



Procurement Policy

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Policy Statement.

NHS Wakefield CCG procurement will be compliant with prevailing procurement regulations and will be used to support clinical priorities, health and well-being outcomes and wider CCG objectives.

1. Introduction

- 1.1 Procurement is central to driving quality and value. It describes a whole life-cycle process of acquisition of goods, works and services. It starts with identification of need and ends with the end of a contract or the end of useful life of an asset, including performance management. Procurement encompasses everything from repeat, low-value orders through to complex healthcare service solutions developed through partnership arrangements.
- 1.2 There are a range of procurement strategies available which include working with existing providers, non-competitive and competitive tenders, multi-provider models such as Any Qualified Provider (AQP) and frameworks.
- 1.3 NHS Wakefield CCG's approach to procurement is to operate within legal and policy frameworks and to actively use procurement as one of the system management tools available to strengthen commissioning outcomes. It can do this through:
 - Increasing general market capacity and meeting CCG demand requirements;
 - Using competitive tension to facilitate improvements in choice, quality, efficiency, access and responsiveness;
 - Stimulating innovation.

2. Associated Policies and Procedures

- 2.1 This policy and any procedures derived from it should be read in accordance with the following policies, procedures and guidance:
 - The Constitution;
 - Joint Strategic Needs Assessments;
 - Standing Orders and Prime Financial Policies;
 - Conflict of Interest Policy;
 - Operating Scheme of Delegation.
- 2.2 Other legislation and guidance affecting procurement include:
 - EU Public Sector Procurement Directive 2014/24/EU. This replaces 2004 Directive.
 - The NHS (Clinical Commissioning Group) Regulation 2012 no. 1631, June 2012

- Securing best value for NHS patients, August (2012)
- Procurement briefings for Clinical Commissioning Groups, September 2012
- Procurement Guide for commissioners of NHS-funded services, July 2012
- National Health Service Act (2006)
- Health and Social Care Act (2012)
- The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations (2013),
- Monitor's Substantive guidance on the Procurement, Patient Choice and Competition Regulations (2014)
- The Public Contracts Regulations (2015)
- Managing Conflicts of Interest: Statutory Guidance for CCGs (2014), updated June 2016

3. Purpose

3.1 This policy aims to:

- (a) set out the approach for facilitating open, fair, robust and enforceable contracts that provide value for money and deliver required quality standards and outcomes, with effective performance measures and contractual levers.
- (b) describe the transparent and proportional process by which the CCG will determine whether health and social services are to be commissioned through existing contracts with providers, competitive tenders, via an AQP or framework approach or through a non-competitive process.
- (c) enable early determination of whether, and how, services are to be opened to the market, to facilitate open and fair discussion with existing and potential providers and thereby to facilitate good working relationships.
- (d) set out how the CCG will meet statutory procurement requirements primarily the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 and the requirement of the Public Contracts Regulations (2015) where applicable.
- (e) enable the CCG to demonstrate compliance with the principles of good procurement practice.

3.2 Principles of good procurement as enshrined in the EU Treaty Principles:

The key principles of good procurement are:

- **Transparency:** Making commissioning intent clear to the market place. Includes the use of sufficient and appropriate advertising of tenders, transparency in making decisions not to tender, and the declaration and separation of conflicts of interest.
- **Proportionality:** Making procurement processes proportionate to the value, complexity and risk of the services contracted, and critically not excluding potential providers through overly bureaucratic or burdensome procedures.
- **Non-discrimination:** Having specifications that do not favour one or more provider. Ensuring consistency of procurement rules, transparency on timescale and criteria for shortlist and award.
- **Equality of treatment:** Ensuring that all providers and sectors have equal opportunity to compete where appropriate; that financial and due diligence checks apply equally and are proportionate; and that pricing and payment regimes are transparent and fair.

4. Scope of the Policy

- 4.1 This Policy must be followed by all Wakefield CCG employees and staff on temporary or honorary contracts, representatives acting on behalf of Wakefield CCG including staff from member practices, and any external organisations acting on behalf of the CCG including other CCGs.

