|  |  |
| --- | --- |
| **Rationale of Checklist** |  |
| This checklist will be completed by the CPCW sub-committee for every new or recommissioned service specification sent to CPCW for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.The Checklist contains the CPCW sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve/improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.CPCW’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. |
| **Service and Commissioner** |
| Wirral Palliative Care Emergency Medicines ServiceNHS Cheshire & Mersey – Wirral Place |
| **Response summary feedback from CPCW** |
|  |
| CPCW has rated this service specification as green based on the comments made below. Our recommended actions to further improve the service are:1. VAT treatment not mentioned – fees should be expressed as £xx (exc. VAT) for absolute clarity.

VAT application should be determined by the contractor. In practicality, the funding is set in collaboration with the commissioner within PharmOutcomes, and so any services will have their VAT treatment determined in collaboration. |
| **Timeline and Next Steps for CPCW** |
| CPCW will publish this service participation rating to contractors in **10 days’ time.** Publication of this recommendation will be via individual email and posting on our website.Commissioners are asked to please respond promptly with feedback/proposed changes so that they can be included within CPCW’s recommendation to its contractors. |
| **Commissioners response to CPCW feedback** |
| Please enter response here, returning promptly to alison@cpcw.org.uk |

|  |  |  |
| --- | --- | --- |
| **Point Covered** | **Action or Notes** |  |
| **CPCW Consultation** |
| CPCW Consulted?  | Yes |  |
| CPCW Consulted with sufficient time to comment? | Spec received 23/06 for start date of May 23 |  |
| **Remuneration** |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | £200 / year (+ proposed uplift of 3.4%) = £206.80 |  |
| Is VAT treatment considered? | Not mentioned – fees should be expressed as £xx (exc. VAT) for absolute clarity.VAT application should be determined by the contractor. In practicality, the funding is set in collaboration with the commissioner within PharmOutcomes, and so any services will have their VAT treatment determined in collaboration.  |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | Services uses PharmOutcomes to record data and produces invoices for the commissioner.Payment is made as a yearly lump sum. |  |
| Where equipment is required, who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | N/A |  |
| Is remuneration fair? | Yes |  |
| **Is/does the Service …** |
| Sustainable?Consider costs – hourly rate, training interventions | Yes |  |
| Start/End date | May 2023 – May 2025 (Review) |  |
| What is the type of contract?(NHS Standard, Public Health, Bespoke, 3rd Party Provider) | NHS Standard |  |
| Clinically sound and in line with appropriate National or local guidance? | Yes |  |
| Enhance patient care? | Yes |  |
| Have suitable monitoring arrangements and termination clauses? | Yes – 30 days by either party. |  |
| Enhance relationships with other HCPs? | Yes |  |
| Deliverable? | Yes |  |
| Attractive enough for contractors to consider it worthwhile? | Yes, most of the time contractors would hold these in stock for patients – this provides assurance and focus |  |
| Have performance criteria that supports a quality service? | Very binary |  |
| **Service Delivery** |
| Are the performance measures reasonable and achievable? | N/A |  |
| Is the administration proportional to size or service and remuneration? | Yes |  |
| Is there a SOP required to be provided by the contractor?Is an example provided? | Sop to be provided by contractor. No example provided. |  |
| Are any reporting systems suitable to all contractors? | Yes, service uses PharmOutcomes |  |
| What are the incident reporting procedures? | Patient safety incidents or near miss incidents must be dealt with in the usual way. |  |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | Yes (only PharmOutcomes) |  |
| What support and backfill arrangements are in place? | N/A |  |
| Is there a clear definition of roles with regard to Data Controller within IG?Describe it. | The Commissioner and the commissioned service provider recognise that this service specification and/or associated recorded information may be subject to Freedom of Information Requests (FOI). Each party shall comply with any such FOI received, in accordance with the Freedom of Information Act 2000 legal obligations. |  |

|  |
| --- |
| **Miscellaneous Information** |
| Any other information specific to this service. | * VAT treatment not mentioned – fees should be expressed as £xx (exc. VAT) for absolute clarity.

VAT application should be determined by the contractor. In practicality, the funding is set in collaboration with the commissioner within PharmOutcomes, and so any services will have their VAT treatment determined in collaboration. |
| Suggested RAG Rating |  |