NHS
Wiltshire
Clinical Commissioning Group

Governing Body
Paper Summary Sheet
Date of Meeting: 28 January 2014

For: Decision ☒ **Discussion** ☐ **Noting** ☐ **Info** ☐

Agenda item and title:	**GOV/14/01/13 Procurement Strategy for the Purchase of Health Care Services**
Author:	Alan Kilham, Head of Procurement , Central Southern Commissioning Support Service
Lead Director	Simon Truelove Chief Financial Officer
Responsible Director:	Simon Truelove Chief Financial Officer
Executive summary – (what is proposed and intended impact) and recommendation:	The procurement strategy directs the CCG on how it undertakes the procurement of services. The strategy establishes the rules and regulations that are to be followed and the culture and ethos that has to prevail when undertaking procurement exercises. The CCG Governing Body is asked to approve the procurement strategy and to note the requirement of receiving annual reports on the effectiveness of procurement exercises.
Evidence in support of arguments:	Procurement staff are required to work in accordance with all local, national and European Union procurement guidelines. The procurement strategy summarises these requirements to ensure that the CCG operates its procurement process in line with current regulations.
Who has been involved/contributed:	Alan Kilham – Head of Procurement, CSCSS
Cross Reference to Strategic Objectives:	The July 2010 White Paper “Equity and Excellence: Liberating the NHS” made clear the need for the NHS to deliver efficiency savings, whilst setting out the proposed direction for the NHS. This requirement is embedded within the CCG strategic objectives to ensure that value for money is achieved
Engagement & Involvement	N/A

Communications Issues:	N/A
Financial Implications:	Ensure that Value for Money is achieved when procuring services
Review arrangements:	Annually
Risk Management:	N/A
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The CCG Governing Body is asked to approve the procurement strategy and to note the requirement of receiving annual reports on the effectiveness of procurement exercises.

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Procurement Strategy for the Purchase of Health Care Services

Document Control:

Date of Issue:	
Version:	Version 1
Author:	Alan Kilham, Senior Procurement Manager
Next Review Date:	

NHS
Wiltshire
Clinical Commissioning Group

Approved by:	

Contents:

Executive Summary:

This Procurement Strategy has been prepared by Central Southern Commissioning Support Unit (Central Southern) and endorsed by the Chief Financial Officer for consideration by the Wiltshire Clinical Commissioning Group Governing Body. Procurement is a service provided to the CCG by Central Southern.

This document builds on the previous Wiltshire Clinical Commissioning Group procurement practices, incorporating revised Department of Health best procurement practice and secondary procurement legislation introduced by the UK Government in March 2013.

The document will require regular review / updates to take into account planned changes to the European Union procurement directives in 2014 and any case law emerging from the introduction of The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013.

Procurement Strategy

1. Purpose / Introduction:

Wiltshire Clinical Commissioning Group (the CCG) is responsible for the commissioning of high quality, value for money health care services to the patients of Wiltshire. The CCG procurement strategy sets out its approach to achieving its delivery objectives through the application of good procurement practice.

Selecting the correct (most appropriate) procurement process can produce considerable quality improvements and cost savings. The current NHS economic climate requires efficiencies to be made; strategic procurement is a useful tool in achieving this. It also opens up the market to a wider range of providers. This in turn helps to drive up service quality, introduce innovation and widen patient choice.

The objective of this policy is to provide a framework to ensure that all procurement activity is transparent; evidence based and delivers key business objectives. Clinical services procured should be innovative, affordable, viable, clinically safe and effective. Clinical service specification documents should set stretched targets to improve health outcomes and the quality of patient experience.

This procurement strategy does not offer detailed advice for specific health care groups or activity but sets out guidance for the CCG on how to decide on the appropriate activity to be undertaken whilst ensuring compliance with current European Union procurement regulation, UK Government legislation and Department of Health procurement best practice.