5. Accountabilities & Responsibilities

5.1 Lead Managers

- 5.1.1 The Chief Officer is the person with overall responsibility for the Procurement Policy for NHS Wakefield CCG. Responsibility for procurement is delegated to the Chief Financial Officer. Accountability remains with the Chief Officer.

- 5.2.2 Integrated Governance Committee has responsibility for approving procurement decisions, unless a conflict of interest requires alternative governance arrangements.

- 5.2.3 Overall day to day responsibility for procurement rests with the Head of Contracting, who is responsible to the Associate Director – Finance and Contracting, and accountable to the Chief Financial Officer.

5.2 Procurement support

- 5.2.1 Procurement support for the 2019/20 financial year is provided by the Greater Huddersfield Clinical Commissioning Group..

- 5.2.2 In the case of collaborative projects by another CCG, the Local Authority or any other commissioning partner, the CCG will have systems in place to

assure itself that any relevant organisation's, business processes are robust and enable the CCG to meet its duties in relation to procurement.

5.3 Authority

5.3.1 The CCG (which it may delegate to other CCGs by way of joint commissioning arrangements) will remain directly responsible for approving:

- the procurement route;
- the specifications and evaluation criteria;
- decisions on which providers to invite to tender;
- final decisions on the selection of the provider.

5.3.2 CCG commissioning managers take the lead role in the planning and purchasing of health care services for the local population. Commissioning managers each take the lead for a range of specific services, and in deploying this role are able to design the service specification and determine the appropriate procurement route for securing service provision. Commissioning managers will work with the Greater Huddersfield Clinical Commissioning Group procurement specialists in ensuring that any recommendation meets the CCGs requirements and is in line with this policy and the procurement regulations.

5.3.3. The CCG's Head of Contracting will agree and sign off the Statement of Works (SoW) Document following formal CCG approval of procurement being granted. The SoW will be created by the Greater Huddersfield Clinical Commissioning Group for each project in conjunction with the CCG commissioning manager. The SoW will include the:

- Objectives;
- Scope;
- Deliverables;
- Timeline; and
- Anticipated number of days required to complete the project.

5.3.4 The CCG's Head of Contracting will be required to sign any SoW prior to significant work being carried out by the Greater Huddersfield Clinical Commissioning Group. Further the CCG's Head of Contracting will be required to approve the questions for all procurements before they are published and visible to bidders.

5.3.6 Arrangements for delegation of authority to officers are set out in the Scheme of Delegation.

6 Guiding Principles

6.1 When procuring health care services, the CCG is required to act with a view to:

- Securing the needs of the people who use the services;
- Improving the quality of the services;
- Improving efficiency in the provision of the services;
- Act in a transparent and proportionate way;
- Treat providers equally and in a non-discriminatory manner.

6.2 The CCG is required and committed to procuring services from providers that:

- Are the most capable of delivering the specification;
- Provide the best value for money in doing so.

6.3 The CCG is required and committed to act with a view to improving quality and efficiency in the provision of services, the means of doing so will include:

- The services being provided in an integrated way (including with other health care services, health related services, or social care services);
- Promoting collaboration, where appropriate;
- Enabling providers to compete to provide the services;
- Allowing patients a choice of provider of the services.

7 Public Procurement Obligations

7.1 The Public Contracts Regulations 2015 set out legal requirements and procedures for awarding public contracts above certain financial thresholds.

7.2 Under EU Procurement rules, services contracts are currently divided into two categories:

- Where a contracting authority seeks offers in respect of a public works, services or supplies contract with a value in excess of the applicable financial threshold;
- A new “light touch” regime for the health sector.

7.3 The light touch regime applies to the procurement of health, social and other services that fall within the Common Procurement Vocabulary (CPV) codes listed in Schedule 3 of the 2015 Regulations where the contract value is above a higher financial threshold of €750,000 (from January 2018 and as updated from time to time).

7.4 There is a statutory requirement to follow the full EU Procurement rules, where legally-enforceable contracts are to be awarded, for supply of goods and/ or services with an estimated full-life value above €2221,000 (from January 2018 and as updated from time to time) other than those specifically listed as being under the light touch regime.

7.5 The EU Treaty principles of non-discrimination, equal treatment, transparency, mutual recognition and proportionality apply to all procurements, for all services regardless of the regime they fall under.

