CCG Procurement of Enhanced Services & Associated Clinical Services

Appendix 1

Service	Context (Current cost of existing service)	Competition Panel Recommendation / (CCGs' proposal)	Rationale	Interim Action	Rationale for short term route/interim measure	Date of recommendation
GPwSI - ENT		Full competitive tender	Requirement to increase service capacity. Requirement to retain control over the number of providers and their location. Requirement to manage the potential risk of a spike in activity that may result from introducing choice through AQP.	Direct Contract Award (3 months) to current providers (GPwSI)	Interim solution is required in order to prepare for and undertake the tender process: • develop the service specification • complete pre-procurement activities • run competitive tender process	5-11-13
GPwSI Dermatology		Competitive procurement process	Requirement to increase service capacity. Other capable providers exist outwith current GPwSI providers. Potential to group together as part of a 'basket' of services with other GPwSI services, (see below). Current low cost of such services supports the case for grouping together.	Direct Contract Award (12 months) to current providers (GPwSI)	Interim solution is required in order to prepare for and undertake the tender process: • Review service specification / redesign service • Carry out market engagement • Explore option of procuring this service as part of a basket with other GPwSI services	5-11-13
GPwSI Endoscopy		Competitive procurement process	Requirement to increase service capacity. Other capable providers exist outwith current GPwSI providers. Potential to group together as part of a 'basket' of services with other GPwSI services. Current low cost of such services supports the case for grouping together.	Direct Contract Award (12 months) to current providers (GPwSI)	Interim solution is required in order to prepare for and undertake the tender process: • Review service specification / redesign service • Carry out market engagement • Explore option of procuring this service as part of a basket with other GPwSI services	5-11-13

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GPwSI Gynaecology		Competitive procurement process	Requirement to increase service capacity. Other capable providers exist outwith current GPwSI providers. Potential to group together as part of a 'basket' of services with other GPwSI services. Current low cost of such services supports the case for grouping together.	Direct Contract Award (12 months) to current providers (GPwSI)	Interim solution is required in order to prepare for and undertake the tender process ie. • Review service specification / redesign service • Carry out market engagement • Explore option of procuring this service as part of a basket with other GPwSI services	5-11-13
GPwSI Urology		Competitive procurement process	Requirement to increase service capacity. Other capable providers exist outwith current GPwSI providers. Potential to group together as part of a 'basket' of services with other GPwSI services. Current low cost of such services supports the case for grouping together.	Direct Contract Award (12 months) to current providers (GPwSI)	Interim solution is required in order to prepare for and undertake the tender process ie. • Review service specification / redesign service • Carry out market engagement • Explore option of procuring this service as part of a basket with other GPwSI services	5-11-13
Health Assessments in Looked After Children (HALAC)		Defer to future joint commissioning arrangements with Local Authority	Integration between health and social care services provides a core element of both LSSR and BCF strategic plans.	Move to a lead provider model (via contract variation in the LCHS contract) (LCHS to sub-contract with GP practices currently contributing to this service)	Statutory Requirement to provide service and ensure continuity. LCHS currently provide all back office administration of this service as part of block contract. LCHS carry out the majority of assessments. GPs provide a minimum – only those that LCHS cannot do. Competitive procurement could destabilise LCHS.	7-1-14 Discussed 3-12-13

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				OR Direct Contract Award to current providers.	Lead provider model would reduce the number of contracts to manage – greater efficiency. Lead Provider agreement needs to be negotiated with LCHS as part of block contract negotiations (taking place January 2014) Alternative - if agreement cannot be reached on lead provider model: Direct Contract Award to current providers. There is a risk that no agreement will be reached on lead provider model. Potential for a 2 year contract.	
INR Oral Anticoagulation Management		**Competitive procurement (Direct Contract Award to current provider types)**	**Clinical (patient) safety and risk**. Robust clinical safety rationale in development (to be validated by legal advisors) to support this decision. Risk that a significant number of existing providers may not bid for this service under AQP. All other CCGs in Lincolnshire and Leicestershire have approved direct contract award. The most effective and clinically safe service on a community based model is to continue with current provision. There is no desire to redesign the existing service model.	N/A	N/A	22-10-13 updated with legal advice 3-12-13 Further discussion held 07-01-13

