INTEGRATION JOINT BOARD

Date of Meeting	01 December 2020
Report Title	Aberdeen City Primary Care Sustainability Programme (Stage 1 – 2C Remodelling)
Report Number	HSCP.20.049
Lead Officer	Sandra Macleod, Chief Officer (ACHSCP)
Report Author Details	Lorraine McKenna (Primary Care Lead) Emma King (Primary Care Lead) Sarah Gibbon (Programme Manager) Calum Leask (Programme Manager)
Consultation Checklist Completed	Yes
Directions Required	Yes (see appendix E)
Appendices	a. Business Case b. Procurement Summary c. Procurement Strategy (Confidential) d. Evaluation Criteria (Confidential) e. Direction to NHS Grampian

1. Purpose of the Report

1.1. The purpose of this report is to provide a brief overview to the Integration Joint Board (IJB) on the current position of one of the Partnership priority programmes (the remodelling of our 2C General Practices) and to seek approval for a recommended way forward.

1.2. This is part of a long-term programme of work to avoid increasing instability in Aberdeen's primary care system. The current system, if not addressed, will become increasingly fragile as evidenced in section 3.2 at a time when demand for primary care services is growing.

1.3. This report should be read in conjunction with the Business Case provided for full context.

1.4. Appendices B, C & D provide further information on the proposed procurement process outlined in this paper, however these appendices are exempt (private) information in line with the Local Government (Access to Information) 1973 Act, Schedule 7A, under paragraph 9 (Terms of Acquisition or Disposal): *"Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services provided disclosure of these terms would prejudice the [Integration Joint Board] in these or any other negotiation"*

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Endorses, approves, and gives agreement to proceed with implementation for the preferred option outlined in paragraph 3.7, to enable the remodelling of the 2C GP practices;

b) Notes the intended procurement process to implement the preferred option (if approved) as at appendix B, C & D (exempt) to be delivered in conjunction with ongoing internal development with the 2C Practices, supported by ACHSCP;

c) Makes the direction as attached at appendix E and instructs the Chief Officer to issue a Direction to NHS Grampian; and

d) Requests that an update on the outcomes of the procurement process is brought back to the IJB in spring 2021.

3. Summary of Key Information

3.1. Background

In Primary Care, there are several different kinds of General Practitioner (GP) contract, outlined below:

	Explanation	Managed By	Aberdeen City #
17J	A 'Section 17J' or 'GMS' (General Medical Services) practice is one that has a standard, nationally negotiated contract. Often referred to as an 'independent contract model'.	GP Partners	17
17C	A 'Section 17C' practice (formerly known as 'Personal Medical Services' or 'PMS' practice) is an independent practice that has a locally negotiated agreement, enabling, for example, flexible provision of services in accordance with specific local circumstances.	GP Partners	5
2C	In general terms, this is most likely to mean that the practice is run by the NHS Board.	ACHSCP / NHSG	6

In April 2004, a duty was placed on NHS Boards to provide or secure "primary medical services" for their population. When practices experience difficulties or sustainability issues which affect their ability to deliver services for a population, the NHS Board must take action to ensure their delivery, by either:

1. Making arrangements with another 17J or 17C practice (merger or procurement process); or
2. Providing the service directly as a 2C practice.

These actions are a necessary intervention where there is a risk that medical services may not be provided for a certain population, often with the aim that the practices ultimately transfer back into the independent model.

In Aberdeen, there are currently six 2C GP practices, some of which have been a 2C practice for an extended amount of time:

1. Camphill Medical Practice
2. Carden Medical Practice
3. Marywell Medical Practice
4. Torry Medical Practice
5. Old Aberdeen Medical Practice
6. Whinhill Medical Practice

3.2. The Need for Change

The need to remodel our 2C practices is reinforced by several inter-related factors, all of which highlight the need to work differently to ensure that Aberdeen City continues to be able to deliver safe, accessible and responsive general medical services.