- 7.6 Section 10 'Procurement approach for Healthcare and Social service contracts', sets out the procedures that the CCG will follow in order to comply with all relevant legislation.

8 Conflicts of interest

- 8.1 Managing potential conflicts of interest appropriately is necessary to protect the integrity of the wider commissioning system, CCGs and GP practices.
- 8.2 General arrangements for managing conflicts of interest are set out in the NHS Wakefield CCG Constitution, and more specifically in the CCG's Conflicts of Interest Policy. The CCG will abide by the NHS England Managing Conflicts of Interest Guidance for CCGs whenever applicable.
- 8.3 Where any potential conflict of interest may occur e.g. a GP practice has a material interest in a procurement decision, that practice representative will be excluded from the decision-making process (but not discussion about the proposed decision).
- 8.4 The Register of Procurement Decisions is a regular report to Audit Committee. This provides an update on the procurement decisions undertaken by the CCG, and details the contracts awarded. The report includes authorisation/ governance for each procurement process and a record of the conflicts of interest declared during the procurement.

9 Procurement planning

- 9.1 A procurement plan will be developed taking into account current contracts and necessary future provision to meet the CCG's commissioning intentions.
- 9.2 The plan will highlight the priority, timescale, risk and resource requirement for each potential procurement and will enable effective communication throughout the CCG and with the Greater Huddersfield Clinical Commissioning Group. .

10. Procurement approach for Healthcare and Social service contracts

- 10.1 Monitor's Substantive Guidance on the Procurement, Patient Choice and Competition Regulations provides a set of rules that govern system management within the NHS. They recognise that the service is no longer a system based on tight controls of the means of provision, but largely an open system with a defined purchaser/ provider split, which commissioners need actively to manage. Although Monitor has been superseded by NHS Improvement as the sector regulator, this guidance is still widely applicable to the CCG's commissioning approach under the regulations.

- 10.2 NHS Wakefield CCG will conduct health and social service procurements, as one part of market management and development, according to priorities established in its strategic plans.
- 10.3 Decisions of whether to tender will be driven by the need to commission services from the providers who are best placed to deliver the needs of our patients and population.
- 10.4 The decision-making process will vary depending on whether or not the service is an existing one, new or significantly changed.
- 10.5 Existing Services
- 10.5.1 For an existing service (i.e. one that is not new or significantly changed) that is not at the end of a fixed-term and was procured via competitive tender, where the service remains fit for purpose, continues to deliver against the required service specification, offers best value for money and continues to fit with the strategic direction of the CCG, the existing provider will normally be retained as long as it is appropriate to do so without breaking any regulations.
- 10.5.2 Where the provider of an existing service was selected for a fixed period via a competitive tender exercise and the fixed period (including any options for contract extension) is due to end, a new competitive tender exercise will normally be conducted to select the future provider of the service.
- 10.5.3 Where an existing service is provided by a number of providers, where practical the CCG will seek to continue to operate with a range of providers through use of a framework or through the use of the AQP model, in accordance with 10.1. The practicability of implementation of the framework or AQP model will take account of the:
- Value of improving choice and contestability;
 - Level of market interest and capability;
 - Complexity of accreditation requirements and associated cost;
 - Appropriateness of the framework or AQP model to the service concerned.
- 10.6 New or significantly changed services
- 10.6.1 The CCG's approach to secure new or significantly changed services will in overall terms be the following:
- Determine whether the service can be accommodated through existing contracts with providers through future variations to those contracts, assuming that this is possible without contravening procurement rules and guidance, and that quality, patient safety and value for money can be demonstrated
 - Determine whether the service can be accommodated through integration across health and social care to understand, develop and provide new integrated services

