



A Formal meeting of the High Weald Lewes Havens Clinical Commissioning Group Governing Body (in Public) meeting to be held on 25 July 2018

Question from Member of the Public

“Dear Sir,

I would be grateful if the following questions were submitted for response to the HWLH CCG Board meeting on Wednesday 25th July 2018.

1. Re the period of the contract for the supply of non-urgent patient transport services operated by Coperforma were there costs incurred by the CCGs' who were parties to the contract which proved non-recoverable and had to be written off? If so what was their total value, how much applied to the HWLH CCG and who held the delegated authority to approve the write off of this unrecoverable expenditure?
2. Is the current contract for the supply of non-urgent patient transport services by SCAS still being re-imbursed on a cost plus basis? If so what has been the level of monthly contract expenditure to date for the 2018/19 financial year and what is the total expected value of the annual contract cost for the current 2018/19 financial year?
3. If the non-urgent patient transport services contract is still being re-imbursed on a cost plus basis then how is value for money for the contract being evidenced?
4. What is the patient's role in the activities of the Alliance?
5. Is the Alliance a registered body with the CQC?
6. Does the Alliance hold any budget on its own Account? If not then how was the governance and capacity report commissioned from PwC ordered and paid for?”

Response

1. *Re the period of the contract for the supply of non-urgent patient transport services operated by Coperforma were there costs incurred by the CCGs' who were parties to the contract which proved non-recoverable and had to be written off? If so what was their total value, how much applied to the HWLH CCG and who held the delegated authority to approve the write off of this unrecoverable expenditure?*

HWLH (on behalf of Sussex CCG's) funded payments to Docklands Medical Services Ltd (DMS) employees totalling £394,964.88 which the CCG invoiced to DMS. On 19th June 2017 a winding up order was petitioned by HMRC against Docklands Medical Services and it was ordered that the company was liquidated. As a result of this HWLH CCG wrote-off £34k. The CFO and Chief Officer had the delegated authority and as required the CCG's Audit Committee was notified.

2. *Is the current contract for the supply of non-urgent patient transport services by SCAS still being reimbursed on a cost plus basis? If so what has been the level of monthly*



contract expenditure to date for the 2018/19 financial year and what is the total expected value of the annual contract cost for the current 2018/19 financial year?

Yes, the contract is currently on a cost plus basis. For 2018/19 *Sussex-wide* monthly *contract* payments totalling £1.3m (*HWLH* - £0.126m) have been made. The contract terms are currently being reviewed by commissioners and it would not be appropriate to disclose the expected value of the annual contract cost for the current 2018/19 financial year at this point.

3. If the non-urgent patient transport services contract is still being re-imbursed on a cost plus basis then how is value for money for the contract being evidenced?

Since the start of the contract the unit cost of journeys has reduced considerably. In April 2017 the unit cost for journeys was £86, but this has fallen to an average of just over £60 for the past 6 months of the contract. At the same time we have seen improved performance against Key Performance Indicators for both renal and non-renal in and out bound journeys over the past 15 months, with all reporting over 90% for the latest reported month. These KPIs are reviewed each month at the Contract Review Meeting held with South Coast Ambulance Service (SCAS) and further at the Patient Transport Service (PTS) Programme Board attended by Sussex CCGs. These meetings also consider the quality of the service, and since the start of the contract the provider has reported a low number of complaints, concerns and incidents compared to the very high level of activity each month (circa 25,000 journeys).

In June 2017 TIAA reported on their Value for Money review of the Sussex PTS, and they concluded that the Sussex contract's annual cost per head of population at that time was not unreasonably high given that the transfer of the service to SCAS from Coperforma was achieved over a short period of time. Also, TIAA recognised that the comparator services used for their review only provided a broad brush guide as it is clear that no two patient transport contracts are exactly the same in the way in which they are delivered. And they also reported that the nature of the patient transport service means that financial performance is not always the most important element to consider when determining VFM, with high quality performance by the provider being arguably more important than cost.

4. What is the patient's role in the activities of the Alliance?

The Central Sussex and East Surrey Commissioning Alliance represents a way of collaborative working between five CCGs – Brighton and Hove, Crawley, East Surrey, High Weald Lewes Havens and Horsham and Mid Sussex – and is not a merger of the organisations. As such, the individual CCG Governing Bodies remain accountable for healthcare commissioning for their populations and each CCG remains responsible for ensuring they meet their duty to involve and engage with their local patients and populations. The Alliance represents the opportunity to share best practice and expertise in ensuring patients are better involved in the work of the CCGs and we have already seen the benefit of this locally through the launch of the Big Health and Care



Conversation engagement initiative. This engagement has been successful at Brighton and Hove CCG and is being rolled across the other CCGs of the Alliance, including High Weald Lewes Havens.

5. Is the Alliance a registered body with the CQC?

The Alliance is not a registered body with the Care Quality Commission (CQC) and is not required to be. As an alliance of CCGs, it is not a provider of health services that would require it to be registered and the constituent CCGs hold all the necessary regulatory registrations required including CQC registration.

6. Does the Alliance hold any budget on its own Account? If not then how was the governance and capacity report commissioned from PwC ordered and paid for?"

The Alliance does not hold any budget of its own. Costs incurred at Alliance level are apportioned between each of the five CCGs on a per head of population basis. The contract to undertake the governance review was awarded to PriceWaterhouseCoopers following a fair and open invitation to tender process under the relevant public sector procurement framework (Crown Commercial Services Multidisciplinary Consultancy Framework).