ENCLOSURE: J

Agenda Item: 145/16

NHS Bexley Clinical Commissioning Group

Governing Body meeting (held in public)

24 November 2016

Title	**Permission to commence the re-procurement of the Termination of Pregnancy Service (TOPS)**	
This paper is for **Decision** *delete as applicable		
Recommended action for the Governing Body	That the Governing Body: 1. **Approves** the commencement of the re-procurement of the AQP Termination of Pregnancy Services (TOPS) which will result in 3 year contract that can be extended by 2 years. 2. **Approves** the tender value of £462,359 (plus inflation) based on the 2016/17 budget.	
Potential areas for Conflicts of interest	Conflict of Interest will only apply if a CCG member wishes to express and interest in delivering a TOPS or is affiliated with an organisation that express an interest. The previous TOPS procurement had no identified conflicts of interests.	
Executive summary	TOPS is currently operated via an AQP arrangement. Bexley has contracts with 3 providers. The contracts are due to expire on 31/3/17. This report seeks approval to proceed with the re-procurement of the AQP TOPS. This approach will ensure that an enhanced quality threshold is established, allowing only providers that are not subject to CQC enforcement to bid.	
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 BCCG 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 TOPS promotes equitable access and choice to health services for the Bexley's female residents. In the interest of promoting patient choice and maximising service access Bexley women can access services direct and the providers are required to offer translation services. Providers are required to comply with the Equalities Act 2010.
	Financial	The TOPS AQP delivers fixed Tariff costs for Bexley patients which are cheaper than the standard market rate. The re-procurement presents 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/s 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, promoted by the National 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. Patient feedback is currently gathered by the provider and is presented in accordance with the contract management process.	
Audit trail	The Quality & Safety Sub Committee (QSSC) received the service specification on the 6th September and this has been revised to reflect the comments received. The Financial Sub Committee received the report on the 13th September 2016 and have approved the report.	
Comms plan	Not Applicable	

NHS
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Author: Kelly Sylvester Senior Commissioning and Contracts Manager	Clinical lead: Dr Navreet Paul	Executive sponsor: Sarah Valentine Director of Commissioning
Date	24 November 2016	

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NHS Bexley CCG

Governing Body Paper – requesting approval to re-procure the Termination of Pregnancy Service (TOPS) via an AQP Procurement Process.

1.0 Executive Summary:

AQP (Any Qualified Provider) Termination of Pregnancy Services (TOPS) are currently provided by three providers:

- Marie Stopes International (MSI)
- British Pregnancy Advisory Service (BPAS)
- National Unplanned Pregnancy Advisory Service (NUPAS previously Fraterdrive).

The current contracts commenced on 1st April 2016. The contracts are due to expire on 31st March 2017. This report has been approved by the Finance Sub Committee.

The approval of the Governing Body is now sought to re-procure the services.

The annual estimated cost of the aggregate contract for 2016/17 is £425,208 based on expenditure from April to September 2016. The annual budget for TOPS is set at £462,359. The expenditure for 2015/16 was £420,000.

Table A presents the annual budget and outturn values from previous years and illustrates that the existing budget is sufficient based on existing demand. The table also demonstrates demand has remained reasonably stable over the past 3 years.

Table A

Financial Year	Annual Budget	Outturn (anticipated)
2014/15	££487,359	£454,000
2015/16	£462,359	£420,000
2016/17	£462,359	(£425,000)

This report seeks approval to maintain the existing budget plus annual inflation increases.

The approval of the Governing Body is sought to commence a re-procurement process on the basis of seeking expressions of interest from TOPS providers to enter into an AQP (Any Qualified Provider) multi provider arrangement.

The existing providers will be commissioned on the basis that they agree the terms of the revised service specification and price (and can continue to meet the quality conditions).

The new contracts will commence on 1st April 2017 for a period of 3 years. The Finance Sub Committee have considered this and recommends the re-procurement to the Governing Body.