Primary care is facing increasing pressure, which is well-documented in national literature for reasons including (but not limited to):

a) Increasing Demand: across Scotland, there is increasing pressure across the system due to an increasing older population and increasing co-morbidities. Services need to be redesigned to meet this expected increase in demand.
b) Increasing Workforce Challenges: again, across Scotland there are well-documented workforce challenges in health and social care, which are exacerbated in primary care which is the first point of contact for many people. Aberdeen City has experienced a particular decrease in GP numbers over the years from 2009 to 2019 (ISD)

The combination of the factors outlined above has led to:

c) Increasing Risk Relating to Sustainability: there is an increasing risk relating to sustainability, as evidenced in the 2019 Practice Sustainability study[1], which indicated that only 5 of our 28 practices are considered “low risk”. A comparison between the 2017 and 2019 scores indicates that even for seemingly “low risk” practices, this can quickly change. Work is required to improve sustainability **both** for our 2C and independent practices and to create capacity in our Primary Care Support Team to provide contingency support for other practices which may come into difficulty.

Over the past four years, Aberdeen City has experience with several practices who felt they are no longer sustainable:

- **Carden Medical Practice:** 4th May 2020 became a 2C practice after an unsuccessful procurement process.
- **Rosemount Medical Practice:** 31st January 2019: due to a small, geographically diverse patient list with suitable city-centre alternatives, undertook dispersal of practice patient lists between city practices, which absorbed much of the existing capacity.
- **Torry Medical Practice:** 1st July 2018 became a 2C practice.
- **Northfield Medical Practice:** became Aurora (separate business but owned by Denburn Medical Practice) in September 2017 after a successful procurement process and merged with Denburn (one business) in August 2018.

[1] based on the Scottish Government Practice Sustainability Assessment Tool

To address this and begin to create a sustainable, city-wide model of primary care, ACHSCP needs to ensure:

d) Implementation of new GMS Contract and Primary Care Improvement Plan: the new GMS Contract, supported by our Primary Care Improvement Plan, is one of the key ways in which ACHSCP is working towards improving sustainability in general practice in Aberdeen. Our services need to support the new ways of working; implement the primary care improvement plan and encourage better collaboration and more cross-system working. Key components of this include developing our multi-disciplinary teams to provide appropriate, person-centred care whilst freeing up capacity for our GPs to act as "expert medical generalists", utilising their time for more complex care.

e) Creating equity of resource across practices: In order to increase sustainability, ACHSCP needs to find ways to ensure that our resources are distributed amongst all GP practices in a way that promotes equity and enables support to be directed towards the demand.

Overall, the need for change outlined above, if not addressed, will have an impact on patients' access to primary care services from the right person; at the right time; in the right place.

3.3. Why Are We Changing Now?

Given the challenges outlined above, ACHSCP needs to act now to begin a journey of improving primary care services across the city and rise to meet these challenges rather than wait for the impact to be realised fully. Remodelling our 2C practices will enable the start of this journey. Whilst patients won't see changes to how they access care immediately, as this project relates to "back-office" management change, it will help to ensure the continued delivery of local services across the city and ensure that primary care can continue to deliver safe, effective, person-centred care in light of the increasing demands on the service.

Additionally, the Covid-19 pandemic has accelerated many aspects of change within General Practice, with many practices adopting new technologies to enable remote consultation (such as NHS Near Me and eConsult); and to enable appropriate triage. Remodelling now will enable us to embed and reinforce the opportunities and benefits of new ways of working that Covid-19 has created.

3.4. Developing the Options to Facilitate Remodelling

ACHSCP held a series of workshops with 2C practice staff over the course of six weeks to help identify the best change mechanism for remodelling; to shape what the future 2C practice model might look like; and to consider cross system sustainability, both in the 2c practices as well as across the city. This engagement was at an early stage of the process; and before requirements of the Organisation Change Policy need to be met. Workshops were planned and delivered by a multi-agency project team, including representatives from Primary Care; the Local Medical Committee (LMC), GP Sub Committee of NHS Grampian's Area Medical Committee, Staff side representatives and HR.

Workshop 1

The first workshop presented the rationale for change; gathering perspectives on immediate and short-term improvements and gathering concerns about the process of change.

Workshop 2

The second workshop reviewed and addressed immediate and short-term improvements and initial concerns, followed by assessing advantages and disadvantages of longer-term models.

