ENCLOSURE: J(i)

Agenda Item: 115/16

NHS
Bexley
Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 29 September 2016

Title	**Integrated specialist inpatient and day-care services for people with HIV**
This paper is for **Decision**	
Recommended action for the Governing Body	That the Governing Body: **Approve** 1. The re-procurement of the services using a competitive procurement
Potential areas for Conflicts of interest	None known
Executive summary	The Mildmay Mission Hospital provides integrated specialist inpatient and day-care services for people with HIV related neurocognitive impairment or complex physical rehabilitation needs. The hospital provides 'step down' specialist interdisciplinary assessment and rehabilitation services which can be delivered on an inpatient or outpatient basis depending on the needs of the patient. The usage is volatile (in terms of patient activity per annum). The main specialist services provided by Mildmay are: HIV neuro-cognitive impairment (HNCI) and complex physical rehabilitation Respite and End of Life care Day services. The contract transferred from London Borough of Bexley to the CCG and has since been extended twice (annual extensions) via contract waivers. The existing contract is a 12 month block contract extension with an increase in contract value of £54,930 from £10k making a total of £64,930. (Equivalent to 151 inpatient bed days) The increase was agreed by the Financial Sub-Committee following demand during that period having exceeded commissioning plans. This paper seeks approval from the Governing Body to re-procure these services (using a competitive tender).

<table>
<tr><td></td><td colspan="3">However, as shown under section 3 of the Business Case attached the usage is unpredictable and it is therefore recommended by the Finance Sub-Committee that the CCG procures for these services using a base contract value (to a cap on activity) with patient services on a call-off basis. In this way the CCG will pay for the block to maintain access to the services, but only pay for activity consumed above the block on an activity basis.</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="4">How does this paper support the CCGs objectives?</td><td>Patients:</td><td colspan="2">Provides appropriate and timely services for patients</td></tr>
<tr><td>People:</td><td colspan="2">Effective and innovative contracting and procurement, with improved services</td></tr>
<tr><td>Pounds:</td><td colspan="2">Value for Money</td></tr>
<tr><td>Process:</td><td colspan="2">Ensuring that our services are monitored effectively</td></tr>
<tr><td rowspan="6">What are the Organisational implications</td><td>Key risks</td><td colspan="2">None Known</td></tr>
<tr><td>Equality</td><td colspan="2">Not applicable</td></tr>
<tr><td>Financial</td><td colspan="2">The proposed model will benefit the CCG where there is over performance as there is a capped amount on the contract, but presents a cost where there is underperformance (i.e. no patients admitted to the hospital)as we would still need to pay half the annual contract value.</td></tr>
<tr><td>Data</td><td colspan="2">Not applicable</td></tr>
<tr><td>Legal issues</td><td colspan="2">Not applicable</td></tr>
<tr><td>NHS constitution</td><td colspan="2">This contract is based on NHS Constitutional requirements.</td></tr>
<tr><td>Engagement</td><td colspan="3">Not applicable</td></tr>
<tr><td>Audit trail</td><td colspan="3">Not applicable</td></tr>
<tr><td>Comms plan</td><td colspan="3">Not applicable</td></tr>
<tr><td>Author:</td><td colspan="2">Clinical lead:
Ethan Harris- Faulkner (tbc)</td><td>Executive sponsor:
Sarah Valentine</td></tr>
<tr><td>Date</td><td colspan="3">15/09/2016</td></tr>
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Small Scheme Business Case

Name of Proposal	Integrated specialist inpatient and day-care services for people with HIV
Version	1
Issue Status	Amended version including Finance Sub Committee recommendations
Date Last Updated	31/08/2016
Author(s)	Kerinah Gumbo
Clinical Lead	Ethan Harris- Faulkner (tbc)
Executive Champion	Sarah Valentine
Financials Signed off	Name: Julie Witherall
	Date:02/08/2016
Communications Plan Signed off	Name: N/A
	Date:N/A
Medicines Management Notified via e-mail	Name & Date: Clare Fernee
I.T Notified via e-mail	Name & Date:
FSC Approval Date	Chair's Signature:
	Date: 13 September 2016
	Reason:

Section
1. Overview and Summary
2. Rational for Business Case
3. Outturn and Activity
4. Long term vision and objectives
5. Opportunities
6. Options Appraisal
7. Recommendations
8. Challenges, Risks and Dependencies
9. Next Steps
10. Stakeholder Management
11. Financial Analysis
Appendices: 1. Referral Pathway 2. Equalities Impact Assessment 3. Quality Impact Assessment 4. Privacy impact Assessment

1. Overview and Summary

The Mildmay Mission Hospital provides integrated specialist inpatient and day-care services for people with HIV related neurocognitive impairment or complex physical rehabilitation needs. The hospital provides 'step down' specialist interdisciplinary assessment and rehabilitation services which can be delivered on an inpatient or outpatient basis depending on the needs of the patient.

