

Managing requests from new providers to deliver services in line with choice legislation.

Standard Operating Procedure

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Managing requests from new providers to deliver service in line with choice legislation: Standard Operating Procedure (SOP)

1. Introduction

1.1. Under the *National Health Service Act 2006 (as amended by the Health & Care Act 2022)* ICBs have a duty to ensure choice is offered in line with Choice Legislation:

- the *National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012* (the Standing Rules); and
- the *National Health Service (Procurement, Patient Choice and Competition (No.2) Regulations 2013* (the PPCCRs)).

As an organisation NENC ICB are, and remain, committed to offering choice for our population.

1.2. When new providers, new services and new locations are entering our system we have a duty to ensure that appropriate due diligence is undertaken to assure ourselves that we are offering quality services to our population, which also provide value for money.

2. When does patient choice apply?

2.1. The ICB must ensure that a person, for whom they have responsibility, is given a choice about where their first outpatient appointment for elective referrals with a consultant or a member of a consultant's team takes place (s.39(1) of the Standing Rules). For mental health services within the scope of patient choice, the same applies for referrals to a health care professional or member of a health care professional's team delivering first outpatient elective appointments. For the avoidance of doubt:

2.1.1. Patient choice applies only to elective referrals (referred to throughout the remainder of this SOP as "**Elective Referrals**"). Elective Referral is defined as "a referral by a general medical practitioner, general dental practitioner or optometrist to a health service provider for treatment that is not identified as being immediately required at the time of referral" (s.38 of the Standing Rules)¹. For the avoidance of doubt, choice may not apply to cancer services, maternity services, and urgent care services. For services provided in the community there is also no legal right of choice (further information on choice can be found in *The NHS Choice Framework*²);

¹ Note, for consultant led mental health services these appointments may be referred to as assessments.

² <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs#section-7>

- 2.1.2. Patient choice applies only to the first outpatient appointment. A patient cannot have already been referred and seen at another provider for the same presenting condition for the appointment to qualify as a first outpatient appointment; and
- 2.1.3. Where patient choice applies, the patient may choose a provider, consultant or team that:
 - 2.1.3.1. is commissioned by the NHS for the service required as a result of the referral; and
 - 2.1.3.2. the professional making the referral must be of the opinion that the health service provider offers clinically appropriate services for the patient.in respect of the condition for which that patient is referred.
- 2.2. It should be noted that the right of choice for Elective Referrals does not apply to those detained under the Mental Health Act 1983, those detained in or on temporary release from prison and those serving as a member of the armed forces (s.41 of the Standing Rules).

3. Routes by which a provider can enter the market to deliver services under the choice legislation

- 3.1. **Route 1: S39.2 Standing Rules** - the provider has a commissioning contract with the NHS (any ICB in England and / or NHS England) for the Elective Referral (see section 2 of this SOP) and wants to deliver the services from the location as specified in that contract.

3.2.

Example:

Provider A has a contract in place with Derby and Derbyshire ICB to deliver Ophthalmology services to the patients registered with a GP in Derby and Derbyshire from a clinic located in Chesterfield. Provider A wants to be included on NENC ICB's list to offer choice to NENC population.

Provider A is entitled to do this provided they are only offering the Ophthalmology service as described in their contract with Derby and Derbyshire ICB in the Chesterfield clinic to the population NENC. If they do this, it is implied that the terms of Derby and Derbyshire's ICB contract with ICB Provider A will apply to this activity delivered on behalf of NENC ICB.

NOTE:

- 3.3. The commissioning contract must detail the location and site that the services are to be delivered at and will only entitle the provider to be a choice for patients at the sites specified. The detail of the contract relied upon will determine whether virtual/remote appointments delivered to NENC ICB are allowed and the ICB will seek clarification from NHS England's patient choice team where appropriate/required.

For the avoidance of doubt, in the opinion of the referrer making the referral, the provider must offer clinically appropriate services for the patient, in respect of the patient's condition and referral so, for example, if virtual/remote appointments are being offered but not deemed clinically appropriate by the referrer, the patient would not be able to choose that provider.

- 3.4. **Route 2: S7 PPCCRs** - the provider can ask to be accredited to deliver Elective Referrals (see section 2 of this SOP). Following which NENC ICB must take them through our accreditation process.
- 3.5. A summary of the decision-making process to determine if a provider falls within the remit of Route 1 or Route 2 can be found in Diagram A.

