E-Procurement Provider Workshop – 27 Sept 2019

(Feedback captured from Market Providers)

Introduction

A market engagement workshop was held on 27 September 2019, at the Central Baptist Church in Chelmsford and 34 providers were represented. The purpose of the workshop was to:

1. share ECCs intentions to implement an e-procurement system for the placement of packages for domiciliary care,
2. gain feedback from providers on their view and experiences of e-procurement systems,
3. consider the system requirements from a provider perspective.

This document summarises the outcomes of the workshop, a full review of the information collated is captured in the appendix. Any further comments, feedback or requirements from the market are welcome please email contractmanagementadults@essex.gov.uk with "e-procurement feedback" in the subject and a member of the e-procurement team will contact you.

Key Outcomes – directly in relation to the e-procurement system functionality and placement process.

- System must be user friendly and have benefits to providers, e.g. team log ins, better visibility of packages in the process, real time updates of package progress, immediate notification of outcome of offer, process time savings and not generate additional work for providers, ideally include visuals, rather than scrolling to enhance the usability of the system.
- Consider postcode functionality on the system to support round building.
- System should allow providers to access reports / information on activity.
- Need to consider the "human" element of the process, support from ECC for questions, particularly for more complex placements.
- ECC must transfer accurate and appropriate information including SU history, ISP, hospital assessments etc.
- Timescales / process must allow for provider assessments wherever possible and where required.
- Should have the ability to consider more than price when selecting the provider, and prices should have a minimum and maximum cap.
- ECC must learn from previous attempts (including day opportunities) and other councils that have implemented systems and understand the elements that cause problems for providers e.g. ability to revise price, and lack of time to submit a response both of which require resource to monitor the system constantly so as not to miss out.
- System should speed up the process for variations – increases/ decreases / specialist views of others.
- Functionality for proactive updates of providers availability
- Filtering tool needs to ensure accurate distribution of packages to providers, and that email contact addresses are accurate.
- System must integrate with other relevant systems
- Providers should be supported with implementation via a range of training opportunities, and ongoing system support e.g. live chat.

Next Steps

- work to ensure that the feedback is considered in the development of the system requirements and project progress.
- provide regular updates to providers, via the Care Provider Information Hub, to ensure providers are kept informed and have an opportunity to contribute as the project develops.
- share information gathered that relates to other projects within the council to help inform these areas, eg workforce and Live at Home 2021.

APPENDIX

Category	Feedback
Benefits - they may also appear as requirements for the system.	**Benefits: -** - Visibility of where packages are being picked up (understanding demand) - System will allow providers more visibility - Perception: happy with concept and can see the benefits of a digital system - will be able to grow business at a steady pace. - Residential care experience of making offers via a portal worked efficiently - Unmet needs delay in current system, process. New system could reduce unmet needs if all packages were live & visible at once - Potential time savings on current process - Care plans based on info given - savings will be possible, only if data is good/correct - Could automatically create Purchase Order (PO) once package is accepted - Currently having to do lots of scrolling in other systems. A visual picture is easier to instantly access information
Concerns - they may also appear as requirements for the system.	**Concerns: -** Project - Previous attempt of implementing an e-procurement solution was not successful in Essex. - How will project benefit providers? Appears to benefit ECC only, any solution will need to have benefits for providers as well. - Can't see how this would save providers any money other than time & communication improvements. - Too many different systems, new system may not be done well - Potentially will need a lot of provider manual input Staff - Would need full time office-based staff to actively monitor requests coming in via a portal/live system - Need enough staff to support system with the right level of skill - Duty of care on care staff + service users Process - Too many providers - quantity V quality - Less visibility of quality - Live/real time packages wouldn't necessarily work, current batch process timings work.

