



## **Willing Provider Policies**

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# 1 Introduction

West Sussex PCT procedures for the commissioning of a service using the any willing provider (AWP) and any willing PCT-accredited provider (AWPP) model are outlined here.

They should be read in conjunction with the trust's policies on Practice Based Commissioning (PBC) Governance and Accountability Framework, Procurement and Market Management.

# 2 Background

Any willing provider (AWP) is an accreditation process with a defined set of rules, whereby for a prescribed set of services, any provider approved by this process can compete for business within that market, without constraint by a commissioner or payor organisation. The AWP model to supply elective services delivers a procurement route to encourage competition within a range of services, rather than for them.

The recently published document 'Transforming Community Services: Enabling New Patterns of Provision' has developed the AWP model further into any willing PCT-accredited provider (AWPP). The AWPP model is a variant of the basic AWP model. AWPP retains the core features of the elective, free choice AWP model but extends its scope to allow the PCT some discretion around local market management.

# 3 When to use Willing Provider models

AWP and AWPP are important vehicles through which to strengthen contestability and market management and support PBC. AWP should be used to procure routine elective services and AWPP should be used for other services where we wish to promote choice. However, it is important to note that AWPP will not be suited to all markets and needs to be tailored carefully to regional markets. It is suitable for situations where there is a well defined service area or pathway, which is capable of being provided by a number of providers, and which has well developed payment regimes. Given that there would be no activity volumes committed to providers, it is likely that services with high set-up or fixed costs would not be as suitable for AWPP.

# 4 General principles

General principles governing service acquisition through AWP are:

- Providers must be registered with the Care Quality Commission to provide the defined service
- Providers will be subject to scrutiny and evaluation to ensure appropriate competence, quality and safety standards
- Providers must comply with appropriate standard NHS contract terms
- Payment is at the national tariff or some other agreed local common rate for the services. Non price competition is the aim of the policy. This means that there is no need for uniformity in contractual service and quality standards. Commissioners should negotiate the best services standards and quality possible as part of contracting with each entrant whilst not amending the mandatory terms in the standard contract thereby increasing value for money

- There are no guarantees of volumes of activity and all contracts are on the basis of unit prices rather than fixed cost elements. The contract value is zero
- All procurements should be fair, open and transparent
- All routine elective services moving from secondary to primary/community care settings will be procured through the willing provider route (but see Market Management Strategy for exceptions).
- Advertising market opportunity and notification of market entry is encouraged

The AWPP model is a variant of the basic any willing provider (AWP) model. AWPP retains the core features of AWP, but also includes the caveat that commissioners have the right to specify additional, service specific 'accreditation' requirements. These may be specific standards or access requirements, to meet specific local service and patient needs. These may not be comprehensively covered in the criteria required to have registration with the Care Quality Commission and therefore need to be introduced by the PCT to ensure service quality and safety.

The AWP and AWPP processes for award of contracts can be open or managed.

In an open process, PCTs are willing to accept proposals from potential providers for services on each occasion that the PCT advertises these services (minimum of every 6 months) in a rolling evaluation process. Subject to a provider meeting the required standards, there is no cap on the number of providers within the local health economy.

In a managed process, the PCT will award contracts at discrete points in time for particular purposes. This may result in contracts not being awarded to providers even though they may meet the standards required.

Willing provider status carries no guarantees from West Sussex PCT of financial commitment or activity. AWP and AWPP contracts do not breach existing PCT standing orders or standing financial instructions as the contract value is zero. Given that there will be no activity volumes committed to providers, it is likely that services with high set up or fixed costs would not be as suitable for AWP or AWPP.

In securing services from willing providers, the PCT requires the same assurances regarding competence, quality and safety as it does for services secured under a formal tendering process

## 5 Process for appointment of a provider to a Willing Provider List

The PCT will advertise for Willing Providers on a service specific basis as the services are to be procured.

Advertising shall be done on the procurement portal [www.supply2health.nhs.uk](http://www.supply2health.nhs.uk) and on the West Sussex PCT website. Advertising shall be accurate and fair and in line with NHS brand values.

The information required to be stored on the websites includes full service specifications and a memorandum of information regarding the procurement process in West Sussex PCT. This should provide interested providers enough information with which to make an informed decision over whether to apply.

Any provider, including new entrants will be eligible to join the Willing Provider List for a service subject to demonstrating competency against the PCT's specified criteria. Applications will be invited from all providers wishing to be added to the list.

## 6 The application process

The application process for AWP and AWPP will involve 2 principal categories or stages. All applicants shall complete stages 1 and 2. Applicants will be approved after stage 2.