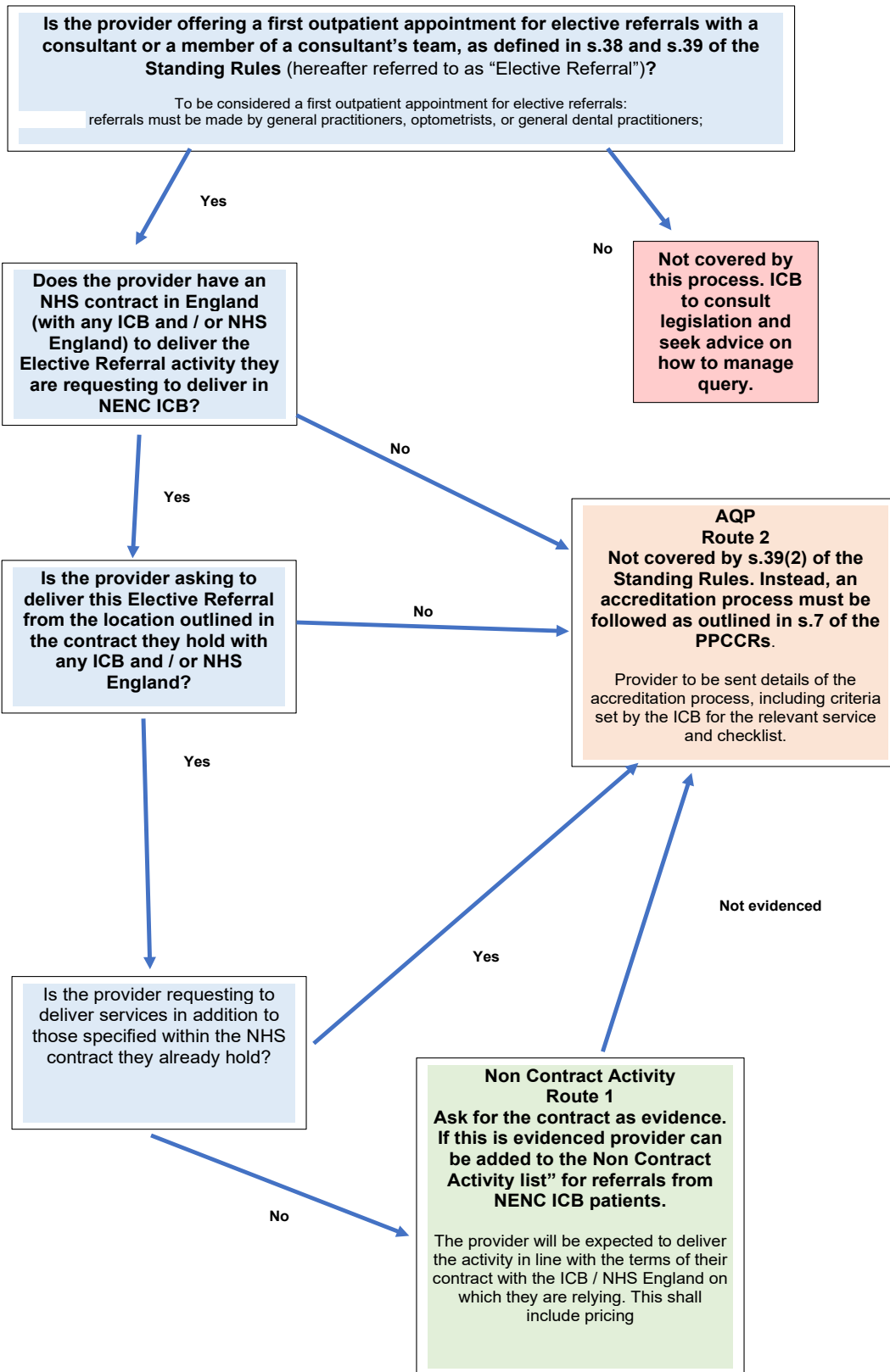


Diagram A: Choice legislation decision tree

4. Route 1: S39.2 Standing Rules (Non-Contract Activity)

- 4.1. If the provider is asking to deliver services under **route 1**:
- a) **Step 1:** NENC ICB must ask the provider to confirm the activity they are wanting to deliver falls within the definition of Elective Referrals. If the activity does not fall within the definition of Elective Referrals, the provider cannot deliver the activity under choice legislation.
 - b) **Step 2:** NENC ICB to ask for a copy of the contract to be assured that route 1 applies. If route 1 does not apply the provider should be directed to route 2 as outlined in section 5 below.
 - c) **Step 3:** Quality assurance must be undertaken. NENC ICB are to contact the host ICB the provider contracts with to ask whether there are any quality concerns / issues with the provider and assure themselves that these are being addressed:
 - (i) If any issues identified are material enough to mean that there are significant patient safety concerns which may reasonably result in the service being suspended / withdrawn NENC ICB must agree with the host commissioner how to manage these issues and escalate to Contract Group for a decision on how to manage communications with provider if not willing to add them to the list which does not breach the choice legislation.
 - d) **Step 4:** If NENC ICB is assured that there are no material quality issues identified in step 2, and / or these are being managed by the host ICB and are not material enough to warrant suspension / withdrawing of a contract the Provider can be approved to be added to the list for choice. NENC ICB are to communicate this with the provider.
 - e) **Step 5:** NENC ICB are to add the providers information to the “Non-Contract Activity” list
- 4.2. A pack that can be shared with the provider outlining the process in steps 1 to 4, above, can be found in appendix A of this SOP. However, please be mindful of paragraph 4.3 below.
- 4.3. Note, there is no requirement for the provider to approach us to be asked to be added to the list for choice under route 1. The provider could just open their service up to electronic referrals via the electronic referral system. It is advised that:

- a) Finance teams do not pay any non-contract activity (NCA) invoices without first checking with contracting / being assured that they are on the Non-Contract Activity list (step 5) and have been through steps 1 – 3 as outlined above. If they are not, NENC ICB can withhold payment of the invoice until step 1 (not 2 or 3) has been conducted. NENC ICB can then undertake steps 2 and 3 and communicate with the provider the position for any future NCA invoices depending on the outcome of steps 2 and 3. Following which steps 4 and 5 should be undertaken.
