Meeting: Governing Body (Meeting in Public)			
Meeting Date	28 August 2019	**Action**	Approve
Item No.	3	**Confidential**	No
Title	Bury CCG Decommissioning Policy 2019 - 2021		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
Author	Finlay Love (Interim Project Manager) Karen Richardson Deputy Director of Commissioning Cath Tickle Programme Manager		
Clinical Lead			

Executive Summary
It is the responsibility of each CCG to have in place robust arrangements for both the commissioning and decommissioning of services. In respect of the latter, the CCG has developed the attached Policy which sets out the principles, approach and process to support decommissioning decisions. It has been developed in conjunction with expert procurement advice from Greater Manchester Shared Services and in light of best Practice elsewhere in GM and nationally. Input has also been received from a number of fora within the CCG governance prior to submission earlier this month to the Finance, Contracting and Procurement Committee of the CG which is recommending its submission to the Board for adoption. In due course the CCG will work with Local Authority Partners to develop a joint decommissioning policy as part of the One Commissioning Organisation.
Recommendations
The Governing Body is invited to approve the Decommissioning Policy.

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	☐
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	☐
SO3 Budget To deliver a balanced budget for 2019/20	☐

SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☐
< *If you have ticked yes,* Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
If you have ticked yes provide details here. <Include details of any conflicts of interest declared> <Where declarations are to be made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these will be managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action> *Delete this text if you have ticked No or N/A*						
Are there any financial Implications?	Yes	☐	No	☐	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☐

Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☐
If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Finance, Contracting and Procurement Committee	15/08/2019	Policy considered and comments made.

NHS
Bury
Clinical Commissioning Group

BURY CCG Decommissioning Policy

2019 - 2021

DOCUMENT CONTROL

Version	**0.12 (Draft)**
Version (x.x) with comments by name	**Version (0.1) Initial Draft (Finlay Love)** **Version (0.2) Revised with comments by GM Support Services** **Version (0.3) Revised with comments by Margret O'Dwyer** **Version (0.4) Revised with comments from Bury CCG contracting** **Version (0.5) Revised with comments from Karen Richardson** **Version (0.6) Proof read my Julie James Version (0.1) Initial Draft (Finlay Love)** **Version (0.2) Revised with comments by GM Support Services** **Version (0.3) Revised with comments by Margret O'Dwyer** **Version (0.4) Revised with comments from Bury CCG contracting** **Version (0.5) Revised with comments from Karen Richardson** **Version (0.6) Proof read my Julie James Version (0.7) Comments KRichardson, CTickle, Dan Cooke, Carolyn Trembath, Lisa Featherstone** **Version (0.8) Format Changes** **Version 0.9 LF comments** **Version 10 – MOD comments** **Version 11 – LF/DA roles & responsibilities** **Version 12 –GMSS,CTr, AL**
Ratified By:	FCP – 15th August 2019
Date Approved by Governing Body:	

Policy Author:	**Finlay Love (Interim Project Manager)** **Karen Richardson Deputy Director of Commissioning** **Cath Tickle Programme Manager**
Policy Sponsor:	**Margret O'Dwyer (CCG Director of Commissioning)**
Name of Responsible Committee:	**Health and Care Recovery Board and Clinical Cabinet**
Date Issued:	**August 2019**
Review Date:	**August 2020**
Target Audience:	**All CCG Staff**
Date	**16th August 2019**
Operational Lead **Executive Lead**	**Karen Richardson** **Margret O'Dwyer**

NHS
Bury
Clinical Commissioning Group

BURY CCG Decommissioning Policy

2019 – 2021

Review Date: Sept 2010

CONTENTS **Page**

1. Introduction

1.1 This policy will outline the principles, approach and process which will be followed by NHS Bury Clinical Commissioning Group (CCG) to support decommissioning decisions. The process will be transparent, fully informed and consistently applied by the CCG when undertaking decisions.

1.2 Decommissioning is defined as the following:

- The withdrawal of funding from a provider organisation for a service that is subsequently re-commissioned in a different format or;
- The withdrawal of funding from a provider organisation and the subsequent stopping of the whole or part of a service.