- Consideration of the use of new or existing frameworks as a vehicle for delivering outcomes in an efficient way
- Whether there are demonstrable grounds to identify a specific provider or group of providers without competition, these are:
 - Where a service is designated as list-based where practicably GP practices are the only capable providers of a service, or where the service is of minimal value (in accordance with the Scheme of Delegation), the CCG will consider procuring on a non-competitive basis from GP practices;
 - Where collaboration provides the best opportunity for service delivery for patients and demonstrable value for money;
 - For technical reasons, or for reasons connected with the protection of exclusive rights, the contract may be awarded to only one provider i.e. there is only one provider that can meet the CCG's requirements;
 - For reasons of extreme urgency, outside the control of the CCG, where it is not possible to undertake a competitive procedure.
- Where there is an opportunity to consider the choice of provider available to patients then the CCG's approach where applicable and appropriate will be the AQP model. The AQP model will not always be appropriate, for example where:
 - the number of providers needs to be constrained, e.g.
 - Where the level of activity can only support one provider;
 - Where clinical pathways dictate a restricted number of providers;
 - value for money cannot be demonstrated without formal market testing;
 - innovation is required from the market and cannot be achieved collaboratively;
 - there is no effective method of selecting from amongst qualified providers for delivery of specific units of activity;
 - overall costs would be increased through multiple provider provision because of unavoidable duplication of resources.
- If the AQP model is not appropriate, and the service is not of minimal value, the CCG's expectation is that the service will normally be subject to competitive tender. All such cases will be subject to a review of whether a competitive tender process is appropriate on the grounds of demonstrating best value, market testing, maintaining competitive tension and complying with the EU procurement rules.

10.7 Reporting

10.7.1 In accordance with Regulations 83 and 84 of the Public Contracts Regulations 2015, the CCG will ensure that its internal systems are updated to satisfy the new reporting requirements:

- All concluded contracts where the contract value exceeds €1 million (supplies or services) or €10 million (works) will be retained at least for the duration of the contract, and access granted to these contracts if requested subject to EU or national rules on access to documents and data protection;
- A report will be collated on every contract, framework agreement or dynamic purchasing system to which the 2015 Regulations apply in their entirety. This report will be held on file by the CCG, and will be provided when requested in whole or in part by the European Commission and/or the Cabinet Office.

11. Approach to market

11.1 Any Qualified Provider

11.1.1 With the AQP model for an advertised service, any provider that meets CCG criteria for entering a market can compete for business within that market. Under AQP there are no guarantees of volume or payment, and competition is encouraged within a range of services rather than for sole provision of them.

11.1.2 The AQP model promotes choice and sustained competition on the basis of quality rather than cost. Any service that is contracted through the AQP model does not need to be tendered, although it will be advertised if appropriate (using Contracts Finder¹) and potential service providers will need to be qualified.

11.1.3 A standard NHS contract will be awarded to all providers that meet:

- Minimum standards of clinical care (implying qualification/ accreditation requirement);
- The price the CCG will pay;
- Relevant regulatory standards.

11.2 Competitive Tendering

11.2.1 It is anticipated that a number of services will be subject to competitive tendering in order to demonstrate the application of the principles of good procurement practice and obtaining value for money.

11.3 Non-Competitive process

11.3.1 Competition may be waived in circumstances such as genuine urgency, or where there is demonstrably only one provider who can provide the service for technical or special exclusive rights. In these circumstances the

¹ Contracts Finder is the government procurement portal, used by commissioners for the advertisement of tenders and contract awards.

procedures set out within the CCG's Prime Financial Policies must be followed.

11.3.2 Where it is decided not to competitively tender for new services, or where services are significantly changed, then the procedure in the Prime Financial Policies must be adhered to.

11.4 Partnership Arrangements

11.4.1 Where collaboration and coordination is considered essential, for example in developing new integrated pathways, enabling sustainability of services the CCG may wish to engage in "partnership" arrangements. These arrangements must be formalised using an appropriate form (such as a section agreement, or memorandum of understanding) and should describe:

- Transparency (particularly with provision of information);
- A contribution to service re-design;
- Timely provision of information and performance reporting;
- Evidence of improved patient experience year on year;
- Evidence of value for money.

11.4.2 Partnership status must not be used as a reason to avoid competition and should only be used appropriately and be regularly monitored. The CCG may choose to commission the service from a partner but may also choose to tender for provision of the service, for example where the partner cannot meet the service model requirements or costs cannot be agreed.

11.4.3 Any such decision must be accompanied by an OJEU contract award notice to inform the market of the decision taken. A record of such decisions must be maintained by the CCG and be made available upon request to the cabinet office, in line with its obligations under Regulation 83 of the PCR (2015).