 - b) On an annual basis, all NCA being invoiced to NENC ICB is audited. For any providers not on the register (step 5) the process outlined in 4.3.(a) above is to be followed, noting that we may have already paid the invoices so we may need to instead communicate that we will not pay any future invoices until step 1 has been completed.
- 4.4. NENC ICB will not normally award their own written contract for the services delivered at the location specified in the host ICB contract and activity will be treated as NCA. In the absence of written contract between the provider and NENC ICB, NENC ICB and the provider will deal with each other on the basis of an implied NHS Standard Contract on the same terms as with the host ICB (see section 25 of the *Technical Guidance*). If activity and cost levels breach relevant thresholds then the ICB will consider awarding their own contract.

5. Route 2: S7 PPCCRs (AQP)

- 5.1. If the provider is asking to deliver services under **route 2**:
- a) **Step 1**: Send the provider the accreditation form in appendix B and ask for this information to be submitted to NENC ICB. If the provider fails to submit this information no further action is required, however, ensure all correspondence is documented and kept on file.
 - b) **Step 2**: Once submitted a panel of one contracting, one commissioning, one quality and one clinical colleague will be convened. Where the service is outside of the scope of the national tariff a finance colleague will also be included. These colleagues should have no conflicts of interest to declare and the commissioning and clinical staff should be subject matter experts for the related services. These colleagues are asked to review the information presented by the provider and consider any specific questions / further assurances required.

Depending on the level of questions and assurance this can be undertaken through a structured interview with the provider, followed

up by a declaration that questions were asked and answered; or by asking the provider for further written evidence.

When undertaking this step the panel should be proportionate and consider the level of detail reasonably expected from any other provider already operating services in NENC ICB.

The panel must reach a decision at this stage as to whether they are reasonably assured. If they are reasonably assured they can notify the provider that they are accredited pending a quality assurance visit. If they are unassured and the panel believe that no additional questions, interviews or quality assurance visits will provide any additional re-assurance then they must escalate to the NENC Contract Group Chair for a decision on how to manage communications with provider that they have not been accredited without breaching the choice legislation.

