

Procurement template

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

Service: Disease Modifying Anti Rheumatic Drugs (DMARDs) 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 treatment of several diseases within the fields of medicine, particularly including rheumatology, dermatology and gastroenterology, are increasingly reliant on drugs that, while clinically effective, need regular blood monitoring. This is due to the potentially serious side-effects that these drugs can occasionally cause. It has been shown that the incidence of side-effects can be reduced significantly if this monitoring is carried out in a well organised way, close to the patient’s home.</p> <p>The drug monitoring service is designed to be one in which:</p> <ul style="list-style-type: none"> • therapy should only be started for recognised indications for specified lengths of time; • maintenance of patients first stabilised in the secondary care setting should be properly controlled; • the service to the patient is convenient; • the need for continuation of therapy is reviewed regularly; • the therapy is discontinued when appropriate; • the use of resources by the National Health Service is efficient. <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?	<p>Historical contract pre-CCG.</p> <p>From 1st April 2015 all practices delivering enhanced services will be required to</p>

	participate in a rolling programme of patient questionnaires to ensure quality and satisfaction.
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.
How have you involved your Health and Wellbeing Board? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	Historical contract pre-CCG.
What are the proposals for monitoring the quality of the service?	<p>Practices will undertake an annual review that will as a minimum include the following information:</p> <ul style="list-style-type: none"> • The numbers and diagnosis of each patient group. • The numbers of new and discharged patients. • Details of any computer assisted decision making equipment or near patient testing equipment used and arrangements in place for internal and external quality assurance. • Details of on-going education and training in relation to the provision of this service. • Assurance that all staff are responsible for prescribing have the necessary skills to prescribing safely. <p>Practices will submit a quarterly data report to the CCG via SurveyMonkey when requested by the Quality Assurance Team. As a minimum the dataset will include the numbers of new, follow up and total consultations provided under this scheme.</p> <p>In order to ensure patients are satisfied with the DMARDs 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</p>

	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.
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?	DMARDs 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

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).

	both core and enhanced services delivered by the practice will be reviewed simultaneously.
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