The main specialist services provided by Mildmay are:

- HIV neuro-cognitive impairment (HNCI) and complex physical rehabilitation
- Respite and End of Life care
- Day services.

Although the number of people living with HIV in Bexley has risen by 53%, a very small fraction of that population deteriorates to the extent of requiring an in-patient admission owing to advances in medical research; which has seen improved survival rates and extended life expectancy. Since taking over the contract 2 years ago, Bexley has referred only 4 patients, 3 of whom required in-patient services and only 1 utilising day services. **See table 3** for full activity data.

The Mildmay contract was transferred to NHS Bexley CCG from the London Borough of Bexley Council in 2014 following the new commissioning arrangements invoked by NHS England. **See Table 1**. Bexley CCG's contract with Mildmay officially commenced on the 1st October 2014; initially as a 12 month contract with an option to extend under the NHS standard contract service conditions. The contract has since been extended twice (annual extensions) via contract waivers. The existing contract is a 12month block contract extension with an increase in contract value of £54,930 from £10k making a total of £64,930. (Equivalent to 151 inpatient bed days) The increase was agreed by the Financial Sub-Committee following demand during that period having exceeded commissioning plans.

Table 1: **New HIV commissioning landscape**

Service	Responsible Commissioner
Non HIV needs for HIV positive people	CCG
Respite /End of life care for HIV positive people	CCG
HIV testing and prevention	Local Authority
Sexual health needs of HIV positive people	Local Authority
Voluntary Sector or community support needs	Local Authority
Specialised HIV outpatient and inpatient care and treatment	NHS England

Source: https://www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-services

This paper seeks approval from the Governing Body to re-procure these services for 2 years (using a competitive tender). However, as shown under section 3 the usage is unpredictable and it is therefore recommended by the Finance Sub-Committee that the CCG procures for these services using a base contract value (to a cap on activity) with patient services on a call-off basis. In this way the CCG will pay for the block to maintain access to the services, but only pay for activity consumed above the block on an activity basis.

2. Rationale for the business case:

Since inheriting the contract in 2014, Bexley has referred only 4 patients to the incumbent provider (Mildmay). However, as Mildmay's rates are high, at £430 per day (a 1% increase from last year), and having requested a further 1% increase this year which was declined, this business case seeks to present procurement options together with the potential financial implications based on current activity to help inform the most appropriate commissioning decision for re-procurement as the contract comes to an end in March 2017.

The paper also seeks to:

- To review the current contracting model with the case to either renegotiate the contract value or move to a spot purchase model.
- Present the different commissioning options available to NHS Bexley CCG with the aim to open the service to competition (procurement).

This business case presents:

- An analysis of the local demographics
- Demand/trend analysis
- Market testing results
- NICE best practice and minimum standard guidance
- A financial analysis
- A summary of the referral process

3. Bexley Demographics

Diagnosed HIV rates in Bexley have rapidly increased over the past 4 years with an approximate 66% increase. The prevalence of diagnosed HIV rates in Bexley is above the recommended threshold of expanding HIV testing in the local population. The number of people living with HIV in Bexley increased by 53% in the last 5 years compared to 30% for England. In the North of the borough, rates are as high as 10-20 per 1000- some of the highest in the country. Between 2009 and 2011, 59% of diagnoses were made at the last stage of the infection (with majority of those diagnosed not having been aware of their HIV infection) compared to 50% across England making Bexley the worst performing borough for very late HIV diagnosis and the second worst for late diagnosis. Patients diagnosed late have a tenfold increased risk of death in the first year of diagnosis as well as developing other complex conditions such as neurocognitive impairment thereby requiring specialist care provided by providers such as Mildmay.

4. Outturn and Activity

The existing contract is valued at £64,930 in 2016/17 and was negotiated with the following risk share agreement:

i. Underperformance refunded at 50% tariff. Therefore, a potential benefit of £32,000 will be due to the CCG.
ii. Over performance (0-99%) paid at block contract value. Therefore, a potential benefit to the CCG of £64,930;
iii. Over performance (100-200%) paid at 50% tariff (£215 per bed day) will be a potential risk to the CCG which will create an additional £32,000 cost pressure. **See section 12** for detailed breakdown.

However as the following demonstrates; usage of these services is changeable.

