

## Procurement template

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

Service: Cataracts 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?</p> <p>How does it reflect the CCG's proposed commissioning priorities?</p> <p>How does it reflect the CCG's commissioning obligations?</p>	<p>The main aims of the LES are:</p> <ul style="list-style-type: none"> <li>• to reduce the number/percentage of patients who are referred to hospital but who then do not proceed to surgery (i.e. to increase the conversion rate),</li> <li>• to reduce the number of visits that the patient is required to make to the hospital</li> <li>• to provide care closer to home</li> </ul> <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>
How have you involved the public in the decision to commission this service?	Historical contract pre-CCG.
What range of health professionals have been involved in designing the proposed service?	Historical contract pre-CCG.
What range of potential providers have been involved in considering the proposal	Historical contract pre-CCG.
<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>	Historical contract pre-CCG.
What are the proposals for monitoring the quality of the service?	<p>The CCG will audit the Cataract Referral Scheme, including the following:</p> <ul style="list-style-type: none"> <li>• Number/percentage of referrals made via Referral Refinement versus</li> <li>• number/percentage not referred via Referral Refinement</li> <li>• Accuracy, and completeness of information provided on referral pro</li> </ul>

	<p>forma</p> <ul style="list-style-type: none"> <li>• Source of referral to ensure Optometrists are referring directly and not via GPs</li> <li>• Patient satisfaction</li> </ul> <p>In order to ensure patients are satisfied with the 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.</p>
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?	Yes.
Have you recorded how you have managed any conflict or potential conflict?	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 <sup>1</sup> ?	Historical contract pre-CCG.
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?	
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	Participation in the Cataracts service is entirely optional, and Optometrists don't have

<sup>1</sup> 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).

whom they can choose?	to sign up.
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?	This level of care by the Optometrist is not included in the 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 is the responsibility of NHS England and the CCG would expect to be informed if there was an issue.