* Manually update the resource centre when relevant resources are shared by individual.
* Explore possible expansion of public access to information to support choice and reduce long lengths of stay in hospital settings.
1. **Summary of Key Performance Indicators and monitoring arrangements**

CCGs and service provider to agree any deviations from this specification and manage those deviations through issue and risk management approaches. During the operation of the service, the provider will report any deviation to the CCG that might emerge and associated report and mitigating action plan. This will be reported by the LPH Steering Board and signed off as acceptable.

An initial summary of KPIs are provided below, **these will be further developed and refined through the procurement process and agreed with the service provider on appointment**.

* Achieves 75% of AQP provider data returns by deadline and over 95% of returns within 3 months on an ongoing basis.
* Achieves a provider pricing data return over 30% of the AQP domiciliary care providers.
* Achieves good or outstanding qualitative feedback from CCGs and AQP providers through regular structured feedback.
* Provides at least quarterly reports to CCGs on the performance of the AQP framework covering placement, financial and quality aspects by CCG and by provider.
* Supports the development of the AQP Framework and CCGs work on trusted assessor approaches, reducing long lengths of stay, delayed transfers of care, acute performance through the AQP process and timelines.

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***Appendix 1***

**Care Tiers**

Service users needs vary widely for different service users. The table below categorises the services into four different care tiers of increasing specialism.

Care Tiers 1 and 2 describe non specialist domiciliary care and care tier 3 describes specialist domiciliary care. The term ‘specialist’ refers to the clinical complexity of the care.

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| **Care Tier 1: Non-specialist care**  |
| Overview Care Tier 1: * provides support and enablement for Service Users with significant needs around the personal activities of daily living, potentially including mobility, nutrition, hygiene and personal safety;
* includes Personal Care;
* excludes Nursing Care or Delegated Nursing Tasks (DNTs) carried out by the Care Worker. Service Users may have Nursing Care needs that are met by other members of the care team; and
* provides support and assistance to Service Users in a way that encourages and maximises independence.
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| **Care Tier 2: Non-specialist care** |
| Overview Care Tier 2: * incorporates all components of Care Tier 1;
* includes anticipating Service Users’ needs and responding to dynamic needs that may not be directly communicated by Service Users;
* excludes administration of an intravenous (IV) antibiotic or other drug requiring training in reconstitution, mathematical calculation, or titration; and
* includes greater identification and management of risks compared to Care Tier 1.
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| **Care Tier 3: Specialist Care:** |
| Overview Care Tier 3: * incorporates Care Tiers 1 and 2;
* applies for Service Users with a combination of conditions and disabilities. The conditions or disabilities will be severe or in the advanced stages; and
* may require the Provider to have a greater role in developing the care package. The Provider may be required to share specialist expertise with the Commissioner to enable Service Users’ specific specialist needs to be fully understood and met. The Provider’s role in developing the care package may include assisting the Commissioner with the assessment of Service Users’ needs, and with the development of the Personalised Care Plan.
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| **Registered Nursing Care: Specialist Care** |
| * Care that must be delivered by a registered nurse.
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1. From June 2013 London Purchased Healthcare pan-London benchmarking exercise. [↑](#footnote-ref-1)