Workshop 3

The final workshop presented revised models based on 2C Practice Staff feedback and included a Q&A with Leadership Team representatives from the Partnership so staff could directly ask any outstanding queries they had.

Throughout the process, the project group facilitated many ways for staff to maintain their involvement, particularly those who could not attend. These included (but were not limited to):

1. All workshops were recorded and shared so staff could view at their convenience.
2. Briefings were circulated after every workshop.
3. Electronic forms distributed to all staff to input thoughts and comments on interactive tasks.
4. Multiple additional meetings with staff in practice and via Teams to explore further discussions.

Following staff feedback on the initial process, additional actions were taken in October and November, including:

5. Further 1-1 meetings including with HR
6. A series of smaller group workshops were held in November to provide further opportunity for discussion from all staff.

7. Presentation to the Joint Staff Forum.

2C practice staff were also offered the opportunity to vote on their preferred option and while not intended as a decision-making tool, the outcome was included in the business case to help the IJB understand the preferences of the staff. Out of 138 2C practice staff, there were 59 (crossing a variety of professional groups) who chose to vote, and their scoring is represented below. 12 staff advised that they would abstain as they either did not like the options or the process identified above. In total 42.75% of staff took part in a vote and the preferences are indicated below, demonstrating a preference towards partial merger and full merger options:

Options Voted on	1st Preference	2nd Preference	3rd Preference	4th Preference
Full Merger	5	24	10	9
Full Procurement	1	2	13	38
Partial Merger	47	20	11	5
Partial Merger & Partial Procurement Process	6	13	25	7

The workshop process identified positive suggestions for improvement, which included:

- Working across all practices to enable late visits
- Sharing specialisms between practices
- Centrally co-ordinated student training between practices
- Centralised triage for all practices

Additionally, a group of 2C practice staff have come together to create an internal proposal to facilitate a remodelling of the 2C practices, which has subsequently been included in the business case (see below). The internal 2C practice staff project team have been supported by the Primary Care Team, who have identified funding for a session a week (4 hours) from each practice for a staff representative on this group. This is initially for a three-month period and will be extended as required to facilitate ongoing involvement and development from the 2C practice staff.

3.5. What Were the Challenges with This Process?

The project has experienced difficulty in the change process so far, noting that culture differs from practice to practice, as does the practice's level of experience with change to date. For example, some 2C practices have recently experienced a lot of change, supported by GP Lead Roles and the Primary Care Team, which has enabled the practices to see why change is needed. However, other 2C practices have not been through/had the requirement of change put upon them until this process and are therefore not so familiar with service delivery change of this nature and appear very resistant to change.

Additionally, it became evident, for some staff there is a lack of understanding of the different contract types for general medical services and the direction of change, even within the practice themselves. This may have resulted in some resistance to change. Since then, an evening of open information sharing with representatives from Scottish Government Primary Care has been held by our Local Medical Committee colleagues, and focused on developing knowledge around the contractual arrangements and the direction of change relating to the GMS contract.

However, 2C practice staff members (primarily from one practice) have also raised several concerns and complaints around the remodelling process undertaken so far. Each of these has been responded to, either in writing or with follow-up meetings, and a summary is provided below:

- **Timescales were too tight:** The timescales around developing the options presented in this paper were fast but deemed necessary. ACHSCP received letters from 12 General Practitioners from some 2C practices who chose to abstain from voting. Two main reasons were cited for this: 1) the length of the process (which was deemed too short) and 2) the information provided on each of the longer-term options (which were deemed to be too vague). As a result, the paper to the IJB was deferred to allow for additional engagement and consultation.
- **TUPE:** 2C clinical staff raised concerns with the TUPE process and the protection of their terms and conditions. Colleagues from the Primary Care Support Team and from Human Resources have met with staff to discuss their concerns (09.11.2020). The offer to meet has been extended to other staff and practices.
- **New Model of Care:** there were also concerns raised that a new model of care may adversely impact on the population. This was particularly as the 2C practices have some specialised patient populations, such as those experiencing homelessness or people with learning disabilities. 2C clinical staff have raised concerns about potential health inequalities impact should a tender process be agreed by the IJB.