The July 2010 White Paper “Equity and Excellence: Liberating the NHS” made clear the need for the NHS to deliver efficiency savings, whilst setting out the proposed direction for the NHS. This included:

- Focussing on clinical outcomes (quality) rather than targets
- Empowering clinicians and other health care professionals to use their judgement and innovate
- Giving patients greater choice

To achieve these aims, the CCG will:

- Continuously review current health care services provision arrangements from a broad clinical and contractual perspective.
- Obtain quality information data to inform transparent and fair decision making processes.
- Ascertain whether it is necessary, desirable or appropriate to invite competition in accordance / compliance with EU competition regulations
- Actively manage the provider market, creating greater patient choice whilst maintaining quality outcomes
- Engage and work closely with the local community and a range of health care providers to deliver collaborative and integrated services

- Apply robust, fair and proportionate procurement processes that follow all mandated and 'good practice' requirements.
- Apply award criteria that takes account of whole life costs and overall service quality
- Put in place robust contractual arrangements to ensure service delivery

2. Procurement Policy:

In order to achieve its strategic objectives, and in accordance with Department of Health guidance, the CCG must ensure that all procurement activity undertaken is:

- Transparent
- Proportionate
- Non-discriminatory
- Equal (equality of treatment)

Procurement staff will work in accordance with all local, national and European Union procurement guidelines which will include, but not be limited to, the following policy / guidance documents:

Body:	**Publication:**
Department of Health	The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013
	Any Qualified Provider Operational Guidance (2011)
	Patient Choice (Nov 2011)
	Principles and Rules for Cooperation and Competition (Jul 2010)
	Procurement Guide for Commissioners of NHS-funded Services (Jul 2010)
	Responsibilities and Standing Rules (December 2012)
	Securing Best Value for NHS Patients (Aug 2012)
	The Operating Framework (Annual)
European Union	EU Public Procurement Regulations 2006 (and any subsequent amendments to legislation as enacted from time to time)
	EU Remedies Directive (20 Dec 2009)
NHS England	Code of Conduct – Managing conflicts of interest where GP practices are potential providers of CCG commissioned services (Oct 2012)
NHS Wiltshire Clinical Commissioning Group	Equality strategy
	Wiltshire's Joint Health and Wellbeing Strategy
	Integrated Annual Operating Plan
	Quality Strategy
	Standing Orders and Standing Financial Instructions
	Strategic Commissioning Intentions
	The CCG Constitution

UK Government	Social Value Act (2012)

New national guidance does not introduce any general policy requirement that all NHS services should be subject to competitive tendering. The policy is to create an NHS that is much more responsive to patients and achieves better quality outcomes. A step to achieving this is to increase the current offer of choice, giving patient's choice of Any Qualified Provider where relevant.

The Procurement, Patient Choice and Competition Regulations 2013 were re-drafted and put before Parliament on 11 March 2013 and state:

- Regulation 2 - the benefits of arranging integrated services without the need for competition is emphasised. This confirms that one objective of procurement includes the services being provided in an integrated way. This is added to the other objectives of (a) securing the needs of patients, (b) improving quality and (c) improving efficiency. The decision to tender involves a balance between these objectives.
- Regulation 5 - Commissioners are not required to advertise if 'satisfied' that the services can be provided by a single provider only. CCG's retain *'reasonable'* discretion in the decision.
- Regulation 10 - Commissioners must not engage in anti-competitive behaviour unless to do so is in the interests of people who use health care services for the purposes of the NHS which may include:
  (a) by the services being provided in an integrated way (including with other health care services, health-related services, or social care services); or
  (b) by co-operation between the persons who provide the services in order to improve the quality of the services.

Under the revised Principles for Cooperation and Competition (30 July 2010), all new services and significantly redesigned services should be tendered unless approval is granted by NHS England not to tender.

Commissioners may also seek to use competition as a means of securing value for money. For example, Commissioners may procure services via a competitive tendering process to encourage providers to re-evaluate existing services, re-design pathways, consider whether to introduce new technologies and improve efficiency.

3. Overarching Principles of Procurement:

The CCG will adhere to the principles of public procurement whilst undertaking all procurement activity as follows:

Principle:	**The CCG Undertaking:**
Transparency:	State Commissioning Strategies and Intentions:
	Publish short / medium procurement intentions on the CCG web site
	State outcomes of service reviews and whether a competitive tender / AQP process is to be used.