11.5 Spot Purchasing

11.5.1 There may be the need to spot purchase contracts for particular individual patient needs or for urgency of placements requirements at various times. It will be expected that these contracts will undergo best value reviews to ensure the CCG is getting value from the contract. In all cases the CCG should ensure that the provider is fit for purpose to provide the particular service.

11.6 Framework Agreements

11.6.1 The CCG is able and entitled to use other public sector organisations' framework agreements if a provision has been made in the framework agreement to allow this (that is by the holder of the framework agreement, such as the Crown Commercial Service). The EU rules state that framework agreements should be for no longer than four years in duration, although a contracting Authority may enter into an agreement that expires beyond the framework end date.

11.6.2 Where it is allowed for in the framework agreements there may be an option for running mini competitions. Here all providers on the framework who can meet requirements are invited to submit a bid, these are then evaluated and a contract awarded following the same process as for tenders. Any contract awarded can run beyond the framework agreement period but the length of the contract extension must be reasonable.

11.7 Grants

11.7.1 In certain circumstances the CCG may elect to provide a grant payable to third sector organisations. However there should be no preferential treatment for third sector organisations. Use of grants can be considered where:

- Funding is provided for development or strategic purposes;
- The provider market is not well developed;
- Innovative or experimental services;
- Where the funding is non-recurrent;
- Where funding is non-contestable (i.e. only one provider).

11.7.2 Grants should not be used to avoid competition where it is appropriate for a formal procurement to be undertaken.

12. Tendering Process

12.1 If a decision is taken to pursue a competitive tender process, there are a range of further issues that will be taken into account in the design of the process to be followed. These are not considered in detail in this Policy but they include:

- Market analysis (e.g. structure, competition, capacity, interest);
- Tender routes;
- Procurement timescales;
- Affordability;
- Impact on service stability;
- Procurement resource, including responsibilities and accountabilities;
- Consultation and Engagement requirements;
- Outcome-based specifications;
- Quality impact;
- Existing related contractual arrangements;
- Contract management;
- Provider development;
- Value for money.

13. Financial and quality assurance checks

13.1 The CCG will require assurance about potential providers. Where this is not achieved through a formal tender process, the following financial and quality

assurance checks of the provider will be expected to be undertaken before entering into a contract:

- Financial viability;
- Economic standing;
- Corporate social responsibility;
- Clinical capacity and capability;
- Clinical governance;
- Quality/Accreditation.

14. Contract Form

- 14.1 The CCG will ensure that the NHS Standard Contract will be used for all contracts for NHS funded health and social care services commissioned by the CCG. In exceptional circumstances, such as where a joint contracting arrangement is led by the Local Authority, the CCG may agree to be party to a different form of contract.
- 14.2 The CCG will ensure that a standard Grant Agreement document will be used to record the provision of grants to third parties which will contain the provisions upon which the grant is made.
- 14.3 The Department of Health and Social Care publishes NHS Terms and Conditions for the Supply of Goods and the Provision of Services. These are specifically for the use of NHS bodies procuring goods and services from commercial organisations. In line with national guidance the CCG will use the contract versions of these Terms and Conditions where applicable.

15. Public Services (Social Value) Act 2012

- 15.1 This Act requires commissioners at the pre-procurement stage to consider how a procurement may improve social, environmental, and economic well-being of the relevant area and how commissioners might secure any such improvement and to consider the need to consult.
- 15.2 Although the Act only applies to certain public services contracts and framework agreements to which the Public Contract Regulations apply, the CCG will, as a matter of good practice, assess how the goods, works or services being procured might improve economic, social and environmental well-being. The considered application of the provisions of this Act provides the CCG with the means to broaden evaluation criteria to include various impacts on the local economy. The CCG will ensure that evaluation criteria incorporate social values within tender processes.

16. Sustainable Procurement

- 16.1 The NHS is a major employer and economic force both in Wakefield, West Yorkshire and within the wider NHS North region. The CCG recognises the

impact of its purchasing and procurement decisions on the regional economy and the positive contribution it can make to economic and social regeneration.