- c) **Step 3:** The panel must arrange a quality assurance visit to the location from which the provider will be delivering the services. The panel can send deputies on this visit and additional attendees that are experts in their area e.g. infection prevention control can attend (as proportionate and relevant) but those attending who were not on the original panel must be briefed so not to contradict / undermine step 2.

The panel must reach a decision at this stage as to whether they are reasonably assured. At this point they should discuss their recommendation with the chair of the NENC contract group, who may use the next available contract group meeting to assure the recommendation prior to seeking approval from Executive Committee on the final decision.

If the recommendation to accredit the provider is approved by Executive Committee, then the provider can be notified in writing that they have been accredited pending a signed declaration statement. If they are unassured and the panel believe that no additional questions, interviews or quality assurance visits will provide any additional re-assurance then this must be communicated to the provider in writing setting out the reasons for the ICB's decision.

- d) **Step 4:** Add the providers information to the “Accredited Providers” tab on the NENC ICB contract register. Unless the provider has been awarded a contract (see section 6 below) then this accreditation process should be undertaken on a 3 yearly basis, or more often if quality concerns are identified and/or qualitative criteria for the relevant services is materially changed.

Note, 3 yearly is considered reasonable and proportionate on the basis that those with significant activity volumes are likely to be awarded a contract and then will be subject to contract and quality management processes.

6. Contract Management

6.1. Under the legislation, if a contract is awarded directly to a provider under route 2, then this contract must continue to be rolled forward (subject to no fault termination) without any future procurement of services or re-accreditation unless:

- there are quality concerns material enough to leave the provider in material breach of contract which would result in termination or suspension of the services and because of these quality concerns it is unlikely, if the provider were to be reaccredited, that they would pass the accreditation process.
- The ICB alters its service criteria resulting in the need for all relevant providers to be reaccredited.

Any decisions to not re-award a contract that falls within the scope of the choice legislation should first be considered by the NENC Contract Group to ensure consistency of approach and then approved by Executive Committee.

7. Appeals

7.1 If the provider is unhappy with the ICB's decision under route 1 or 2 then they can appeal in writing to the ICB setting out the grounds for their appeal. The appeal must be received in writing no later than three months after the date of the letter advising of the outcome of the decision. The ICB will ask a senior manager who was not involved in the original decision to review the appeal and decide whether the appeal should be upheld.

7.2 If the provider remains dissatisfied with the outcome of the appeal, they will be able to refer their case to NHS England's choice complaints process.

Appendix A – Route 1

Provider Pack: Delivering choice services under an existing NHS contract - NHS North East and North Cumbria Integrated Care Board (NENC ICB) process

- A. The following choice accreditation process applies only when a provider is wanting to offer first outpatient appointments for elective referrals with a consultant or a member of a consultant’s team as defined in s.38 and s.39 of the *National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012* (the “Standing Rules”); hereafter referred to as “Elective Referrals”.
- B. For the avoidance of doubt, to be considered an Elective Referral, referrals to the service must be made by general practitioners, optometrists or general dental practitioners.
- C. Patients already seen by another provider for the same presenting condition are outside the scope of this legislation.

A provider requesting to be accredited by NENC ICB under section 39.2 of the *National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012* (the Standing Rules); is required to submit the following information:

Elective Referrals	
1	<p>Please confirm in writing the activity you are wanting to deliver and that this falls within the scope of Elective Referrals as outlined in points A and B in the preamble to this document.</p> <p>Answer:</p> <p>Any activity delivered that is outside the scope of the legal definition of Elective Referrals will not be able to be delivered to NENC ICB patients under the choice legislation. If any such activity is delivered without prior consent of NENC ICB, NENC ICB reserve the right to not fund this activity.</p>
2	<p>Please provide copies of the contract you hold with an integrated care board in England and / or NHS England on which you are relying to deliver the activity in line with the Standing Rules.</p> <p>Please note that activity must be delivered as specified in this contract and from the location referenced in this contract. If the location is not referenced in this contract, then it is implied that this is from the place where the majority of activity delivered under this contract takes place.</p> <p>Please confirm in writing you understand the above and, if not included in the contract, provided the address from which you will be delivering the activity.</p>

