

Members of the Primary Care Commissioning Committee are asked to:

- 1. Consider NHS England's clinical waste briefing paper.**
- 2. Agree to participate in the National Framework Agreement.**
- 3. Agree which NHS England call out model should be adopted.**
- 4. Approve a revised payment mechanism (subject to locality agreement).**

Purpose

This report outlines the new National Framework Agreement for the collection and disposal of clinical waste from GP practices and unwanted medicines from pharmacies, identifying the implications and next steps required.

Background

NHS England is responsible for the collection and disposal of clinical waste from GP practices and for the collection and disposal of unwanted medicines from pharmacies. Nationally, approximately £20m is spent each year on the collection and disposal of clinical waste. There are currently wide variations in quality, pricing structure, commercial terms and how contracts are managed.

The contractors currently providing clinical waste services for the CCG are SRCL Limited and FCC for GP services and PHS for pharmacy. The current providers are delivering services from a Single Tender Action Agreement that was introduced to maintain services until the National Framework Agreement was developed. The Single Tender Action contract will remain in place until 31 March 2017 however the new contract start date for the CCG would be 16 January 2017; therefore notice on the current contract is required by 16 October 2016.

The National Framework Agreement creates a consistent approach to clinical waste, developing quality standards and more robust and consistent contract management arrangements. After successfully meeting a range of quality and value-for-money criteria four suppliers have been selected for the National Framework. From this National Framework of approved suppliers, NHS England local teams will run mini-competitions to develop call-off agreements. This will take place when existing agreements come to an end or following decommissioning of existing agreements.

NHS England has proposed a call-off model for consideration. Further detail is in Appendix 1(3.2.5)

Discussion



As a Level 3 co-commissioner the CCG has full-delegated authority and has direct control of the budgets, including clinical waste. Given this, the CCG could decide to not to participate in the national clinical waste framework. If this option were pursued the CCG would have to undertake an independent procurement exercise (with no support from the NHS England commercial team). In doing so it would potentially deliver a lesser service in terms of quality and lose out on the economies of scale benefits which are vitally important in terms of the CCG's Financial Recovery Plan.

Northumberland is also the only CCG where the contract for clinical waste currently sits with the GP practice; therefore any invoices are paid by the practices and reimbursed rather than the contractor directly invoicing NHS England. This burdensome task for individual practices could be removed however; the CCG would need to be assured that practices are content with this approach.

The following call off model options have been proposed by NHS England:

1. One call-off for each CCG
2. One call-off per local regional team
3. One call-off per STP footprint
4. One call-off per predefined area, i.e. DDT, NTW and Cumbria

All options are cost neutral and it considered that options 2 or 3 appear the most appropriate given the direction of travel concerning the Northumberland, Tyne and Wear Sustainability Transformation Plan footprint.

Recommendation

Given the circumstances outlined above and the CCG's drive to achieve its Financial Recovery Plan in 2016/17 and beyond the Northumberland Primary Care Commissioning Committee are asked to approve one of NHS England's proposed call-off models. In addition the committee are asked to approve the revision of the clinical waste payment method.

Appendix 1: NHS England Clinical Waste Briefing Note.