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			Market assessment limited alternative to community/primary care based providers. *[Clinical safety rationale needs to be strengthened with input from Clinicians and Pharmacists and must be fully documented 9and validated by legal advisors) to ensure that it is robust and can withstand challenge.]* See legal advice.			
Inter-ocular pressure (IOP) Optometry		Direct Contract Award to current provider types	**Proportionality** (low cost service) Optometrists are the only capable providers.	N/A	N/A	5-11-13
Leg Ulcers		Competitive procurement process (AQP or Competitive Tender)	There are other potential and interested providers in the market place. Several other areas have procured competitively	Direct Contract Award (12 months) to current providers (GPs and LCHS) Same contract terms for all providers	Interim contract to provide time to: • review current activity data and associated expenditure • review and update service specification/ validate pathways • review and update tariff & affordability • To prepare the local market in Lincolnshire	5-11-13, updated with legal advice 3-12-13
Primary Care Surgical Scheme (Community Surgery) (PCSS)		Procurement - AQP	Potential to **widen provider base**. Opportunity to **maximise service coverage** through detailed qualification requirements AQP is the **fastest** procurement route, whilst still allowing commissioners to meet goals and objectives expressed.	N/A	N/A	Email 21-11-13 revising Panel recommendation of 22-10-13

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Optometry GOS18 Triage and Treat		Procurement - AQP	Requirement to **increase/develop capacity** throughout the county. Potential to **introduce new providers**. AQP recommended on the basis of pan CCG collaborative procurement. (If CCGs decide to procure separately AQP may not be proportionate.)	N/A	N/A	22-10-13
Phlebotomy		**(Direct Contract Award to current provider types)**	**Clinical interdependency and** requirement for **integration**: o delivered in an integrated way by primary/ community care in GP Practices. o direct link between the service to be provided and the GP core service to the patient. **Co-dependencies -** there is a risk of destabilisation of regional services provided by LCHS if competition resulted in a withdrawal of work from LCHS	N/A	N/A	22-11-13, updated with legal advice 3-12-13
Minor Injuries Service		Decision deferred.	Procurement route will follow - subject to operational decisions in phase 2 of LSSR programme.	Direct Contract Award (12 months) to current providers. Based upon existing service specification	This is a key area for change within the LSSR blueprint. It would not be appropriate to procure service until LSSR operational plan is agreed. Additionally, this is a low cost service (proportionality.) However, current service does contribute to patient choice, care closer to home & A&E diversion.	22-10-13

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Specialised Drug Monitoring		Direct Contract Award to current provider types	***Proportionality***: (low cost service) ***Patient safety***: specialised drugs may only be provided at existing GP premises under the shared care agreement with UHLT. ***Clinical interdependencies*** are such that patient safety would be compromised without a ***fully integrated service***.	N/A	N/A	8-10-13
Pharmacy Minor Ailments		Direct Contract Award to existing classes of provider	**Proportionality** (Low cost of existing service) Existing provider market may be expanded within the existing provider type.	N/A	N/A	7-1-14 Also discussed 3-12-14
Advice to Care Homes (Pharmacy)		Direct Contract Award to existing classes of provider	**Proportionality** (Low cost of existing service) Existing provider market may be expanded within the existing provider type.	N/A	N/A	N/A Discussed 3-12-13
Community Planned Care - Gonadorelins (Zoladex)		Direct Contract Award to existing classes of provider	**Proportionality** (low cost of existing service) **Patient Safety.** Clinical interdependencies are such that patient safety would be compromised without a fully integrated, GP led service: • drugs subject to an informal shared care agreement. • requires access to the patient notes	N/A	N/A	22-10-13

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Community Planned Care - Ring and Vault Pessaries (insertion and ongoing management)		Defer on grounds of proportionality. To be considered further as part of LSSR redesign.	**Proportionality** (Low cost of existing service)	Direct Contract Award to existing classes of provider	The nature of the service supports the move to more *integrated services*. There may be other providers that can deliver. Provides care closer to home and avoids admission to secondary care services (which is where the service was originally provided.)	22-10-13
Community Planned Care Treatment Room		Deferred	To be determined following service review	Direct Contract Award (12 months) to current providers	12 month 'extension' to enable detailed service review encompassing: • Review service specification and design • Review of tariff	5-11-13
DVT Assessment and Management		Direct Contract Award to current providers	**Proportionality**. Low cost of existing service. **Patient Safety.** Clinical interdependencies are such that patient safety would be compromised without a fully integrated, GP led service: • Treatment must be commenced immediately. • requires immediate access to the patient notes	N/A	N/A	22-10-13