**Appendix 1**

**OOCMG Terms of Reference**

**OOCMG Terms of Reference**

1. Membership  
   The membership of the OOCMG will include all acute and mental health Trusts in the London and East of England regions who are interested in contributing to the group.   
   The procurement specialist from London and East of England will provide support to the group. Any other procurement specialists are welcome as advisors or in a substantive role.
2. Members must declare any relevant commercial interests and any individual sponsorship provided by any of the companies who are involved in tendering adjudication. This must be declared on the Department of Health Declaration of Interests website (<https://www.cmu.nhs.uk/secure/EDIS/Login.aspx> ).
3. Purpose of the OOCMG  
   The broad purpose of the OOCMG will be to assist trust members in delivering a comprehensive governance of their outsourced service partner. The group will
   * + Share best practice
     + Work towards a standardised and consistent governance processes.
     + Share documentation (e.g. business cases specifications and contracts) and work towards standardising a document set.
     + Benchmark performance and costs.
4. Chair  
   The position of chairperson will be appointed by the members. The chair position will be reviewed on a two yearly basis.
5. Appointment of New Members  
   The OOCMG may invite or consider applications from other regions to join the group.
6. Frequency of Meetings  
   The OOCMG will meet every three months initially. If a meeting has less than 5 members attending it should be rescheduled.
7. Reporting Arrangements  
   The OOCMG will report any findings and recommendations to the Chief Pharmacists in London and East of England for ratification before they can be adopted.
8. Commitment of OOCMG Members  
   The work programme will be broken down into a list of initiatives. Each of these will be lead as a project by an OOCMG member on behalf of the group.
9. Accountability

The OOCMG will be accountable to the Chief Pharmacists in London and East of England.

**Appendix 2 Type and Nature of Services**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trust** | **Space in m2** | **Is this sufficient** | **Monthly no of items** | **No of staff** | **Opening times** | **Services offered** | **Rx screened by 3rd party** | **IT** | **Additional Logistics** | **No of items per WTE** |
| **A** | 105.9 | No | 6436 | 9.3 | M-F 8.30-6pm | OP, Day case | OP, Day case | Own | No | 692 |
| **B** | 90 | No | 9000 | 13 | M-F 8am-9pm  Weekends and BH 9am-5pm | OP,CD,  Day case, HIV,  Oral Chemo | OP,CDs | Trust | No | 692 |
| **C** | 94 | No | 9000 | 10.3 | M-F 9am-6pm | OP,CD,  Day case, HIV,  Oral Chemo,  Private patients | OP,  Private and Day case | Trust | No – plans in place | 873 |
| **D (multi site)** |  |  | 24120 |  | M-F 9.5hrs per day  Weekends and BH – 4hours | OP,CD,  Day case, HIV,  Oral Chemo,  Private patients | OP,CD,  Oral Chemo, HIV repeats | Trust | No – pilot planned |  |
| **E (planned)** | 92 | No site yet allocated | 12000 |  | M-F 9am-6pm  Sat service | OP,CD,  Day case, HIV,  Oral Chemo,  Private patients, Clinical trials | OP, HIV,  Private and Day Case | Trust | Yes- planned |  |
| **F(planned)** | 20 |  | 5268 | 4 | M-F 8.45am -6pm | OP,CD,  Day case, HIV,  Oral Chemo,  Private patients | OP,CD, Day case, Oral Chemo | Trust | Exceptional circumstances | 1317 |
| **G** | 60 |  | 4600 | 5 | M-F 9am-5.30pm | OP, Oral Chemo, Private patients | OP, Private | Trust |  | 920 |
| **Appendix** | 51 and 70 | Yes | 16000 | 8 | M-F 8.30am-6.30pm |  |  |  |  | 2000 |
| **I** | 180 | Yes | 14000 | 9 | M-F 9am-6.30pm | OP and Oral Chemo |  |  |  | 1556 |
| **J** | 65 | No | 4400 | 8 | M-F 9am-6.30pm  10-4 Sat  10-2 Sun | OP,HIV |  |  |  | 550 |