	Pricing tariffs and other payment regimes will be fair and transparent.
	Advertise all procurement opportunities via Supply2Health, Contracts Finder and the CCG website (as applicable) and notification of contract award.
	Maintain an auditable tender documentation trail (and for decisions not to tender), providing clear accountability.
	Publish details of all contracts awarded on its website, including contract type, value and, in the case of AQP contracts, the names of accredited service providers
Proportionality:	Commissioner resources must be proportionate to the value, complexity and risk of the service being procured.
	Contract duration to be proportionate to service type being commissioned.
	Whilst maintaining quality standards / patient safety, Additional award criteria (including financials) must be proportionate to the value, complexity and risk of the service being procured and will not discriminate against smaller organisations such as voluntary sector / social enterprises etc.
	The CCG will seek to minimise bidder tender costs by avoiding timetable delays and significant changes to scope
Non-Discrimination:	The CCG will ensure that the entire procurement process and associated documentation will not contain bias towards any particular bidder
	All evaluations criteria and associated weightings will be fully disclosed
	All relevant information will be disclosed equally and in good time to all prospective bidders
Equality of Treatment:	The CCG will not favour a particular market sector i.e. public over private. Award decisions will always be taken based on a bidders ability to deliver the service rather than on the organisational type.
	Finance and quality assurance checks will be applied equally to all bidders
	Bidders will be expected to operate under this

4. Commissioning Strategy / CCG Procurement Intentions:

Procurement schemes undertaken are determined by the CCG and are dependent on its annual Commissioning Intentions.

5. When to Procure (see Part B – Contestability Framework):

The CCG as a Public Sector Contracting Authority is governed under the EU Procurement Directive and the following thresholds apply since 1st January 2012 (subject to on-going review):

6. Procurement Processes / Procedures (including Any Qualified Provider):

The procurement process starts from identification of need, the decision to tender through to the conclusion of a services contract and its on-going management. The development and management of provider markets to ensure capacity and capability is essential.

This Procurement Strategy has been developed to support consistent and transparent decision making within the CCG when commissioning health care services.

The Procurement Strategy will identify the systems and procedures required for the CCG to meet patient needs, demonstrate quality, governance and probity, good procurement practice and achieve value for money by delivering cost effective high quality services.

The CCG aim is to improve the quality and accessibility of services to patients through a process of service review, robust contracting, key performance indicators (KPIs) and provider development activity. The CCG will work to develop provider markets as well as working with existing providers to improve service quality.

Once a decision has been made to procure, the main procurement routes available to the CCG are detailed below. Advice should be sought from Procurement on the most appropriate route for each service tender.

Procedure/ Process:	**Description:**
Any Qualified Provider:	Allows Commissioners to increase choice to patients by qualifying / registering organisations to provide services via an assurance process that test providers fitness to offer the particular NHS-funded service. The Commissioner sets local pathways and referral protocols which providers must accept. Referring clinicians offer patients a choice of qualified provider for the service being referred to. Competition is based on quality not price; providers are paid a fixed price determined by a national or local tariff.
Competitive Dialogue:	Allows input into the tender process by participating bidders. There will be a 'Dialogue' phase where bidders are able to discuss all aspects of the contract with the commissioner. Dialogue generates solutions to the agreed requirements, and tenders are invited based on the bidder's solution. The Competitive Dialogue route should only be used where the CCG is unable, due to the complexity of its requirements to define the technical means capable of satisfying the CCG's needs or objectives, specify either the legal or financial makeup of the project, and where neither the open or restricted procedure would be appropriate for the award of the contract.
Framework Agreements:	Although currently limited in scope for clinical services applications, the CCG is permitted to access nationally negotiated framework agreements where appropriate. Unless the specific framework allows for a direct award, CCG must conduct a mini-competition within the framework to select the most appropriate service provider.
Grants:	Public bodies must follow public procurement policy at all times. In certain circumstances grants are payable to third sector organisations. However, there