1.3 The CCG has a responsibility to ensure that public money is utilised effectively and to commission services that will deliver the right care, in the right place, at the right time for the Bury population.

1.4 Public money to fund health services is limited and together with the changing needs of the Bury population, the CCG must commission health services that are able to meet the needs of Bury patients in the most efficient way, and also explore new models of care.

1.5 The CCG is required to commission services which are safe, improve the quality and outcomes for our population, and improve the efficiency in the provision of the services.

1.6 Decommissioning decisions will be made to reflect delivery of the priorities within the Bury Locality Plan in order to meet the needs of the Bury population.

1.7 This policy sets out how decisions that require decommissioning of health services will be made.

1.8 In the unlikely event that the CCG looks to cease a Primary Medical Services contract this policy will be followed in-conjunction with the steps laid out in the Primary Medical Care Policy and Manual Guidance'.

2. Policy Purpose

2.1 Decommissioning impacts on patients and providers and therefore requires a formal process, which provides an evidence trail, ratification by a decision-making authority in the face of potential appeals, and legal challenge by an affected party.

2.2 The purpose of this policy is to describe the operational process to manage decommissioning of a service in a safe, fair and transparent manner and addresses the requirement for a robust process to appropriately

decommission contracted services.

2.4 This policy applies to all staff in the organisation and covers all contractual agreements including, but not exclusively, NHS Standard Contracts, grants and partnership agreements.

3. Drivers for Decommissioning

3.1 The following section outlines some of the key drivers for decommissioning services. The drivers may be proactive or reactive and include:

- The service represents poor value for money;
- The service doesn't add value in terms of a patient pathway;
- There is insufficient need/demand to warrant the current volume of service and/or number of providers;
- The service model is outdated i.e. the outcomes have not changed but new evidence on the model of delivery has developed which cannot be met via a variation of the existing contract;
- The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and 'non-essential' services may be decommissioned;
- A service contract review has proposed decommissioning;
- The service doesn't deliver on the outcomes in a Health Need Assessments, Health Equity Audits, and/or Joint Strategic Needs Assessments;
- Introduction of new technology allows the service to be delivered in different ways;
- As part of a commissioning or market management strategy;
- To mitigate impact prior to natural expiry of a time-limited contract;
- Notice of termination of contract from the provider;
- Breach of contract served due to irreconcilable poor performance, poor patient experience, governance and/or risks to patient safety;
- To enable the CCG to deliver a balanced budget;
- Non-delivery of national standards, including those mandated by NHS England.
- The service is no longer compliant with CQC and other statutory regulatory requirements.
- The service is unable to comply with NICE guidelines including diagnostic guidance/highly specialised technologies guidance/technical appraisals/interventional procedures guidance/medical technologies guidance/quality standards which are deemed critical to service delivery.

4. Decommissioning Considerations

4.1 The following must be considered and evidenced before any decommissioning decision is made:

- The patient experience and health need must be paramount and gaps in service provision minimised once the service ceases.
- Any decommissioning decision should be considered in terms of whether it impacts the CCG in complying with legal duties imposed under the Health and Social Care Act (2012). These include the duty to promote NHS Constitution, effectiveness, efficiency, improvement in quality services, promote involvement of each patient and patient choice.
- The potential destabilising effect on other organisations, such as those in the third sector, following a decision to decommission should be considered.
- Any political criteria including the good reputation of the CCG.
- Appropriate evidence to support decommissioning decision.
- Stakeholder consultation.
- Where a service is identified as exacerbating health inequalities across the CCG or within specific communities of identity.
- Detailed consideration given to the broad-ranging adverse impact of the decommissioning decision.
- Where the service is identified as being a requirement / priority area, alternative provision must be available or commissioned before decommissioning is enacted.
- The consideration of any adverse impact.
- Decisions are aligned with the priorities of the CCG.
- Consider alignment to CCG's values and its constitution.

5. Decommissioning Process

5.1 This decommissioning process will be followed unless an event as specified under the terms and conditions of the regulations of the contract require immediate termination (refer to section 7). Such events would comprise, for example, criminal acts resulting in imprisonment over six months or bankruptcy.

