

To be completed by Meeting Secretary



Agenda item:

Paper No:

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| Meeting/Committee: | CCG Primary Care Commissioning Committees |
| Venue: | |
| Date: | |

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| Title of Report | Interpreting and Translation Services – Future commissioning plans for 2021 onwards | |
| Presented by | Fiona Theadom | |
| Author | Fiona Theadom | |
| Status | For: Decision | |
| Finance Lead sign off (if required) | Name: | Date: |
| Conflict of Interest (Y/N) – if yes please give details | <i>Not applicable</i> | |
| Governance and reporting - at which other meeting has this paper already been discussed (or not applicable) | NHSE/I Primary Care and Public Health Oversight Group (PCPHOG) ¹ | Outcome of Discussion – to commence patient and stakeholder engagement process to help inform final commissioning approach |

Executive Summary:

In September 2019, PCPHOG agreed that a region-wide approach to commissioning interpreting and translation services would be beneficial, being more cost effective and providing a consistent approach to services across the region. It was also agreed that, in addition to GP and dental primary care services, provision should be extended to community pharmacy and primary care optometry services

Final approval to commission a new contract from April 2021 will be required from PCPHOG following a stakeholder and patient engagement exercise and CCG agreement to adopt a region-wide approach commissioned by NHSE/I.

Since that time, a number of discussions have taken place with Arden & GEM CSU and with the national Commercial Team regarding the timing of the procurement in light of a number of factors that have been identified recently by the local regional team, including Covid-19; these are outlined in more detail below.

¹ PCPHOG's role is to oversee the delivery of directly and co-commissioned services within NHS England and NHS Improvement (NHSE & I) - East of England



This paper seeks a decision about next steps in terms of the commissioning plans for interpreting and translation services and timeline for a new contract to start.

Implications:

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| Which regional priority does this support? (see Annex A) | 3, 4, 6 and 10 |
| Financial/ Resource | <p>Financial implications for NHSE/I of extending to pharmacy / optometry services. This has been previously approved.</p> <p>Funding for both GP and dental services is held by the delegated CCGs.</p> <p>There is a risk that activity can go up or down with increased risk of budget overspend if activity increases beyond expected levels.</p> <p>There may be potential savings from more effective use of technology.</p> |
| Legal/ Compliance | NHS Constitution, Accessible Information Standard |
| Implications on health inequalities | NHSE/I has a responsibility to ensure that all patients have equitable access to primary care services regardless of their protected characteristic, disability or ability to communicate with clinicians, services, including those whose first language is not English and those who are non-speaking. |
| Equality Analysis | A full EQIA will need to be carried out before and after stakeholder and patient engagement |
| Patient and Public Engagement | Patient and public engagement is a critical next step before any procurement is started. A 13Q assessment is required before and after. |
| Risk (including reputational) and rating | If the service is not continued, this will impact on access to primary care services for specific patient cohorts, increasing the risk of health inequalities and diagnosis of conditions and long term patient care therefore impacting on the reputation of commissioners to ensure equitable access to services |

Recommendation(s):

To approve the recommendation outlined below and to confirm participation in an East wide approach to procuring interpreting and translation services from April 2021

Next Steps:

- Agree project resources
- Finalise Project Initiation Document, project plan and key timescales by 31 May 2020
- Confirm which CCG areas are included within the commissioning plans for a new contract from April 2021 by mid June 2020
- Commence immediate planning and implementation of a patient and key stakeholder engagement process with NHSE/I, Arden & GEM CSU and Healthwatch; exercise to be completed by end July 2020

For further information contact:

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NHS ENGLAND AND NHS IMPROVEMENT EAST OF ENGLAND

Primary Care Commissioning Committees

FOR APPROVAL

Interpreting and Translation Services – Future commissioning plans for 2021 onwards

REPORT SUBMITTED BY Fiona Theadom, Senior Contract Manager

1 Introduction

There are a variety of arrangements in place across the region for interpreting and translation services:

- Cambridgeshire, Suffolk and Norfolk (East Anglia): a new contract commenced April 2019 and expires March 2021, commissioned as a Call Off Contract from the Crown Commercial Services Framework
- Essex: multiple arrangements in place under a Single Tender Action Waiver approved by the Commercial Executive Group to end March 2021 (2nd year extension).
- Bedfordshire, Hertfordshire, Luton and Milton Keynes (Herts/BMLK): CCGs have commissioned services separately.

Agreement is being sought from all CCGs about their participation in a region wide approach to commissioning interpreting and translation services; this will be completed by mid June.

2 Background

In Sept 2019, PCPHOG agreed, in principle, to secure a new region wide contract from April 2021, subject to individual CCG agreement, and to extend services to include community pharmacy and optometry services.

Learning from previous experience, it was recognised that a substantive patient and key stakeholder engagement exercise is needed prior to commencing a tender process to help inform the service requirements.

Since Covid-19 response work started in early 2020, concerns were raised within NHS England and NHS Improvement (NHSE/I) that there may not be adequate resources or right skill mix available to undertake the necessary actions, to prepare to tender in September 2020. In addition, it has come to light that the new Crown Commercial Services (CCS) Framework (the current framework used) will not be ready until at least April 2021 for the region to Call Off from.

3 Factors to be considered

In light of the above, advice was sought from Arden & GEM CSU as to the possibility of seeking an extension to existing arrangements until March 2022. Additional factors were also identified that helped inform the discussion and subsequent discussion with the NHSE/I Commercial Team. These factors are set out below:

- Market engagement with community pharmacy and optometrists, and their patients, to understand their need for specific interpreting services;
- Patient engagement with both non-English speakers and non-speaking patients (learning from recent experience);
- Market engagement with GPs and dentists about their user experience and learning to inform commissioning intentions;
- Explore the use of technology in primary care and experience of using interpreting services during Covid-19 response that could improve services and access for patients and inform commissioning intentions;
- Explore whether it is feasible to tender for non-speaking services separately from non-English speaking and translation services to allow local suppliers and specialist providers to tender and to determine whether this is beneficial for patients and cost effective; and
- Ensure adequate resources and skills are available within the region to undertake the engagement processes outlined above. It should be noted that external comms expertise has been sought from Arden & GEM CSU who have responded with a proposal; this needs to be revisited as excludes the non-speaking community.