Table 2: Activity (Financial)

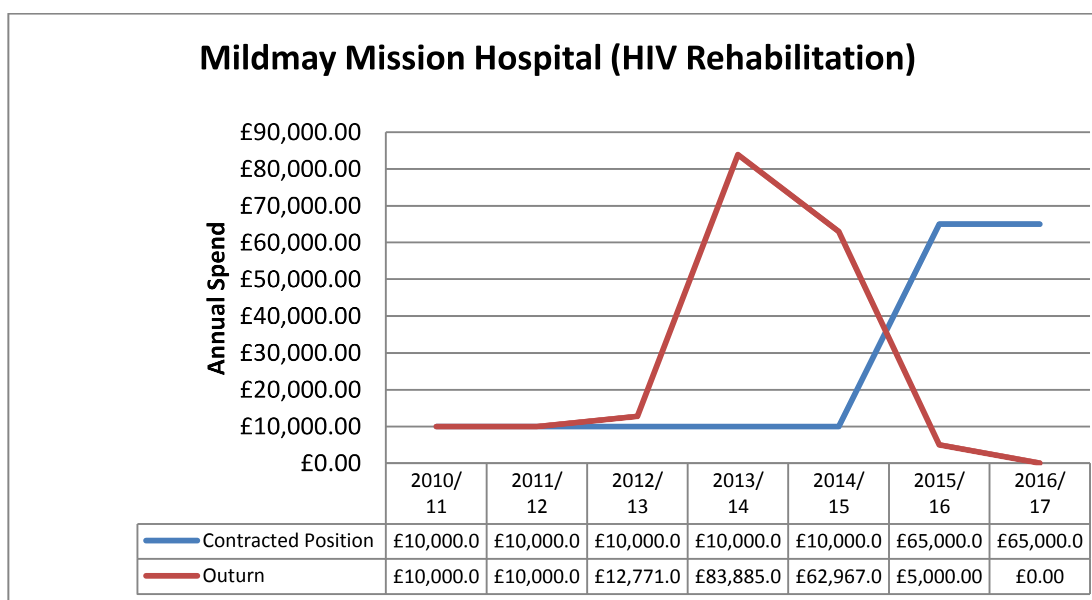

Table 3: Activity (Bed days)

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
No. of bed days	No. of bed days	No. of bed days	No. of bed days	No. of bed days	No. of bed days	No. of bed days
Nil	Nil	Nil	Patient 1-186 Patient 2- 5 Total -**191**	**151**	Nil	**91**

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

The options proposed in this paper seek to present the best possible alternatives which embrace the CCGs' 'Vision, Mission and Values' of promoting local/community provision of services, 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, such as promoting Community Based Care/Local Care Networks (Accessible Care)

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5. Opportunities

Through an extensive benchmarking exercise, the CCG has identified the following potential opportunities:

6. Introducing financial savings through commissioning services from cheaper alternative providers which can contribute to archiving QIPP targets
7. Negotiating a cheaper contract model with the existing provider e.g. spot purchase.
8. Providing services closer to home, reducing the need for excess travel for patients
9. Affording patients more choice in terms of rehabilitation centre locations
10. Collaborative working with other CCGs within our peer group

See more options in **Section 6** below.

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6. Alternative Options

6.1 Option 1: Retain contract as is/Do nothing: Based on the current contract model with the Mildmay Hospital, this option presents value for money should there be no patient admitted at the hospital during the contracted period, as the provider will only be paid at 50% of the contract value as per contractual terms to Bexley CCG, affording us a potential benefit of £3,465.

Option 1- Do Nothing, Continue with the Current Services on the same pricing model	
Strengths • No disruption to current service • Affords guaranteed access should need arise. • Demonstrates continuity of service provision • Maintain an already established relationship with provider • Specialist rehabilitation service often leads to discharge that requires less community input as patients would have become more independent at the time of discharge	**Opportunities** • A £32,465 saving where the service has underperformed.
Weaknesses/Dis-benefits • Financial burden and risk to CCG of continued funding of patients who are kept in Mildmay owing to lack of coordinated discharge plans with other stakeholders (e.g. Social Services) • Inability to apply tight financial control • Not value for money • Longer waiting times for patients owing to lack of guaranteed beds.	**Threats** • An additional cost pressure of £27,000 where over performance is by 100-200% which stifles QIPP targets

6.2 Option 2: Retain Mildmay under a Spot Purchase Model:

Benefits:

- Immediate advantage of QIPP savings current £17,465) where no patient is admitted as demonstrated in table below (but this has risk associated with it)
- Promotes choice and flexibility in responding to changing needs
- Allows for closer matching of resources to individual needs
- Where activity is less than 125days, a spot rate would be cheaper than a block contract.

