

Attachment 5

**North East Lincolnshire CCG**

|  |  |
| --- | --- |
|  |  |
| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Cathy Kennedy |
| **Date of Meeting:** | 10th September |
| **Subject:** | Local Service Provider contract expirey |
| **Status:** | OPEN  CLOSED |

|  |
| --- |
| **OBJECT OF REPORT:** |
| This briefing paper provides a summary of the key decisions and process that the CCG will be required to follow when moving from the current national CSC LSP contract to new local contract arrangements for a successor IT system service.  CSC’c LSP contract expires on the 7th July 2016 and services provided under this contract (all SystmOne clinical systems) must be re procured under new frameworks. This transition will give GP practices and community services a wider choice of IT systems and will ensure a continued, equitable and fair market. |

|  |
| --- |
| **STRATEGY:** |
| In line with the CCG IT strategy the CCG wishes to ensure that the systems used by local providers will continue to support the development of integrated services through (appropriate) sharing of patients and client information. |

|  |
| --- |
| **IMPLICATIONS:** |
| With the cessation of the CSC LSP contracts the system costs for non-GP providers that have been nationally funded for many years, will now be borne locally. This is estimated to be around £132,000 + vat per annum. For GP practices the system costs will continue to be funded through a specific national allocation. There is a significant risk that if each provider is left to determine its own future system through individual procurement choices our local integration strategy could be jeopardised, and many of the benefits of local investment (such as those that went into the development of the Adult Social Care SystmOne system) could be lost.  There is an additional risk that if each provider procures its own system, then each time a service contract is awarded to a new provider there could be a new system/set of system interfaces that needs to be implemented, or a system transfer process to be managed which would be time and resource intensive. This could be avoided if the CCG were to take on the hosting of the system contract, making the systems available to whatever provider was contracted to deliver the service in a similar manner to the current CSC LSP arrangement. A single contract would also mitigate the cost impact by an estimated £13,000.  Whilst the current systems do not fully meet the increasingly sophisticated integration needs across all health and care providers in North East Lincolnshire, an assessment of the market has shown that a single system of that type is not yet available for health and social care |

|  |  |
| --- | --- |
| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
| The board is asked to   1. Note the potential strategic implications and risks of the loss of the CSC LSP contracts 2. support the recommendation of the CCG IM&T Strategy Group to host the provision of SystmOne for these services 3. note the unavoidable financial implication of an approximate additional £132,181+vat cost to the local healthcare economy |  |
|  |  |
|  |  |
|  |  |

|  |  | **Yes/**  **No** | **Comments** |
| --- | --- | --- | --- |
|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | N/a |  |
| ii) | CCG Equality Impact Assessment | N/a |  |
| iii) | Human Rights Act 1998 | N/a |  |
| iv) | Health and Safety at Work Act 1974 | N/a |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Yes |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Yes |  |