

Procurement template

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

Service: Secondary to Primary Care Transfer Enhanced Service (Suture Removal & Prostate Specific Antigen (PSA) Monitoring)	
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><u>Suture Removal</u> This service aims to provide a practice-based, post-operative suture removal service for a specific cohort of patients who have had treatment in secondary care. This will include stitch/staple removal and non-complex dressings for patients from the following specialties; general surgery, trauma and orthopaedics and dermatology. This may involve more than one attendance at the practice.</p> <p><u>PSA Monitoring</u> This service aims to provide a practice-based follow up service to patients who require routine PSA testing. Following diagnosis, investigation, staging and treatment of prostate cancer, North Trent NSSG suggest the following men with prostate cancer are appropriate to be followed up in Community Care. Based on a number of years’ experience with shared care agreements for follow up; and NICE guidelines (Feb 2008) that recommend: “After at least 2 years, men with stable PSA and who have had no significant treatment complications should be offered follow up outside hospital (e.g. primary care).....unless they are taking part in a clinical trial that requires more formal clinic based follow up. Direct access to the urological cancer MDT should be offered and explained.”</p> <p>Both deliver 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. 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>What range of potential providers have been involved in considering the proposal</p>	<p>Historical contract pre-CCG.</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>What are the proposals for monitoring the quality of the service?</p>	<p>The following method of monitoring must be undertaken:</p> <ul style="list-style-type: none"> • Quarterly activity reports, submitted to the CCG • Participation in contract and quality reviews • Significant event analysis of individual patients who should have received treatment under this agreement, but are found to have received treatment elsewhere and of any patients requiring further treatment elsewhere because of complications. <p>In order to ensure patients are satisfied with the service, the CCG will undertake a rolling programme of questionnaire 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>
<p>What systems will there be to monitor and publish data on referral patterns?</p>	<p>Not applicable.</p>
<p>Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?</p>	<p>Yes.</p>

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 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?	Suture removal and PSA monitoring are 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.
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?	Suture removal and PSA monitoring on behalf of secondary care 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 simultaneously.

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).