Risks:

- Spot purchase day bed rate will be £75 higher than block contract (£430) by 0.1%
- Individual funding requests can be difficult to authorise (need for a panel approval within CCG) delaying discharge of patient from acute care and increasing risk of unnecessary referral to the A&E.
- Lack of guarantee can be detrimental to service consistency and continuity.
- Does not allow for reliable planning.

Estimated Actual days	**Outturn (underuse shown as minus numbers)**	**Refund %**	**Total Cost (Block contract)**	**Total Cost (Spot)**	**Spot saving/ Increase**
0	-151	50%	£32,465	£0.00	£32,465
50	-101	50%	£43,215	£23,750	£19,465
100	-51	50%	£53,965	£47,500	£6,465
120	-26	50%	£59,340	£59,375	£-35
150	-1	50%	£64,715	£71,250	£-6,535
151	0	50%	£64,930	£71,725	£-6,795
200	49	N/A	£75,465	£95,000	£19,535
250	99	N/A	£86,215	£118,750	£32,535

6.3 Option 3: Go to open market / expose service to competition:

Some CCGs in South London currently refer patients to local specialist Care homes offering similar but cheaper services to Mildmay and are closer to patients' homes.

During the market testing exercise a few care homes were identified with one local to Bexley being recommended by Oxleas (who are the gatekeeper for the CCG to the services). Most cater for our patient demographic (younger people) and also offer HIV specialist services. See table below for further detail on alternative providers

Option 3 - Go to open market / expose service to competition	
Strengths • Offers patient choice • Providing services closer to home, reducing the need for excess travel for patients • Local Clinical Nurse Specialist available to provide HIV awareness training to nursing homes where required.	Opportunities: • Competitively priced services which can contribute to realising QIPP savings. • Savings of up to 70% based on price quotations from alternative providers as detailed in **Table 4** below.
Weaknesses/Dis-benefits • Loss of Mildmay's current Inter/disciplinary team and holistic approach resulting in patients losing continuity of care • Some providers get Consultant visits as little as once a month. • Longer waiting times for patients where beds are not guaranteed resulting in patients deteriorating.	Threats: • Potential issues around Patient safety concerns where providers do not always adequate staffing levels and skills to provide quality of care required. • Lack of on-site specialists could result in patients going to acute settings for follow up appointments. • Lack of appropriate infection control and prevention in place to ensure safety of HIV patients and other residents.

6.4 Alternative Providers/ Benchmarking results

Provider	Specialist Services	Day/ Inpatient	Comments
General Care Homes			
Bexley/ Greenwich			
Brook House	Neurological conditions and physical rehab 18+	Inpatient	• £214 per day £203 cheaper than Mildmay. • Within local area. (Bexley) • Recommended by Gatekeeper • Currently have patients with similar needs. • Offers in house physiotherapy sessions x3 per week. • 3 Members of staff with Neuro background and some with specialist mental health training for patients with challenging behaviour. • Good CQC report
Stockwell			
Havelock court	Neurological conditions and physical rehab 18+	Inpatient	• Respite and physical rehab services used for HIV patients by SLAM • GP visits x2 per week • link in with the Consultant at the Caldecot HIV Service at Kings College Hospital • HIV specialist nurse visits x2 per month • Rates are £1100/wk. (157 per day) + £12/hr extra charge should patient require 1-1 care. • Current CQC report recommends improvement on patient safety. Not always adequately staffed.
Lambeth			
Fairlie House Care Home West Norwood Manager: Suzanne Davey	Neurological conditions Highly dependent clients (one client living with HIV but there for non-HIV needs)	Inpatient 50 beds	• 7 Physiotherapist who attend weekly • GP visits every 2 weeks • No HIV specialist nurses • Patients taken to St Thomas should they require a follow up with HIV consultants • Rates are individually assessed per patient. No flat rates

			• Good CQC report
British Home Crown Lane	Physical & Neuro	Inpatient	• Recommended by Lambeth Social Care
Southwark			
Love Walk Care Home	Highly dependent clients	Inpatient	• Currently housing a patient discharged from Mildmay • 22 bed but mainly cares for those aged 65+ • Good CQC report • Prices to be confirmed.
Specialist HIV Care Providers			
St John's Hospice St John's Wood, NW2	Identical services to Mildmay	Inpatient and physical rehab	• £100 less than Mildmay • Inpatient services- £304.80 per night • Day Services-£128 per day • Also treat patients w/ other long term conditions • Similar distance to Mildmay • Not yet visited by CQC
Sussex Beacon, Brighton	Identical to Mildmay	Inpatient and physical rehab	• £100 cheaper than Mildmay • Palliative and respite care-/ day: £300 – 350 (spot rate) • Neurocognitive Impairment- per day: £300 - £350 (spot rate) • Day Services (lower) for people on a maintenance programme: These are currently commissioned on a block contract which would be negotiated based on a referral and the individual needs of the patient. • Day Services (Higher) for people on a rehab pathway with day services(same as lower)

7. Recommendations

Issue an Expression of Interest notice to gauge market interest and go to procurement should there be interest expressed.