**Appendix 3 Business Case Template**

**BUSINESS, RESOURCE AND STRATEGY GROUP**

**BUSINESS CASE PROFORMA FOR OUTSOURCING**

***\* Please refer to attached Guidance Notes when completing the business case proforma***

|  |  |  |
| --- | --- | --- |
| Business Case for Capital and Revenue Investment | | |
| Title of Bid |  | |
| Care Group / Department |  | |
| Author of Business Case |  | |
| General Manager Approval |  |  |
| Finance manager approval |  |  |
| **1. Executive Summary -** a succinct summary of the bid setting out key headline data | | |
| **2. Description of bid –** outline the problem and how do you propose to solve it *or* describe the opportunity and what are your requirements to capitalise on it  **Background -**  **FP10 prescriptions**  **Homecare prescriptions -** | | |
| **3. Strategic Fit -** identify key relevant external and internal strategic drivers (e.g. NSF’s, IOG’s, care group priorities , KPI’s etc) and how the bid supports their delivery. How it fits in with departmental and corporate (e.g. IT) strategies   * **Financial benefits** – * **Improve patient care** * **Improve patient access** * Improve pharmacy services for IPs and discharge – * Staff benefits – | | |
| **4. Define objectives –** identify the key objectives which the bid seeks to deliver, making these ‘SMART’ and include measurable out-comes e.g.   1. Save money for the NHS: 2. Save money for organisation 3. Improve outpatient dispensing waiting times: 4. Increase options by which outpatients obtain their medicines 5. Improve pharmacy services for inpatients and speedier discharges | | |
| **5. Options –** Identify a range of options for how the problem or opportunity can be addressed or capitalised briefly summarising each. **Include a do nothing option** | | |
| 1. Non financial appraisal of options (including risk analysis) – identify the extent to which each option meets the objectives listed in section 4. Noting key risks associated with each.  |  |  |  |  | | --- | --- | --- | --- | | OBJECTIVES | **Option 1** | Option 2 | Option 3 | | 1. Save money for the NHS |  |  |  | | 2. Save money for organisation |  |  |  | | 3. Improve outpatient dispensing waiting times |  |  |  | | 4. Increase options by which outpatients obtain their medicines |  |  |  | | 5. Improve pharmacy services for inpatients and discharge |  |  |  | | | |
| **7. Financial appraisal of options –** Identify and quantify revenue and capital costs for each option, taking into account costs that may be incurred within other departments, e.g. IT Appraisals for Option 1, 2 etc as identified in section 5 and 6  **Explanation of financial factors**  **7.1 Income/ Savings**   * VAT savings – * Staff savings * Rental charges * % Retail Turnover   **7.2 Costs / Expenditure**   * Service costs * Staff – monitoring & administration of * Project Management * Building works * IT costs(NB these can be considerable). * Infrastructure costs * Ongoing costs due to changes in maintenance contracts.   **7.3 Savings to NHS**  **7.4 Savings to organisation**  **7.5 Other financial factors considered**   * TUPE/Redundancy costs – * Prescription charge income * NHSLA Trust Indemnity – | | |
| **8. Stakeholder support –** identify key internal and external stakeholders demonstrating that they have been consulted and support the proposal(e.g. PCT support for any service developments) and that the relevant checklists have been appropriately completed | | |
| **9. Preferred option –** based on non-financial and financial appraisal identify the preferred option summarising why this is the case | | |
| 10. Implementation Plan , timetable, responsibility, compliance with procurement rules etc. | | |
| 11. Risk Assessment – describe any risks with any of the options (including clinical risk, risk of loss of activity / income, loss of reputation – and risk to business continuity)   * **Change to VAT rules** – * **Changes to service volume** – * **HIV Consortium agreement** (if applicable) * **HIV patient concerns** – (if applicable) * **HIV Infrastructure costs** – the impact of this scheme on infrastructure costs that the trust receives from the HIV Consortium will need to be considered. * **Tendering process** – * **Hospital prices** * **Public/political opinion** – * **Formulary control** – | | |
| 12. Equality Impact Assessment – | | |

**Appendix 4 OOCMG members**

|  |  |
| --- | --- |
| Amanda Scott-Clark | Guys and St Thomas |
| Andrea Ridley | UCLH |
| Ann Mounsey | Imperial |
| Chisha McDonald | West Middlesex Hospital |
| Chris Barrass | Kings College Hospital |
| Claire McIntyre | Peterborough |
| Damien Kelly | Barts Health |
| Daniel Johnson | Lewisham |
| Darragh Murphey | Imperial |
| David Heller | Surrey and Sussex |
| Deidre Linnare | Chelsea and Westminster |
| Ellisha Halford | Lewisham |
| Evelyn Allen | Southend Hospital |
| Gary Donald | St Georges Hospital |
| Gill Eyers | Kingston |
| Gill Honeywell | Isle of Wight |
| Jacqueline Bowden | Bournemouth |
| Katey Hewitt | Chelsea and Westminster |
| Kay Buttars | Addenbrookes |
| Kevan Wind | Specialist Pharmacy Services |
| Kiran Bhogal | Croydon |
| Liz Bure | West Middlesex |
| Mark Pepperell | Southampton |
| Nigel Brinklow | Kings College Hospital |
| Roger Fernandes | Lewisham |
| Sakeb Hussain | Royal Berkshire |
| Sarla Drayan | North Middlesex Hospital |
| Steve Williams | Lewisham |
| Stuart Chandler | Southend Hospital |
| Sue Schecter | West Hertfordshire Hospitals |
| Suraya Quadir | Royal Marsden Hospital |
| Susan Gibert | Thames Valley and Wessex |
| Scott Sweeney | Basildon Hospital |
| Tim McCarthy | Royal Marsden Hospital |
| Tina Coggan | Royal Berkshire |
| Wendy Spicer | Royal Free Hospital |