Advice was sought as to whether to seek approval for an extension to existing contract arrangements to March 2022 taking into consideration procurement law and the risk of potential challenge. The advice received recommended that an extension may only be sought if required once all procurement options have been explored and that the market and engagement exercises should be completed, using technology and virtual solutions.

If a short extension is required beyond April 2021, this may be considered later in the year but would require a Single Tender Action process to be followed

Approval will need to be sought from the Commercial Executive Group by mid September to allow time for a tender process to be completed as an April 2021 start date would mean awarding a contract in December/January 2021 followed by mobilisation up to end March 2021.

NHSE/I has identified that a new Framework (ESPO Framework) is due to be published in June 2020 however there is limited information available about the Framework, the suppliers, or which NHS providers currently use it or information regarding the quality of services until it is published. The replacement for the existing CCS framework being used is expected on or after April 2021. Advice received recommends using a recognised and up to date national Framework (rather than an existing one that is due to expire) to secure services in light of the lack of expertise in the region in understanding the quality and financial elements for interpreting services.

The benefits of an East-wide regional approach will ensure there are fewer contracts to manage, a consistent approach to commissioning and monitoring services, delivery of high quality standards, and equitable and inclusive access for patients and primary care providers.

The engagement process will also explore the use of technology as an effective alternative to face to face or on demand telephone services however there is a recognition that patients may continue to have a choice where clinically appropriate.

4 Summary of PCPHOG decision

A summary plan is set out below outlining the key actions required to be undertaken in order to proceed with a procurement for a contract start date of April 2021.

| Action | Notes | End date |
|--|---|---|
| Establish project team and project plan | | 31 May 2020 |
| Secure resources for market and stakeholder engagement | Review Arden & GEM proposal, agree finances and obtain approval Identify additional resources required 13Q to be prepared before & reviewed after | 12 June 2020 |
| Agree timetable for market and stakeholder engagement and plan events (a detailed plan is being drawn up and will be shared with CCGs) | Subject to comms approach being agreed. Engage with Healthwatch and Arden & GEM CSU to agree approach | 12 June 2020 |
| Carry out market and stakeholder engagement within agreed timescales | All primary care services Patients/patient forums Healthwatch NHSE/I and CCG Digital leads Local Representative Committees Local Professional Networks | mid June - 31 July 2020 |
| Obtain CCG agreement to participate in East wide region approach | Paper to each PCCC | Mid June 2020 |
| Obtain final approval from PCPHOG and CEG | | PCPHOG – 24/8/2020 CCG dates to be confirmed CEG – 15/9/2020 (earlier if possible) |

In view of the timeframe and in the context of Covid 19, PCPHOG reviewed the risks and mitigating steps in undertaking a market and stakeholder engagement in preparation to tender for a new contract commencing April 2021.

Key risks:

| Risk | Mitigation |
|---|--|
| Insufficient regional and external resources with appropriate skills and knowledge to complete the work within the timeframe? | Approval being sought to release resources from Covid 19 response support, external expertise and support being investigated |
| Insufficient time to ensure full and proper engagement process to be carried out in line with NHSE/I's 13Q responsibilities? | If unable to effectively complete within timescales, seek a short extension to existing arrangement in August 2020 |

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| Risk of challenge from stakeholders who may not be able to respond to engagement process as a result of Covid 19 constraints | Plan communications engagement process to ensure broad range of solutions using technology and other alternative solutions within the constraints imposed |
| Risk of challenge from market who may not be able to respond to tender process as a result of Covid 19 constraints | Ensure adequate time allowed for tender process and mobilisation; to commence Sept 2020 for new contract start April 2021 |
| New ESPO framework not yet published, quality, NHS experience, potential suppliers and details unknown. Limited to using this Framework as unable to use the CCS Framework as not published in time. | <p>Once published, to review framework. To seek assurance from NHSE/I Commercial Team, confirm if any NHS providers using framework to learn from their experience and understand the quality standards</p> <p>Write the specification using the same standards as the CCS Framework</p> <p>Seek a short extension if planned actions not completed in sufficient time to allow tender and mobilisation process to be completed by end March 2021.</p> |

PCPHOG also considered the option of seeking approval for an extension to existing arrangements to end March 2022 from CEG including a specified timetable setting out for market and stakeholder engagement and other actions to be completed. Under this option, a new contract would start April 2022.

Key risks:

| Risk | Mitigation |
|--|---|
| CEG unlikely to give approval for an extension without the region considering all procurement options. | <p>If CEG approval not given, will shorten timescales to complete engagement process and tender for a new contract for April 2021 start. This is a high risk approach.</p> <p>Proceed on basis that a new contract will be procured for April 2021 and seek an extension if needed once options explored and in light of progress with stakeholder and patient engagement process</p> |

PCPHOG agreed to commence the patient and stakeholder engagement exercise recognising the risks, constraints and timescale for completing the process. The risk can be offset by seeking a contract extension from CEG if required in August 2020.

PCPHOG agreed that a final decision about the contract start date would be made following the outcome of the engagement exercise and details of the ESPO Framework being published.

6 Recommendation

Primary Care Commissioning Committees are asked to confirm if they wish to participate in the east wide approach pending a final decision about whether to seek an extension from CEG to the contract start date in August/September 2020.