- **Remodelling:** 2C staff from a particular practice have raised concerns over the remodelling process in general and have requested that their practice is not included within the scope.

3.6. Options for Undertaking a Remodelling (Mechanism for Change)

During this process, several options to undertake this remodelling were developed and included:

1. Do Nothing / Do Minimum
2. Partial Merger of 2C Practices
3. Full Merger of 2C Practices
4. Partial Merger & Partial Tender
5. Full Procurement Process (individually, in groups or as a whole)

Through the workshop process and following discussion with representatives from 2C practices, a further option has been included in the business case. This option presents an internal proposal developed by the 2C practice staff. The proposal received was a more detailed version of option 3 above (full merger of 2C practices). As a result, option 3 in the business case was subsequently revised to reflect the new proposal; and scored against the same objectives as the other options. In the business case, option 3a refers to the original scoring of the full merger option and 3b refers to the full merger option re-scored considering the internal proposal.

3.7. Recommended Option

The options appraisal, as included in appendix A, indicates that the recommended option, and the preferred way forward, is option 5 to undertake a full procurement process.

Option 3b also scored strongly in the options appraisal. The *difference* in scoring between the initial full merger option and the 2C practice proposal was largely due to factors in the proposed service model which could also be achieved through a procurement process. However, option 5 aligns more closely to the Strategic Plan and provides additional benefits with more potential to deliver transformational change of primary care services in line with this strategic direction (these are more fully explored in section 4 below). Furthermore, option 5 provides the opportunity to mitigate against the broadest range of risks within the Strategic Risk Register (see section 4 and appendix 3). Representatives from the internal 2C staff project group will be invited to be involved in the procurement process, including on the evaluation panel, should the recommendations of this report be approved.

Officers are of the view that it is important to continue to develop internally with the involvement of the 2C practice staff as a procurement process develops – to ensure complementary progression of the two options in tandem. This will maximise the ability to create a more stable and secure primary care arrangement for Aberdeen. As such, there is ongoing improvement work in several practices which should continue, with the support of ACHSCP, throughout the process. Involvement from the 2C practice staff will be facilitated by the additional sessions funded by the partnership (as outlined above).

3.8. Benefits of the Recommended Option

3.8.1. Developing Our City-Wide Model of Primary Care

The recommended option provides the ability to look at the re-design of our primary care services, not only internally within our 2C practices, but across the city. A procurement process would invite innovative business cases which will stimulate the market to look at the possibilities for service delivery. The evaluation criteria (appendix D) allow ACHSCP to design and influence the business cases submitted.

This will allow ACHSCP to identify the interest in the City to stimulate effective models of delivery, providing opportunity for innovation and collaboration between independent practices to create future-proofed models of delivery.

3.8.2. Improving Sustainability Across Our Model of Primary Care

A procurement process would allow opportunities for improving sustainability across primary care in Aberdeen City, which an internal remodelling of our services would not provide. For example:

- Smaller 2C practices could be supported by larger GP practices to provide improved sustainability through shared resources and additional support;
- Independent GP practices could reinforce their own sustainability in line with national guidance on sustainable practice sizes; and
- ACHSCP would have a reduced responsibility for direct operational oversight of 2C practices, increasing the capacity to help support the delivery of the Primary Care Improvement Plan. This would also ensure capacity to pre-emptively support other practices that may experience difficulty in the future to mitigate chances of further practices terminating their contract.

3.8.3. IJB Strategic Risk Register

The analysis of the options against the risks in the IJB's Strategic Risk Register demonstrates how option 5 (procurement process) provides opportunity to mitigate against several of the IJB's key strategic risks. This is detailed further in section 5 below and is included in the business case provided at appendix B

3.8.4. Alignment with GMS Contract and increased ability to deliver on Primary Care Improvement Plan

Undertaking a procurement process is in-line with the national direction for primary care. The 17J/17C, or independent contractor model, is the model favoured nationally by the current GMS contract and locally by our Local Medical Committee. After consideration and wide discussion, both the SGPC and the Scottish Government have agreed that the GMS contract will continue as an independent model, demonstrating 82% support from GPs[2].

