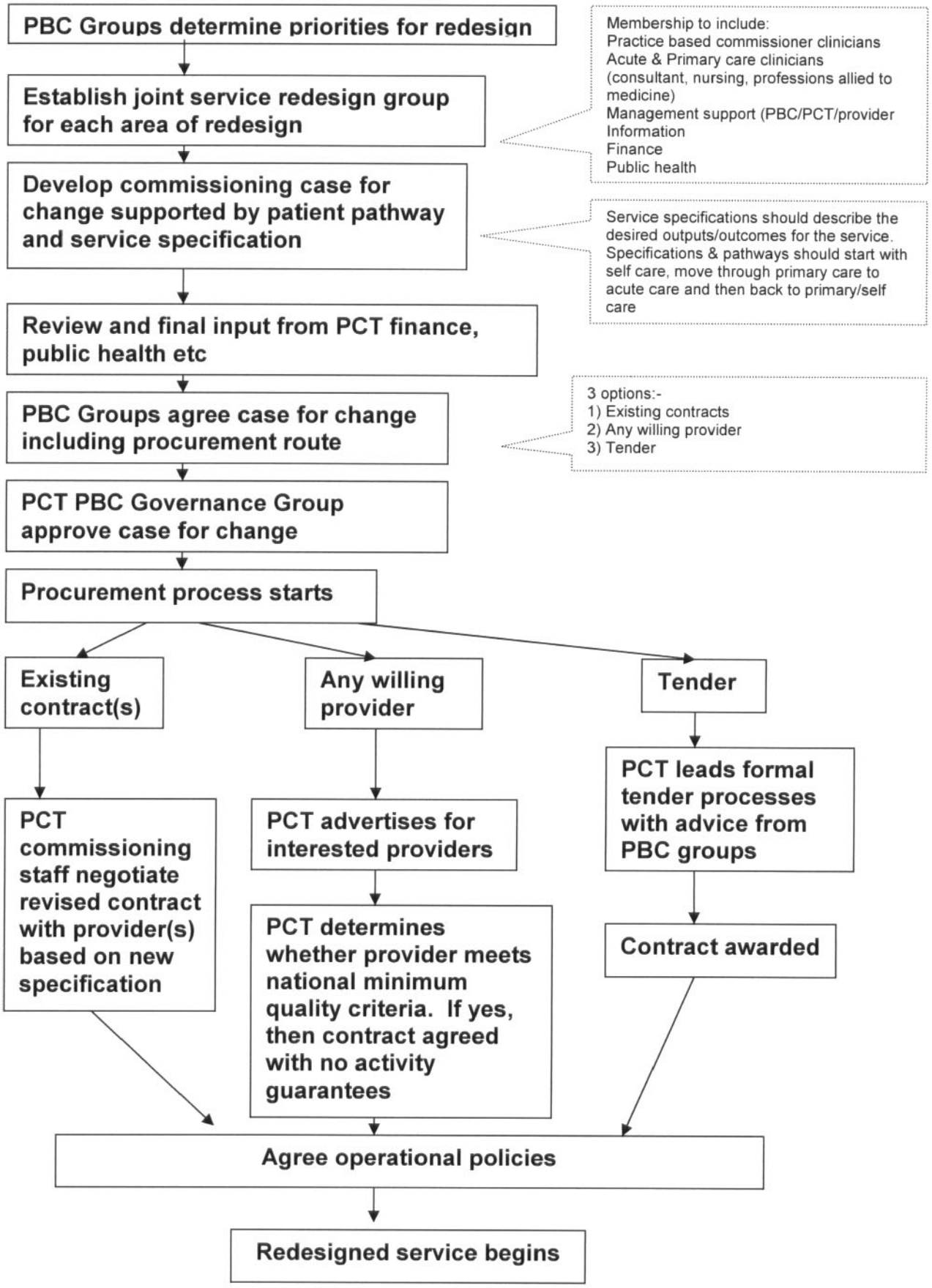
PBC Groups determine priorities for redesign
Establish joint service redesign group for each area of redesign
Membership to include:
Practice based commissioner clinicians
Acute & Primary care clinicians (consultant, nursing, professions allied to medicine)
Management support (PBC/PCT/provider
Information
Finance
Public health
Develop commissioning case for change supported by patient pathway and service specification
Service specifications should describe the desired outputs/outcomes for the service. Specifications & pathways should start with self care, move through primary care to acute care and then back to primary/self care
Review and final input from PCT finance, public health etc
PBC Groups agree case for change including procurement route
3 options:-
1) Existing contracts
2) Any willing provider
3) Tender
PCT PBC Governance Group approve case for change
Procurement process starts
Existing contract(s)
Any willing provider
Tender
PCT commissioning staff negotiate revised contract with provider(s) based on new specification
PCT advertises for interested providers
PCT determines whether provider meets national minimum quality criteria. If yes, then contract agreed with no activity guarantees
PCT leads formal tender processes with advice from PBC groups
Contract awarded
Agree operational policies
Redesigned service begins