5.2 The decommissioning process may, on occasion, be triggered by a contract review. These reviews are carried out with a frequency according to the perceived risks of the particular contract, dictated by cost, volume and quality. In some cases, decommissioning will be triggered by a significant event, such as a Serious Incident or a 'Never Event', or a failure to sign a contract variation for a change in service.

5.3 To enable consistent objective decisions, all existing commissioned services will undergo a service contract review on a regular basis. The CCG recognises that

its internal resources will not allow every service to be assessed within every annual commissioning round.

5.4 The CCG will therefore allocate its resources to decide which services to review as part of the annual commissioning cycle. The reviews will evaluate all existing health service contracts in terms of assessment of outcomes, quality, safety, value for money and strategic fit.

5.5 In most cases a decommissioning decision will be informed by the outcomes of a service review. The CCG service review process should be followed and evidence from the review documented on the Contract Review checklist in Appendix 2.

Decommissioning Flow Chart

5.6 It is important that the CCG decommissioning flow chart is followed to ensure consistency to all decommissioning activity and to ensure all key steps are undertaken, including robust gathering of evidence for decommissioning decisions. The Decommissioning Flow Chart is depicted at appendix 1.

Impact Assessments

5.7 The identified Commissioning Lead is responsible for carrying out the impact assessment to identify the anticipated or actual impacts of decommissioning on health, social, economic and workforce factors.

5.8 Impact assessments, to include EIA, QIA and PIA should be completed to identify any potential risks/benefits as a result of the decommissioning decision and should be used to inform the overall decommissioning impact assessment (Appendix 3) which includes:

- Health outcomes – the effect on health outcomes will be assessed to identify potential adverse consequences of decommissioning and what might to done to minimise them;
- Equality and diversity implications - people should have access to health care on the basis of need. There may also be times when some categories of care are given priority in order to address health inequalities in the community. However, the CCG will not discriminate on grounds of personal characteristics, such as age, gender, sexual orientation, gender identity, race, religion, lifestyle, social position, family or financial status, intelligence, disability, physical or cognitive functioning. However, in some circumstances, these factors may be relevant to the clinical effectiveness of an intervention and the capacity of an individual to benefit from the treatment;
- Workforce implications;

- Market implications;
- Geographic implications e.g. impact on transport links etc;
- Value for money; and
- Health Economy sustainability including impact on partners.

Stakeholder Identification/Consultation

5.9 A stakeholder engagement checklist (appendix 4) should be completed to inform a communication plan and identify stakeholders for engagement.

5.10 The CCG will also communicate clearly, fully and continuously with stakeholders before, during and following any decision by the CCG to decommission services.

5.11 Advice should be sought through the communications and engagement function in the CCG as to the stage and level of stakeholder consultation/engagement to be undertaken for the proposed decommissioning proposal to ensure the CCG meets the requirements of the Health and Social Care Act (2012) and CCG Regulations. In respect of those proposals requiring formal consultation , discussions will be held with the Chair of the local Overview and Scrutiny Committee to agree the particulars of that consultation required.

Decision Process

5.11 The outcomes of the impact assessment and stakeholder engagement will be presented to the relevant Clinical Work Stream in the CCG for review and recommendation to Clinical Cabinet, which will provide a clinical perspective on the proposal.

5.12 A recommendation informed by the impact assessments, stakeholder engagement and clinical input will to be taken through relevant management arrangements for consideration and recommended through the governance structure for final decision in accordance with the CCG's Scheme of Reservation and Delegation (SoRD).

5.13 The Governing Body of the CCG will then review all proposals and recommendations and will agree the final commissioning decision.

5.14 It is important to note that some de-commissioning decisions, such as those involving major hospital reconfigurations, will also require approval from NHS England

5.15 The provider will be informed of the CCG's decision and given 10 working days to make representations to the CCG in response to the proposal.