The new contract states that "a *strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities*.[2] Furthermore, the GMS contract reiterates very clearly that '*since the inception of the NHS, general practice has developed as an independent contractor model. Some of the greatest strengths of general practice exist because of the independent nature of GPs under this model and their ability to prioritise and advocate for their patients'.*

The independent model encourages innovation and the GMS contract, and work of the Primary Care Improvement plan, seeks to reduce the risk to GPs of this model. Examples include introducing sustainability loans to acquire premises risk and NHSG recruitment to additional roles in the multi-disciplinary team (MDT). The overall aim is to enable GPs to function as expert medical generalists.

However, we also have to take note of the fact that the GMS contract acknowledges whilst the majority of general practice will be delivered via an independent contractor model, "*there is an important, continuing role for non-GMS contractor GPs, often in salaried positions, in a wide range of circumstances"* and that salaried GP contracts should be on terms no less favourable than the BMA model contract.

Following a procurement process would allow Aberdeen City to rebalance its' practices between the 2C and 17J contractual models. Over the years, Aberdeen City's 2C practice model has differed to that of other cities as it has retained more 2C

[2] https://www.gov.scot/publications/gms-contract-scotland/pages/3/

practices for longer. Nationally, 4% Scottish general practices are of the "Section 2C Type".[3] This compares with 21% of Aberdeen City general practice.

3.9. Implementation of the Procurement Process

3.9.1. Procurement Process

The recommended option that emerged from the scoring process was to initiate a procurement process, whereby expressions of interest are invited by suitably qualified parties to assume responsibility for delivering the general medical services of a 2C General Practice. A visual summary of this process is provided at appendix B. The procurement strategy (see appendix C - exempt) indicates that this will be an open process and gives details of the proposed lots. The process will involve the submission of business cases, which are then evaluated against set criteria (see appendix D - exempt), before a shortlist are invited to interview. The evaluation panel will consist of key stakeholder, including representatives of the 2C Practice Project Team. The interview stage allows for more in-depth analysis of the proposals. This procurement process also allows for some degree of post-tender negotiation, allowing HSCP to ensure the proposal fully fits the needs of the service. The timescales for this process are also set out in the procurement strategy, though it is important to note that these could be extended, should the City's GP practices experience further increased operational demand due to Covid19 (for example due to vaccination delivery).

Details of the suggested procurement process are set out in appendices B, C and D.[3]

3.9.2. Evaluation Criteria

The evaluation criteria are an essential part of this process. These allow the ACHSCP to assess proposals and ensure that they are in line with the Strategic Plan and the future direction for primary care. The evaluation criteria included here (appendix D – exempt) are *draft* and will be consulted on if the recommendations of this report are approved. Critically, the evaluation criteria will strive to ensure no detrimental impacts on staff or patients, including those with protected characteristics. Furthermore, it is the intention of the project group to take these for consultation with the 2C practice staff project group *if* the recommendations of this report are approved. If proposals do not satisfy in terms of the evaluation criteria, ACHSCP is not obligated to accept any proposal.

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[3] Please note appendices C & D are considered exempt information in line with the Local Government (Access to Information) 1973 Act, Schedule 7A, under paragraph 9 (Terms of Acquisition or Disposal)

3.10. Why Do We Think This Will Be Successful Now?

Previous procurement processes for GMS services have been unsuccessful, most recently Torry Medical Practice and Carden Medical Practice. There are several reasons which make this procurement process more likely to result in a suitable business case proposal:

- **Learning from previous tenders:** learning from previous tenders has indicated that practices were unaware of the procurement process and how to submit business cases. As a result, a workshop will be held by the Local Medical Committee (LMC) and/or AHCSCP on a city-wide basis to provide the information required for local independent contractors to feel confident submitting a business case. Further, feedback from previous tenders has indicated that the timescale allowed for submission of business cases was too short (i.e. the minimum requirement of 30 days). In this procurement process, a much-extended timescale is proposed of 40 *working* days to mitigate against this.
- **Changes in the service delivery:** Covid-19 has changed ways of working within primary care which may open more opportunities for innovative business cases. Many independent contractors have experienced changes in their service models which will allow for different business cases to be submitted as part of a procurement process.
- **Large and varied opportunity:** Undertaking a procurement process for all practices (albeit in separate lots) will provide an opportunity to create a business case that was not available when practices were individually tendered at different times in the past.

