ENCLOSURE: E

Agenda Item: 87/16

NHS Bexley Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 21 July 216

Title	**Permission to commence the re-procurement of the Referral Management and Booking Service**	
This paper is for **Decision.**		
Recommended action for the Governing Body	That the Governing Body: **Approves** the commencement of the re-procurement of the Referral Management and Booking Service. **Approves** the recommendation for Clinical Leadership for the Project	
Potential areas for Conflicts of interest	A Conflicts of Interest Panel (COIP) has been constituted prior to this paper being presented at the Governing Body. The recommendations from the COIP will be reported by the Director of Commissioning at the Governing Body meeting. Governing Body GPs may be potentially conflicted – Keith Wood to Chair this item.	
Executive summary	The Referral Management and Booking Service is currently operated by Bexley Health Limited (BHL). The contract is due to expire on 31/7/16. A request has been made to the Finance Sub-Committee to extend the existing contract to facilitate this procurement. This report seeks approval to proceed with the re-procurement of the Referral Management & Booking Service. The procurement exercise will follow the 'Restricted' procurement process, i.e. there will be Pre-Qualification stage followed by the Invitation to Tender stage, as outlined within section 3 of this report.	
How does this paper support the CCGs objectives?	**Patients:**	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (South) London.

	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	Providers may challenge the procurement process, even though such challenges may be without substance. The CCG will draw upon its experiences of other procurement exercises to minimise such risks.
	Equality	The Referral Management and Booking Service promotes equitable access and choice to health services for the Bexley population. Further, re-procuring will have a positive impact as it will enable the CCG to review policies and working practices of bidders.
	Financial	The Referral Management and Booking Service provides the mechanism to ensure that patients are offered appropriate providers of services, this would include AQP, GPwSI and community services that are cost effective alternatives to secondary care providers. The re-procurement represents an opportunity for benchmark costs against current market costs, and potentially reduce overall costs and deliver value for money to the CCG.
	Data	The recommended provider will be required to capture information and manage it in a secure electronic environment in line with the NHS guidelines for the management and security of information, plus the Data Protection Act.
	Legal issues	The re-procurement will be conducted in accordance with the Public Contracts Regulations 2015, and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.
	NHS constitution	Patients' rights under the NHS Constitution will be safeguarded, as ensured by the Contract that will govern the relationship between the parties.
Engagement	Although no statutory consultation is required, the results from patient feedback surveys, complaints, and other forms of more informal feedback will be incorporated into the procurement process.	

Audit trail	The Quality & Safety Sub-Committee (QSSC) will be asked to approve the specification. A Conflicts of Interest panel has been convened, as noted above, to make a recommendation to the Governing Body regarding this paper. The recommendations from the COIP will be reported by the Director of Commissioning at the Governing Body meeting.	
Comms plan	Regular comms activities have been scheduled within the project plan.	
Author: Kelly Sylvester, Senior Commissioning and Contracts Manager. Mark Abrahams, Head of Procurement (Interim)	Clinical lead: To be determined see Business Case	Executive sponsor: Sarah Valentine Director of Commissioning.
Date	13 July 2016	

NHS Bexley CCG
Governing Body Paper – requesting approval to re-procure the Referral Management and Booking Service (RMBS)

1.0 Executive Summary:

The Referral Management and Booking Services (RMBS) is currently provided by Bexley Health Limited (BHL). The original contract commenced on 1st January 2011. In 2014 we sought to re-procure the services but that procurement failed to appoint a suitable bidder and the contract has been extended since that point. The current contract is due to expire on 31st July 2016. The Finance Sub Committee has been asked to approve a tender waiver to extend the current agreement until 31st May 2017 to facilitate this procurement.

The annual estimated value of this contract is £269,304. VAT is payable on these services but reclaimable it is therefore a £0 net impact.

A Conflicts of Interest Panel (COIP) has been already been held to review the recommendations in this document, and to make a recommendation to the Governing Body. The Director of Commissioning will report to the Governing Body the recommendations from the COIP.

The approval of the Governing Body is therefore sought to commence a re-procurement process on the basis of seeking tenders for a contract commencing on 1st June 2017 for a period of 3 years until 31st May 2020, with an option to extend for a further 2 years thereafter.

