

Enghraifft o Arfarniad o Opsiynau Clwstwr – Pecyn 7

Cluster Option Appraisal (Sample)

Once the assessment criteria are developed, each is assigned a weighting (high/medium/low) to demonstrate their level of importance.

Of the criterion that were considered of high level importance, several are assigned 'gateway criteria' status – meaning that if a long-listed option cannot satisfy the requirement, it cannot progress to the short list of options. Full details of the assessment criteria and scoring mechanism are provided below:

		Weighting	Gateway	High score (10 pts)	Medium score (5 pts)	Low score (0 pts)
Desirability: Ability of new model to.....						
1.1	Maintain individual GP Practice independent contractor status/autonomous decision making	H	Y	Option enables each GP Practice to maintain their independent contractor status and ability to make autonomous decisions	N/A	Option does not enable each GP Practice to fully maintain their independent contractor status and ability to make autonomous decisions
1.2	Employ staff directly	H	Y	Option enable the model to direct employ staff	N/A	Option does not enable the model to direct employ staff
1.3	Enter into formal contracts with third parties	H	Y	Option enables the model to enter into contracts with external third parties	N/A	Option does not enable the model to enter into contracts with external third parties
1.4	Influence LHB and LA policy / decision making through a collective voice	H		Option will lead to the creation of an incorporated body that provides the opportunity for all GP Practices to be represented equally	N/A	Option will not lead to the creation of an incorporated body that provides the opportunity for all GP Practices to be represented equally

1.5	Maintain strong links with external stakeholders (e.g. patients, VCS organisations etc.)	M		Option allows for external (out of scope) stakeholders to play a role in the ownership and /or governance of the new model	N/A	Option does not allow external (out of scope) stakeholders to play a role in the ownership and/or governance of the new model
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		Weighting	Gateway	High score (10 pts)	Medium score (5 pts)	Low score (0 pts)
Viability: Ability of new model to...						
2.1	Directly enter into agreements regarding a range of LHB/NHS funding (GMS, Section 50 etc.)	H	Y	Option enables the model to enter directly into GMS/Section 50 contracts	Option enables the model to enter into GMS/Section 50 contracts as a sub-contractor	Option does not enable the model to enter into GMS/Section 50 contracts, or become a sub-contractor in such agreements
2.2	Provide flexibility re use of surpluses, including (in the long term) profits being distributed to GP Practices to support their Sustainability and resilience	H		Option allows for surpluses to be distributed to the individual GP Practices that own the model	N/A	Option does not allow for surpluses to be distributed to the individual GP Practices that own the model

		Weighting	Gateway	High score (10 pts)	Medium score (5 pts)	Low score (0 pts)
Feasibility: Ability of new model to...						
3.1	Achieve the required	H		Option enables the new model to	N/A	Option does not enable the new

	pensionable status			achieve the required level of pensionable status, allowing staff to continue to contribute to their existing NHS Pension scheme		model to achieve the required level of pensionable status, not allowing staff to continue to contribute to their existing NHS Pension scheme
3.2	Flexibly allocate staff and manage resources across the Cluster	H		Option enables (via its inherent characteristics) the ability for GP Practices to allocated staff/manage resources across the Cluster	Option provides some scope (via its inherent characteristics) for GP Practices to allocated staff/manage resources across the Cluster	Option does not demonstrate the ability (via its inherent characteristics) for GP Practices to allocated staff/manage resources across the Cluster
3.3	Establish formal links with other Clusters and GP Practices	M		Option promotes (via its inherent characteristics) links with other Clusters and GP Practices	Option provides some/limited scope (via its inherent characteristics) for links with other Clusters and GP Practices to be established	Option provides no scope (via its inherent characteristics) for links with other Clusters and GP Practices to be established
3.4	Allow for GP Practices to join / leave over time	M		Option provides a flexible ownership structure that allows GP Practices to either become part of or leave the model's ownership and / or governance structure	N/A	Option does not provide a flexible ownership structure that allows GP Practices to either become part of or leave the model's ownership and/or governance structure
3.5	Establish by April 2017	M		Option can realistically become	N/A	Option cannot realistically become

	(preferred timescale)			operational on 1 st April 2017		operational on 1 st April 2017
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[BMA Salaried GPs working under new models of care](#)

[RCGP Primary Care Federations putting patients First](#)

[Kings Fund Toolkit to Support the Development of Primary Care Federations](#)

Following the options appraisal stage, two important stages are required to ensure the establishment of a viable and sustainable organisation – business planning and transition. The journey to establishment is summarised in the diagram below, along with the indicative dates relating to this project.