Change the existing financial model to a cap and collar model with a collar rate of £15,000 and a cap of £64,930[1] **see table 5 below** and within the contract we would fix prices for activity above these levels (this is the recommendation of the Finance Sub Committee).

However, if i) above shows that market interest is not available then we would then apply to the Finance Sub Committee for approval for a single tender waiver to the incumbent provider and

Negotiate a spot purchase model with incumbent provider with limited bed days:

Based on the last 2 year's activity, a 90 day cap can be invoked.

Table 5:

Cap at £64,930					
Collar at £15,000					
Contracted days =151					
Contracted baseline (CQUIN n/a)	Estimated bed days	Inpatient cost/day	Estimated Cost	Contracted cost(1yr)	Based on cap and collar
64930	0	£430	£0	£64,930	£15,000
64930	25	£430	£10,750	£64,930	£15,000
64930	50	£430	£21,500	£64,930	£21,500
64930	75	£430	£32,250	£64,930	£32,250
64930	100	£430	£43,000	£64,930	£43,000
64930	150	£430	£64,500	£64,930	£64,500
64930	151	£430	£64,930	£64,930	£64,930
64930	200	£430	£86,000	£64,930	£64,930
64930	250	£430	£107,500	£64,930	£64,930

[1] This figure was reached by multiplying bed days used in 2014/15 (151days) x the existing providers day rate (£430)

8. Challenges, Risks & Dependencies

Risk	Risk Mitigation
Stakeholders Patients / families may challenge Nursing home option. Nursing Home staff- Lack of understanding, quality and ability to deal with patients living with HIV. Nursing Homes Capacity – Waiting lists can be longer increasing likelihood of patient deteriorating	Engagement and involvement of patients and carers from the Patient Forum throughout the tender phase. Patient Representative to sit on the Tender Panel. Setting up specialist training delivered by Community Nurse Specialists to Nursing Homes to ensure safe and appropriate continuity of care. Tightening admission and discharge planning process by ensuring all parties are fully engaged throughout the process to avoid last minute arrangements. Explicitly outlining Contractual responsibilities
Reputational Spot purchase model- patients and residents' complaints where services cannot be secured in time.	Keep patients engaged and informed of procurement changes including benefits of change to patients.
Legal Stopping provision of services could result in legal challenges and patient pressure	The tender mitigates against this risk
Technical Inexperienced providers tendering for service.	Tender evaluation scores to mitigate against this risk.

TUPE Not applicable	Not applicable
Regulatory Breaching NHS England mandate to provide appropriate service to the Local population should the CCG fail to procure an adequate service provider in time.	Going out to tender mitigates against this risk

9. Next steps

The procurement steps and milestones will be as follows:

Procurement Task:	Milestone Date:
Quality and Safety S-C meeting to agree the specification	6 September 2016
FSC to meet to support recommendations	13 September 2016
GB paper to Dir of Commissioning meeting to agree to commence the procurement	13 September 2016
GB meeting to agree to commence the procurement	29 September 2016
PQQ issued, notice placed on Contracts Finder web portal	30 September 2016
Deadline for Expression of Interest and submission of completed PQQ response to bidders	21October 2016
PQQ Evaluation completed	28 October 2016
Issue tenders	28 October 2016
Tender return date	25 November 2016
Tender evaluation completed	2 December 2016
Interview Panel	9 December 2016
Address any outstanding actions & unresolved issues arising	09/12/16-10/01/2017
GB paper to Dir of Commissioning for approval to award contract	10January 2017
GB meeting- seek permission to award contract	26 January 2017
Standstill period ends (10 whole days after the GB)	6 February 2017
Mobilisation	9 February 2017
Expiry date of existing contract	31 March 2017
Go live date for new contract	01 April 2017

10. Stakeholder Management

The following are key stakeholders who would need to be kept informed of any changes are:

- Patients (who have previously accessed services at the Mildmay, satisfied and would not mind going back)
- GPs/ HIV Consultants regarding referral process
- Clinical Nurse Specialists/ Community Matrons – Gatekeeping and referral process
- Hospital Ward staff- Discharge planning and referral criteria
- Medicines Management Panel

11. Financial analysis

The existing contract has a caveat that should Mildmay underperform (where no patient has been referred to the service), 50% of the contract value is clawed back by the CCG and over performance (where patient has exceeded expected length of stay) is paid at a marginal rate. This model benefits the CCG where there is over performance but presents a cost where there is underperformance as illustrated below.