	- Things change throughout the day, provider might lose out on packages - Casino process - disrespectful to workforce - no guarantees for work? - People not numbers - don't want to lose personal side (limit to where one can go), lose human contact. - Would ECC remove all human element? Who makes this decision? - For difficult packages, need to talk to someone. If provider takes package & problems occur, no one to contact. Need duty social worker allocated to case. Need community nurse details & all professionals in that cluster - A provider had no packages awarded for 8 months. In Chelmsford another provider was offered only 2 packages/day. Providers need to make good business decisions & where to invest. - Require proper assessments – currently based on guessing e.g. for End of Life (EOL), care staff given only 30 mins to provide care in morning! - Provider goes out to assess, then they're informed it has gone to another provider. - Concern on amount of information that might be required for service users - too much information. - How will a provider support a service user based on ISP & not Assessment? No assessments factored - Too long to change package & get backdated hours - Currently say yes to package subject to paperwork - Ranking criteria - what is it? - Hand backs due to low price & provider went bust - Small number of packages don't work - new model needs to provide set volumes, ability for providers to plan, focus on quality, else a DPS system would not work. Lessons from other Councils - Learn from other councils - Don't become ebay for packages - could end up as reverse auction – other local authorities you can revise price until its closed - lowest price always wins - If you don't accept package in 5 mins then you will lose it i.e. forcing you to accept– if you decline package, you'll be pushed down the ranked list– ECC should not implement such a system/process - Currently providers do lots of scrolling in other systems which aren't user friendly - Some systems are not ideal for providers. Send package, no contact / email. Bidding 60%, price / 40% quality. No explanations, no follow-up, even if provider takes package / no communications & poor payment. If provider is refused payment/invoice, no communications. - West areas, examples of poor care process & experience - discharged with no bed, peg feed, contacted SPT team, ambulance/patient record, told patient is at home, but not there, feed synergies, no lift up equipment, want to

	assess, not being paid for time, ongoing with care since SPT refused to increase package & for 3 days there was no need. Only just increased package & took 5 months of wasted hours, up to 2 hrs Specialist View of Others (SVO).
Process – following feedback related to the process & they may also appear as requirements for the system.	**Process: -** Process / Packages - How will process work? - Focus on 'urgent' process - maybe 2021? - Importance of 1 conversation from the beginning - Still need clear contact/voice/phone - just in case - Could be a lengthy process - i.e. providers competing for 1 service user - for such a process, the name & age of service user is required - BIP delta (e-procurement tool, previously used for mini-competitions) made it too time consuming & created additional steps in the process - After office hours - responses could be to mobile phones by text (follow-up with phone call for acceptance) - Re-introduce golden handshake bonus scheme (awarded bonus of £500 for every new package picked up within 24hrs) - highly beneficial - System create PO - delays for changes, impact on payment to avoid this. -Need to ensure that Providers don't just tick yes to all requirements to accept Information Service Provider (ISP), even if they can't do it - No clear guidance on Specialist View of Others (SVO) process. - Enough time needs to be provided to make an offer - Providers wants more work in an area - focus on rounds - Packages should not be awarded on lowest price, but quality should be factored. - Could improve termination process - Need for batch areas? - breakdown in terms of locality, Post Code, Wards, Boundaries… - Any small increase, refused every time, causes problems. Finance team should be responsive & transparent. - Need communication between handover teams & handover packages e.g. with Reablement team & providers, then handovers could be done on the same day. - Price cap very important - upper + lower limits to ensure providers don't enter bidding wars - Track progress around 6-week deadline for in lieu of reablement and short term care packages - Managing service user expectations - 2/3 days for package to start - Different pathways for complexity.