	should be no preferential treatment for third sector organisations. Use of grants can be considered where: • Funding is provided for development or strategic purposes. • The provider market is not well developed. • Innovative or experimental services. • Where funding is non-contestable (i.e. only one provider). Grants should NOT be used to avoid competition where it is appropriate for a formal procurement to be undertaken.
Negotiated:	This procedure allows the Commissioner to select one or more potential bidders with whom to negotiate the terms of the contract. There are two types of Negotiated procedure either with or without prior advert. Bidders need to be invited to negotiate the terms of the advertised contract. Under the procedure without prior advert, the CCG could negotiate directly with its supplier of choice – this is usually due to the protection of exclusive rights where the contract can only be carried out by a particular bidder. The procedure should only be used in limited circumstances as detailed in the Regulations.
Open:	No pre-qualification stage. All prospective bidders may respond to the advertisement by tendering for the contract, although only those meeting the selection criteria (if stated) will be entitled to have their tender assessed.
Restricted:	All interested parties may express an interest in tendering for the contract but only a selected number of those meeting the selection criteria, assessed by a pre-qualifying stage, will be invited to do so.
Single Tender Action:	Single tender actions should only be used on an exceptional basis as their use is usually contrary to achieving value for money through open and fair competition. Exceptionally, single tender actions may be justified where: ▪ The work constitutes follow up work, which is directly related to a recently completed contract, and the added value gained from the additional work being given to the same contractor outweighs any potential reduction in price that may be derived through competitive tendering. However the follow up work should not be of significant cost. (i.e. not more than (say) 50% of the original contract value); ▪ The expertise required is only available from one source. This may be due to ownership of exclusive design rights or patents but, nonetheless, the specification should be reviewed to ensure that no other product / service would meet user requirements.
Spot Purchasing:	There will remain a need to spot-purchase for particular individual needs i.e. urgent medical requirement to place a patient in specialist care facilities. Whilst this requirement is infrequent, a waiver of standing orders will be sought to comply with the CCG's requirements for financial transparency and probity.

7. Procurement Thresholds:

Procurement Thresholds (Public Contract Regulations 2006) are revised every 2 years*.

	Supplies:	Services:	Works:
Entities listed in Schedule 1 (including CCGs):	**£111,676**	**£111,676****	**£4,322,012**
Other Public Sector contracting authorities:	**£172,514**	**£172,514****	**£4,322,012**

Thresholds shown above are net of VAT

*Rates show applicable from 1 January 2014
**Services threshold of £172,514 used for the provision of Health Care Services (EU Service Category: Part B)

8. Market Analysis:

Service specification detail should be used to benchmark comparable contracts to determine a range of fair and appropriate service costs. This activity should be conducted routinely for all high value health care services and prior to determining whether formal procurement is undertaken.

Market analysis is carried out to determine if commercial sources exist and to establish whether a preferred contract option will result in fair and reasonable service costs. This should seek to determine:

- Likely (whole service) costs
- The types of organisations in the market place capable of delivering the required services
- Whether existing or new organisations have sufficient capacity to deliver the services solutions sought
- The most appropriate / proportionate procurement route

Market analysis should also identify local SME's and voluntary sector organisations operating in the area and aid the development of a capacity building plan for these organisations where required. This is useful when making service commissioning and procurement decisions by identifying market trends, market stability and performance profile of key prospective bidders.

Capacity building is an opportunity to identify areas of strength in supplying organisations and setting out opportunities for their development. The CCG should work with potential service providers, as requested, to offer support, advice, training appertaining to the competitive tender process. This should enable SME's to compete more fairly with larger organisations.

9. Provider Engagement:

Engagement with potential providers of health care services is an important element of effective commissioning. It is essential that both incumbent providers (where applicable) and prospective providers are included equally in the engagement process.

Commissioners may, and in accordance with Department of Health guidelines, use provider engagement to:

- Consider provider willingness / capability to deliver a service
- Establish / understand current provider landscape
- Lessons learnt from previous procurement schemes
- Assessing barriers to entry
- Development and testing of service specifications
- Determine most appropriate procurement routes
- Establish provider approaches to cost, risk, innovation, capacity, service locations and staffing requirements.

Resulting specifications will focus on service outcomes and not specific bidder technologies to ensure that any procurement process is without prejudice.

The CCG may engender pre-procurement engagement through the following means:

- Placement of a Supply2Health, Contracts Finder or journal advertisements
- Prior Information Notices
- Public / Private Reference Groups
- Website notifications

10. Procurement of Goods and Generic Services:

Procurement for the supply of all goods and generic (non- health care services related) services is carried out under contract to the CCG by Central Southern.