5.16 The responsibility for serving notice must be in line with CCG's Standing Financial Instructions (SFI).

Exit Plan

5.17 The provider, following notification of decision to decommission, will provide

- Patient continuity of care
- Patient records
- Staff
- Estate
- Equipment
- Stock (where funded by the commissioner)

5.18 The commissioner will ensure mechanisms are in place where, in conjunction with the provider, execution of the exit plan is actively managed(Appendix 5).

6. Appeals Process

6.1 Appeal against decision should be submitted from the provider within 10 operational days of the notice given. This should be submitted to the following address buccg.burycontracts@nhs.net

6.2 Appeals will be dealt with by the CCG within 10 working days from when any appeal was received.

6.3 The Appeal Panel will be quorate if 3 members are present with at least:

- One Executive Director (or nominated deputy);
- One Lay Representative; and
- One healthcare professional.

6.4 Evidence to be provided to the Governing Body, or its designated committee or sub-committee, will include copies of the relevant Contract Review Checklist and the supplementary evidence supporting this (Appendix 2) and Impact Assessment(s) (Appendix 3).

7. Termination of Contracts

7.1 In addition to a process being undertaken to decommission a service, a contract may be terminated by the commissioner or provider as below.

Termination: No Fault

- The Co-ordinating Commissioner and the Provider may terminate a Contract or any Service at any time by mutual agreement.
- Either the Co-ordinating Commissioner or the Provider may terminate a Contract by giving to the other written notice of not less than the Notice Period.

- The Co-ordinating Commissioner may after a period of 3 months' give written notice to the Provider to terminate a contract, if it reasonably believes that any of the circumstances set out in regulation 73(1)(a) or 73(1)(c) of the Public Contract Regulations 2015 applies.

Termination: Commissioner Default

- The Provider may terminate a Contract, in whole or in respect of the relevant Commissioners, with immediate effect, by written notice to the Co-ordinating Commissioner:
- If at any time the aggregate undisputed amount properly due to the Provider from any Commissioner exceeds the lower of 25% of the Expected Annual Contract Value or £25,000 and full payment is not made within 20 Operational Days of receipt of written notice from the Provider referring to this GC17.4 and requiring payment to be made; or NHS STANDARD CONTRACT 2019/20 GENERAL CONDITIONS (Shorter Form) GENERAL CONDITIONS 2019/20 NHS STANDARD CONTRACT (Shorter Form)

8. Recordkeeping

8.1 An auditable record/trail of decision making and all communication relating to each decommissioning decision and contract termination must be held by the CCG contracts team. This is vital, both to demonstrate that the decommissioning process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

8.2 Risks identified through the decommissioning process should be recorded in line with the risk management process in the CCG.

9. Scheme of Reservation and Delegation (SoRD)

9.1 All decisions made following review through management arrangements and recommendations taken through appropriate governance will be in accordance with the CCG SoRD.

10. Roles and Responsibilities

10.1 The following principles for decommissioning of services should apply:

- NHS Bury CCG, as the legally accountable guardian for NHS resources in Bury, will take the decision with regard to the decommissioning of any service following the principles and process set out in this document. Consultation with partners / providers and patient groups will be undertaken as appropriate.

10.2 The following describes the role and responsibilities within the CCG, and how

each role will influence and interact in the decommissioning process.

- **Accountable Officer**

The Accountable Officer is accountable for ensuring the CCG has an appropriate policy in place and is implemented accordingly to support the decommissioning of services

- **Governing Body**

The Governing Body is responsible for approving this Policy.
Decisions to decommission will require Governing Body approval.

- **Finance, Contracting and Procurement Committee**

The Finance, Contracting and Performance Committee will oversee all activity in relation to the financial performance, Contracting and Procurement arrangements of the CCG, specifically, the Committee will

- make recommendations in relation to the delivery of QIPP schemes, including in relation to schemes or services which may require decommissioning; and
- approve implementation of investments (disinvestments) / transformation schemes, receiving updates outlining financial, activity and delivery against key performance indicators for each scheme.

All cases for decommissioning that impact upon services, clinical or otherwise must be submitted to the CCG's Finance, Contracting and Procurement Committee for consideration, and recommendation to the GB as appropriate, following referral into the governance structure by the HCRB.