	<u>Assessments</u> - Most complex cases need environmental assessment. - Hospital to assess for short term care. - No questions for basic package to assess. - Temporary package/discontinue, if it's complex and no review is mentioned on ISP, provider may not be paid, so package should not have an end date after a review. - Can't always do assessments on packages that have short notice - Assessment will always be required even if ISP was 100% accurate
ISP – following feedback related to the ISPs & they may also appear as requirements for the system.	**ISP** <u>ISP</u> - If ISPs are available immediately, process will speed up - Hospital communications to Adult Social Care (ASC) are sometimes inaccurate - Current ISP lacks some details- must share appropriate information - Look at examples of Clinical Commissioning Groups (CCG) ISPs - much more detailed - Accurate information is essential - Providers need accurate information to ensure they can meet needs (providing regulated activity) - ISPs- it's all about human error - main issues are to do with cut & paste - ISPs are not true e.g. ISPs says service user is mobilised – when care staff meets service user, they say they emailed us with the changes, e.g. 'that's not my next of kin' or 'that's not true' - ISPs need more details & some details are out of date - e.g. mobile when arrived or EOL - ISPs should be typed direct onto the system - not a document - this should reduce errors - Day opportunity procurement - lessons learnt - available information wasn't sufficient - Need mandatory fields on ISP – i.e. Behaviour, Risk to Self + others, Preferences, No. of carers, Mental Capacity Act (MCA) - who can act on behalf of somebody, Identify complex packages, equipment, mental capacity assessment? Mobility issues? Occupational Therapist (OT) assessments, continence… - Want to know key information on ISP header/at the top/immediately visible e.g. Name, Age, history, from hospital? diagnosis, medical history, post code & road names, male/female - High level overview: Location (postcode), How many carers, calls per week. - Next of kin (NOK) information is most important and needs to be accurate. - Have they had an Occupational Therapist (OT) assessment? - Who is the Occupational Therapist (OT)? - Social Worker must invest time in ISPs

	- Culture shift - must focus on Ops (so much inconsistency between ISPs between different areas) - ISPs have improved (west) - ISPs should be locality focused (not necessarily South?) - What are we doing to ensure safe + effective care?" Hand backs - ISP should mention if a previous provider handed back package, with their reason - this should be shared - Potentially remove need for initial assessment by provider? - Need for timely info to inform provider decisions e.g. previous history of package breakdowns - Don't hide service user history e.g. behaviour, being stringent on time, any complaints? - ISPs for complex reablement's should be asking extra questions e.g. need specialist or care staff that need/require/has training? e.g. peg feed. Time Bands - Care should be delivered in time bands & not on a specific time e.g. offer breakfast slot 7.30-9.30 - Option to offer a different time of call. Is care needed at 8am or is there flexibility to give a time band/bracket? - Time's need to be defined by social workers & they need to manage the adults/family's expectations. - Remove times from ISPs - state your provider will be in touch to advise times based on the care required (windows) - Medication & Transport - time critical - Medication: must focus on time criticality, transport – providers question if certain needs are time critical? - Time's need to be established & recorded -this needs to be clear. Finances - Finances need to be clear on ISP - right place/right time conversations
System Requirements – following feedback relate to the System Requirements & may overlap from other categories.	**System Requirements** System Functionality - What will new system look like? - User friendly, Robust, Speedy, Easily accessible - Easily understood, Alert system if live? Secure (confidential information) - Works with any IT system - Access details – auto system lockout after 5 unsuccessful login attempts - Provider wants to see what Social Worker/SPT sees on system.

	- Very clear information about where you are in the process i.e. with social worker, SPT or if you've been refused package - Who is responsible to update/review provider contact details - telephone numbers? - Is provider email address correct? - Notification - you have package waiting for you - more info on that package to make decision. - List of all awarded packages - Start + finish dates - Portal to update on availability (subject to ISP) - Need team logins so we know what others have offered on. Avoid repeats. - Access from mobile phone / App - so people can see notifications on the move - Access on mobile devices - poor signal sometimes an issue - Internet based/log in to a portal - Tells you have the package automatically - Email/SMS when care packages go live in area of interest - Functionality to change pricing by working more closely with providers (e.g. sheltered housing etc, contract within contract/process) - Mapping & postcode functionality - what is out there right now? - Mapping system to show existing packages in area - SPT should have ability to amend clear errors? e.g. could take 2 days to resolve simple error but communication / chain is poor - Reduce choice to individuals - Filtering tool needs to be accurate + it should also determine specialism type + location, challenging behaviour… - Press button proactively to say you have availability e.g. AM 30 mins & only approach them. Updated / Live. - New system should send back & reject if SVO not filled out correctly - Useful to view all clients/service users in one list, relevant for that provider Process - Scoring is not effective - If a provider is 'good' in a particular location/area, this doesn't mean they will be 'good' in another area (or vice versa) - Scoring system on providers & carers - feedback from user experiences - Which areas can providers pick? Ask them, what's their specialism? ISP - Want to be able to flag poor ISPs on system