	AWP	AWPP
Service type	Routine elective service	Services other than routine elective services
Stage 1	Generic stage 1 accreditation document	Generic stage 1 accreditation document
Stage 2	Service specific stage 2 accreditation document *	Service specific stage 2 accreditation document

\* For AWP stage 2 accreditation additional accreditation requirements can be specified if they are operational requirements that make it better quality and improve access and as long as these requirements are not exclusive by nature. If commissioners feel that it is necessary to specify additional service specific requirements which are exclusive by nature for a routine elective service and can demonstrate good reasons for doing so this will have to be agreed with the SHA.

### 6.1 Stage 1 – The Core Assessment

This is comparable to a Pre Qualification Questionnaire in a formal tender and affords the provider accreditation. It is a generic accreditation document which provides the PCT with information against which the suitability of service provision by a bidder can be assessed and forms the basis of the PCT decision to recommend approval to stage 2. The assessment at stage 1 will comprise of questions on the following topics:

- Bidder structure
- Financial information
- Governance
  - Including evidence of registration with Clinical Quality Commission
- Experience and references
- Employment details of bidder and subcontractors

### 6.2 Stage 2 – Service specific response document

This shall set out:

- Service specific criteria and other criteria pertaining to the service to be delivered.
- Objectives that need to be met to be a PCT accredited willing provider
- Additional requirements associated with ensuring that all PCT commissioned services meet the Care Quality Commission's Standards for Better Health in certain domains e.g. cost effectiveness, accessibility and patient focus.

The assessment at stage 1 will comprise of questions on the following topics:

- Provision of services
  - Including:

- Confirmation that the bidder can meet the requirements in the bidder specification
- Mobilisation and implementation plan
- Workforce
- Service standards
- Commercial response

The documents produced from stages 1 and 2 will be assessed by a specially designated PCT panel. This panel shall be set up by the commissioning lead who will be responsible for ensuring that the panel has appropriate clinical advice and financial input.

## 7 Contract

The reporting requirements for Key Performance Indicators will be monitored throughout the year. The aspirational or developmental criteria that the PCT expects providers to be working towards e.g. quality improvement and professional development plans will also be monitored.

Potential Willing providers will be asked to complete an assessment and assurance documentation. Potential providers will be expected to demonstrate an ethos of continuous quality improvement and appropriate professional developmental plans.

Providers shall be continually reviewed and assessment against agreed criteria through regular commissioning monitoring.

The contract to be entered into by the PCT and the selected provider(s) for the West Sussex PCT AWP/AWPP procurement will be based on the Standard NHS Contract. With regards to AWPP procurement the contract will be adapted as necessary to reflect the requirements of the West Sussex PCT AWPP scheme. Each contract will be separate to and independent of any existing contract currently in place between a provider and the PCT.

### 7.1 Critical Success Factors (CSFs)

West Sussex PCT requires the provider to meet the following overarching CSFs throughout the duration of the contract:

1. Patient focused – Services must be patient focused ensuring adaptability to address health inequalities for vulnerable patient groups
2. Access – The services must be provided in locations that facilities that meet local patient access preferences. Providers must ensure their opening times will accommodate the indicative activity and maximum waiting times in addition to supporting accessibility requirements
3. Quality – Services must be delivered in a high-quality, safe and effective manner in an environment that provides a positive patient experience ensuring compliance with all relevant policies and procedures, both clinical and administrative
4. Integration – Providers will be expected to integrate with and positively contribute to the local healthcare community, including the development of a close working relationship with West Sussex PCT and local providers

## 7.2 Contract Duration

Where the PCT decides to decommission a service, appropriate notice will be given to the Willing Providers on the list. Should a service provider seek to withdraw provision of a service, this should be undertaken in discussion with the PCT to ensure service continuity for patients and subject to 6 months' notice.

## 8 Pricing for services

The pricing methodology will be subject to consideration and agreement on a service by service basis and will be outlined in each service specification.

### 8.1 Service Commencement

Following contract award (and in accordance with the provider's mobilisation plans), West Sussex PCT and the contracted provider will work synergistically towards service commencement on a contractually agreed date.