	<p>NENC ICB will expect to pay the prices outlined in this contract or national tariff, whichever is the lower.</p>
	<p>Answer:</p>
	<p>If, following receipt of the information above, the provider is looking to deliver activity that is outside the scope of their existing NHS contract, they will instead be directed to the NENC ICB route 2 accreditation process at Appendix B.</p>
<p>3</p>	<p>Provide details of any performance or quality issues that you are currently working through with your NHS commissioners as described in your response to question 2. Please also provide contact information for your NHS commissioner so this information can be verified.</p>
	<p>Answer:</p>
	<p>NENC ICB expects providers to have a reasonable level of business-as-usual quality and performance issues. However, where these are deemed to be material enough to impact patient safety, NENC ICB will work with your contracted NHS commissioner to understand how these issues are being managed and whether they are assured progress is being made to address the issues. Where NENC ICB deems that these performance or quality issues are material enough to impact patient safety which would result in a contract being withdrawn or suspended, NENC ICB reserves the right to not authorise the delivery of any activity under this contract to their patients.</p>
<p>4</p>	<p>In accordance with SC29.4 of the NHS Standard Contract NENC ICB operates a Value Based Commissioning Policy. Under the terms of the NHS Standard Contract NENC ICB hereby gives notice to the provider that they are expected to comply with this policy when delivering any activity under the choice legislation.</p>
	<p>NENC ICB will not fund any activity that is delivered out of line with the Value Based Commissioning Policy and any national Evidence Based Interventions Guidance.</p>

Providers are then asked to sign and complete the declaration included in appendix (i).

Declaration: Delivering choice services under an existing NHS contract - NHS North East and North Cumbria Integrated Care Board (NENC ICB) process

I hereby confirm on behalf of [insert companies legal name] (the Provider) that as an organisation all information shared as part of the *Delivering choice services under an existing NHS contract – NHS North East and North Cumbria Integrated Care Board (NENC ICB) process* is accurate at the time of presentation.

I understand that if it later transpires that any information provided as part of the process was misleading and / or inaccurate and this was reasonably expected to be known by an agent of the Provider at the time of sharing the information that NENC ICB reserve the right to not pay for any activity charged as Non-Contract Activity.

I understand that if, as a Provider, we become aware that any of the information shared as part of this process that is no longer operational and / or accurate we have a duty to notify NENC ICB at the earliest reasonable opportunity. NENC ICB will work with the provider to manage the implications of this. Where any issues identified are a breach of contract, these will be managed in line with the relevant clauses in the NHS Standard Contract³, which in the absence of a written contract will be deemed implied to exist between NENC ICB and a provider charging for activity under Non-Contracted Activity.

SIGNED by

[insert authorised signatories name] for and on behalf of [insert providers name]

.....
Signature

.....
Job title

.....
Date

³ <https://www.england.nhs.uk/nhs-standard-contract>

Appendix B – Route 2

NHS North East and North Cumbria Integrated Care Board (NENC ICB) Choice Accreditation Process

- A. The following choice accreditation process applies only when a provider is wanting to offer first outpatient appointments for elective referrals with a consultant or a member of a consultant’s team as defined in s.38 and s.39 of the *National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012* (the “Standing Rules”); hereafter referred to as “Elective Referrals”.
- B. For the avoidance of doubt, to be considered an Elective Referral, referrals to the service must be made by general practitioners, optometrists or general dental practitioners.

A provider requesting to be accredited by NENC ICB under section 7 of the *National Health Service (Procurement, Patient Choice and Competition (No.2) Regulations 2013* (the PPCCRs)) is required to submit the following information as part of the accreditation process. (Note: there is no need to repeat answers; you may refer to responses to other questions if you believe you have covered the answer in sufficient detail in another response).

General Information	
1a	<p>Please indicate whether you are:</p> <ul style="list-style-type: none"> a) applying as a prime provider who will deliver 100% of the service activity yourselves; b) applying as a prime provider but will be using third parties to deliver some of the activity; c) applying as a prime provider but will be operating as a managing agent and will use third parties to deliver all of the activity; d) applying as a consortium but not proposing to create a new legal entity; or e) applying as a consortium and intend to create a new legal entity. <p>Details of any sub-contracting arrangement must be provided. All the assurances required throughout these questions will also apply to any sub-contractor or member of the consortium and must be answered as so.</p>
	Answer:
	NENC ICB Evaluation Criteria: This question is asked for information only.
1b	<p>Please provide the address from where you will be delivering the activity. Be specific and include whether any, and what, activity will be delivered virtually.</p>
	Answer:

