

## **Procurement of immunisation services for school aged children across the South West - Options Appraisal (March 2017)**

NHS England is considering how best to procure immunisation services for school aged children across a substantial part of the South West to provide a high quality, sustainable, cost effective and efficient service which achieves high uptake. We aim to protect the whole population, and reduce health inequalities, ensuring the service is accessible to all. Further information on current school immunisation services and the reasons for the procurement can be found in the Background Information document.

The table below lists potential options for the future organisation of school immunisation services in terms of the geographical area, and the immunisation cohorts that each provider would have responsibility for. Some **potential** advantages and disadvantages of each option are summarised alongside – these are not exhaustive but aim to give an indication of some of the issues commissioners need to consider. They are provided as a tool to assist in your consideration of the options, but individuals should use their own knowledge of services and local planning to inform responses to the survey.

The geographical options listed are largely based on existing organisational boundaries such as Local Authorities and CCG's however should there be a geographical configuration you feel should be considered, but is not listed, there is opportunity to identify this, and your reasoning, within the survey.

### **Acronyms:**

BNSSG = Bristol, North Somerset and South Gloucestershire

CCG = Clinical Commissioning Group

STP = Sustainability and Transformation Plan

NEW Devon = North, East and West Devon (includes Plymouth)

Sustainability and Transformation Plans (STPs) are relatively new ways of working which aim to join up planning for the future of health and social care services in defined geographies across the country. Should you require further information on STPs please follow the links below:

- STPs <https://www.england.nhs.uk/stps/>

Service options	Description	Advantages	Disadvantages
<p>A. One procurement for all imms in primary and secondary schools within agreed geography</p>	<p>One provider would go into all schools in the relevant geographical area and deliver all vaccinations to school aged children including flu.</p>	<ul style="list-style-type: none"> <li>- Single provider liaising and entering schools – continuity of approach, development of relationship, school children recognise service throughout school journey i.e. same service immunising in primary as in secondary.</li> <li>- Opportunities for economies of scale &amp; provider efficiencies to release monies for development of services</li> <li>- Potential for greater workforce resilience – larger programme with combined workforce, substantive staff</li> <li>- Builds expertise of whole immunisation programme.</li> <li>- Less services than current model – reduced administration in provider &amp; commissioner functions, greater efficiency</li> <li>- Increased contract value may be more attractive to market &amp; facilitate development of service</li> </ul>	<ul style="list-style-type: none"> <li>- Significant peak of activity in flu season</li> <li>- Potential loss of local knowledge and engagement with local stakeholders</li> </ul>
<p>B. 2 separate procurements, one for flu vaccinations in primary schools, the other for HPV / Men ACWY / Td/IPV in secondary schools</p>	<p>Separate contracts awarded for primary (flu) and secondary (MenACWY, teenage booster, HPV) immunisations which could result in different providers going into schools.</p>	<ul style="list-style-type: none"> <li>- Smaller contract may be more attractive to wider market &amp; encourage other providers to consider</li> <li>- Smaller number of schools to engage with and develop a productive relationship with</li> <li>- If not focussing on all immunisations, greater ability to spread activity across school year – greater flexibility to respond to school timetables, more time to “make every contact count”</li> </ul>	<ul style="list-style-type: none"> <li>- Flu providers must be able to mobilise for a part year programme</li> <li>- Smaller providers / less economies of scale (depending on geographical lots to some extent, below)</li> <li>- Some (small number) schools will have two providers attending for different cohorts – affects all-through schools which are mostly special schools and independent schools.</li> </ul>

\* all descriptions below express the potential number of procurements, the smaller number being if option A above is selected, the larger being if option B is selected.

Geographical Options	Description*	Advantages	Disadvantages
<b>1. Separate procurements on each Local Authority Footprint</b>	7-11 services each in line with current Local Authority boundaries: <ul style="list-style-type: none"> <li>• Devon</li> <li>• Torbay</li> <li>• Plymouth</li> <li>• Somerset</li> <li>• North Somerset</li> <li>• Bristol</li> <li>• South Gloucestershire</li> </ul>	<ul style="list-style-type: none"> <li>- Services aligned to other 0-19 services commissioned by the local authority such as health visiting &amp; school nursing</li> <li>- Alignment to local education authorities may enhance engagement with schools and data flows</li> <li>- Small change to geography / boundaries of existing services in some areas</li> <li>- Smaller contract may be more attractive to wider market &amp; encourage other providers to consider</li> <li>- Smaller number of schools in some areas to engage with and develop a productive relationship with</li> <li>- Smaller services have potential to be more locally responsive</li> </ul>	<ul style="list-style-type: none"> <li>- Increased cost owing to more distinct services– management, premises</li> <li>- Economies of scale not realised, smaller services may not be sustainable</li> <li>- Multiple services requiring duplication of administrative effort – provider &amp; commissioner. More staff in meetings.</li> <li>- May restrict market - low contract values may make unattractive</li> <li>- Risks being small programme in a large organisation - limited visibility and priority.</li> <li>- Reduced provider efficiency in procuring infrastructure e.g. fridges.</li> <li>- Reduced capacity to develop skillmix in a smaller service.</li> <li>- Reduced resilience due to low workforce numbers.</li> </ul>
<b>2. Clinical Commissioning Group footprint</b>	6 – 9 services based on CCG footprints: <ul style="list-style-type: none"> <li>• NEW Devon (inc Plymouth)</li> <li>• South Devon &amp; Torbay</li> <li>• Somerset</li> <li>• North Somerset</li> <li>• Bristol</li> <li>• South Gloucestershire</li> </ul>	<ul style="list-style-type: none"> <li>- Alignment with existing GP geographies &amp; current health commissioning boundaries for maternity and children’s services.</li> <li>- Potentially addresses resilience concerns for some very small programmes</li> <li>- Greater alignment with CCG children’s services commissioning – single footprint.</li> </ul>	<ul style="list-style-type: none"> <li>- Considerable work around cross boundary changes in some areas for minimal benefit</li> <li>- There is no direct care pathway link from school aged imms to CCGs</li> <li>- Current health commissioning boundaries may evolve over the length of the contract.</li> <li>- Does not align to other 0-19 services commissioned by the local authority</li> </ul>

