

**NHS DORSET CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE  
MAIL TRANSPORT SERVICE**

<b>Date of the meeting</b>	06/12/2017
<b>Author</b>	R Payne, Head of Primary Care
<b>Purpose of Report</b>	For the Committee to approve the recommendations made for the Mail Transport Service
<b>Recommendation</b>	The Committee is asked to <b>approve</b> : 1. Option for practices/localities to withdraw from the Mail element of the MTS service from April 2018. 2. Moving the commissioning responsibilities and potentially the re-procurement of the blood collection service contract to the Support Services Work stream of the ACS.
<b>Stakeholder Engagement</b>	MTS Task and Finish Group (representation from Primary Care team, GP Clinical Leads, Practice Manager, Procurement and Contracting); Contract Meetings with SWAST and DCHFT; PCOG, PCRG; Survey out to all Dorset practices.
<b>Previous GB / Committee/s, Dates</b>	PCCC 05/10/16 – Options Paper, PCCC 05/04/17 – Update Paper, PCCC 24/7/17 – Update (part of PC Update Paper), Directors Performance Meeting 21/11/17

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: MB

## 1. Introduction

- 1.1 The purpose of this report is to provide an update on the Mail Transport Services, as part of the Mail and Medical Transport (MTS) contract and to seek approval from the Primary Care Commissioning Committee to implement the recommendations and next steps as set out in section 4 of this report.

## 2. Report

### Background

- 2.1 The Mail Transport Service, as part of the Mail and Medical Transport Services (MTS) distributes mail, bloods and limited medical supplies between NHS organisations across Dorset. It is operated by two contractors: Southwest Ambulance Services NHS Foundation Trust (SWAST) serving the East of the county and Dorset County Hospital NHS Foundation Trust (DCH) for the West.
- 2.2 Dorset CCG along with Poole Hospital, Bournemouth Hospital and Dorset Healthcare all contribute to the costs associated with the overall MTS contract with SWAST. There is a separate contract for this service with a 3-year term ending on 31 March 2018. Dorset CCG are the lead commissioner.
- 2.3 Dorset CCG and Dorset Healthcare contribute to the overall contract costs associated with DCH contract. There is no separate contract for this service.
- 2.4 Full delegation brought to light issues regarding the contributions made to this service by practices in Dorset.
- 2.5 The total cost of the MTS contract for Dorset CCG is £402k pa.
- 2.6 In October 2016, the Primary Care Commissioning Committee approved recommendations to:
- split the funding of this service so that:
    - \* practices pay for the mail delivery element of the MTS as well as the total cost of the mail sorting office;
    - \* CCG funds the blood pick up element of the service;
  - undertake a further review of the existing MTS service with a view to redesigning / improving the service for the future.
- 2.7 Following the October 2016 PCCC, Dorset CCG has now implemented the recommendations. From January 2017 all Dorset Practices contribute towards the mail delivery element of the MTS service. This is proportional based on list size and totals £148.7K pa.

## 3. Future provision of Mail Transport Services

- 3.1 A small working group has been considering funding options and future commissioning intentions for this service.
- 3.2 An in-depth survey undertaken by over a third of practices in Dorset indicated that a significant amount of mail leaving practices was generated by other providers, for example community nursing teams.
- 3.3 Following the introduction of new charges to practices, the Primary Care team has received a significant level of negative feedback, predominantly around the costs to practices. Practices feel the service offered does not represent good value for money as the level of physical mail has substantially reduced but costs have increased. Reductions in mail transportation mainly reflects the move to electronic forms of communication and referrals.
- 3.4 The CCG has received several requests for practices to withdraw from the mail element of the MTS contract. A request has also been made for the whole of the North Dorset Locality to withdraw from the mail service.
- 3.5 Clinical Leads have expressed the need for the CCG to re-consider its position on charging practices for the mail element of this service in light of strong feedback from practices, particularly in the West of the county.
- 3.6 Views have also been sought from the Local Medical Committees (LMC) who confirm:
  - Advice from BMA/GPC details “it is not a contractual requirement on the practice, and that it is something that would be covered within the service specification of the relevant commissioning contract”;
  - No other CCG in Wessex charges practices for pathology or mail services.
- 3.7 Benchmarking with neighbouring CCGs indicates that they do not charge their member practices for MTS and costs form part of the block contract arrangements with secondary care providers who manage and lead on mail and blood sample collections.
- 3.8 Review of contracting and procurement arrangements has highlighted that the current contracting arrangements with SWAST and DCH cannot easily allow for a separation of the mail and blood collections services which is collectively known as the MTS. This makes any decision regarding the mail element of the contract much more complex than originally anticipated in the recommendations outlined in the paper to this Committee in October 2016.
- 3.9 The Contracting and Procurement recommendation made is that in future this contract should be considered as part of the ‘Support Services Workstream’ of the Accountable Care System where the wider pathology contracting can be considered alongside the transportation. The working group has suggested that, in line with national guidance, the responsibility of transporting pathology

goods should be commissioned by the Pathology providers and funding transferred from the CCG accordingly.

- 3.10 Practices withdrawing from the current mail transport service provision will be expected to fund their own arrangement for mail e.g. using Royal Mail. We have tested this assumption with practices and believe this will be supported as paper mail is diminishing due to electronic transfer.
- 3.11 The CCG will work with existing providers to manage the impact of any service changes.

## 4. Recommendation

4.1 Noting all the above feedback, work undertaken by the task and finish group and contracting and procurement guidance, the Primary Care Commissioning Committee is asked to approve the following recommendations:

- CCG to offer practices/localities to withdraw from the Mail element of the MTS service from April 2018. A full breakdown of practice level service recharge costs can be found at Appendix 1;
- Practices that make arrangements for an alternative supplier would fund this themselves and be responsible for ensuring IG compliance;
- Practices that continue to utilise the South West Ambulance or Dorset County Hospital service will continue to be cross-charged by the CCG until any new arrangements are in place;
- As part of the Dorset Accountable Care System development, it is recommended that the future commissioning intentions and potentially the re-procurement of the blood collection service contract should be considered as part of the Support Services Workstream. This will support any wider pathology commissioning plans and move the transport responsibilities to the pathology providers. In the meantime, aim to negotiate with the other co-commissioners/funders of the service including Foundation Trusts to take up the lead contracting function and the CCG transfer the resource to them.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Dorset CCG MTS Practice Recharge</b>