- 16.2 The CCG is committed to the development of innovative local and regional solutions, and will deliver a range of activities as part of its market development plan to support this commitment.
- 16.3 Wherever it is possible, and does not contradict or contravene the CCG's procurement principles or the provisions allowable under the Public Services (Social Value) Act 2012, the CCG will work to develop and support a sustainable local health economy.
- 16.4 The CCG is committed to consider as appropriate to the service being procured ethical, environmental and social factors as part of the evaluation process to determine and demonstrate value for money.
- 16.5 The CCG will take all reasonable steps and that which is allowable by law to ensure that contractors and providers are:
- Good employers who comply with all relevant employment legislation, including the Public Interest Disclosure Act 1998;
 - Maintain acceptable standards of health and safety and comply fully with all legal obligations
 - Meet all tax and National Insurance obligations
 - Meet all equal opportunities legislation
 - Are reputable in their standards of business conduct
 - Respect the environment

17. Use of Information Technology

- 17.1 Wherever possible, appropriate information technology (i.e. e-procurement and e-evaluation systems) will be used in the tendering process. These are intended to assist in streamlining procurement processes whilst at the same time providing a robust audit trail. e-procurement and e-evaluation solutions provide a secure and efficient means for managing tendering activity, particularly for large complex procurements. They offer efficiencies to both commissioners and providers by reducing time and costs in issuing, completing and evaluating tenders.

18. Patient Engagement

- 18.1 Where appropriate, to represent the patient's perspective, the CCG will seek to include patient representatives in the tender and evaluation process.

19. Decommissioning services

19.1 The need to decommission contracts can arise through:

- Termination of the contract due to performance and/ or contract breach. This can be mitigated by the CCG through appropriate contract monitoring and management and by effectively engaging the provider. The NHS Standard Contract supports the use of a remedial action plan to resolve any problems;
- The provider exits the market;
- The contract expires; and/or
- Services are no longer required.

19.2 Where services are decommissioned, the CCG will ensure where necessary that exit plans are developed and alternative provision secured if appropriate to maintain patient care.

20. Dissemination

The policy will be disseminated via the CCG's intranet Skyline, making it available to all CCG staff. In addition the Procurement Policy will be published on the CCG website to enable all prospective providers of services to the CCG to be aware of the policy that will be followed and the relevant procurement routes.

21. Training

Commissioners will need training in the contents and principles of the policy. This training will be co-ordinated by the CCG.

22 . Monitoring Compliance with this Strategy / Procedure

This Policy will be reviewed on an annual basis.

23 References

Legislation

Equality Act 2012

Directive 2014/24/EU on the coordination of procedures for the award of public works contracts, public supply contracts and public service contracts. February 2014.

The Public Contracts Regulations 2015. February 2016.

National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

Substantive Guidance on the Procurement, Patient Choice and Competition Regulations - Monitor December 2013

Briefing note: Substantive Guidance on the Procurement, Patient Choice and Competition Regulations - Monitor December 2013

Enforcement guidance on the Procurement, Patient Choice and Competition Regulations - Monitor December 2013

Hypothetical Case Scenarios: Procurement, Patient Choice and Competition Regulations - Monitor December 2013

All Monitor guidance is available at:
<https://www.gov.uk/government/publications/procurement-patient-choice-and-competition-regulations-guidance>

Managing conflicts of interest: revised statutory guidance for CCGs 2017. Available at: <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

Appendix A. List of Light Touch services

Acupuncture and chiropractor services	Medical hospital services
Acupuncture services	Medical imaging services
Administrative healthcare services	Medical practice and related services
Administrative social services	Medical practice services
Administrative, recreational, cultural and religious services	Medical specialist services
Advisory services provided by nurses	Miscellaneous health services
Agency staff services for households	Nephrology or nervous system specialist services
Ambulance services	Obstetrical hospital services
Archive destruction services	Ophthalmologist services
Archive services	Ophthalmologist, dermatology and orthopaedic services
Archiving services	Optician services
Bacteriological analysis services	Orthodontic services
Blood analysis services	Orthodontic surgery services
Cardiology services	Orthopaedic services
Cardiology services or pulmonary specialist services	Orthotic services
Cataloguing services	Outpatient care services
Chiropractor services	Oxygen therapy services
Circumcision services	Paediatric or urologist services
Civic betterment and community facility support services	Paediatric services
Clerical staff services for households	Paramedical services
Closed circuit television services	Pathology services
Community action programme	Personal development training services
Community health services	Pharmacy services
Company health services	Physiotherapy services
Computer courses	Provision of language courses
Computer training services	Provision of services to the community
Computer user familiarisation and training services	Psychiatric hospital services