A Consolidated Business Case is attached – the Governing Body are (subject to the support or recommendations from the Conflicts of Interest Panel) asked to approve the following recommendations which are:

a) The commencement of the procurement process using the Restricted Procedure
b) The appointment of a non conflicted clinical lead for the process (see section 10).

2.0 Consolidated Business Case:

A consolidated business case has been developed for the re-procurement. A copy of the Business Case can be found at Appendix A.

3.0 Project Governance:

A project steering group has been formed to oversee the successful delivery of this procurement. This consists of -

- Ruth Davoll, Head of Commissioning & Contracts
- Julie Witherall, Assistant Director of Financial Management
- Mark Abrahams, Head of Procurement (interim)
- Clinical Lead to be appointed (see the recommendations of the Business Case shown at Appendix A – section 10)
- Patient or carer representative

Sarah Valentine
Director of Commissioning

Appendix A

Consolidated Business Case (Including PID)	
Name of Proposal	Permission to re-procure the Referral Management and Booking Service
Version	0.2
Issue Status	
Date Last Updated	13 June 2016
Author(s)	Kelly Sylvester
Clinical Lead	To be appointed see section 10
Executive Champion	Sarah Valentine, Director of Commissioning
Financials Signed off	Name: Julie Witherall
	Date: 16th June 2016
Communications Plan Signed off	Name: to be developed
	Date:

Section
1. Aim, Purpose & Scope
2. Long Term Vision and Objectives for the Preferred Delivery Model
3. Our Approach
4. Next Steps
5. Benefits
6. Challenges, Risks & Dependencies
7. Stakeholder Management
8. Deliverables & Approval Required
9. Finance
10 Clinical Leadership
11 Conflicts of Interest Panel (if appropriate)
12 Recommendation and approval required
Appendices: 1. Equalities Impact Assessment, 2. Quality Impact Assessment 3.. Privacy impact Assessment

1. Aim, Purpose and Scope:

1.1 Background:

This Business Case outlines the rationale for the continued provision of the Referral Management and Booking Services (RMBS), including the re-procurement of the service.

The RMBS is currently operated by Bexley Health Limited (BHL) under contract to the CCG. BHL are a stakeholder organisation which was originally formed via the GP practices in Bexley.

The original contract, which commenced on 1st January 2011, has already been extended. In 2014 the CCG sought to re-procure the service and at that point it was decided to extend the current agreement. The Finance Sub Committee has also been asked to approve an interim extension to that agreement to facilitate this procurement.

1.2 Aim:

The aim of the RMBS service is to provide management of the centralised referral management & booking service to our patients.

1.3 Purpose:

The purpose of the RMBS service is to:

- Provide management of the centralised referral management service to our patients. It uses standardised referral forms and all applicable referrals are processed through Electronic Referral Service (ERS). The referrals management service includes the triage of the referrals.
- Ensure that "choice" of providers is offered to patients in line with the NHS Constitution requirements (for elective care).
- Booking service for the patients (and confirmation of their booking).

The RMBS service is also designed to:

- Ensure effective utilisation of community / out of hospital services and ensure that patients receive high quality care close to home.
- Improve the quality of referral information.
- Develop a body of knowledge about local services to support GPs in referral decisions

- Develop feedback mechanisms which inform peer review and practice based referral performance
- Provide on-going support to primary care practice staff
- Provide a rich data source for audit.

The RMBS currently manage all GP patient referrals to secondary and a range of GPwSI and AQP services with the exception of:

- MSK and ophthalmology services – these referrals are managed through the referral management service within King's (as the prime and lead contractor for these services).

1.4 Rationale for preferred option business case:

The preferred option (see section 1.5 below) is to continue to commission the service, and to re-procure, based largely upon the existing specification.

The Business Case for this option is as follows –

- To cease to provide the service would appear to be against the current best practice guidelines.

- The existing specification works well; there are few complaints, and stakeholders are generally satisfied with the service.

- As a re-procurement, the tender exercise will give the opportunity to use competitive forces to seek further improvements. These are outlined as Opportunities, as detailed at 2.2 below.