- **Clinical Cabinet**

The purpose of the Clinical Cabinet is to inform the development of commissioning proposals, strategies and plans and provides an opportunity to discuss possible courses of action to achieve improved, cost-effective, clinical pathways. It provides a clinical and service perspective to potential QIPP and other CCG work streams and a pragmatic view on implementation feasibility. It will provide a steer for the development of proposals with regard to preferred clinical models and methods of implementation.

Following review at HCRB, all cases for decommissioning which would impact upon patient services / care will be presented to Clinical Cabinet for clinical discussion and review. This will ensure the clinical impact of decommissioning is fully understood. Decommissioning cases will be supported by a clinical lead from the outset

- **Health and Care Recovery Board**

The Health and Care Recovery Board, which is an integral part of the management structure, will manage the QIPP Programme and provide oversight of programme and

project management arrangements, ensuring projects are managed in stages, following the CCG Project Management Framework. It will ensure there is a focused and systemised approach to delivery of QIPP schemes and support the monitoring and reporting of progress.

It will review business cases and project initiation documents, acting as a gateway for the approval of projects, and review progress of individual projects, reporting to Finance, Contracting and Performance Committee.

The HCRB is also required to consider the impact assessments undertaken to support the business case to decommission services and will determine those proposals that need to be recommended through the Governance Structure for formal approval in relation to decommissioning.

- **Organisational Management Group(OMG)**

The OMG is not a decision-making group, however provides a forum for the coordination of expertise form all departments within the CCG. As part of the support structure to the Health and Care Recovery Board, it provides an opportunity to challenge the decommissioning of services prior to a case being submitted to the Health and Care Recovery Board (HCRB).

- **Clinical Leads**

Clinical leads will be identified to support Officer Leads in undertaking a commissioned service review and will provide expert clinical advice and support throughout the process.

- **Officer Leads**

The appropriate CCG officer, usually but not limited to a commissioning lead, responsible for the commissioned service will undertake the following actions when developing decommissioning proposals:

- Secure any appropriate legal advice (following discussion and agreement by the Accountable Officer, Chief Finance Officer or Deputy Director of Business Delivery);
- Adopt the CCG's project management approach to manage the processes;
- Prepare a Business Case, including an assessment of impact for the proposal to be presented to the Operational Management Group and then the Health and Care Savings Board before progressing for final approval through the governance structure onto the Governing Body;
- Ensure that the appropriate risks and issues have been identified and are mitigated, managed or accepted accordingly in line with the CCG's Risk Management Strategy;

- Ensure that all the required analysis has been undertaken on the service, including the completion of impact assessments in respect to Quality, Equality, Privacy and Patient Engagement, prior to any recommendation to the Operational Management Group and Health and Care Delivery Board and remain integral to the final report submitted for approval through the governance structure;
- Seek advice from the Communications and Engagement Team and ensure that appropriate engagement takes place; and
- Ensure that the evidence behind why the case is being proposed for a decommissioning decision is evident and appropriate.

- **Quality Team**

The Quality Team will work with the project team proposing the decommissioning of service(s) to review and sign-off the completed Quality Impact Assessment which will identify any direct or indirect negative impacts on patient safety or the quality of any other related service as a result of the proposal.

- **Finance Team**

The Finance Team will review expenditure against health outcomes to identify service areas to be reviewed. They will also work with the project team proposing the decommissioning of service(s) to quantify the financial implications of the proposal.

- **Business Intelligence Team**

The Business Intelligence Team will provide key performance information to ensure that services are appropriately reviewed. The information behind a decision to decommission must be of high quality, be auditable and able to be presented as evidence which can withstand challenge should the decision be disputed. The team will look for areas of:

- Under performance against targets
- Poor health outcomes
- Failure to deliver value for money
- Inequality of service provision
- Reduced impact on health outcomes and identify potential areas for resources to be redirected to achieve better health outcomes for the population we serve.

