A	**Is only one provider capable of providing services?**		
	Guidance Point: 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.		
A.	**Consideration**	**Action**	**Evidence**
	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 GP confederation have a full membership agreement with the GP practices, outside of the CCG. The CCG are not allowed to have/acquire/see patient level detail, yet the GP confederation are able to via their own practice lists. As the services are reliant on access to the practice list – 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 GP confederation are in a position to provide GP's to each of the services on a rotation to ensure business continuity if required. They are also able to construct clinical audits of their peers to demonstrate the outcomes of the service provision and to also address variation in standards of service provision.
	Meeting immediate interim clinical need Steps taken to ensure equitable access	Clinical needs analysis for the population Measure equitable access according to national guidelines	The duty doctor service is based on studies that have shown that managing urgent care demand through increasing face to face consultations in primary care is neither cost-effective nor sustainable. Receiving an assessment by an experienced clinician as early as possible should improve patient experience of care and ensure they are managed in primary care or signposted to an appropriate service. In the last contract review it was identified that the KPI's

			were not adequate to assess that the needs of the patients were being met. An audit was included within the revised specification in order to better assess whether the service is meeting clinical need. The Duty Doctor service is being commissioned across all 43 practices for the registered population.
	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 audit requirements set out in the KPI's. The GP confederation will be required to address any variation identified. Reports will need to be submitted to the UCPB on action plans and progress.
	Manage conflicts	Ensure all actions/decisions have a clear audit trail and comply with the CCG governance processes	The duty doctor service specification, has been consulted through LMC, PUEG, UCPB, Social Action for Health, PIC, Independent GPs , NHS England, CEC.
	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.