11. e-Tendering:

In-line with European Union guidance (December 2011), the CCG is conducts all, large scale, procurement processes electronically.

12. Collaborative Procurement:

Procurement will design procurement work plans in accordance with the annual CCG Governing Body commissioning intentions and any ad hoc in-year requirements as may arise from time-to-time. Where possible, the CCG will engage and collaborate with other commissioners in order to seek efficiencies and improved value for money.

13. Contract Duration:

The NHS Standard Contract will be applied for the majority of health care services procurements; the CCG will take account of the following factors before finally determining contract duration (and prior to procurement advertisement):

- Overall contract value
- Complexity of the procurement process (i.e. nature of health care service to be commissioned and its interaction with other services and service providers)
- Number of potential providers in the market place.

Contract durations in excess of a total of 5-years may be advertised, procured and awarded subject to CCG Governing Body approval.

14. Contract Management:

Central Southern CSU will work with the CCG from project inception (or a pre-determined key stage) to ensure that robust contracts are developed, implemented and monitored on an on-going basis.

The CCG's Commissioning Implementation Manager will participate in high value / complex procurement projects to ensure that smooth transition from procurement contract award to service delivery commencement is managed in a proactive and timely manner ensuring key deadlines are achieved.

15. Social Value Legislation:

Under Social Value legislation, Public Sector organisations are required to consider how the service they commission and procure might improve the economic, social and environmental well-being of the area that they serve.

Social Value is a broad term and can be interpreted in a number of ways but could mean; a local person for a local job or a public body contracting with a private firm who employs local / long-term unemployed to service its contract requirements.

The CCG will consider the Social Value implications of all prospective procurement processes and, where appropriate, incorporate its responsibilities under the Act in key procurement documentation. The CCG will take into account economic, social and environmental value, not just price, when commissioning health care services. This will involve requesting relevant policies or statement at the pre-qualification stage of the procurement process and seeking more specific information at the Invitation to tender (ITT) stage where it can be measured and linked to the performance of the contact.

16. Conflicts of Interest:

NHS England document (Oct 2012) entitled Code of Conduct, outlines guidance for managing conflicts of interest where GP practices are potential providers of CCG-commissioned services. This guidance is embedded into the CCG's constitution.

The CCG has fully adopted this guidance to ensure that potential conflicts of interest are managed appropriately and that the CCG and GP practices are protected from any perceptions of wrong-doing.

Contestability Framework:

1. Introduction:

Contestability (or competition) can be an effective method of driving improvements to service quality, enabling change, managing overall service cost, and encouraging new providers and innovation into new, emerging or existing markets.

Traditionally, and in the majority of cases, elective care procedures were provided by neighbouring NHS Trusts under existing standard Department of Health contractual terms. Whilst quality of care could be monitored / improved, patients were unable to select from a range of health care providers.

In July 2011, the Cooperation and Competition Panel (CCP) reported on the implementation of patient choice of Any Qualified Provider in elective services. Nine recommendations were proposed to increase patient choice and included the following requirement:

Recommendation 1: Commissioners to review their existing practices in relation to restrictions on patient choice and competition, and take steps to bring themselves into compliance with the Principles and Rules of Cooperation and Competition (July 2010).

Recently, and particularly since the introduction of the aforementioned Patient Choice and PRCC guidance, there has been a considerable increase in the number of voluntary (Third Sector) and private organisations entering the health care provision market. Patients are now actively encouraged to select the health care provider which provides the most timely and geographically convenient service.

In consequence, NHS provider monopolies are becoming a thing of the past in terms of publicly funded health care and the CCG is actively developing its market knowledge and its experience of market testing and procurement.

There are, however, potentially risks in adopting a market based model of health care provision, not least in terms of the potential impact if a key local provider becomes financially or operationally unviable due to competitors taking on only certain elements of NHS provision. Many services also have important clinical, operational and financial linkages which may not as easily be maintained across different organisations.

