



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 21st July 2016

Agenda No: 8.3

Attachment: 16

Title of Document: The Evaluation of our Commissioned Services	Purpose of Report: For Approval
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Executive Summary:

In the current NHS climate and Merton CCGs financial position we must review all of our services in relation to the benefits they provide to the population of Merton. It is proposed that the decisions about the future commissioning arrangements of these services are put through a governance process (appendix 1) in which the decision is risk assessed by Clinicians, Quality and Equality experts, Commissioning experts as well as patient representatives.

All services will follow the same decision making process (appendix 2) to ensure consistency and are in scope of this review. Statutory services will be ruled out of the process at an early stage and if there are any financial benefits to be made they will be picked up as part of normal business. Services may be ruled out for technical reasons. For example a pilot will be reviewed at the end of the pilot therefore there is little reason to review now.

If the risk assessment scores the service as a high risk, i.e. the risk to patient safety, quality and equality, stakeholders/patients or finances is too high, it has the potential to be ruled out. Once the risks are known a cost benefit analysis will be completed to give available options along with financial savings for each option.

A steering group called the Evaluation of Commissioned Services Group (ECSG) was set up to oversee the processes. This group consists of Quality, Patient Representation, Healthwatch, Clinical Lead (GP), Public Health, Commissioning, Contracting and Finance along with external management consultants RSM.

The Group will assess all services. However, with the size and depth of the number of services and procedures we commission this must be done in stages.

Initially, in phase one, individual services and contracts are being looked at along with Procedure of Limited Clinical Value. In addition, as phase two, a longer list of services and procedures provided by the Acute Contracts will be reviewed through this process.

The overall process of decision making in respect of the evaluation of commissioned services is as follows:

July 2016 Governing Body:

- A presentation of the FRP, followed by a paper that says as a result of this we need to do an evaluation of our commissioned services
- The Governing Body is asked to agree this approach

September 2016 Governing Body:

- A presentation of the long list of services that could be potentially reviewed, provided in a different or no longer commissioned
- The team have been set a circa £6m target for this to ensure we have the ability to not approve if we feel that it is not appropriate (for whatever reason) to do so
- The Governing Body will be asked to do approve that the team do a wide engagement piece on these key services and that the Governing Body has sight at the September meeting of what that engagement will look like (along with the legal advice)
- The Governing Body will also be asked to give permission for the providers of these services to be notified that we are looking at these services and that we will be confirming our commissioning position with them later in the year

January 2016 Governing Body:

- The Governing Body will be given the feedback form the public and members on the services and the executive team will also recommend what services we should be changing at that point
- This will be in a good time for contracting and we will also know what the high 2017/18 financial plan is looking like at that point.
- The Governing Body will be asked to confirm this in January

<p>Key sections for particular note (paragraph/page), areas of concern etc: The risks associated with this process differ for each service and will be assessed as part of the Risk Matrix.</p>
<p>Recommendation(s): Process and Governance Governing Body are asked to approve the current processes and governance that is in place and recommend to the Governing Body this is accepted with a paper expected to come in September with recommendations.</p> <p>Procedures of Limited Clinical Value It is recommended that Governing Body note that the Clinical Review Group/Clinical Panel will review our recommendations and agree which services could be prior approval.</p>
<p>Committees which have previously discussed/agreed the report: Evaluation of Commissioned Services Group Financial Recovery Group Executive Management Team</p>
<p>Financial Implications: The financial implications associated with this process differ for each service and will be assessed as part of the process</p>
<p>Implications for CCG Governing Body: All implications are indicated for each service as part of the process</p>
<p>How has the Patient voice been considered in development of this paper: A patient representative has been involved in the Evaluation of our Commissioned Services group. Public engagement is highlighted in the risk assessment.</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) The implications associated with this process differ for each service and will be assessed as part of the risk assessment.</p>
<p>Equality Assessment: Equality Impact has been completed in the risk assessment; however, a complete Equality Impact Assessment will be completed for services that are deemed to require them.</p>
<p>Information Privacy Issues: N/A</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) A communication plan will be put forward to encompass all decisions made.</p>