3.11. Next Steps: process

Remodelling our 2C services will require a flexible approach as progress is made towards the next steps. A procurement process will allow ACHSCP to fully understand the market and the potential solutions out there, working in tandem to support 2C Practices internally implement improvements to the service delivery model. Once we understand the potential market and appetite for procurement, this will inform the on-going work to co-design the primary care system in the City and will enable us to confirm / adjust the overall programme as required.

This represents the first steps in a journey to help ensure that Aberdeen's primary care services are sustainable and ready to adapt to the challenges that the future holds.

4. Implications for IJB

4.1. Equalities: An equalities and human rights impact assessment (EHRIA) has been completed for the recommendations of this report (i.e. to undertake a procurement process) which indicated a green assessment. However, at this stage any impacts arising from the specific proposals received cannot be assessed, as the proposals themselves are unknown. The procurement process is robust and considers equalities impacts through the process. NHS Grampian are also committed to ensuring that any procurement process does not increase health inequalities, for example through removal of service provision in areas of multiple deprivation, and this will be included in the procurement evaluation criteria.

4.2. Fairer Scotland Duty: The revised EHRIA form also considers the impact of the proposal on the Fairer Scotland Duty It is anticipated that the implementation of this plan, will have a positive impact on people affected by socio-economic disadvantage, as per the ambitions within the Strategic Plan.

4.3. Financial: The report is clearly aligned with the ACHSCP's Medium Term Financial Framework. Should the procurement process be successful, then the financial risk of these services overspending will be removed from the IJB as this would transfer to the independent contractor.

4.4. Workforce: It is recognised that change processes can be unsettling and stressful for staff, however the project team have taken steps to engage staff at an early stage and have been responsive to concerns as they have been brought forward. During the development stage, staff side and trade unions have been integral members within our operational governance decision making processes. Required workforce changes will continue to be progressed in consultation with affected staff and in partnership with our staff side and trade union reps in line with usual process on a project by project basis by organisational change if required. If an independent contractor is awarded the contract, employees will be protected under TUPE legislation (see below).

4.5. Legal: Procurement process will follow all necessary legislation as guided by our NHS Grampian colleagues. If a contract is awarded, then staff would transfer to the independent contractor in line with the “Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

4.6. Other – NA

5. Links to ACHSCP Strategic Plan

5.1. The areas of work referred to in this report directly align with the delivery of the Strategic Plan, which will be a key document for reference throughout the procurement process. The evaluation criteria of the business cases through the procurement process will be built to consider the strategic priorities of the partnership and to reflect the needs of stable GMS provision for the city, details of which are included appendix D (exempt).

- **Prevention:** The Partnership has a role to provide support to those practices at risk, if we do not transition those 2c practices that are stable to become part of an independent model this will have a significant negative impact on the Partnership’s ability to meet the prevention agenda and maintain safe services for those who are in our communities, particularly those who reside in areas of multiple deprivation.
- **Resilience:** The potential of the procurement process to result in larger General Practices will work to make both the 2C and independent contractor more sustainable and puts less pressure on staff through economies of scale, cross-working and mutual support, thus improving the resilience of our workforce.
- **Personalisation**: Scaling up of services which are currently available at different times and locations will allow citizens in our communities to access these services at times and places which re convenient for them. Larger practices may be able to share more specialist services, as well as consider opportunities to improve access such as further extended opening hours.
- **Connections:** Ensuring a collaborative model to improve connections between general medical practices themselves; and between primary, community and secondary care will help to facilitate sustainability and build resilience.
- **Communities:** The overriding principle of General Practice is to ensure that person centred care is provided within community settings.