Existing and projected activity	Costings	Comments
2016/17 contract value Underperformance refunded at 50% Over-performance of up to 200% is charged at 50%	£64,930	Block price that has to be paid – not activity related. Should no patient be admitted during the financial year, a refund of £32,494 is given back to the CCG. Activity is bed days only no day case work and is unpredictable.
Scenario 1:Patient has been an inpatient from April to June 2016 at the normal bed rate of £434 per day	£39,494	If no further activity is undertaken in 2016/17, then a refund would be due Value of refund = £64,930-£39,494=£25,436*50%=£12,718. Therefore cost of client for 3 months is actually £39,494+£12,718=£52,212
Scenario 2: Another patient requires inpatient services from July 16 to March 17	£118,916	However, per the terms of the contract, over-performance between 100 and 200% is payable at 50%. Therefore 118916-25436 (to make to contract price) = £93,480. The first £64930 of this should be payable at 50% = £32,465 then need to add remainder to this which equals 25,436+32,465+28,550= £86,451.
Scenario 3: Another patient is admitted for the full year	£158,410	There are no discounts to be applied anymore and so this would just add to the previous overspend. This would give an overspend against this contract of £61,015 (previous calculation) plus £158,410 = £219,425

It is difficult to project growth levels at this point but based on the past 7 years data, Bexley has only referred 4 patients for in-patient services, two of which were seen in the same year. None have been referred for End of Life services which can also be accessed in the community via District nursing services and hospices. There was one patient attending day services over 4 years ago and none since.

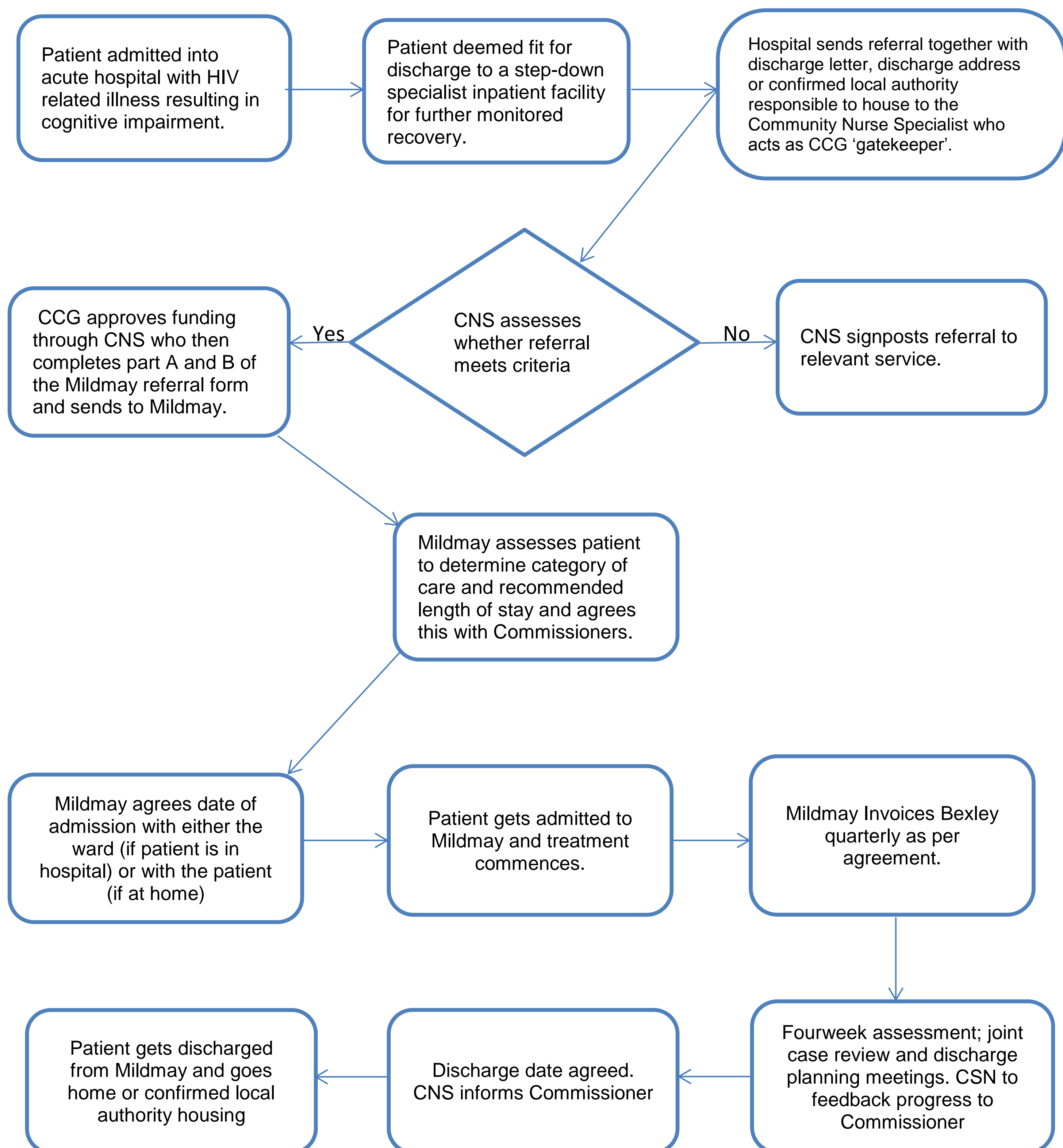
12. Recommendation and Approval Required