1.5 Alternative Business Case options:

1.5.1 – Cease to provide the service from 1st August 2016.

The Referral Management and Booking Service is pivotal to ensure that patient referrals are triaged to the most appropriate service for their healthcare needs and that patient Choice is offered (elective care) in line with the NHS Constitution standards. If we were not to commission this service then GP practices would need to carry out these functions direct. This would reduce the quality of the service to patients, expose GP practices to an additional administrative burden, and would not offer value for money. It could potentially expose the CCG to additional costs (i.e. as the triage function ensures that opportunities of services out of hospital are maximised). These risks are detailed further in Section 6.

1.5.2 – Commission jointly.

It may be possible to consider co-commissioning a service with neighbouring CCGs. However, this has drawbacks such as the flexibility to develop new pathways and potential conflict in commissioning priorities. Co-commissioned services may benefit from lower costs due to economies of scale, but could equally suffer from dis-economies of scale as larger contracts can be harder for providers to deliver and therefore may require more layers of management. Larger contracts can also sometimes be too large for smaller local providers to bid for, thereby limiting the pool of bidders. The result may higher prices caused by a lack of competition.

1.5.3 – Do nothing.

If we do not do anything then either:

1. The current contract would terminate, thereby giving the same outcome as per 1.5.1 above.
2. If we simply extended the existing contract then we could be exposed to the risk of a legal challenge under the procurement regulations.

1.5.4 – Separate referral arrangements for each service.

If we commissioned separate arrangements for each service then the reporting functionality offered may not be as good as the present system. Costs may be higher if economies of scale and consistency were lost.

1.5.5 – Re-procure the services using the Restricted Procedure

This enables the services and opportunities of improved services to be tested via competition. It also reduces the risk to the CCG of a procurement challenge.

Through a competitive procurement we will seek to ensure that we deliver improved services for our patients (and for the CCG) within the existing financial envelope.

We recommend the use of the Restricted Procedure for this procurement.

1.5.6 Recommendation:

Based on the above analysis we recommend option 1.5.5 – re-procure using the Restricted Procedure.

2. Long Term Vision and Objectives for the Preferred Delivery Model:

2.1 Vision:

The vision for the RMBS is aligned to the CCG's Vision, Mission and Values.

For example, by promoting local/community provision the RMBS service supports 'good quality integrated care, available as close to home as possible', commissioning 'for quality to deliver improved outcomes for our patients' which complements the Commissioning Intensions, for example promoting Community Based Care/Local Care Networks (Accessible Care)

2.2 Opportunities

The following opportunities will apply:

1. Delivery of high quality services that ensure patients receive choice (in line with NHS Constitutional requirements) and appointments in a timely manner.

2. Ensuring recipients of referrals have sufficient information to carry out specialist intervention in a timely and efficient manner that reduces the likelihood of additional administrative processes, repeat attendances or handover to more suitable services.

3. Maximising the use of out of hospital services, with a reduction in referrals to secondary care. Providing a mechanism for the achievement of the QIPP (diversion from secondary care to more cost effective primary care alternatives such as community, GPwSI and AQP).

4. Offering value added services that are in keeping with modern commercial services through the adoption of appropriate technology, continuous service assessment and improved techniques.

5. Regular communication with the commissioner to provide performance information, opportunities for service improvement, governance issues, patient feedback, GP feedback, and general information required in the service contract.

6. Compliance with the target set by NHSE in 2015; which was to ensure that all referrals electronic by 2018, and the additional targets confirmed in March 2016 by the Director

of Digital Technology Beverley Bryant encouraged Clinical Commissioning Groups (CCGs) to support GPs and hospitals to adopt the practice of electronic referrals. In short Bexley CCG is required to ensure that it has a robust e-referral, management and booking service which can deliver on local and national aspirations.

7. The CCG will use competition to drive innovation in service deliver, which will maximise competition and attract from a range of business entities, potentially including the traditional health providers, the commercial sector and not for profit organisations.

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3. Our Approach

As outlined above, the approach advocated within this business case is to maintain the existing service model but expose it to competition via a re-procurement using the restricted procurement process.

The stages of the re-procurement are outlined within section 4 of this business case, as below.