	<p>NENC ICB Evaluation Criteria: This question is asked for information only. If any activity is to be provided virtually, the clinical appropriateness of this will be assessed under question 7c and in consideration of existing relevant commissioned services.</p>
<p>Elective Referrals</p>	
2a	<p>Please confirm in writing the activity you are wanting to deliver and that this falls within the scope of Elective Referrals as outlined in points A and B in the preamble to this document.</p> <p>Answer:</p> <p>NENC ICB Evaluation Criteria: Compliant / non-compliant. Non-compliant activity will not be accredited. NENC ICB will not accredit providers to deliver activity that is not routinely commissioned by NENC ICB. Any activity required to be delivered that is not routinely commissioned will instead follow the process for Individual Funding Requests (IFR).</p>
2b	<p>Where the proposed service is within the scope of the national tariff, please confirm in writing that you are willing to deliver the activity in line with nationally published prices. Confirm the treatment function codes applicable to each element of activity you are wanting to provide.</p> <p>Answer:</p> <p>NENC ICB Evaluation Criteria: Compliant / non-compliant/Not applicable. Non-compliant activity will not be accredited.</p>
<p>Financial Assessment</p>	
3a	<p>Please provide a copy of your audited accounts, or where audited accounts are not required, a summary statement of the company's financial health.</p> <p>Answer:</p> <p>NENC ICB Evaluation Criteria: NENC ICB will use this information and undertake an Experian Credit search to ensure the provider is a legitimate and solvent. This will be assessed on a pass / fail basis.</p>
<p>Patient Initiated Follow Up and Pathway Efficiency</p>	
4a	<p>Please provide details of your anticipated new to follow up ratios.</p>

	<p>Answer:</p> <p>NENC ICB Evaluation Criteria: Where information is available NENC ICB will benchmark this information against other providers in NENC ICB to ensure that the pathway the provider is offering is efficient. Where the ratios do not come within the NENC range the provider will not be accredited. If the provider is not accredited NENC ICB will provide details of the local ranges to enable the provider to consider how existing providers operate follow ups in NENC.</p>
4b	<p>Please confirm in an assurance statement that you understand Patient Initiated Follow Up⁴ and provide detail for how you have adopted this in your pathway.</p> <p>Answer:</p> <p>NENC ICB Evaluation Criteria: NENC ICB will only accredit providers who can provide reasonable assurance that they apply patient initiated follow up to the service they are proposing to deliver to NENC patients.</p>
4c	<p>Where applicable to the activity, please explain how diagnostic testing will be carried out. In many cases it will be expected that diagnostics will be delivered on the same day as the patient attends for their outpatient appointment where possible, unless NICE guidance states otherwise. Provide assurance for how you will be compliant with this requirement; explain how you will be compliant with NICE guidance if this indicates a different requirement; or state not-applicable.</p> <p>Answer:</p> <p>NENC ICB Evaluation Criteria: Compliant / non-compliant. Non-compliant activity will not be accredited.</p>
4d	<p>Please confirm how you will take all reasonable steps to minimise on the day cancellations. NENC ICB reserve the right to withhold payment for any on the day cancellations deemed avoidable or unreasonable.</p> <p>Answer:</p> <p>NENC ICB Evaluation Criteria: NENC ICB will only accredit providers who can robustly articulate they have processes in place to minimise on the day cancellations.</p>
4e	<p>Please confirm, where applicable, how you will share care/transfer prescribing to the NHS general medical practitioner, general dental practitioner or optometrist.</p>

⁴ <https://www.england.nhs.uk/outpatient-transformation-programme/patient-initiated-follow-up-giving-patients-greater-control-over-their-hospital-follow-up-care/>