Other risks in contesting the provision of services could include:

- Reduced service stability (i.e. existing service may for example struggle to recruit to key posts if its future is uncertain)
- Gaps in provision (where there is an insufficient market to provide all of the services being contested)
- Delays in effecting service change (given the length of time to complete a service specification, tendering and re-contracting process and the time for a new provider to implement a full service)

2. Obligations on Commissioners:

PRCC guidance states that Commissioners must commission service from the providers who are best placed to deliver the needs of their populations. The guidance highlights that contestability is an option that the CCG will want to consider to achieve patient care benefits. It should be noted that case law is still developing in this area and specific advice should always be sought from Procurement.

3. Triggers for Contesting a Service:

The CCG will consider contesting providers in the following scenarios:

a. New Service Requirement - where there is a plan to place a new service contract (a service not previously provided)
b. Contract Expiration - where an existing contract is coming to the end of its agreed term, or can reasonably be considered to be likely to come to an end for other reasons (for example a provider notifying commissioners that it is considering withdrawing provision)
c. Failure to Achieve Quality Standards - where an existing provider is failing to achieve (or make sufficient progress on achieving) local or national quality standards or targets, or is not meeting the reasonable expectations of service users
d. Value for Money - where an existing service offers poor value for money when compared to other relevant local or national benchmarking information
e. Service Redesign - where a new type of service differs significantly from that currently in place (in terms of service model, volumes or types of activity, or financial value) such that a new range of service providers or partnerships might offer advantages in terms of patient care or cost compared to that currently in place

4. The CCG Governing Body Contestability Decision:

The CCG, in reaching a contestability decision will consider the anticipated benefit versus risk assessment which will cover, as a minimum, information in response to the following risk assessment checklist:

a. Has the Commissioner clearly identified the reason(s) for contesting the service (see triggers for contesting a service above)?

b. Is the Commissioner clear on the service specification and quality standards that are required in the contested service(s) (or is at least clear on the specific benefits that will be achieved by procuring a new service, if the detailed specification is to be developed at a later stage)?

c. Has the Commissioner identified any linked services which are highly likely to become clinically, operationally or financially unviable if not contested in parallel with the main service(s) under consideration?

d. Has the Commissioner considered the timescales and costs involved in contesting a service, such that they are able to fairly represent the benefits that could be achieved over and above an approach working with the existing provider(s)?

e. Is there evidence of a sufficient market of providers, or potential providers, to minimise the risk of significant gaps in the service(s) concerned and to ensure that patient choice is maintained or expanded?

f. Have current service costs been benchmarked, and an assessment of current and future demand and capacity been undertaken, such that the risk of increased costs is minimised and there is explicit information on affordability as part of the tendering decision?

g. Has the proposer ensured that other key co-commissioners have been informed of the CCG's proposals, and that explicit agreement is being secured where a service is jointly commissioned for the CCG population?

Where a decision is taken by the CCG to contest a service, consideration should also be given to the means by which the service might best be contested. There are two broad options:

Opt 1. A traditional tendering process, resulting in the award of a time limited contract to a single provider, partnership of providers or consortia with lead bidder / subcontractor arrangements.

Procurement will follow one of a range of EU mandated procurement processes. This approach may be mandated for high value contracts or where there are significant non-clinical components of the service. The results of any tender process will be published on the Supply2Health procurement portal.

Opt 2. Use of the 'Any Qualified Provider' procurement process which allows for the contested service to be offered to, and provided by, a range of providers, as long as they can demonstrate they fulfil key requirements. These include:

- Fulfilling any obligatory registration requirement
- Ability to meet the CCG's service specification in full
- Accepting the national or local tariff price (as applicable) as specified by the CCG
- Accepting a standard DH contract with the CCG, without any guarantees of volumes of activity or levels of funding.

- Ensuring potential conflicts of interest are acknowledged and minimised (for example where a referral is made into a service run or associated with the original referrer, and who may therefore gain financially from that referral)
- Ensuring adequate choice is provided on treatment options, and in any onward referral to another commissioned service
- Providing a service that is sufficiently flexible to respond to and meet individual needs

An AQP model may be more appropriate to higher volume services with less complex interfaces with other services.

All procurement processes (including AQP) will be advertised on the Supply2Health web portal.