This will ensure that the provider that is awarded the referral management contract has demonstrated that they are able to deliver a high quality service, which is competitively priced and takes advantage of advances in technology or services.

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4. Next steps

The procurement steps and milestones will be as follows:

Procurement Task:	**Milestone Date:**
QSSC report for approval of specification	14 July 2016
Conflicts of Interest panel and recommendations to the Governing Body	Late June/ early July
GB report for permission to procure	21 July 2016
Issue Pre-Qualification Questionnaire (PQQ)	22 July 2016
PQQ Bidder Event / Q&A session	11 August 2016
PQQ return date	30 August 2016
PQQ Evaluation period	30 August - 2 September 2016
PQQ Evaluation Moderation meeting	7 September 2016
PQQ additional information / clarifications from	7 – 14 September 2016

Bidders	
Issue Invitation to Tender (ITT)	19 September 2016
ITT Bidder Event / Q&A session	12 October 2016
ITT return date	28 October 2016
ITT Evaluation period	31 October – 4 November 2016
ITT Evaluation Moderation meeting	7 November 2016
ITT additional information / clarifications from Bidders	9 – 16 November 2016
Bidder interviews & presentations	30 November 2016
Conclusion of evaluation, recommendation decision reached	7 December 2016
GB report for permission to award	26 January 2017
Stand-still period	27 January – 7 February 2017
Implementation period	7 February – 31 May 2017
Live date	1 June 2017

5. Benefits

The benefits of continuing to commission this service, and to re-procure the service, are as follows –

Financial:

There are no identified savings with reference to the RMBS service per se. However the service provides a mechanism a triage mechanism to ensure that out of hospital service use is maximised where appropriate.

Non-financial:

- Continued good patient experience and accessibility of care
- Use of technology
- Patients are informed regarding service options
- Improved Clinical outcomes
- The promotion of services which have been exposed to competition and have demonstrated compliance with national and local quality standards

6. Challenges, Risks & Dependencies

Risk	Risk Mitigation
Provider Failure There is a risk that the provider may fail to deliver the contract.	Ensure any new provider is thoroughly evaluated to ensure they have all the necessary staff, systems, IT, and experience to deliver. Ensure robust disaster plans are in place.
Stakeholders Patients and Carers - Service users / family carers challenge new offer (Low Risk) Clinical resistance to changes proposed following the outcome of the tender (Low)	Engagement and involvement of patients and carers from the Patient Forum throughout the tender phase. Patient Representative to sit on the Tender Panel. Develop a robust tendering approach and demonstrate post tender to the Governing Body that the contract award process has been fully compliant with local and national tendering guidance.
Reputational The tender is not seen to be fair or EU compliant (Low Risk)	Ensure that the Tender Award report illustrates steps to be taken to guarantee both local and national procurement compliance. The reputational risks are minimised where all of the stakeholders are engaged at the project initiation stage and this report seeks the endorsement and scrutiny of FSC and GB colleagues to avoid misconception.
Legal If the tender does not take place and the CCG are 'out of contract' the CCG could be scrutinised for not ensuring a legal framework (open to further risks such as financial as the current provider is not bound by a previous contract).	The tender mitigates against this risk

(Low Risk with a Tender, High without a Tender)	
Technical Providers that express and interest in delivering services do not have the skills and experience to deliver the specialist service (Low Risk)	Tender evaluation scores to mitigate against this risk.
TUPE TUPE will apply if the incumbent provider is not successful at the tender stage. (High Risk)	Work with the exiting provider via contract management meetings to ensure that they seek legal advice on TUPE. Ensure the tender advert and tender pack detail that TUPE will apply. Allow adequate time from contract award to contract commencement to support a mobilisation phase that responds to the TUPE actions (ensuring smooth transition from one provider to the next provider).
Regulatory Without the tender the following regulatory risks apply: • The CCG is not delivering on the target set by NHSE in 2015; which was to ensure that all referrals electronic by 2018. • EU Procurement Regulations and Detailed Financial Procedures & Operational Scheme of Delegation. (Low Risk with a Tender, High without a Tender)	The tender mitigates against this risk
Financial The budget is reduced during the tender process (Low Risk) The budget is reduced over the life of the contract	FSC are aware of the commitment in advance Ensure that the contract terms include a break clause and the option to renegotiate the contract value (annually) as a precaution.