A Consolidated Business Case is attached – the Governing Body are asked to approve the following recommendations which are:

a) The commencement of the re-procurement of the AQP Termination of Pregnancy Services (TOPS) which will result in 2 year contracts (with the option to extend for up to a further 2 years subject to satisfactory performance)

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

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

- Kelly Sylvester, Senior Commissioning & Contracts Manager.
- Simon Beard, Head of Finance & Planning.
- Mark Abrahams, Head of Procurement (interim)
- Clinical Lead to be appointed (see the recommendations of the Business Case shown at Appendix A)
- A patient or carer representative

Sarah Valentine
Director of Commissioning

Appendix A

Consolidated Business Case (Including PID)	
Name of Proposal	Options Appraisal and Consequential Permission to Tender a AQP Termination of Pregnancy Service
Version	0.1
Issue Status	
Date Last Updated	8 November 2016
Author(s)	Kelly Sylvester
Clinical Lead	To be appointed see section 10
Executive Champion	Sarah Valentine, Director of Commissioning
Financials Signed off	Name:
	Date: 8 November 2016
Communications Plan Signed off	Name:
	Date:
Medicines Management Notified via e-mail	Name & Date:
I.T Notified via e-mail	Name & 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:

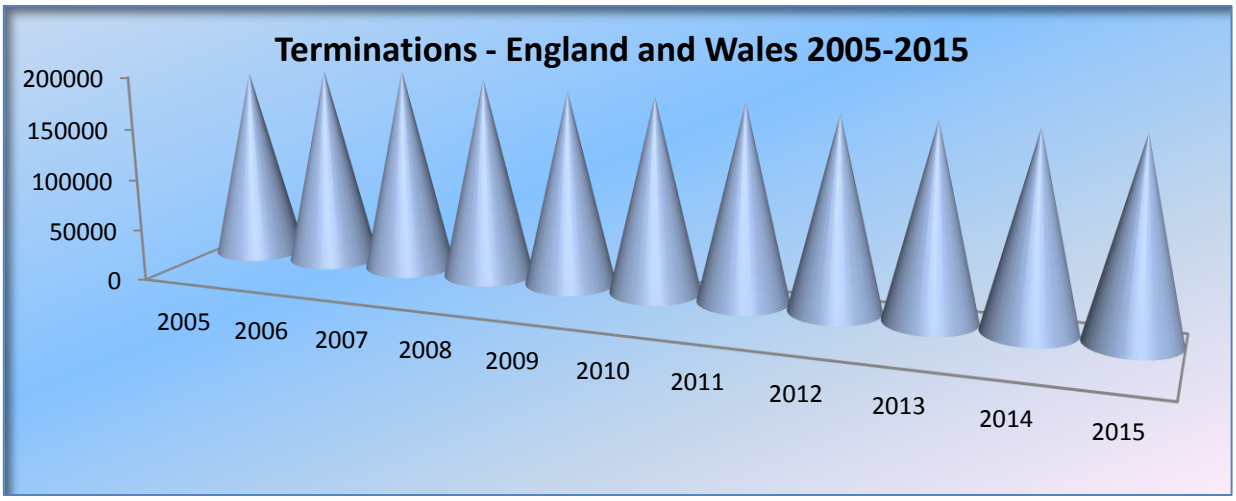
1.1 Background:

Pregnant women who are entitled to NHS provision are eligible to receive Termination of Pregnancy Services (TOPS). In accordance with the duty to ensure good quality provision Bexley CCG currently provides TOPS via 3 independent sector organisations:

- Marie Stopes International (MSI),
- British Pregnancy Advisory Service (BPAS)
- National Unplanned Pregnancy Advisory Service (NUPAS previously Fraterdrive).

The number of terminations that have taken place In England and Wales is illustrated by the Office of National Statistics (ONS) 2015 data. Table A illustrates that nationally the number of terminations have remained constant over the last 10 years despite the increase in the general in the size of the population.