5. Decision Not to Tender:

a. If, after a risk assessment and consideration of the principles contained within this Framework, the CCG determines that a competitive tender process is not required or is inappropriate, the reasons shall be recorded on the Decision Not to Tender Form (see appendix 1).

b. The CCG Governing Body must approve any decision not to tender for new or significantly re-designed services

Appendix 1

Decision Not to Tender

Project Manager: *(Name)*	
Project Director: *(Name)*	
Date:	

Project Title and Background: *(Include summary of proposed service and cross reference to annual operating plan)*
Proposed Contract: *(Include proposed provider, contract duration and proposed commencement date)*
Market Assessment:

(Summary of outcome of market assessment supporting the proposal)
Financial Assessment: *(Anticipated total aggregated contract value)*
Reasons for Not Tendering:: *(MUST ensure that reasons are permitted in accordance with the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013)*
Risk Assessment: *(Identify risks to patients if proposal is rejected / Identify risks to the CCG if proposal is accepted)*
Due Diligence: *(Basic financial and quality assurance checks must be undertaken in respect of proposed service provider. This will include: financial viability, economic standing, clinical capacity & capability, governance, affordability / value for money)*
Stakeholder Engagement: *(Is the proposal acceptable to patients? Include findings of any patient engagement)*

Compliance with Principles and Rules for Cooperation and Competition: *(Indicate Yes, No or N/A)*	
Principle 1 - *Commissioners must commission services from the providers who are best placed to deliver the needs of their patients and populations.*	
Principle 2 - *Commissioning and procurement must be transparent and non-discriminatory.*	
Principle 3 - *Payment regimes and financial intervention in the system must be transparent and fair.*	
Principle 4 - *Providers and commissioners must cooperate to improve services and deliver seamless and sustainable care to patients.*	
Principle 5 - *Commissioners and providers should promote patient choice, including, where appropriate, choice of Any Qualified Provider and ensure that patients have accurate, reliable and accessible information to exercise more choice and control over their health care.*	
Principle 6 - *Commissioners and providers should not reach agreements which restrict commissioner or patient choice against patients and taxpayers interests.*	
Principle 7 - *Providers must not refuse to accept services or to supply essential services to commissioners where this restricts commission or patient choice against patients' and*	

taxpayers interests.	
Principle 8 - *Commissioners and providers must not discriminate unduly between patients and must promote equality.*	
Principle 9 - *Appropriate promotional activity is encouraged as long as it remains consistent with patient's best interests and the brand and reputation of the NHS*	
Principle 10 - *Vertical integration is permissible where there remains sufficient choice and competition to ensure high quality standards of care and value for money.*	

Approved / Rejected by the CCG Governing Body: *(Signature)*	
Date:	
Comments:	

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme:
Procurement Strategy for the Purchase of Health Care Services

For the record	
Name of person leading this EIA: Alan Kilham	Date completed: 20/1/14
Names of people involved in consideration of impact: Simon Truelove	
Name of director signing EIA: Simon Truelove	Date signed

What is the proposal? What outcomes/benefits are you hoping to achieve?
Adopt a common formalised approach to healthcare procurement by Wiltshire CCG

Who's it for?
Officers and employees of Wiltshire CCG (and their advisors)

How will this proposal meet the equality duties?
It provides a common approach to all healthcare procurements undertaken by Wiltshire CCG. The policy is transparent which aids fostering of good relations. It is a specific requirement of Procurement legisatlion to be non-discriminatory and provide equality of treatment.

What are the barriers to meeting this potential?
None

2 Who's using it? Refer to equality groups

All CCG staff

How can you involve your customers in developing the proposal?
Not Applicable

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
Not Applicable

3 Impact Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?
No adverse impact identified

What can be done to change this impact?
Not Applicable

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?
Not applicable

Does further consultation need to be done? How will assumptions made in this Analysis be tested? No

4 So what?	Link to business planning process
What changes have you made in the course of this EIA? None required	
What will you do now and what will be included in future planning? Current legislation has been taken into account and will be reviewed in light of new legislation.	
When will this be reviewed? Reviewed on an annual basis.	
How will success be measured? The compliance of Wiltshire CCG purchasing with the policy	