Geographical Options	Description*	Advantages	Disadvantages
		<ul style="list-style-type: none"> <li>- Small change to geography / boundaries of existing services in some areas</li> <li>- Smaller contract may be more attractive to wider market &amp; encourage other providers to consider</li> <li>- Smaller number of schools in some areas to engage with and develop a productive relationship with</li> <li>- Smaller services have potential to be more locally responsive</li> </ul>	<ul style="list-style-type: none"> <li>- including education.</li> <li>- Increased cost owing to more distinct services– management, premises</li> <li>- Economies of scale not realised, smaller services may not be sustainable</li> <li>- Multiple services requiring duplication of administrative effort – provider &amp; commissioner. More staff in meetings.</li> <li>- May restrict market - low contract values may make unattractive</li> <li>- Risks being small programme in a large organisation - limited visibility and priority.</li> <li>- Reduced provider efficiency in procuring infrastructure e.g. fridges.</li> <li>- Reduced capacity to develop skillmix in a smaller service.</li> <li>- Reduced resilience due to low workforce numbers.</li> </ul>
<b>3. Sustainability &amp; Transformation Plan Footprints (STPs)</b>	3- 5 services based on new planning footprints for health and social care: <ul style="list-style-type: none"> <li>• BNSSG</li> <li>• Somerset</li> <li>• Devon</li> </ul>	<ul style="list-style-type: none"> <li>- Alignment to future planning footprints for health &amp; social care</li> <li>- Opportunities for economies of scale &amp; provider efficiencies to release monies for development of services</li> <li>- Greater workforce resilience across larger footprints – larger programme with combined workforce, scope to employ substantive staff and to increase skillmix</li> <li>- Less services than current model – reduced administration in provider &amp;</li> </ul>	<ul style="list-style-type: none"> <li>- Current health commissioning boundaries may evolve over the length of the contract.</li> <li>- Potential for reduced ability of services to be locally responsive</li> <li>- Does not align with STP strategic planning</li> <li>- May restrict market in that smaller providers would be unable to bid and only a few interested parties in a large service. Market appetite for large programme is unknown</li> </ul>

Geographical Options	Description*	Advantages	Disadvantages
		<p>commissioner functions in some areas</p> <ul style="list-style-type: none"> <li>- Increased contract value may be more attractive to market &amp; facilitate development of service</li> <li>- Increases consistency of model/offer by reducing number of services</li> <li>- High contract value increases priority and visibility of service.</li> </ul>	
<p><b>4. Replicate existing arrangements</b></p>	<p>6-9 services based on existing geographies:</p> <ul style="list-style-type: none"> <li>• Bristol &amp; South Gloucestershire</li> <li>• North Somerset</li> <li>• Somerset</li> <li>• Torbay</li> <li>• Plymouth</li> <li>• Devon</li> </ul>	<ul style="list-style-type: none"> <li>- No changes to geography / boundaries of existing services</li> <li>- Services aligned to other 0-19 services commissioned by the local authority such as health visiting &amp; school nursing</li> <li>- Smaller contract may be more attractive to wider market &amp; encourage other providers to consider</li> <li>- Smaller number of schools in some areas to engage with and develop a productive relationship with</li> <li>- Smaller services have potential to be more locally responsive</li> </ul>	<ul style="list-style-type: none"> <li>- Increased cost owing to more distinct services– management, premises</li> <li>- Economies of scale not realised, smaller services may not be sustainable</li> <li>- Multiple services requiring duplication of administrative effort – provider &amp; commissioner. More staff in meetings.</li> <li>- May restrict market - low contract values may make unattractive</li> <li>- Risks being small programme in a large organisation - limited visibility and priority.</li> <li>- Reduced provider efficiency in procuring infrastructure e.g. fridges.</li> <li>- Reduced capacity to develop skillmix in a smaller service.</li> <li>- Reduced resilience due to low workforce numbers.</li> </ul>
<p><b>5. NHS England Commissioning footprint - one</b></p>		<ul style="list-style-type: none"> <li>- Opportunities for economies of scale &amp; provider efficiencies to release monies for development of services</li> </ul>	<ul style="list-style-type: none"> <li>- Potential for a single large service to lose ability to be locally responsive</li> <li>- Potential for significant disruption in</li> </ul>

Geographical Options	Description*	Advantages	Disadvantages
<p>large service covering the whole of the South West.</p>		<ul style="list-style-type: none"> <li>- Greater workforce resilience across larger footprints – larger programme with combined workforce, scope to employ substantive staff and to increase skillmix</li> <li>- Less services than current model – reduced administration in provider &amp; commissioner functions in some areas</li> <li>- Increased contract value may be more attractive to market &amp; facilitate development of service</li> <li>- Increases consistency of model/offer by reducing number of services</li> <li>- High contract value increases priority and visibility of service.</li> </ul>	<p>transition to this model</p> <ul style="list-style-type: none"> <li>- Does not align with STP strategic planning</li> <li>- May restrict market in that smaller providers would be unable to bid and only a few interested parties in a large service. Market appetite for large programme is unknown</li> </ul>

Should you have any queries regarding any aspect of this procurement please email [phcontractssouthwest@nhs.net](mailto:phcontractssouthwest@nhs.net)