(Low Risk)	

7. Stakeholder Management

We have identified key stakeholders and will ensure we communicate effectively and in a timely manner. We recognise the sovereignty of the organisations and will work collaboratively on the opportunity. We will be open and honest about the implications of focussing on consolidation wherever possible, acknowledging that this will mean having to substitute products and/or services in some instances.

The key stakeholders we have identified are listed below. As soon as formal permission to commence the procurement exercise is granted, we will commence the stakeholder engagement process.

- *GP membership*
- *Patient representative groups*
- *GP IT lead*
- *Current provider of services (and the market)*
- *Service providers (AQP, GPwSIs, secondary care and other providers)*

8. Deliverables

As detailed in Section 4

9. Summary Finance Table's

Costs:		**Annual Amount**	**Part Year Effect**
Revenue	Cost Centre Code	£'000	£'000
Existing Budget*	13521152161005	£269,304	
Required Budget*		£269,304	
Expected Saving/(Cost)		£0	
Capital	Cost Centre Code	£'000	£'000
Existing Budget		£0	
Required Budget		£0	
Expected Saving/(Cost)		£0	
One Off Non recurrent:	Cost Centre Code	£'000	£'000

Sensitivity Analysis:	**Annual Amount**	**Part Year Effect**
% Change	£'000	£'000
+10%		
-10%		
+5%		
-5%		

Note that although VAT is payable, it is reclaimed as a contracted out service, it therefore has a £0 nett impact.

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10. Clinical Leadership for the Project

The CCG does not currently have an identified clinical lead for these services. As the current provider of the services is a stakeholder organisation established by the majority of the GP practices in Bexley (who still hold an interest in that company) we will need to identify a clinical lead who:

1. Is not an owner of, or directly employed by a Bexley GP practice
2. Understands the services that are required
3. Is of the seniority to command the respect of the GPs in Bexley.

In 2014 we sought to secure the services of a GP from outside of the Bexley area, this was not totally successful.

We therefore propose that Dr Karen Upton be asked to take on the clinical leadership for the re-procurement of these services.

11. Conflicts of Interest

As shown above the majority of GP practices (and their members) will have a significant conflict of interest in this procurement. This will extend to our GP Governing Body members.

We have therefore incorporated a Conflicts of Interest panel to consider this document and provide a recommendation to the Governing Body on this business case. The Director of Commissioning will provide to the Governing Body a verbal report of the recommendations from the Conflicts of Interest Panel.

12. Recommendations and Approval Sought:

The Governing Body are asked to approve the following recommendations:

- To provide the approval to procure these services
- The appointment of Karen Upton as the Clinical Lead for the procurement

Sarah Valentine
Director of Commissioning

- **Appendices - Mandatory attachments:**

1. Equalities Impact Assessment
2. Quality Impact Assessment
3. Privacy impact Assessment

Equality Impact Assessment	
Does the scheme affect one of the following groups more or less favourably than another?	**If yes, explain impact and any valid legal and/or justifiable exception**
Age:	Universal access to Bexley residents mitigates against the risk of some patients being treated less favourably. The referral management service is available to those patients that meet the threshold for accessing the services, based on medical diagnosis. However Age based triage will occur as part of the triage process as certain provider services are age specific e.g. Paediatrics, Adult services.
Disability, Sex, Gender reassignment (including transgender), Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief , sexual orientation:	Universal access to Bexley residents mitigates against the risk of some patients being treated less favourably. The referral management service is available to those patients that meet the threshold for accessing the services, based on medical diagnosis not disability. The service aims to promote access to community services without discrimination. In fact patient choice regardless of patient diversity is promoted as the referral management provider has the details of all the providers that offer the range of procedures.
Carers:	Universal access to Bexley residents mitigates against the risk of some patients being treated less favourably. One of the aims of the referral management service is to present the full extent of service options, including locations and times offered by services. This compliments the role of a carer who is likely to need local provision at a time which marries with caring commitments.
Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*	N/a
Is the impact of the scheme likely to be negative? If so, can this be avoided? Can we reduce the impact by taking different action?	The service presents no negative impact or disproportionate impact on a particular cohort.