- **Communications & Engagement**

When considering undertaking any service review, including where the outcome may be to decommission a service, the project team needs to seek expert advice from the Communications & Engagement Team in relation to whether any engagement / consultation exercise is required in line with Section 242 of the NHS Act (2006). This advice must be sought at the earliest possible opportunity due to the length of time

required to determine the appropriate level of meaningful engagement and public consultation and give sufficient time and information for people to input into and inform the decision-making process.

The timescales required plus other guidance on engagement / consultation criteria can be found through national best practice guidance, Patient and Public Participation in Commissioning Health and Care: Statutory Guidance for CCGs and NHS England.

11. Procurement Expertise

11.1 The CCG commissions procurement expertise from Greater Manchester Shared Service. As specialist advisors to the CCG, they will ensure that the rules and principles relating to any decommissioning activity will follow the principles and rules of cooperation and competition. They will also ensure market assessments are completed to analyse any impact on the provider market.

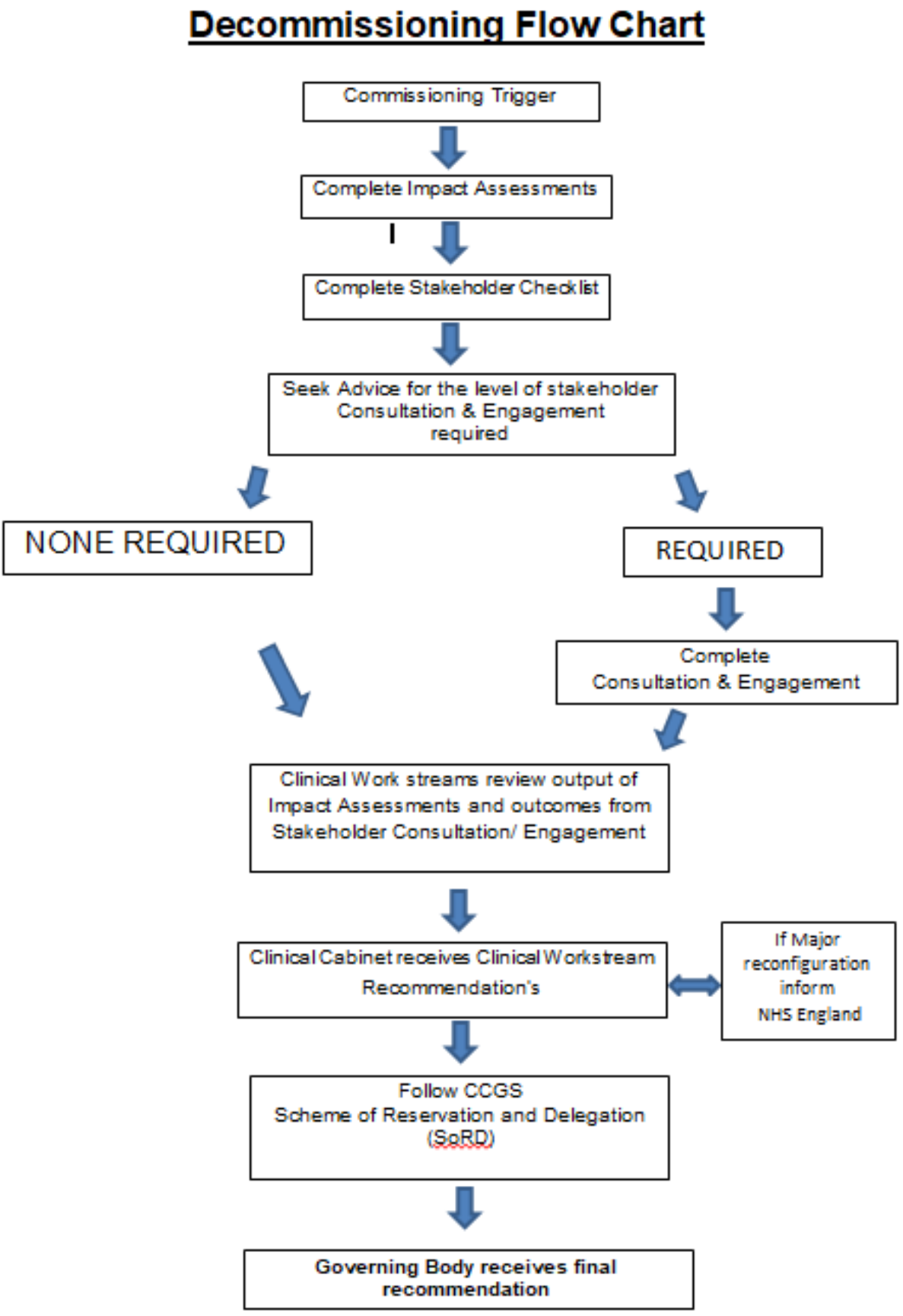
12. Collaborative Commissioning

The CCG will continue to explore opportunities to collaboratively procure services both to achieve value for money and develop markets e.g. NHS, Local Authority and Third Sector partners.

13. Appendices

Appendix 1: Decommissioning Process Flow Chart
Appendix 2: Contract Review Checklist
Appendix 3: Decommissioning impact Assessment
Appendix 4: Stakeholder Engagement Checklist
Appendix 5: Template Exit Plan

Appendix 1: Decommissioning Process Flow Chart



Appendix 2

Contract Review Checklist

Identified Lead	
Service Type	

Date of Review
Provider
Contract ID

Evidence (to provide documentary evidence for questions below)	**Provider Confo**	Data not applicable	Data not available
Does the provider meet the service specification?	**Yes**	**No**	
Actual activity v. contracted activity is significantly more or less (-/+5%)?			
Actual cost v. contracted cost is significantly more or less (-/+5%)?			
Are specified waiting times consistently maintained for more than 6 months?			
Are DNA rates in line with benchmarked national/regional DNA rates for the service?			
Are new/follow up ratios in line with benchmarked national /regional ratios for the service?			
Does the service cost provide value for money? (if on local tariff, is it within reasonable limits, if block, is the reference cost within regional average? If QOF, within reasonable limits of regional average?)			
