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| **Rationale of Checklist** |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.The Checklist contains the CPSC 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.CPSC’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. |
| **Response summary feedback from CPSC** |
| **Hepatitis C Testing Pilot, University of Southampton** |
| CPSC has rated this service specification as Green based on the comments made below. Our recommended actions to further improve the service are:* N/A
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| **Time-line & Next Steps for CPSC** |
| The LPC will publish this service participation rating to contractors in **16th March 2019.** Publication of this recommendation will be via individual email and posting on our website. |
| **Commissioners response to CPSC feedback** |
| Please enter response here, returning promptly to richard.buxton@cpsc.org.uk * N/A
 |
| **Point Covered** | **Action or Notes** |
|  | **CPSC Consultation** |
| CPSC Consulted?  | Yes |
| CPSC Consulted with sufficient time to comment? | Yes |
|  | **Remuneration** |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | No set up costs or consumable costs involved.Backfill costs for training are not covered…. however, the fee means that active participation in the service will remunerate back for this time. |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | Yes, PharmOutcomes.Automated claims run on day 7 of each month and payments are made monthly. |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | Equipment required is provided.Use of PharmOutcomes required to enter information. |
| Is remuneration fair? | Yes |
|  | **Is/does the Service.....** |
| Sustainable? | Yes |
| Clinically sound and in line with appropriate National or local guidance? | Yes |
| Enhance patient care? | Yes. Major benefit in identifying undiagnosed blood borne viruses and treating them quickly where positive results are found. |
| Have suitable monitoring arrangements and termination clauses? | No |
| Enhance relationships with other HCPs? | Yes, good locally with the hepatology department, sexual health service and the CCG. Good nationally as showcasing what CP is capable of. |
| Deliverable? | Yes. Proven good results previously on Isle of Wight. |
| Attractive enough for contractors to consider it worthwhile? | Yes |
| Have performance criteria that supports a quality service? | Yes |
|  | **Service Delivery** |
| Are the performance measures reasonable and achievable? | N/A |
| Is the administration proportional to size or service and remuneration? | Yes |
| Are any reporting systems suitable to all contractors? | PharmOutcomes requires internet access. |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | Yes.Noted that only one training date is being provided to interested contractors. Training is specialist and involves multidisciplinary expertise present on the evening. No CPPE or DoC available. |
| Does record keeping or sharing of information requirements meet current IG regulations. | Yes, records are digitally entered on PharmOutcomes. |
|  | **Miscellaneous Information** |
| Any other information specific to this service. |  |
| Suggested RAG Rating |  |