Appendix 1

Questions to be answered by CCGs commissioning services where GP may have a financial interest in providers who are likely to compete to provide services in response to a competitive tender

A conflict of interest may be perceived to arise in circumstances where, within six months, an individual has carried out or intends to carry out any work for an organisation likely to express an interest in this tender, or where an individual might stand to benefit from the appointment of a particular provider or for any other reason be prejudiced, whether in favour of or against, a participating organisation. Any person for whom the above criterion applies will be restricted from receiving information or making/approving decisions in relation to this procurement and decisions that are made will be independently reviewed. All conflicts declared will be held in the appropriate publically held CCG registers

Service:

NHS 111 Service for Nottingham City, Nottingham North & East, Nottingham West, Rushcliffe, Mansfield & Ashfield and Newark & Sherwood Clinical Commissioning Groups

Question	Comment/Evidence
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	The NHS 111 service is a service that is to be provided nationally and although it is commissioned at a local level, there are core standards that all NHS 111 services have to meet. Having a robust and effective NHS 111 service is a key component in having an effective and efficient urgent care system; which is one of the priority areas for the CCGs. The competitive tendering process will help secure value for money for the commissioners. It is assumed that the overall service costs may increase as a result of the procurement process as the CCGs seek to enhance the clinical input to NHS 111. However, additional investment in NHS 111 will only be made where it will lead to improved, more cost effective outcomes for patients and the urgent care system as a whole.
Have you involved the public in the decision to commission this service?	An effective NHS 111 service will support the commissioning strategies of all the CCGs in terms of improving the effectiveness of the urgent care system and improving outcomes for patients. The decision to commission NHS 111 as a national service was made after extensive public consultation. Locally, as the lead CCG, Nottingham City has sought
	the advice of their People's Council as to how public engagement should be taken forward across each of the CCGs to inform the procurement process. An engagement plan has subsequently been developed.
	The Joint Overview and Scrutiny Committee have been informed that a procurement exercise will be taking place and have been asked to identify any issues that they would wish to see addressed by the

	re-procurement and to advise on the engagement process to be followed.
What range of health professionals have been involved in designing the proposed service?	The two Urgent Care Boards in South Nottinghamshire and Mid-Nottinghamshire have been contacted to ask what level of involvement they wish to have within the procurement.
	The Local Medical Committee have been contacted to inform them that a procurement exercise will be initiated so that they can prepare to collate any feedback from the local GP community. If possible, the intention is that the draft specification will be released in advance of the Invitation to Tender in order to allow health professionals from across the community to provide detailed comments on the proposed service specification.
What range of potential providers have been involved in considering the proposals?	A notice will be issued to inform potential providers that a procurement process is underway. If possible, the intention is that the draft specification will be issued to potential providers in advance of the Invitation to Tender in order to allow them to provide detailed comments on the proposed service specification.
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	The two Health and Wellbeing Boards have been contacted to ask what level of involvement they wish to have within the procurement.
	Potential providers will be asked as part of the tender to demonstrate how they can contribute to the relevant health and wellbeing strategies.
What are the proposals for monitoring the quality of the service?	The service will be monitored in line with the current standard NHS community contract. In addition:
	The provider will be required to collect feedback from service reviews and CCGs will monitor patient feedback through the annual patient survey.
	The provider will also routinely seek feedback via patient experience questionnaires (using a national template).
	There will be end to end call reviews of patient experience involving NHS 111, GP out of hours service providers, the ambulance service and acute hospitals.
	There will be unannounced visits.
What systems will there be to monitor and publish data on referral patterns?	Providers will be monitored with respect to the impact they have on hospital attendance and admissions and the extent to which they can contribute to reducing this will be assessed as part of the tender.

Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	CCGs have taken legal advice on managing conflicts of interest because of the number of GPs who are potentially conflicted because GP out of hours services providers may bid to deliver the NHS 111 service. It is proposed that this will largely be managed through the operation of a Procurement Delivery Group which will carry out the procurement process. GPs who are conflicted will not participate in the decision making at this level and decisions that are made will be independently reviewed.
Why have you chosen this procurement route?	The decision to procure the service was taken by CCG Governing Bodies. The CCGs intend to run a competitive process in accordance with guidance and the CCGs' Standing Financial Instructions. The intention is that an OJEU notice will be posted
What additional external involvement will there be in scrutinising the proposed decisions?	CCGs have commissioned GEM and Arden Commissioning Support Unit to oversee the procurement process. GEM will run the technical aspects of the procurement through BRAVO¹ and will also independently assess decisions made by the Procurement Delivery Group. HWB members will also be invited to participate in this oversight.
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	The procurement will be managed through the establishment of the Procurement Delivery Group with delegated authority on behalf of CCGs participating in the procurement. No one will be eligible to participate as a decision maker on this group where there is a conflict of interest e.g. GPs who are shareholders of companies that may potentially bid for the service will not be members.
	The decisions that have not been delegated to the Procurement Delivery Group will be made by the CCG Governing Bodies with due regard to the established processes by which they manage potential conflicts of interest.

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¹ An e-tendering service