2.1 Stage 1 Proforma

Scheme Details:

Scheme Title / Name	Clinical Leads	Management Lead	Sponsor
Referral Management Booking Service (RMBS)	xxx	xxx	xxx

Area of Quality	Impact question	P/N	Impact	Likeli-hood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	p				
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care? Does the business case include patient involvement or has it acted on patient/carer experience in its development? Which patient/carer groups have been consulted/ involved in development of this project? Monitoring of complaints to include numbers/themes/whether timeframes are met/whether upheld/action arising. Compliance with 2009 NHS Complaints Regulations +PHSO (Ombudsman) principles. Ensure audit of patient experience + evidence learning from feedback to be included. Proposed access and waiting times.	p				
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including	P				

	infections?					
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards? Has reference to up to date relevant national guidance and research been made in the design of this project? Clear demonstration that relevant NICE Quality Standards, Public Health Guidance and Clinical Guidelines are being taken into account / followed.	P				
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P				
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P				
Safeguarding Adults and Children **Note** *child safeguarding is also statutory for adult focused services*.	Does the proposal comply with: 1. Policy/Guidance/Procedures • Bexley Safeguarding Children and Adults Boards Guidance and CCG policy. • Pan London Child Protection Procedures (2010). • Working Together to Safeguarding Children (2013). • Pan London Safeguarding Adults Procedures (2011) • CQC Essential Standards of Quality and Safety 2010 2. Open Safeguarding Culture • with 'being open' guidance.- Whistleblowing policy in place. • Procedures for reporting	P				

	of incident/concerns including feedback to staff and patients of actions taken and outcomes. • Safer recruitment arrangements and procedure for dealing with allegations against staff including identification of a Senior Named Officer within their organisation to liaise with the Local Authority Designated Officer or Safeguarding Adult team. • Staff training policy and compliance with this. • Arrangements for staff supervision. 3. Compliance with Equality and Diversity Act 2010. • Monitoring of compliance and reporting. • Equality and Diversity performance indicator identified. ***Note***: Safeguarding children and adults frameworks will need to be embedded within agreed contract and reporting arrangements.					

Please describe your rationale in detail for your assessment of each positive impact here:

- Duty of Quality/Safeguarding Adults and Children – The provider is required to comply with the NHS Constitution and Safeguarding Legislation, this will be tested via the tender process.
- Patient Experience – As detailed in the EIA the drive to deliver a positive patient experience is maximised as patients are exposed to the range of service options/settings.
- Patient Safety & Clinical Effectiveness – this is promoted as patients are only offered services that meet the patient safety standards.
- Prevention, Productivity and Innovation – the triaging process supports self-care and autonomy along with tackling health inequality

2.2 Expected Quality Metric Outcomes (success criteria)

Metric – these need to be measurable	**Expected impact (positive/negative and explanation)**
Patients and carers empowered and supported in the community	**Positive** The referral management and booking service will support parents and carers to make informed choices about the services that they wish to access. The referral management and booking service is a conduit for accessing community provision.
High quality, timely and appropriate referral from primary care	**Positive** Both the referral management booking service and commissioned providers have performance indicators which specify requirements regarding 'High quality, timely and appropriate referral from primary care' . Consequently contracts will be monitored by the commissioning team with reference to the achievement of the quality outcomes/outputs and penalties may ensue if the targets are not achieved.
Access and waiting times	**Positive** There are no access or waiting time issues with reference to the referral management and booking service.
Clinical outcomes	**Positive** Effective triage supports the clinical pathway
Patient experience	**Positive** As outlined in 'Patients and Carers…' above.
Resilience and sustainability of new model including workforce planning issues	**Positive** An existing service has been operating for xx years illustrating that the model works.
Facilitation of inter-professional and inter-organisational working and shared learning	The provider is required to forge partnerships and interface with primary care and secondary care professionals, the progress of this is monitored via the commissioning lead and the contract management process.
Signature:	
Designation:	
Date:	

2.3 Stage 2 Proforma

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on our duty to secure continuous improvement in the quality of the healthcare that it provides and commissions? In accordance with Health and Social Care Act 2008Section 139?	Positive Compliance with requirement to have an established electronic referral process.	1	1	1	
	Does it impact on our commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?	Positive	0	0	0	
	Does it impact on our commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?	Positive	0	0	0	
	What is the impact on strategic partnerships and shared risk?					

