

Procurement template

To be used when commissioning services from GP practices, including provider consortia or organisations in which GPs have a financial interest.

Service: Anticoagulation Enhanced Service	
Question	Comment/Evidence
<p>How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG’s proposed commissioning priorities? How does it reflect the CCG’s commissioning obligations?</p>	<p>This service provides standardised and clinically effective anticoagulation management to patients within Rotherham CCG who are receiving warfarin therapy using Near Patient Testing (NPT) and Computer Decision Support Software (CDSS) by GP practices.</p> <p>The overall aim is to provide an integrated anticoagulation service across primary and secondary care that benefits patients. All patients that are not required to attend a hospital outpatient service will be able to have their anticoagulation therapy monitored and reviewed in primary care. GPs may provide the service to all eligible patients from their own practice. Patients must be referred to alternative primary care health care providers, including other practices, if their GP is unable to offer an anticoagulation monitoring service.</p> <p>Objectives are:</p> <ul style="list-style-type: none"> • To initiate and titrate warfarin in patients where clinically appropriate. • To measure and monitor the INR of patients who are prescribed warfarin therapy by their GP or hospital consultant, following stabilisation of their International Normalised Ratio (INR) at the hospital clinic, or after initiation at the practice. • To maintain the patient’s INR within their therapeutic range by appropriately adjusting their warfarin dosage. • To provide feedback to the patient’s medical practitioner on issues relating to their anticoagulation, along with other medical issues that arise during consultation. • To ensure that all patients registered with the clinic have had a documented

	<p>medication review of</p> <ul style="list-style-type: none"> • Their need and suitability for anticoagulation assessed within the last 12 months. • To counsel and educate patients in order for them to understand their treatment with respect to their condition, target INR, the effects of over and under coagulation, diet, lifestyle and drug interactions. <p>It delivers value for money by preventing expensive referrals to / treatment in secondary care, and delivering care closer to the patient in their own practice; improving outcomes and patient satisfaction. These are core objectives of the CCGs commissioning priorities.</p>
<p>How have you involved the public in the decision to commission this service?</p>	<p>Historical contract pre-CCG.</p> <p>From 1st April 2015 all practices delivering enhanced services will be required to participate in a rolling programme of patient questionnaires to ensure quality and satisfaction.</p>
<p>What range of health professionals have been involved in designing the proposed service?</p>	<p>Historical contract pre-CCG.</p> <p>Prior to the release of the 2015 contract it has been reviewed by the LMC and the Anticoagulation Group at The Rotherham NHS Foundation Trust.</p>
<p>What range of potential providers have been involved in considering the proposal</p>	<p>Anticoagulation is delivered in general practice as part of the basket of services i.e. if practices don't wish to deliver directly they must sub-contract to another practice to ensure their patients have access to the service.</p>
<p>How have you involved your Health and Wellbeing Board?</p> <p>How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?</p>	<p>Historical contract pre-CCG.</p> <p>The overall aim is to provide an integrated anticoagulation service across primary and secondary care that benefits patients. All patients that are not required to attend a hospital outpatient service will be able to have their anticoagulation therapy monitored and reviewed in primary care.</p>
<p>What are the proposals for monitoring the quality of the service?</p>	<p>All providers must ensure that staff involved in providing any aspect of care under this scheme have the necessary skills, and the Lead Clinician should discuss the requirements of the role as part of their appraisal. The CCG will provide an update training session every two years as part of Protected Learning Time, and recommends that if further training is required in the interim (e.g. for new starters) the MHRA online oral anticoagulants training module is undertaken and the TRFT Anticoagulation Competency</p>

Package is reviewed for guidance (available on request from the CCG).

Patients should expect to be within their own therapeutic range (i.e. ± 0.5 of target INR) for at least 60% of the time and within ± 0.75 of their target INR 80% of the time. Data relating to time in range and other key performance indicators will be requested via SurveyMonkey by the Quality Assurance Team on a quarterly basis.

All service providers involved should perform an annual review of patient care:

- The number of patients being monitored, indications for treatment and the anticipated duration
- Details of the Near Patient machine used (Lot number and Model)
- Age and performance of machine against quality checks
- Details of internal quality control and external quality control
- Details of trained staff, qualifications, and skill review dates
- Number of complaints received over the review period that relate to the service
- Number of critical incidents/untoward events over the review period that relate to the service
- Number and percentage of patients within, above and below target INR range over the review period (within 0.5 and 0.75 of target INR)
- Number of bleeding episodes, during the review period, that required admission or referral to secondary care
- Number of patients referred back to secondary care
- Number of home visits during the review period

In order to ensure patients are satisfied with the community anticoagulation service, the CCG will undertake a rolling programme of questionnaires that providers will need to distribute to patients. When the provider needs to take part, they will be supplied with a number of paper questionnaires and pre-paid envelopes – patients will return their questionnaires directly to the CCG and the provider will ensure they are encouraged to complete them. The CCG will expect a return rate of approximately 30-40% and will ensure the provider receives the resulting data analysis for their information, as well as a copy of an annual overview.

What systems will there be to monitor and publish data on referral patterns?	Not applicable.
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	Yes. If any conflicts recorded they would be managed in line with the NHS Rotherham CCG Conflict of Interest Policy and Procedure.
Why have you chosen this procurement route ¹ ? What additional external involvement will there be in scrutinising the proposed decisions? How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	Historical contract pre-CCG.
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply).	
How have you determined a fair price for the service?	Historical contract pre-CCG.
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers.	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	Patients can access the service via their own practice if they choose to participate, or another local practice if their own chooses to sub-contract.
Additional questions for proposed direct awards to GP providers.	
What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	Historical contract pre-CCG.
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	Anticoagulation monitoring at this level is not included in the GMS, PMS, or APMS core contract and is an additional service.
What assurance will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	The quality of delivery of core services is determined by a system of contract monitoring, including review visits to the practice. This has only recently become the responsibility of the CCG and the quality of both core and enhanced services delivered by the practice will be reviewed

¹ Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

simultaneously.