	Answer:
	NENC ICB Evaluation Criteria: NENC ICB will only accredit providers who can robustly articulate they have shared care protocols in place with the referrer.
Quality, Performance and Contracting	
6a	Please provide a copy of your CQC registration and rating where required for the services to be delivered.
	Answer:
	NENC ICB Evaluation Criteria: NENC ICB will only accredit providers rated as outstanding or good.
6b	Please provide copies of indemnity certificates (employers' liability, clinical negligence, public liability and professional negligence).
	Answer:
	NENC ICB Evaluation Criteria: NENC ICB will only accredit providers who can evidence they have indemnity as required under General Condition 11 of the NHS Standard Contract.
6c	Please confirm that as an organisation you have read, understood and are able to comply with, all nationally mandated applicable elements of the most up to date version of the NHS Standard Contract ⁵ .
	In accordance with SC29.4 NENC ICB operates a Value Based Commissioning Policy. Please also provide confirmation that you understand any requirements in this policy as applicable to the services you will delivering to the NENC population and will apply this policy and any associated nationally applicable Evidence Based Intervention policies accordingly.
	Answer:
	NENC ICB Evaluation Criteria: Compliant / Non-compliant. Providers will only be deemed compliant where they can comply with the NHS Standard Contract, the NENC ICB Value Based Commissioning Policy, and national Evidence Based Intervention Guidance, confirmed in their returned declaration.

⁵ <https://www.england.nhs.uk/nhs-standard-contract>

6d	Please state which NICE guidelines/pathways apply to the service you are applying to deliver and confirm that your service delivery is compliant with these guidelines.
	Answer:
	NENC ICB Evaluation Criteria: Compliant / Non-compliant. Providers will only be deemed compliant where they can demonstrate they are aware of all relevant NICE guidelines and pathways and confirm they are compliant with them
Service Pathway	
7a	Provide details of any contracts you currently hold with the NHS for the services you want to deliver. Please detail specifically which NHS organisations you hold contracts with and for which services. Please provide copies of service specifications.
	Answer:
	NENC ICB Evaluation Criteria: This question is asked for information only to support the evaluation of question 7b.
7b	Provide details of any performance or quality issues that you are currently working through with your NHS commissioners as described in your response to question 7a.
	NENC ICB Evaluation Criteria: NENC ICB expects providers to have a reasonable level of business-as-usual quality and performance issues. However, where these are deemed to be material enough to impact patient safety, NENC ICB will contact the commissioner in question to understand how these issues are being managed and whether they are assured progress is being made to address the issues. Where NENC ICB deems that these performance or quality issues are likely to impact services, if expanded to NENC, NENC ICB will not accredit the provider. NENC ICB will consider accreditation again in the future once these issues are addressed and improvements embedded.
7c	For each service you wish to provide please submit an outline of your whole pathway of patient care and explain how services deliver high-quality care, and are safe and cost-effective. Please consider the service specifications and/or minimum standards that the ICB will provide you. Note that as the ICB is regional organisation with different health needs and requirements across its population that there may be different service specifications for different areas within NENC. Where this is the case the ICB will share the minimum level requirements that are consistent across all its services and importantly use the same baseline to assess all providers. If you wish to provide services to one particular geography in NENC please make the ICB aware so that any specific delivery requirements can be highlighted.

	<p>This must include outlining how you will provide any follow up care that is required. Specifically:</p> <ul style="list-style-type: none"> • where you do not provide all care yourselves, please provide details of arrangements you have in place with other local system providers to deliver this follow up care; and / or • where it is custom and practice that there is no requirement to provide follow up care as part of the pathway, include details of how both general practitioners and patients are made aware of this prior to making the referral so they have managed expectations. <p>Please also include details of the pathway for any post activity complications, including any agreements in place with local providers where these are not dealt with by your organisation.</p> <p>If you are proposing to deliver any part of the pathway virtually, and or using digital apps, please provide details</p>
	<p>Answer:</p>
	<p>NENC ICB Evaluation Criteria: NENC ICB will review the pathway against its specification/minimum standards and ask the provider any clarification questions on how the pathway works and also ask for any additional assurances required. These questions will be specific to each provider where further reassurance is needed based on the information provided.</p> <p>NENC ICB will reasonably accredit providers where they are assured that there is a robust patient pathway in place, considering the provider's experience of NHS patients or private patients already on the provider's pathway in the same, or other locations. If following a reasonable amount of questioning and discussions NENC ICB are not assured that the provider can meet its specification/minimum standards, the provider will not be accredited. In this scenario NENC ICB will write to the provider outlining the assurances required and expectations against these assurances and why these were not met by the provider.</p>
7d	<p>Please provide details on your workforce. Specifically:</p> <ul style="list-style-type: none"> • where your clinical workforce will come from (nurses, doctors and consultants) i.e. do you have existing workforce or will you need to attract additional workforce and how will you do this without destabilising the existing NHS workforce; • the amount of non-clinical additional workforce you will be looking to attract to open and maintain your site in NENC. <p>If you are not proposing to open a new site in NENC, but are wanting to deliver additional NHS activity from the existing site, please still answer the above questions but instead focussing on any additional workforce you will need to meet your anticipated NHS demand.</p>
	<p>Answer:</p>