	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (Refer to CCG Equality Delivery Scheme)?	Positive (detailed in the EIA)	1	1	1	EIA states that as long as patients meet the eligibility threshold they will have access to the services.
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	Positive	0	0	0	Quality criteria (developed in partnership with the Quality Team) is incorporated in the Service Contract.
	What is the quality impact of this initiative compared to other options	Positive	1	1	1	The tender will expose the service to competition, however the quality expectations and criterion will remain the same regardless of the delivery option
	Will this impact on our duty to protect children, young people and adults?	Positive	0	0	0	No impact on Safeguarding. Promotes access to providers that have met the safeguarding requirements, tested via the procurement process.
PATIENT EXPERIENCE	What impact is it likely to have on self-reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents)	Positive	0	0	0	The referral management and booking service supports a positive patient experience as patients are fully briefed on the service options available to them.
	What is the likely impact on to the individual patient (in terms of health improvement, patient outcome and life expectancy)	Positive	0	0	0	Expedites delays to accessing primary care therefore supporting health improvement and early intervention (maximising life expectancy)
	How will it impact on choice?	Positive	0	0	0	Patient have access to information of the breath of provision and service options.

	How will it impact on patient access	Positive	0	0	0	Support patient access to services
	How will it impact on patients' carers	Positive	0	0	0	Support patient access to services and the role of the their advocates (e.g. carers)
	Does it support the compassionate and personalised care agenda?	Positive	0	0	0	Patient selection/choice model
PATIENT SAFETY	How will it impact on patient safety?	Positive	0	0	0	Providers are required to evidence compliance with safety standards
	How will it impact on preventable harm?	Positive	0	0	0	Early intervention model – supporting access to primary care
	How will it impact on service quality	Positive	0	0	0	In addition to providers meeting the quality standards, the referral management provider will gather feedback on patient experiences which will in turn be used to inform service leads and commissioning (contract management)
	Will it maximise reliability of safety systems?	Positive	0	0	0	Included in the Quality Assurance Matrix
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?	Positive	0	0	0	Included in the Quality Assurance Matrix

	What is the impact on clinical workforce capability care and skills?	Positive	0	0	0	Included in the Quality Assurance Matrix
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	Positive	0	0	0	Follows DoH guidance on electronic referral management services
	How will it impact on clinical leadership?	Positive	0	0	0	Feedback from the provider (regarding the service function and service user feedback) will inform the clinical leads
	Does it reduce/impact on variations in care?	Positive	0	0	0	All patients that meet the eligibility criteria will have access to the range of provision available , therefore minimising variations and inequity.
	Are systems for monitoring clinical quality supported by good information?	Positive	0	0	0	Quality Team Framework is incorporated into the contract.
	Does it impact on clinical engagement?	Positive	0	0	0	Feedback from the provider (regarding the service function and service user feedback) will inform the clinical leads
PREVENTION	Does it support people to stay well?	Positive	0	0	0	Timely and effective referral supports the aim of 'staying well'
	Does it promote self-care for people with long term conditions?	Positive	0	0	0	Patients health packages of care are supported via effective referral to the appropriate care pathway.

	Does it tackle health inequalities, focusing resources where they are needed most?	Positive	0	0	0	Reduces health inequalities as the range of services are promoted and every patent that is referred to the referral management service will receive equal insight into the services that are commissioned.
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	Positive	0	0	0	Supported via the triage process.
	Does it eliminate inefficiency and waste?	Positive	0	0	0	One triage process, one pathway, avoiding duplication and streamlining the referral process
	What is the impact on providers	Positive	0	0	0	The providers have coherent pathway and a clear engagement protocol with the referral management service, GP practices and commissioners.
	Does it support low carbon pathways?	Positive	0	0	0	Patients can access local provision rather than potentially driving to services which are far away. Additionally local capacity is developed rather than out of borough arrangements which have a positive impact.
	Will the service innovation achieve large gains in performance?	Positive	0	0	0	neutral
	Does it lead to improvements in care pathway(s)?	Positive	0	0	0	

