

# Northumberland CCG code of conduct for commissioning where GP practices are potential providers of CCG commissioned services

## Introduction

Managing potential conflicts of interest appropriately is needed to protect the integrity of the NHS commissioning system and protect clinical commissioning groups (CCGs) and GP practices from any perceptions of wrong-doing. This code of conduct sets out additional safeguards that CCGs are advised to use when commissioning services for which GP practices could be potential providers.

Section 75 of the Health and Social Care Act will place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour, and promote the right of patients to make choices about their healthcare.

Northumberland CCG will decide where it is appropriate to commission community-based services through competitive tender or an Any Qualified Provider (AQP) approach and where through single tender. In general, commissioning through competitive tender or AQP will introduce greater transparency and help reduce the scope for conflicts. There may, however, be circumstances where CCGs could reasonably commission services from GP practices on a single tender basis, i.e. where they are the only capable providers or where the service is of minimal value.

This code of conduct is to be used in conjunction with the Business Conduct policy where practice regarding conflicts of interest and commercial confidentiality etc. are set out.

## Code of Conduct

### Checklist

When commissioning services that may potentially be provided by GP Practices, the checklist (appendix 1) must be used by Northumberland CCG to assure themselves, local communities, the Health and Wellbeing Board and others that the highest levels of probity have been maintained and that the decision making is robust and without reasonable challenge.

The checklist is to be used when commissioning services:

- through competitive tender where GP practices are likely to bid
- through Any Qualified Provider (AQP) where GP practices are likely to be among those that offer to provide the service
- through single tender from GP practices.

The factors set out in the checklist should be considered when preparing to commission a service for which GP practices are potential providers.



## **Decision making**

Where certain members of a decision-making body have a material interest, they should declare the interest and remove themselves from relevant parts of meetings as per the Business Conduct policy.

Should all of the GPs/other practice representatives on the Joint Locality Executive Board have a material interest in a decision (e.g. where the CCG is proposing to commission services on a single tender basis from all GP practices within the CCG):

- the design of the service will include either none of the interested parties from within the CCG or will give equal input opportunity to all possible interested providers
- the assessment panel for the procurement will be constructed so that conflicts of interest are removed (or minimised if this is not achievable)
- the Managing Director, Transformation Director and Chief Finance Officer must be present at the ratification of the decision at the Joint Locality Executive Board

## **Transparency**

Northumberland CCG will ensure that details of all contracts, including the value of the contracts, are published on their website as soon as contracts are agreed. Where services are commissioned through AQP, the type of services commissioned and the agreed price for each service will be published on the CCG. All details will also be set out in Northumberland CCG's annual report. Where services are commissioned through an AQP approach, the CCG will ensure that there is information publicly available about those providers who qualify to provide the service.

## **Support**

Where Northumberland CCG is commissioning any service from a primary care provider that is related to the services that some or all GP practices provide under the GP contract the matter will be discussed with the NHS Commissioning Board (NHS CB) local area team to ensure that the proposed arrangements do not duplicate the Board's role in commissioning primary care services.

Should Northumberland CCG have concerns about commissioning of a service that could be provided by GP practices, the NHS CB local area team should be approached to provide support and advice.



**Checklist be used when commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest**

<b>Service:</b>	
<b>Question</b>	<b>Comment/Evidence</b>
<b>Questions for all three procurement routes</b>	
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits?	
How does it reflect the CCG's proposed commissioning priorities?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	
Why have you chosen this procurement route?	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	



<b>Additional question for AQP or single tender (for services where national tariffs do not apply)</b>	
How have you determined a fair price for the service?	

<b>Additional questions for AQP only (where GP practices are likely to be qualified providers)</b>	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	

<b>Additional questions for single tenders from GP providers</b>	
What steps have been taken to demonstrate that there are no other providers that could deliver this service?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
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?	