Appendix 1

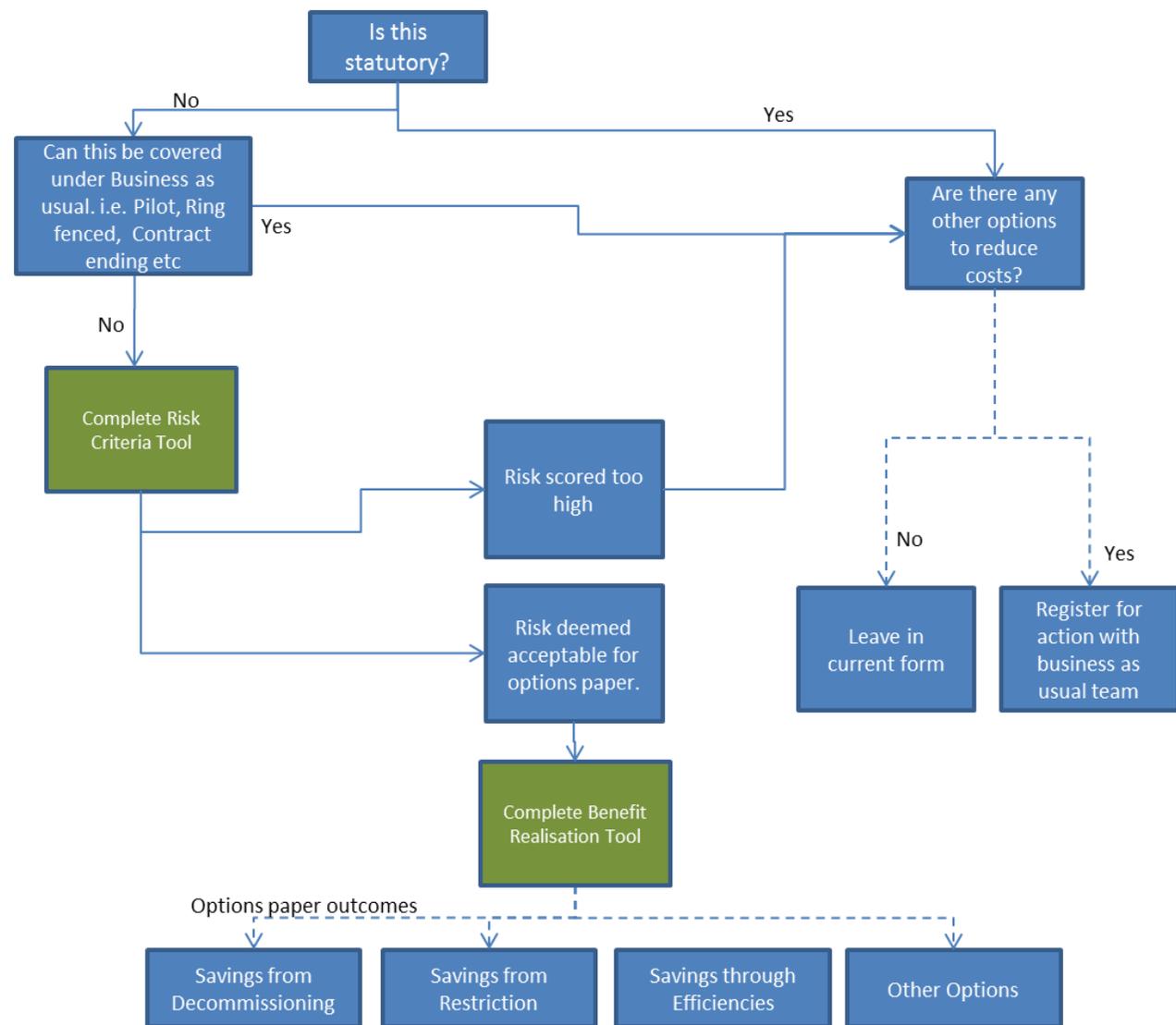
Decision Tree for Evaluation of Commissioned Services

The Clinical lead and Commissioning lead risk assess the service. Evaluation of Commissioned Services Group (ECSG) discuss the risk assessment with the leads and by deeming services too high a risk to the organisation rule out services from the process.

Note. If other options are available they will be worked on throughout the year by the Commissioning Teams.

The Clinical lead and Commissioning lead develop options papers using a Benefit Realisation tool and their intelligence of the service.

The ECSG & Clinical Reference Group/Clinical Panel will assess the options paper and make recommendations to EMT.



Appendix 2

Governance Structure for the Evaluation of Commissioned Services

