

Non-acute Contracting in Milton Keynes



Overview

The Optum™ Contracting Team based in Milton Keynes expanded in September 2013 to take on responsibility for managing the CCG's non-acute contract portfolio. This includes more than 50 community contracts covering NHS, private and voluntary providers, varying in value from a few thousand pounds to over £40m.

Objectives

The team was responsible for ensuring robust efficient contract management of the non-acute contract portfolio, ensuring new contracts were negotiated and all current contracts were moved onto 2014–2015 NHS standard contracts.

Our approach

After the initial review of the CCG's non-acute contract portfolio, the Optum contracting team, in collaboration with the procurement lead at GEM, identified and documented the ideal contracting process along with roles and responsibilities. By developing a standardised and robust methodology based on best practise, it ensures all contracts are written and signed off in a consistent manner, minimizing risk to the CCG. This approach was supported by the development of a contracts database and associated templates. The database was continuously updated and reviewed to reflect the changes and progress of each contract and allows for the effective monitoring of each major contract. The process has allowed for increased rigour when developing new contracts. The team utilised this process to review and transfer contracts onto the 2014–2015 standard contract and upload into the national eContract system. All contracts within the portfolio were risk rated on various criteria, which allowed a tailored contract management approach to be implemented based on contractual risk.

Key outcomes:

Along with CCG colleagues, the team developed and embedded a robust contract preparation and management process into the CCG. A contract variation with the key community contract was signed at the beginning of the financial year, allowing contract management to begin promptly. A process for contractual governance and risk management of contracts was implemented. The team developed 'how-to guides' to supplement the contracting commissioning cycle.

Although the contracts the team inherited were in different formats, 95 percent of contracts in the portfolio were transferred onto 2014–2015 standard contracts and agreed to within five months.

Conclusion

On the previously overlooked non-acute portfolio, the team reviewed the complete portfolio and developed a robust data-driven approach, providing a high-quality contracting function that provided the CCG with complete assurance. This approach has enhanced the CCG's ability to predict both the performance quality and overall CCG satisfaction with current service provision. Optum has successfully embedded a culture of value for money within the CCG by working collaboratively across boundaries with a strong network of collaborative relationships and partnerships across the Milton Keynes health care stakeholders to ensure that the CCG maximises its strategic outcomes within the resources available.



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