Signature:	Designation:	Date:

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Please see '**Privacy Impact Assessments Policy & Process'** dated October 2013. This can be found here: http://www.bexleynet.nhs.uk/Downloads/Business%20Case/Privacy%20Impact%20Assessments%20PIA%20policy%20and%20process.doc
This has been reviewed and developed to detail the requirements to ensure that all new projects, processes and systems (including software and hardware) which are introduced comply with confidentiality, privacy and data protections requirements.

The screening questionnaire included in the procedure must be completed for all new/changes to projects, processes and systems (including software and hardware). This is to ensure that the CCG assesses how we use patient and staff information and that we comply with confidentiality, privacy and data protection requirements. Screening is required at the initial stages of the project cycle and prior to any procurement decisions being made.

The PIA process is outlined below:

a) Initial assessment (screening questions) to be received by the IT Projects Manager who will triage PIAs on behalf of the SIRO, as they arrive within the IT and information governance department

b) The IT Projects Manager will determine whether or not the Project Manager/IAO has to complete a small or large-scale PIA

c) Completed PIAs will be reported to the Information Asset Owner/Project Manager, information governance sub-committee, SIRO and Caldicott Guardian

d) A register of PIAs will be held by the IT and information governance department

Completed screening questionnaires should be sent to Sukh Singh, IT Projects Manager, for review and consideration as to whether a small or large-scale PIA will be required.

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PIA SCREENING QUESTIONNAIRE	
Project / Policy Lead:	Tender of the Referral Management and Booking Service (RMBS)
Project Outline - Set out a short summary of the intended project, policy or procedure. This does not need to be complex. If a PID or Terms of Reference for the project already exist please supply these.	The Project aim is to complete and EU compliant Tender exposing the RMBS to competition and consequently awarding a contract to the provider that presents the Most Economically Advantageous Tender (MEAT)
Environmental Scan - What is already out there? Do PIA's in this area already exist? Have any consultations (with professional associations or patient groups) already taken place?	
Stakeholder Analysis - Who might be affected?	The Key stakeholder is the current provider they currently hold Patient information is stored on the current database used by BHL, provided by NHS Choices.
What is the purpose of this new process or system? Why is it required?	The tender will result in a provider needing access to patient identifiable information that is stored on the hosting e-referral site.
Will the proposed new process or system gather, process or store person identifiable data or corporate sensitive information?	The current service provider is using NHS Choices e-referral software.
Is the proposed new process or system likely to involve a new use or significantly change the way in which existing personal data is handled or processed?	No
Is the proposed new process or system likely to allow personal information to be checked for relevancy, accuracy and validity?	No as invoice validation using patient identifiable information does not apply to this contract

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Is the proposed new process or system likely to incorporate a procedure to ensure that personal information is disposed of through archiving or destruction when it is no longer required?	No
Is the proposed new process or system likely to have an adequate level of security to ensure that personal information is protected from unlawful or unauthorised access and from accidental loss, destruction or damage?	Yes – IT lead to ensure that this is included in the tender as an essential requirement.
Is the proposed new process or system likely to enable the timely location and retrieval of personal information to meet subject access requests?	No
Is the proposed new process or system dependant on a third party to supply the system, undertake processing or provide support/maintenance?	Yes – NHS Choices
Is the proposed new process or system likely to create new data flows and will they be internal, external or both?	No
Has this new process or system been added to the CCG's Information Asset Register?	
Name:	Signature:
Job Role:	Department:
Date:	Date submitted to IG Department:
Submit Form to: Information Governance Department, NHS Bexley Clinical Commissioning Group	
For Use by IG Department Only:	
Date PIA Received by IG Department:	

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Assessment Completed by:	Kelly Sylvester
Date:	
Authorised by [INCLUDE JOB TITLE]:	
Date:	
Date Report Submitted to SIRO:	
Date Report Submitted to Caldicott Guardian:	
Date Report Submitted to Information Governance Sub Committee:	
IT Projects Manager Comments:	