Have there been any significant patient safety/clinical governance issues? (such as SUI's, CRB issues, breaches of policies?)			
Does the service meet current national strategy in terms of outcomes and expectations?			
Does the service conform with existing patient pathways? (i.e. part of a referral pathway to other services?)			
Does the evidence base e.g. NICE etc identify that the service is clinically effective? (parliamentary enquiries could also provide evidence)			
If the service is provided by a single practitioner, has this impacted on service delivery during the practitioner's absence?			
Does the service reduce activity and costs elsewhere in the pathway?			
Was the outcome of the service evaluation positive?			
Is there evidence of a contractual breach?			
Has the provider had a remedial/performance notice or contract query raised?			
If yes, has the provider been offered two opportunities to address the issue?			
Has the service provider had concerns raised as a performer?			
If yes, have these concerns/complaints been upheld by internal or external governance processes?			
Are there any other data from the review to consider? (please attach with indication below of conclusion following review of this data)			

Please list stakeholders who have been involved in this review:

Decision:			
Recommission:		**Decommission:**	

Signed by CCG Clinical Lead	
	Date

Signed by Chief Finance Officer	
	Date

Date of Decision	
	Date

Date of ratification by:	
The Governing Body	
Please list names of attendees ratifying this decision.	

Appendix 3

DECOMMISSIONING IMPACT ASSESSMENT

Service Considered for Decommissioning:	Annual Contract Value:	Approx. # Patients impacted:

This document, forms part of the auditable document trail for the decommissioning decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. Decommissioning a health service will have both positive and negative impact. It is critical that the adverse impact on patients and on the wider health economy are understood and documented.

Background - Information on Service:
Brief notes e.g. what it is, what is does, who provides etc

Background – Policy Context and/or principle driver for Decommissioning:
DH requires that, if a variation to contract cannot be made, then terminate to enable required intervention. Otherwise, principle driver for considering decommissioning (proactive, reactive, safety, VFM, etc.).

Positive Impact (Benefit) of Decommissioning:
The prime benefit from Decommissioning e.g. improved safety; simplified pathway; better value for money; better outcomes; market improvement; opportunity for reinvestment.

