

Code of Conduct

<p>Service: Provision of Paradoc Programme Board: Urgent Care Programme Board</p>	
Question	Comment/Evidence
<p>Part A - Developing the service specification</p>	
<p>Please provide a brief description of the service:</p>	<p>The service aims to provide an urgent GP response service for addressing urgent primary care needs. It aims to provide a responsive primary care-led service to patients in their own home, reducing unnecessary conveyance to A & E via ambulance.</p>
<p>Outline the benefits to patients if this service is commissioned:</p>	<p>Benefits of the service to patients is that enables patients to be managed in their own home and avoid conveyance to hospital via ambulance.</p>
<p>How will this service support the delivery of the Programme Board's commissioning</p>	<p>This service supports the delivery of the following UC Programme Board commissioning intentions:</p> <ul style="list-style-type: none"> Reduction in A&E attendances Increased access to general practice Right Care Right place first time

<p>Describe how will this service will improve CCG outcomes and service quality:</p>	<p>This services supports the delivery of</p> <ul style="list-style-type: none"> • Reduction in inappropriate conveyances to A&E by ambulance • Reduction in emergency admissions
<p>How does the proposal support the priorities in the HWBBs' health and wellbeing strategies)?</p>	<p>This CCG contract supports the central HWBB priority of integrating urgent care services as it acts as an enabler so that the patient is seen in the right place at the right time.</p>
<p>Outline how you have involved patients in the decision to commission this service and then in the development of the specification. Who has been involved?</p>	<p>There has been historical significant involvement of all patients and service users in developing the service and the specification. As this is the roll-over of an existing service without material changes, there has not been significant involvement on this occasion.</p>
<p>Describe the range of CCG clinicians involved in designing this proposed service and their input to the service specification:</p>	<p>There has been historical significant involvement of all urgent care clinicians in the specification. As this is the roll-over of an existing service without material changes, there has been only been clinical review by Dr. May Cahill and Dr Douglas Green.</p>

<p>When and how have you consulted member practices about commissioning this service:</p> <p>What changes were made following consultation:</p>	<p>There has been historical consultation about this service. As this is the roll-over of an existing service without material changes, there has been only been clinical review by Dr. May Cahill and Dr Douglas Green.</p>
<p>How will this proposed contract align with other contracts commissioned by the CCG and promote integrated service delivery across providers</p>	<p>Paradoc service aligns with the OOH service and the integrated independence team.</p>
<p>Part B – Managing conflicts of interest</p>	
<p>Outline from who you have obtained an independent clinical perspective / external advice on</p>	<p>There has been independent clinical perspective via previous discussions at the urgent care board – through LAS input – and through previous discussions at the contracts committee</p>
<p>Describe how all conflicts and potential conflicts of interests have been declared in the development and agreement of the</p>	<p>Conflict of interest were declared at the urgent care Programme board as CHUHSE is part of the membership.</p>


Describe how you have mitigated the conflicts of interest declared?	Only the clinical modelling and service model was shared with the existing provider. KPI's were discussed at the UCPB, and no financials shared with them. The Programme Board has thus ensured that the existing Providers have only been involved to the extent of commenting on service deliverability.
Part C – Proposed contract	
What is the annual value of this contract?	01/04/2017 to 31/03/2019 (24 months) - £1200k (£600k per annum)
How have you determined that this represents value for money and developed the price for this service?	ParaDoc has shown that their interventions avoid probable and possible admissions who would have been admitted if the service was not in place. Only a small proportion of patients referred are conveyed to hospital.
What will be the basis of the contract – on what performance and / or outcomes will payments be made?	Payment will be made on delivery of the service set out in the service specification. Payment is made on a block contract basis. KPIs have been set within the service specification which must be achieved as part of service delivery.
Describe how you will assess the achievement of these outcomes in recommending payments?	Monthly reporting is required on the KPIs.

<p>How will you monitor the quality of the service commissioned?</p>	<p>Monthly reporting is required on the KPIs and CHUHSE is required to provide a monthly dashboard which enables the CCG to understand the quality of the service commissioned delivered.</p>
<p>What systems will there be to monitor and publish data on referral patterns?</p>	<p>Monthly reporting is required on the KPIs and CHUHSE is required to provide a monthly dashboard.</p>
<p>PART D – List based service only</p>	
<p>Outline why this is a list based service and the advice you have received to confirm this? (i.e. can only be provided by City and Hackney GP practices)</p> <p>Please attach the advice that this is a list based service</p>	<p>Not applicable. This is not a list based service.</p>

<p>What steps have you taken to demonstrate that there are no other providers that could deliver this service?</p>	<p>This service was novated from the LAS who subcontracted from CHUHSE the GP element. LAS was unable to continue with the service - in order to provide service continuity with the pilot, it was necessary to novate the contract to CHUHSE.</p>
<p>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	<p>Delivery of this service is outside of contract hours. The Provider is expected to provide the service from 12pm to 12am 7 days a week. This service model is not set up for practice-based service delivery.</p>

<p>What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</p>	<p>CHUHSE will need to assure the CCG that any doctors employed under Paradoc meet GMC requirements.</p>
<p>Describe how you will evaluate the contract delivery proposals:</p> <p>Describe:</p> <ul style="list-style-type: none">• Who will be involved?• How you will obtain independent clinical advice?• How will you ensure there are no conflicts of interest?	<p>Advice will be sought through the UCPB members.</p>

<p>What additional external involvement will there be in scrutinising the proposals?</p>	<p>There has been additional scrutiny on the service via an external academic partner – the evaluation was brought to a previous contracts committee meeting.</p>
<p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose if appropriate?</p>	<p>Paradoc is not advertised to patients directly. Referrals are made directly from HCPs.</p>
<p>Part E – if you are proposing procurement and practices/GP Confederation are potential bidders</p>	
<p>Please outline the procurement process and timescale – attach the advice about this procurement process</p>	<p>This is not a procurement process. There is no other provider outside that are able to do so.</p>

<p>Describe the process you will use for evaluating the bids: Describe:</p> <ul style="list-style-type: none"> • Who will be involved? • How you will obtain independent clinical advice? <p>How will you ensure there are no conflicts of interest?</p>	<p>N/A</p>
<p>Please attach the proposed service specification</p>	
<p>Signed by Programme Board Director: Mark Scott Date: 11 November 2016</p>	
<p>Signed by PB Chair: May Cahill Date: 11 November 2016</p>	