6. Management of Risk

6.1. Identified risks(s)

There are the following key risks identified if the recommendation to tender is approved:

Area	Risk	Mitigation
Workforce	There is a risk that the change processes impact on recruitment and retention in 2C practices. ACHSCP has received a number of GP resignations to date.	**Mitigation:** communication and engagement plan involving staff at earliest opportunity; additional supports to affected staff. **Contingency:** Development of robust business continuity plans for 2C practices, with the support of wider general practice.
Reputational	There is a risk of reputational damage to ACHSCP, due to a lack of understanding in the public of the independent nature of GP practices and a possible perception of "privatising the NHS"	**Mitigation:** Ensuring robust, pro-active communications strategy which will include the key messages relating to the independent contractor model of general practice.
Process	There is a risk that the tendering process does not result in submission of proposals. This could be compounded by operational demands relating to Covid-19 impacting on practices' capacity to develop business cases for submission.	**Mitigation:** Ensuring appropriate timescales; ensuring adequate promotion; ensuring support available for submitting applications; workshops for GP practice; scope to defer procurement process *if* likely to be impacted by operational demand

6.2. Link to risks on strategic or operational risk register:

By balance, there are also the following key risks if the recommendation to follow a procurement process is not agreed:

- **Risk 1:** The recommended option provides opportunities to stimulate the market; increase sustainability across the system; and promote innovation in general practice, reducing the risk of market failure, as identified in risk 1 of the IJB's

Strategic Risk Register. Should this option not be agreed by the IJB, there is the risk of further instability in the market and reduced capacity for ACHSCP to work pre-emptively supporting practices to prevent them reaching crisis point.

- **Risk 2:** The recommended option reduces the risk of financial failure by removing the risk of overspend on the 2C practices. Should this option not be agreed by the IJB, there is an increased risk of financial failure due to overspend in the service.
- **Risk 7:** The recommended option encourages innovation and provides potential for the widest range of possible solutions to deliver transformational change in the primary care system needed to meet demographic and financial pressures. Should this option not be agreed by the IJB, there is a risk that service re-modelling is not undertaken at the scale or pace required to meet demographic and financial pressures.
- **Risk 9:** The recommended option allows for innovative models to be put forward, potentially drawing on another workforce which may help the redesign from traditional models.

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

Risk	Option						Notes
	1	2	3a	3b	4	5	
1 *Market capacity*	Negative Impact	Neutral Impact	Neutral Impact	Neutral Impact	Positive Impact	Positive impact	Procurement process (options 4 & 5) is the only way of providing opportunities to stimulate the market; increase sustainability across the system and promote innovation across general medical services.
2 *Financial failure*	Negative Impact	Neutral Impact	Neutral Impact	Neutral Impact	Positive Impact	Positive impact	Options 2, 3a & 3b are assessed as neutral as whilst they may deliver some operational savings, risk of overspend lies with the IJB Options 4 & 5 removes/partially removes the risk of overspend therefore has a positive impact
3	NA – hosted services						Not a hosted service
4	NA – Partner organisations functions i.e. governance; performance						Does not relate to these functions
5 *Performance standards*	Negative Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact	Positive Impact	All options would seek to further improve services and meet performance standards and outcomes, except Option 1 which retains the status quo
6 *Reputational damage*	Negative Impact	Neutral Impact	Neutral Impact	Neutral Impact	Negative Impact	Negative Impact	Option 1 would have a negative impact on reputation (inaction) Options 2, 3a and 3b would have a neutral impact as internal process Options 4 & 5 have reputational risks associated with the procurement process
7 *Deliver transformation*	Negative Impact	Neutral Impact	Neutral Impact	Neutral Impact	Neutral Impact	Positive Impact	Option 1 does not support delivery of transformation Options 2, 3a, 3b and 4 limit opportunities for delivery of transformation Option 5 encourages innovation and has the potential for the widest range of possible solutions
8	NA – locality working						
9 *Redesign from transitional models*	Negative Impact	Neutral Impact	Neutral Impact	Neutral Impact	Positive Impact	Positive Impact	Option 1 does not support Option 2, 3a and 3b limits to redesign internally Options 4 & 5 provide opportunity to redesign internally and externally
10 *Brexit*	NA						