Counselling services	Psychiatrist or psychologist services
Dance-instruction services	Pulmonary specialist services
Daycare services	Recreational, cultural and sporting services
Daycare services for handicapped children and young people	Recreational-area services
Dental practice and related services	Rehabilitation hospital services
Dental practice services	Rehabilitation services
Dermatology services	Residential health facilities services
Dialysis home medical treatment services	Residential nursing care services
Domestic services Administrative social, educational, healthcare and cultural services	Safety education services
Education and training services	Safety training services
e-learning services	Seminar organisation services
ENT or audiologist services	Services furnished by social membership organisations
Equal opportunities consultancy services	Services provided by blood banks
Event services	Services provided by medical laboratories
Exhibition, fair and congress organisation services	Services provided by medical personnel
Family planning services	Services provided by midwives
First aid training services	Services provided by nurses
Gastroenterologist and geriatric services	Services provided by sperm banks
Gastroenterologist services	Services provided by transplant organ banks
General practitioner services	Services related to preparation of training manuals
Geriatric services	Social services
Guidance and counselling services	Social work and related services
Guidance services	Social work services
Gynaecological hospital services	Social work services with accommodation
Gynaecology or obstetric services	Social work services without accommodation
Health and first aid training services	Special education services
Health and social work services	Specialist training services
Health services	Staff training services
Health training services	Supply services of domestic help personnel

Home delivery of incontinence products	Supply services of medical personnel
Home for the psychologically disturbed services	Supply services of nursing personnel
Home help services	Surgical hospital services
Home medical treatment services	Surgical specialist services
Homedelivery of provisions	Technical training services
Homeopathic services	Totalisator operating services
Horse riding school services	Training and simulation in security equipment
Hospital and related services	Training facilities
Hospital bedding services	Training programme services
Hospital dialysis services	Training seminars
Hospital services	Training services
Hospital support services	Tutorial services
Hygiene services	Urologist services
In vitro fertilisation services	Vocational rehabilitation services
Management training services	Vocational training services
Manpower services for households	Welfare services for children and young people
Medical analysis services	Welfare services for the elderly
Medical education services	Welfare services for the handicapped

Appendix B. Equality Impact Assessment

Title of policy	Procurement Policy	
Names and roles of people completing the assessment	David Warsop Procurement, Consortium	Deputy Head of eMBED Health Consortium
Date assessment started/completed	02/12/14	EIA reviewed and still valid 11/12/15 and 13/04/17

1. Outline	
Give a brief summary of the policy	<p>This policy aims to:</p> <p>(a) set out the approach for facilitating open and fair, robust and enforceable contracts that provide value for money and deliver required quality standards and outcomes, with effective performance measures and contractual levers.</p> <p>(b) describe the transparent and proportional process by which the CCG will determine whether health and social services are to be commissioned through existing contracts with providers, competitive tenders, via an AQP or framework approach or through a non-competitive process.</p> <p>(c) enable early determination of whether, and how, services are to be opened to the market, to facilitate open and fair discussion with existing and potential providers and thereby to facilitate good working relationships.</p> <p>(d) set out how the CCG will meet statutory procurement requirements primarily the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.</p>

	(e) enable the CCG to demonstrate compliance with the principles of good procurement practice:
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What outcomes do you want to achieve Compliance with Legislation

2. Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations

	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	No		
Carers	No		
Disability	No		
Sex	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		
Gender reassignment	No		
Pregnancy and maternity	No		
Marriage and civil partnership	No		
Other relevant group	No		

4. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions	n/a
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.	

4. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions	Not applicable		
Lead Officer	Simon Rowe	Review date:	01.06.19

5. Sign off

Lead Officer	
Director	Date approved:

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