	<p>NENC ICB Evaluation Criteria: NENC ICB will only accredit providers where they are assured that the existing local NHS workforce will not be de-stabilised as a result of the provider entering the market. NENC ICB acknowledge that there will be some movement in the workforce; but NENC ICB will need to be assured that the providers workforce plan brings new clinical workforce into the system instead of increasing competition for the same finite workforce.</p>
7e	<p>Please provide details of how you intend to ensure that your service is fully integrated with other providers along the patient pathway.</p> <p>This should include, but not be limited to, information about any protocols and arrangements you have in place with other providers for support to ensure patient safety; arrangements for diagnostics, communication with the referrer; and arrangements for on-going care.</p>
	<p>NENC ICB Evaluation Criteria: Evidence is clear that integrated care improves patient satisfaction, care and outcomes. As an integrated care organisation NENC ICB feels it is paramount that commissioned services are as integrated as possible. NENC ICB will only accredit providers where they are assured that they will be able to integrate with existing providers to ensure continuity of care and as a consequence the quality of service on offer will be at least the same as that provided by existing providers .</p>

There may be further questions, meetings or structured interviews required to provide further assurances in relation to the information provided in the table above.

If all assurances are satisfied NENC ICB will accredit the provider pending a quality assurance visit. NENC ICB will arrange this quality assurance visit to the location from which the provider will be delivering any clinical activity at a time that suits both parties. At this quality assurance visit additional questions may be asked to assure NENC ICB of accessibility, quality and patient safety. If NENC ICB remains reasonably assured following this quality assurance visit the provider will be accredited subject to receipt of a declaration statement.

Once all information requested during the accreditation process has been provided and all questions have been asked and answered, the provider will be required to submit the declaration statement outlined in appendix (i) to NENC ICB. Following which they will be deemed accredited.

Accredited providers will not automatically be awarded contracts. The decision on whether to award a contract will be taken based on a number of factors, not limited to the ability to be added to the list, risk, activity flows and required oversight. In the absence of written contracts there is deemed to be an implied NHS Standard Contract.

If the provider is not accredited NENC ICB will provide the detail in writing, outlining the reasons for non-accreditation and, if applicable, and what would be required of the provider in the future should they wish to re-submit for accreditation.

Services outside the scope of the national tariff

If an accredited provider is delivering a service outside the scope of the national tariff, NENC ICB will seek to agree a local price for the service delivery, following successful accreditation and prior to service commencement. As a minimum, the following will be considered when agreeing this price:

- Any prices already being paid to the provider by an NHS commissioner via an NHS contract for the same service
- The principles of agreeing local prices within NHS tariff [guidance](#)
- The price paid to existing NENC providers of the same service

NENC ICB will not automatically pay a price agreed by a different NHS commissioner.

Declaration of the NHS North East and North Cumbria Integrated Care Board Assurance Process

I hereby confirm on behalf of [insert companies legal name] (the Provider) that as an organisation all information shared as part of the NHS North East and North Cumbria Integrated Care Board assurance process is accurate at the time of presentation.

I understand that if it later transpires that any information provided as part of the accreditation process was misleading and / or inaccurate and this was reasonably expected to be known by an agent of the Provider at the time of sharing the information that NENC ICB reserve the right to withdraw any accreditation.

I understand that if, as a Provider, we become aware that any of the information shared as part of this accreditation process is no longer operational and / or accurate we have a duty to notify NENC ICB at the earliest reasonable opportunity. NENC ICB will work with the provider to manage the implications of this; which may include withdrawing accreditation where these changes highlight significant quality concerns related to patient safety. Where any issues identified are a breach of contract, these will be managed in line with the relevant clauses in the NHS Standard Contract⁶, which in the absence of a written contract will be deemed implied to exist between NENC ICB and any accredited provider.

SIGNED by

[insert authorised signatories

name] for and on behalf of [insert providers name]

.....
Signature

.....
Job title

.....
Date

⁶ <https://www.england.nhs.uk/nhs-standard-contract>