Table A

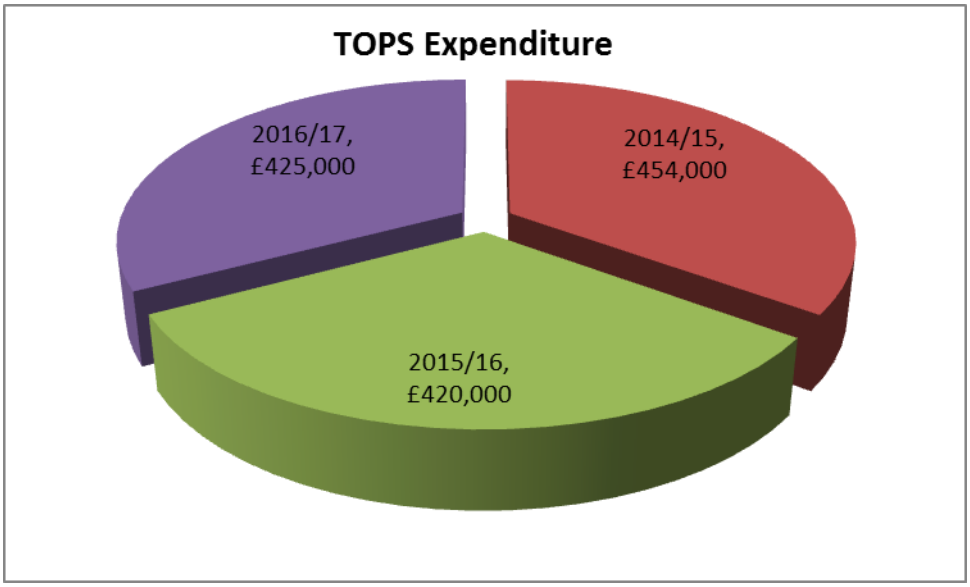


The UK population has increased by nearly 8% from 2004 to 2014, however during the same period, the number of terminations (community and Acute) carried out on residents of England and Wales has decrease by 0.7%. In summary despite the increase in the population, the overall demand for terminations commissioned via the NHS are likely to remain at a similar level and However the CCG needs to ensure that services are provided to meet the on-going demand which is increasing in the community rather than the Acute sector.

*

* 2016/2017 refers to the forecast expenditure

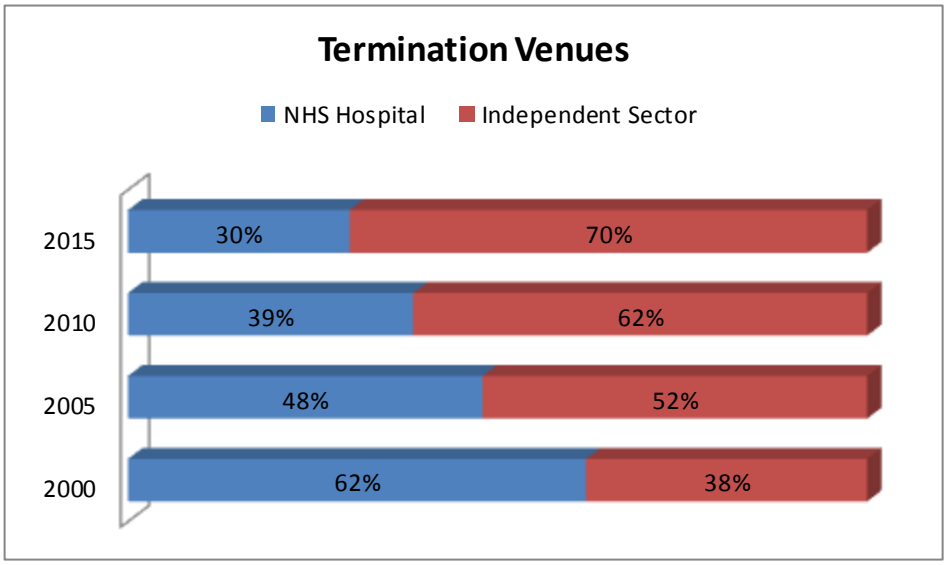
Table B



Nationally there is a trend in procedures decreasing in NHS (Acute) settings with an increase in the number of procedures being completed in the independent sector (Table C), which subsequently has had an impact on the CCG AQP activity and budget (increasing both).

The table illustrates that the use of hospital venues for England and Wales terminations has reduced significantly over the last 15 years with the update of Independent Sector provision. However as illustrated the existing budget will support the shift in activity.

Table C



Based on the CCGs responsibility to deliver TOPS and the fact that demand for the services will continue, this Business Case outlines the rationale for the continued provision of TOPS. The Business Case also reviews the range of options available to ensure that services are appropriately commissioned.

The current TOPS providers (BPAS, NUPAS and MSI) have contracts which commenced on 1 April 2016. The current contracts are due to expire on 31 March 2017, consequently new contracts must commence on 1 April 2017. The initial short duration of the current contracts was due to anticipated potential collaborative commissioning which has not transpired (see 1.5.2).

1.2 Aim:

The aim of the TOPS provision is to offer and deliver a range of high quality abortion services for Bexley Patients.