Adverse Impact on the Patient:
Continuity of on-going care for those within service, pathway of care, access, distance travelled, is there another provider representing reasonable choice.

Adverse Impact on CCG including finance:
Non-recurrent impact / one off decommissioning costs contractually borne by commissioner e.g. TUPE. Non-recurrent impact of replacement service overlapping with decommissioned service. Recurrent gross cost (cost of this service) Recurrent net cost (cost of this service less cost of any replacement or movement in demand). Transactional costs of decommissioning. Likelihood of public outcry at loss or perceived loss. Impact on CCG's reputation.

Adverse Impact on Provider:
Does the loss of this service/contract element compromise the provider's economic or physical ability to deliver other services? Fixed cost dilution, sub-critical mass etc.

Adverse Impact on Health Market Economy:
Overall supply/demand balance, on upstream and downstream elements of care pathway, knock on to other providers, gap in provision, market diversity , loss of clinical skill, training opportunities etc.

Adverse Impact on Performance:
Does the cessation of service adversely impact any vital sign commitment e.g. cancer access, health inequalities, 18 weeks, access etc. (full list available on request)

Adverse Impact on Equality ***(Please complete the CCG's Equality Impact Assessment proforma prior to completing this section).***
[Equality Act 2010] Does cessation of service represent unequal treatment or discrimination or inequality of access on the basis of age, disability, gender reassignment, race, religion or belief and sexual orientation

Adverse Impact on Quality
Does cessation of service impact on quality of services / patient care.

Adverse Impact on Rurality
Does cessation of service represent unequal treatment or a barrier to access to service users in a rural location – if yes how will this be mitigated

Overview & Scrutiny / Consultation:
Does the recommendation(s) below and the materiality of the change indicate that O&S will have an interest/ what consultation is particularly recommended / has taken place.

Recommendations:
Recommendation to decision making authority e.g. not to be decommissioned, decommission, decommission with stipulated conditions (state them)

Completed By: **Date:**

Appendix 4 – Stakeholder Engagement Checklist

Stakeholder Consulted	Signature:
Communications	
Contracting	
Estates & IM&T	
Finance	
HR	
Information Governance	
Quality Team	
PMO	
Public Health	

Appendix 5

Template Exit Plan

This template exit plan is for use and completion where the Provider does not have an existing plan for exit arrangements in place.

Exit plans ensure a safe transfer of patients in the event that the services cease to be delivered or the contract is terminated

Areas for consideration	Details of tasks to be undertaken	Timescales	Responsible lead
1. Clinical	Up-to-date clinical summaries for all patients; referrals and transfer of care; prescriptions; test results; patient related communications		
2. Workforce	Consideration of staffing issues – if contract ceasing, the responsibility regarding the staff would normally sit with the contractor. If the service is to transfer to a new provider, TUPE may apply.		
3. Documentation and records	All relevant documentation and records will be transferred to the relevant organisation or the new provider, whichever is applicable. The transfer of records must be conducted in accordance with NHS security requirements and GDPR legislation.		
4. IM&T	All relevant electronic documentation and records held by the contractor are to be transferred in a recognised industry-standard computer format to the relevant primary care support services organisation or the new provider whichever is applicable The transfer of records must be conducted in accordance with NHS security requirements and GDPR legislation. Licences should be transferred where possible		

5. Premises	Consideration of the service premises and whether the premises will cease to be used or whether arrangements could be negotiated with the new provider. An inspection of the premises must be conducted to ensure that no records or equipment are left behind.		
6. Equipment	Consideration of any IT hardware or other equipment held by the contractor that requires return to the relevant owner. Full stock list should be compiled defining which items will be remaining. The transfer or disposal of equipment must be conducted in accordance with NHS security requirements any other applicable legislation.		
7. Facilities	Consideration of any existing facilities contracts and whether these will cease or transfer to a new provider		
8. Patient and Public involvement	Consideration of the needs to engage and inform throughout.		
9. Drugs	Drugs will need to be disposed of but are technically likely to be owned by the contractor whose contract is terminating. The Commissioner should seek assurances about the safe and effective disposal of such drugs.		
10. Other	As required		