The Governing Body are asked to approve the recommendation to procure the services and to support the recommendation of the Finance Sub Committee to reduce the base contract value with activity then chargeable above that level on an activity basis.

Sarah Valentine

Director of Commissioning

Referral pathway



Appendix 1 - Equality 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 ***Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.***	The services commissioned are accessible to all Bexley adult residents with Neurocognitive impairment. Children services are provided by the Local authority.
Disability ***Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.***	The services are offered to all patients who meet the criteria regardless of any physical or social barriers.
Sex ***Consider and detail (including the source of any evidence) on men and women (potential to link to carers below)***	The services are available all patients who meet the threshold for accessing the services, based on medical diagnosis not gender. The service aims to promote access to community services without discrimination.
Gender reassignment (including transgender) ***Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.***	The services aim to promote access to community services without discrimination.
Marriage and civil partnership ***Consider and detail (including the source of any evidence) on people with different partnerships.***	The services are available to those patients that meet the threshold for accessing the services, based on medical diagnosis not relationship status. The service aims to promote access to community services without discrimination.
Pregnancy and maternity ***Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.***	The services are available to those patients that meet the threshold for accessing the services, based on medical diagnosis not pregnancy/maternity. The service aims to promote access to community services without discrimination. .

Appendix 1 - Equality Impact Assessment

Race ***Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.***	The services are available to those patients that meet the threshold for accessing the services, based on medical diagnosis not ethnicity. The service aims to promote access to community services without discrimination.
Religion or belief ***Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.***	The services are available to those patients that meet the threshold for accessing the services, based on medical diagnosis not religion. The service aims to promote access to community services without discrimination.
Sexual orientation ***Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.***	The services are available to those patients that meet the threshold for accessing the services, based on medical diagnosis not sexual orientation. The service aims to promote access to community services without discrimination.
Carers ***Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.***	There isn't any evidenced risk of patients being treated less favourably. Service providers work round the clock on a shift pattern allowing patients access to care on a 24 hr basis.
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.

Appendix 2 – Stage 1 Proforma

2.1 Stage 1 Proforma

Scheme Details:

Scheme Title / Name	Clinical Leads	Management Lead	Sponsor
Integrated specialist inpatient and day-care services for people with HIV	Dr Simon Rackstraw- Medical Director	Ross White –Director Mildmay Hospital	Sarah Valentine – Director of Commissioning Bexley CCG

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 infections?	P				
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality	P				

	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.					
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 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	P P P P P P P P				

	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 – Patients are provided the opportunity to feedback on their experience with service providers and allowed choice.
- Patient Safety & Clinical Effectiveness – this is promoted as patients are only offered services that meet the patient safety standards.
- Prevention, Productivity and Innovation – Services support 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 clinical nurse specialist, who works as the referral gatekeeper ensures patients are well informed, supported and empowered pre and post rehabilitation.
High quality, timely and appropriate referral from primary care	**Positive** Criterion and guidelines for the referral process are set and agreed by all stakeholders and commissioned providers have performance indicators which specify requirements regarding 'High quality, timely and appropriate referral from primary care'. A strict contract monitoring policy is adhered to.
Access and waiting times	**Positive** Contract is set up to ensure patients have access to services within the agreed timescales.
Clinical outcomes	**Positive** Effective triage supports the clinical pathway
Patient experience	**Positive** Patients have the opportunity to feedback on experience and help inform service improvement.
Resilience and sustainability of new model including workforce planning issues	**Positive** An existing service has been operating for 4 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:	

Appendix 3 – Stage 2 Proforma

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				Monthly performance reporting.
	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				N/A
	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				Anonymised staff surveys. Regular visits to provider premises to review quality of workplace
	What is the impact on strategic partnerships and shared risk?	Negative	2	5	10	Joint discharge planning meetings with partners to ensure patients are admitted and discharged in a timely manner.