Providers are required to deliver a consistent, effective, comprehensive, accessible, legal and appropriate abortion service to women, as early as possible and in consideration of personal circumstances.

The providers must comply with the Royal College of Obstetricians and Gynaecologists Guidelines for the "Care of Women Requesting Induced Abortion" (the RCOG Guideline 2011), the MEDFASH standards for sexual health services and current best evidence. To support patient choice providers are required explain and offer the termination options.

Providers also disseminate contraceptive information and supply and sexual health screening along with a full range of effective contraception methods including Long Acting Reversible Contraception (LARC).

The aim of this Business Case is to make a case for TOPS to be commissioned via an AQP process, based on the appraisal of the alternative commissioning options.

1.3 Purpose:

The purpose of the TOPS is to provide a choice of abortion methods which are timely and safe depending on the personal health, gestation and circumstances of the individual woman, to reduce repeat abortions and unintended pregnancies and to promote better sexual health among women.

1.4 Rationale for preferred option business case:

The preferred option is to re-procure the TOPS via an AQP arrangement.

The rationale for this option can be summarised as follows:–

- AQP arrangements comply with the procurement best practice and is 'Transparent, Proportionate, Non Discriminative, promotes Equality of treatment and manages the issue of Conflict of Interest' (NHS Commissioning Board – Procurement Guide – September 2012).
- AQP provide our patients with choice of provider
- AQP arrangements are competitive and demonstrates value for money
- AQPs must comply with the terms of the National Contract (alongside local requirements), have a Monitor License[†] and comply with IG requirements (IG Toolkit V14)
- A new AQP process will build on 'what works' and best practice whilst ensuring that the CCG acts in a 'transparent and proportionate way, and treating providers equally and in a non-discriminatory way'.
- A new AQP process will facilitate additional providers joining the current list of providers.
- Having a list of approved providers maximises patient choice and accessible provision.
- Having a list of providers reduces the negative impact that might arise if one of the providers were not able to deliver the contract terms.
- The providers that are on the list are from the independent sector and are able to subsidise the service via private and/or funding stream.
- Providers are currently collaborating to ensure shared learning. They also unite to inform and lobby best practice (for example coordinating workshops for PH, CCGs, Acute's and NHSE).
- Providers have also informed effective and efficient care pathways (for example where patients with complications are referred (via their GP) to specialist provision).
- A procurement exercise will enable further service improvements based on the idea that competition drives the best quality provision.
- The AQP route is offers the best procurement option, for example via a Framework or Block contract. In AQP contracts we only pay for activity that is delivered (so an activity based contract). The Framework replicates the benefits of spot purchasing that the AQP offers, but is more detailed due to EU regulations/compliance (less 'proportionate'). A block contract guarantees and fixed contract price which may not tally with activity, especially if more than one provider is commissioned.

[†] Operational Guidance to the NHS – DoH (2011)

1.5 Alternative Business Case options:

1.5.1 – Cease to provide the service from 1st April 2017.

As detailed in Section 1.2 the CCG must provide a TOPS service. The 1967 Act details the legal requirement along with general guidance on when an abortion should take place; further confirming the duty to offer an abortion:

- continuing with the pregnancy would involve a greater risk to the woman's life than ending the pregnancy
- continuing with the pregnancy would involve a greater risk of injury to the woman's physical or mental health than ending the pregnancy
- continuing with the pregnancy would involve a greater risk to the physical or mental health of any of the woman's existing children
- there is a significant risk that the baby would be born with a serious physical or mental disability.

1.5.2 – Commission jointly.

The short duration of the current contracts (1 year) was set due to the ambition to join with other CCGs to commission a joint TOPS. However since April 2016 there have been several meetings with SE London CCG representatives and Pan London meetings and no progress has been made with reference to coordinating a shared procurement response. Kingston have Chaired the SE London meeting and have offered to lead on the procurement (at a potential cost). However there is no firm commitment by any of the CCGs and the meetings have facilitated more discussion than action.

As illustrated by the procurement timetable in Section 4 the procurement (and planning) will take 8 months for a CCG that has already previously completed an AQP process. No SE London milestones have been discussed.

In summary the Bexley TOPS are due to expire and there will not be an SE joint commissioning option available. Additionally, the coordinating CCG will require financial support (i.e. charge member CCGs). It is likely that the 'joint' AQP Tariff would not be much different from the existing (no economies of scale).

