

<b>A</b>	<b>Is only one provider capable of providing services?</b>		
	<p><u>Guidance Point:</u> Regulation 5 states where the CCG is satisfied that the services are capable of being provided by a single provider only, it can award a new contract for the provision of healthcare services to that provider without advertising it.</p>		
<b>A.</b>	<b>Consideration</b>	<b>Action</b>	<b>Evidence</b>
	Necessary Infrastructure (real or capable of development)	Ensure there is only one provider with a clearly defined infrastructure necessary to deliver the service and a supporting rationale for this	The Well and South West consortia have a full membership agreement with their GP practices, outside of the CCG. The CCG are not allowed to have/acquire/see patient level detail, yet the community matrons employed by the relevant practices have access to the patient lists of all consortia practices through EMIS. As the services are reliant on access to the practice list and EMIS – there is no other provider able to access the patient list.
	Clinical advantages of co-location with other services	Ensure there is a strong case that only one provider has the necessary co-location to provide the services, with a clearly defined rationale as to why it is necessary to have co-location.	The Community matrons are based in Shoreditch and Elsdale surgeries which provide GPs with instant access to the service resulting in timely and appropriate care in appropriate settings for the patient. The community matrons are also able to engage productively with other community services and manage their caseload more efficiently
	Meeting immediate interim clinical need  Steps taken to ensure equitable access	Clinical needs analysis for the population  Measure equitable access according to national guidelines	A review of the service in 2015 highlighted high quality of service being provided to the patients in relevant consortia.  Further potential redesign and remodelling of the service is expected in 2016/17 as part of the development of the quadrant model and alignment with the Adult Community Nursing Contract.

	Publish/transparency (15-30 days warning on web site)	Publish intent to award contract on CCG website within 15 – 30 days	This will be carried out by contracts.
	Capacity for improvement	Define performance metrics and levels of potential capacity increase  Set benchmarks for issues such as speed of response, potential for integration, sharing of clinical data, sustainability, safety and volume of provision	Performance within the service will be defined on the quality of the service and requirements set out in the KPI's.
	Manage conflicts	Ensure all actions/decisions have a clear audit trail and comply with the CCG governance processes	There has been no involvement of GPs within the relevant consortia.
	Market testing suggests only one provider interested	What extent of market testing has been carried out? What benchmarking against other CCG areas?	n/a
	List-based services	Is holding the patient list a fundamental requirement for a provider to be able to effectively provide the services (e.g. to ensure accessibility for patients)?	The service is dependent on the practice registers.