

---

**Title:** Community ENT, Wax Removal and Adult Audiology Service redesign and Procurement – Update

**Date:** 4<sup>th</sup> July 2015

**Submitted to:** Health Overview and Scrutiny Committee

**Author:** Ahmer Farooqi – GP Clinical Lead  
Teresa Callum – Head of Demand Management

---

## 1. Purpose

The purpose of this paper is to provide the Overview and Scrutiny Committee with an update following the recent procurement of the Community ENT, Wax Removal and Adult Audiology Service.

## 2. Clinical Case for Change

The CCG has had lots of feedback from GPs regarding the confusion they and patients experience when accessing this group of services. Many patients in this group will need to access one or more of these services currently, and have to navigate a range of service providers and locations, each one providing one or more “steps” of the patient pathway. This can be confusing for patients, confusing for GPs, and creates unnecessary multiple appointments for patients. This results in a poor patient experience as well as poor value for money.

One of the reasons why problems are experienced is that it is not always obvious when the patient starts their journey which services they need to access. Typical examples which are not uncommon include:

- A patient needing a hearing test attends their appointment, only to be sent away again to have their ears cleaned, before re attending for their hearing test.
- Patients attending the Community ENT service could end up with a diagnosis requiring a hearing test and the fitting of a hearing aid. They then are discharged from one service, back to their GP for referral through the AQP route. The same patient may also need their ears cleaned, involving a third separate visit.

Patients and GPs alike would benefit from a more streamlined service, with all services being co-located, across several sites, enabling patients to move seamlessly between the various service elements that they need in a single visit. This would vastly improve the patient experience, improve continuity of care and be a better, more effective use of resources. It would also mean that for GPs there would be a single point of entry into the system.

The proposed new service model is that all three services are provided side by side in two/three locations across Barnet on a one stop shop basis. This means that irrespective of

the reason for the patients referral, they will be able to access any combination of these services as part of the same appointment should they need to.

The service model and specification has been developed taking into account feedback from Local GPs, acute specialists, and the views of patients following a wide range of patient and GP engagement events. It is on the basis of this newly developed service model and accompanying service specification that the CCG agreed to go through a procurement process to commission a provider to deliver against this.

### 3. Procurement Process

The procurement process started in October 2015 with a bidder's market event. The purpose of the event was to give the CCG and potential bidders the opportunity to meet in an informal and dynamic atmosphere, to discuss and explore how such a service could best benefit Barnet patients. There was a high level of interest in the event with 30 attendees representing **13** organisations.

An evaluation panel was then established with roles and responsibilities documented. All members received evaluation training, guidance and support throughout the process from the Procurement leads. All thirteen organisations were invited to submit bids once the advert was released on the procurement portal. 6 organisations submitted bids.

Once these were submitted they were then scored by the panel members individually within a two week timeframe, and scored against each of the criteria set out in the original documentation. This covered things like:

- Business continuity
- Technical and Professional ability
- Quality Assurance
- Information , Management and Technology

Following this stage, scores were moderated, and the three highest scored bids went through to the final stage, which comprised a presentation from each bidder, followed by a series of set questions covering a range of areas. The purpose of the interview stage was to test provider credibility and challenge against the written submission that they had made.

At the end of this process, the bid from Concordia Health had the highest score and therefore the recommendation of the panel was to award the contract to Concordia Health

### 4. Next Steps

A series of fortnightly mobilisation meetings have been set up with Concordia Health to ensure that the service is ready to begin operation on the 1<sup>st</sup> October. These meetings will be attended by a core group of people, Clinical lead, Project Lead, Informatics Lead, Contracts lead, Informatics and Quality representatives.

A communications Plan is being implemented which will ensure that GPs are fully conversant with what the new service offers their patients and the patient pathways are clear.

The contract will be monitored against the specification on a monthly basis going forward.