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. The current contracts can be extended via a Waiver or without a formal arranged. Adopting either of these approaches will expose the CCG to the risk of a legal challenge under the procurement regulations (which promote competitive, open, fair and transparent commissioning)

1.5.6 Recommendation:

Based on the above analysis the recommendation to re-procure TOPS via an AQP process is presented.

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

2.1 Vision:

The vision for the AQP TOPS is aligned to the CCG's Vision, Mission and Values. For example, by promoting local/community provision the TOPS 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:

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

- Ensuring recipients of referrals maximise the patient journey and positive patient experiences. The contract and service specifications include performance indicators which support this opportunity.

- Improved access to abortion services

- Reduction in the number of subsequent pregnancies among women

- Reduction in the numbers of repeat abortions among women, within a 3 year time frame

- Reduction in the rate of pelvic infection among women

- Reduction in the rate of any subsequent sexually transmitted infections among women via STI screening.

- Reduction in onward transmission of any existing STIs by women

- Maximising the use of community provision, with a reduction in referrals to secondary care.

- 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.

- Compliance with the grounds specified in the Abortion Act 1967 and amended by Section 37 of the Human Fertilisation and Embryology Act 1990.

- 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.

- Demonstrating that Bexley CCG continues to be innovative and committed to quality services and is commissioning for value (unlike some CCGs that have not reviewed the area and have no established a AQP process). Maximising the reputational merits.

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3. Our Approach

As outlined above, the approach advocated within this business case is to re-procure the TOPS AQP with an enhanced quality threshold.

The stages of the re-procurement are outlined within the section below.

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4. Next steps

The procurement steps and milestones will be as follows:

Task	Start Date	End Date
Request Permission to Procure Report	21/06/2016	19/07/2016
Present the Permission to Procure report to Quality and Safety Sub Committee	29/08/16	06/09/2016
Present the Permission to Procure report to FSC	5/09/2016	13/09/2016
Present the Permission to Procure report to Governing Body	9/11/2016	24/11/2016
Publish Expressions of Interest (2 weeks)	29/11/2016	13/12/2016
Evaluate Expressions of Interest (slippage due to Christmas and NY accounted for)	14/12/2016	06/01/2017
Convene the Interview Panel	09/01/2017	18/01/2017
Write the Permission to Award Report	19/01/2017	02/02/2017
Present the Award Report to GB	16/03/2017	30/03/2017
Standstill	31/03/2017	14/04/2017
Contracts Start	17/04/2017	

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 as TOPS provision is demand led, with no service substitute.
- The unquantifiable costs associated with an unwanted pregnancy.
- The cost associated with not offering early termination procedures (early medical abortion) in comparison to surgical abortions at later gestation.

Non-financial:

- Continued good patient experience and accessibility of care
- 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.
- Patients Health and Wellbeing is promoted (see 1.5.1)

6. Challenges, Risks & Dependencies

Risk	Risk Mitigation
Provider Failure There is a risk that the provider may fail to deliver the contract (Low).	Ensure any new provider is thoroughly evaluated to ensure they have all the necessary staff, systems, IT, and experience to deliver. The risk is minimised as there is more than 1 provider and potentially 3 existing providers.
Stakeholders Patients and Carers - Service users / family carers challenge new offer (Low Risk) Stakeholder resistance to new providers following the outcome of the procurement process (Low)	Engagement and involvement of patients and carers from the Patient Forum throughout the procurement phase. Patient Representative to sit on the Procurement Panel. Develop a robust procurement approach and demonstrate to the Governing Body that the contract award process has been fully compliant with local and national procurement/AQP guidance. Existing providers will remain on the list (unless a contract default ensues).
Reputational The procurement is not seen to be fair or transparent (Low Risk)	Ensure that the Procurement 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 and Regulatory If the procurement process 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). (Low Risk with a procurement process is initiated, High without new procurement process)	The procurement process mitigates against this risk
Technical Providers that express and interest in delivering services do not have the skills and experience to deliver the specialist service (Low Risk)	Procurement evaluation scores to mitigate against this risk.
Financial The budget is reduced during the procurement process (Low Risk) The budget is reduced over the life of the contract (Low Risk)	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.

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*

Current provider of services (and the market)

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*	13511152161005	£462	
Required Budget*		£462 (pa)	
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%		

10. Clinical Leadership for the Project

The Clinical Lead is Dr Nav Paul. Dr Paul was involved in the last procurement.