Appendix 3 – Stage 2 Proforma

	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				Service provider has the duty to ensure patients do not feel discriminated. Use of Friends and family surveys.
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	Positive				Quality criteria are incorporated in the Service Contract.
	What is the quality impact of this initiative compared to other options	Positive				Should the service be exposed to competition, 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				No negative impact on Safeguarding. Providers would be expected to demonstrate they meet 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				Providers are mandated to ensure patients are well informed and enabled to provide feedback
	What is the likely impact on to the individual patient (in terms of health improvement, patient outcome and life expectancy)	Positive				Supports recovery and independence of patients and reduces risk of deterioration and acute hospitalisation.

Appendix 3 – Stage 2 Proforma

	How will it impact on choice?	Negative	1	2	2	Although patients and families are informed of other services available and are entitled to choose preferred services there is currently only 1 HIV specialist service available close to Bexley.
	How will it impact on patient access	Positive				Ensures patients have access to the right services at the right time.
	How will it impact on patients' carers	Positive				No major impact expected as services have been provided the same way over 4 years.
	Does it support the compassionate and personalised care agenda?	Positive				Compassionate and personalised care agenda is fully supported.
PATIENT SAFETY	How will it impact on patient safety?	Positive				Providers are required to evidence compliance with safety standards
	How will it impact on preventable harm?	Positive				Early intervention model – supporting access to primary care
	How will it impact on service quality	Positive				Providers will be measured on quality compliance by commissioners through patient feedback reports.
	Will it maximise reliability of safety systems?	Positive				Providers will evidence they meet safety standards requirements during the procurement process.

	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?	Positive				Evidence of robust infection control strategy will requested by commissioners. Systems for monitoring this will also be put in place.
	What is the impact on clinical workforce capability care and skills?	Positive				Included in the Quality Assurance Matrix
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	Positive				Follows NICE guidance on HIV rehabilitation services
	How will it impact on clinical leadership?	Positive				Feedback from the provider regarding the service function and service user feedback
	Does it reduce/impact on variations in care?	Positive				All patients that meet the eligibility criteria will have access to the range of provisions available, therefore minimising variations and inequity.
	Are systems for monitoring clinical quality supported by good information?	Positive				Quality Team Framework is incorporated into the contract.
	Does it impact on clinical engagement?	Positive				Feedback from the provider regarding the service function and service user feedback
PREVENTION	Does it support people to stay well?	Positive				Yes
	Does it promote self-care for people with long term conditions?	Positive				Yes, rehabilitation is aimed at improving and supporting self-care and independence.

	Does it tackle health inequalities, focusing resources where they are needed most?	Positive				Yes, services are made available to all demographics across the Bexley borough.
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	Positive				Supported via the triage process where the 'gatekeeper' ensures the right patients access care
	Does it eliminate inefficiency and waste?	Positive				Yes, through the rigorous triaging system by both the gatekeeper and clinicians accepting referrals.
	What is the impact on providers	Positive				Providers have clearly defined pathways and supported to work collaboratively with required parties.
	Does it support low carbon pathways?	Positive				Patients currently have to travel out of the borough to access services but should other local options be considered, this will be mitigated.
	Will the service innovation achieve large gains in performance?	Positive				Neutral
	Does it lead to improvements in care pathway(s)?	Positive				Yes through tightening referral pathways and working more closely with the Community Nurse Specialist, provider and social care.

Signature:	Designation:	Date:

Appendix 4 - 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 4 - Privacy Impact Assessment

PIA SCREENING QUESTIONNAIRE	
Project / Policy Lead: Kerinah Gumbo	Integrated specialist inpatient and day-care services for people with HIV.
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 is to procure the best quality and cost effective specialist community in- patient rehabilitation services for people with HIV related neurocognitive impairment living in Bexley.
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?	Similar but not exact services exist but are provided in a care home setting. Consultations with other professional associations have been conducted.
Stakeholder Analysis - Who might be affected?	The current service provider may lose contract should we choose to expose the services to open competition. The patients may not be guaranteed availability of readily available interdisciplinary services.
What is the purpose of this new process or system? Why is it required?	To provide services that are more local to residents of Bexley, better quality and of more value for money.
Will the proposed new process or system gather, process or store person identifiable data or corporate sensitive information?	PID will only be accessible to clinicians and commissioners where necessary.
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?	Personal information will be checked for relevancy and accuracy by the triaging nurse.
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?	Yes
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?	Yes, should contract be awarded to an alternative provider?

Appendix 4 - Privacy Impact Assessment

Has this new process or system been added to the CCG's Information Asset Register?	No
Name: Kerinah Gumbo	Signature:
Job Role: Commissioner and Contracts Manager	Department:
Date: 20/07/2016	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:	
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:	