	- Name & Shame - consistently poor ISPs - ability to push back & escalate to Team Manager (TM) / Service Manager (SM) - System should allow providers to see ISPs - Emojis - quality rating for ISPs Care Planning - All assessments should be dated Price - Start date impacts costs & price - Local authority to look into increased rates at Bank Holidays - When PO confirmed, automatically confirm to reablement provider start time + request discharge package from another provider. Packages - Viewing statuses of packages - Traffic light system signifying how urgent a care package is: Red - 1 hr; Amber - 24 hrs; Green - 48 hrs - Once provider accepts ISP, no response from SPT / system - Not told if provider awarded package. They offer a price - no response from ECC. This happens today & holds capacity, so provider has to say no to other packages. - Sometimes offers are made (to batch report or other means), but not always accepted or receiving responses. - Immediate response required as to whether offer has been accepted by another provider for instance, so package is no longer available. - Currently not always notified when a package has gone to another provider. - Useful for a system to notify immediately what stage/status the package is at. - Status to show whether package is still available is crucial. - Real time status update on package - Timeframe to respond: time elapsed before package is seen. Would be useful to receive a text message alert or email to notify that the package has gone live. - Intelligence in relation to where providers have picked up previously. - Intelligence about CCG funded packages. - Some systems have a filter so can look at areas, waiting for responses. System should allow you to change your answers if you can't filter or get blanks from filter selection.

	- Package change requests through system would be helpful - Package change - Occupational Therapist (OT) has said package needs changing Finance/PO - System should be able to generate POs - Flexibility for increases & decreases MI/Reporting - MI/Reports for providers? - Data capture improvement for ECC - MI/Reporting on new system System Support - User feedback - feeds into provider ranking (users they don't always give feedback) - Designated place to email issues - Online forum to share experiences - secure safe network - Opportunity to play + ask questions on new system - Quick response to queries - live messenger system per locality - Chat box - need instant answers to Questions, not waiting an hour - Contingency plan for system outage - Planned maintenance
System Integration – following feedback relate to the System Integration & closely relates to System Requirements.	**System Integration** - Will PO be integrated? - Would this link to extranet (e-invoicing)? Has improved but increases / decreases still clunky - Invoicing system working well - Extranet, compared to other Local Authorities. As a small business, no delay & paid on time. - Will system interface to e-referral system? - Compatibility with provider systems/automatic data transfer - Data may not transfer & system may not integrate with provider system - There should be interface between invoicing, commissioning process & EHM - Invoicing Integration - Scalable (talk to all systems - integrate with all systems related to Business Functions) - Service User has system – Care Staff can log in to service user system to prove they went and can tick off the care they delivered

System Implementation – following feedback relate to System Implementation & closely follows on from System Requirements.	**Implementation** - Project implementation Go-Live dates? - What is the scope of information on system? How accurate will it be? ECC/Providers must make changes - IT support should be improved – other authorities offer no IT support - Safe implementation - not quick - Mon or Fri is not good for training. It should be a short duration e.g. 2/3 hrs - Training: should free, needs to be in a computer room with fake accounts rather than seeing someone else using it. - Training should be delivered at provider premises / on site - Training – could be done via a Webinar to demonstrate how to use the system - Individual 1-2-1 training is not required - Training quite straight forward - identify support during pilot - Should have a support/help line - Q&A messenger service, live chat - e-learning, online user guide - Following go-live, ECC should feedback any issues or system concerns - Review system after 4-6weeks to understand how effective the system is & improvement suggestions can be taken on board