## 9 Monitoring and Review

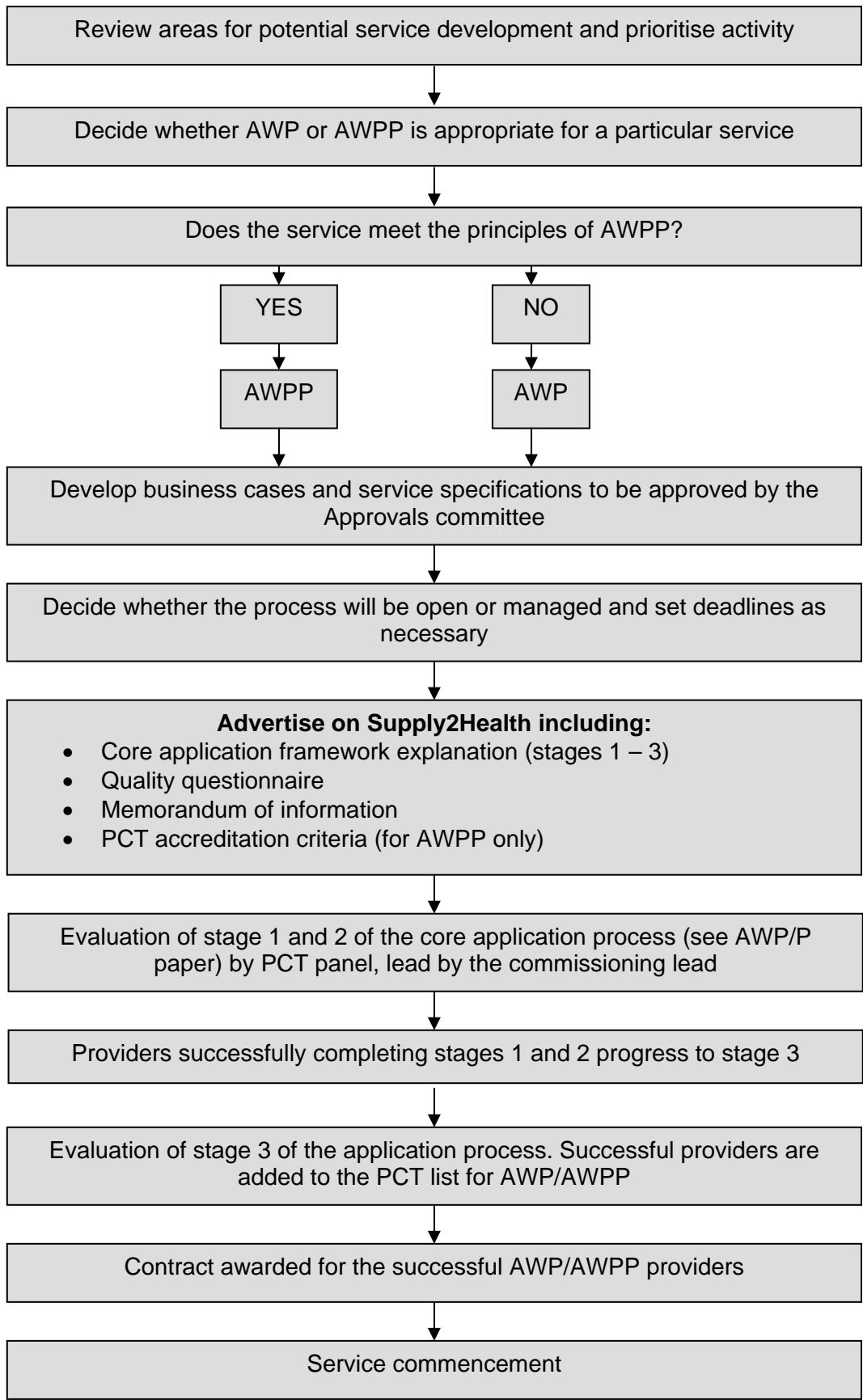
The process shall be reviewed annually by the ..... on behalf of the Approval panel/QUIL. In the event that the accreditation process changes significantly or in light of advances in medicine we will review contracts already in place including quality and standards.

## 10 Main contacts

[Email addresses of people to contact about further information regarding the policy]

# 11 Appendix

**Flowchart for AWP and AWPP process at West Sussex PCT**



## 12 Glossary of Terms

APMS – Alternative provider medical services

AWP – Any willing provider

AWPP – Any willing PCT accredited provider

Contestability - The extent to which the provision of goods or services is open to alternative suppliers.

CSF – Critical success factors

GMS – General Medical Services

Market management – the process of shaping and influencing the market to achieve an optimal structure of suppliers and ultimately high quality, cost effective services for patients. The outcomes of a successful approach to Market Management could be described as:

- A more responsive market for the commissioner;
- A more responsive market for the patient;
- Adoption of a systematic and strategic approach to markets;
- Greater security of supply;
- Less overall dependency on particular suppliers;
- Better dialogue with the supply side on demand requirement, leading to improved capacity planning for bidding and delivery by suppliers

PBC – Practise based commissioning

PEC- Professional executive committee

PMS – Personal Medical Services

Tender - Public procurement