11. Conflicts of Interest

Conflicts of Interest is not currently an issue as the providers that deliver TOPS are large national organisations with no connection any CCG members. However the 2016 Bexley CCG Policy will be applied in full and specific attention will be given to section 9:

> ***9. Procurement issues – individual conflicts of interest***
> *9.1. Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract the conflicted person will be expected to:*
>
> - *Declare the interest;*
> - *Ensure that the interest is recorded in the register;*
> - *Withdraw from all discussion on the specification or award;*
> - *Not have a vote in relation to the specification or award, or any formal role in the procurement process*
>
> *9.2. The conflicted person will be expected to declare any interest early in any procurement process if they are to be a potential bidder in that process (using form provided in Annex D). Failure to do this could result in the procurement process being declared invalid and possible suspension of the relevant member from the group.*

We will therefore ensure that the Procurement project group/evaluation panel apply the guidance set out above.

12. Recommendations and Approval Sought:

The Governing Body are asked to approve the following recommendations:

- the commencement of the re-procurement of the AQP Termination of Pregnancy Services (TOPS) which will result in 3 year contracts with an option to extend by 2 years.
- To maintain the existing budget of £462, 359 pa and allow for annual inflationary increases. As an activity based contract, if activity does not increase then payments will not be made.

Support for this recommendation has already been obtained from the Finance Sub Committee & the Quality & Safety Sub Committee.

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 TOPS service is available to all pregnant women (eligible for NHS provision) regardless of their age.
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 TOPS is available to those patients that meet the threshold for accessing the services, based on their pregnancy status. The service aims to promote access to without discrimination. Women can access TOPS directly which maximises the universal delivery aim.
Carers:	N/A.
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 procurement 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	0	0	0	
	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)	0	0	0	The TOPS is open to all pregnant women regardless of their race, gender, age, disability, sexual orientation, religion and belief,
	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	0	0	0	
	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 TOPS 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	Due to the range of delivery sites and abortion options, the patient experience is maximised.
	How will it impact on choice?	Positive	0	0	0	Patient have access to a range of 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	N/A
	Does it support the compassionate and personalised care agenda?	Positive	0	0	0	N/A
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	Avoids the risks associated with continuing with a pregnancy.
	How will it impact on service quality	Positive	0	0	0	Via the procurement round and contract management process, providers are required to meet the quality standards.
	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	Clinical Model
	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	Women 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 access supports the aim of 'staying well'
	Does it promote self-care for people with long term conditions?	Positive	0	0	0	
	Does it tackle health inequalities, focusing resources where they are needed most?	Positive	0	0	0	Reduces health inequalities as the range of services is promoted and every woman that accesses the 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	The AQP promotes a community model rather than acute provision.
	Does it eliminate inefficiency and waste?	Positive	0	0	0	
	What is the impact on providers	Positive	0	0	0	The providers will respond to direct referrals alongside referrals via Health and advocates.
	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.
	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:

Appendix 3

Privacy Impact Assessment

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.

Appendix 3

Privacy Impact Assessment

PIA SCREENING QUESTIONNAIRE	
Project / Policy Lead:	Re-procurement of the Termination of Pregnancy Service (TOPS) via an AQP Procurement Process – Kelly Sylvester
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 a procurement exercise which will expose TOPS to competition and consequently awarding contracts to the providers that meet the quality standards and deliver services charging the Bexley CCG Tariff.
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?	
What is the purpose of this new process or system? Why is it required?	The procurement will result in a provider Having access to PID. However providers are monitored via Care Quality Commission (Registration) Regulations 2009: Regulation 20 and will comply with IG requirements including the completion of V14 of the Toolkit.
Will the proposed new process or system gather, process or store person identifiable data or corporate sensitive information?	Currently does this and will continue to so under the same scrutiny.
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?	Invoice validation using patient identifiable information does apply to this contract. The PID will only be shared with the commissioners with access to the CEfF account.
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?	Providers are required to have a process (via IG compliance)
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
Is the proposed new process or system likely to enable the timely location and retrieval of personal information to meet subject access	No

Privacy Impact Assessment

requests?	
Is the proposed new process or system dependant on a third party to supply the system, undertake processing or provide support/maintenance?	No
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:	
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:	

NHS
Bexley
Clinical Commissioning Group