



Sunderland Prospectus – Change Control Sheet	
Section	Main Changes from Draft Prospectus of 3.11.17 used in Public, General Practice and Market Engagement
Throughout	<p>The Vision, Design Principles and Outcomes and the intention to secure and enhance the care model by commissioning an MCP remain within the Prospectus (the 'what'), but the 'how' by using the ACO contract has been removed.</p> <p>In its place is the a statement that it is our intention to commission the MCP care model by using the CCG preferred business model, in order to realise the local strategic ambition of a Multi-specialty Community Provider (MCP) leading, developing and delivering an effective integrated Out of Hospital or Community Care model in Sunderland.</p> <p>Refs to the ACO contract and business model are now part of a separate Commissioning Strategy.</p>
Statement from CCG Chair and Chief Officer	Minor change in light of above
Executive Summary	Updated to reflect the changes in the key paragraphs referring to the use of the ACO Contract.
Background	This did set out the key paragraph of our intention to let a contract to a single legal entity in order to secure MCP. The Contract was to be the ACO contract. This has now been amended to reflect that we wish to secure a MCP but not how. The approach to how is summarized in the last section of the Prospectus – Under Commissioning Strategy.
Population to be served (Sunderland)	Updated with latest figures and Appendix 1.1 updated
Joint Strategic needs assessment	Updated links and checked that still aligns to the JSNA messages on the City of Sunderland website.
Multi-Specialty Community provider	
Vision for Multi-specialty Community Provider (MCP)	This is a high level description of MCP framework and Outcomes. No major changes.

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What is important to us locally?	This is the design principles. We have taken account of Market and Public Engagement, which was supportive of the design principles, but that commitment to Carers was not strong enough. Following approval from CCG Executive GP Lead we have amended principles 3 and 13 to reflect both patients and carers.
Development of the OOH Model	No Major Changes
Further Development of the MCP	All key leads in the CCG have updated their respective sections. No major changes just updates on current position of work streams. Added a new sections on Falls
Contractual Structure	This section has been removed and replaced by the Commissioning Strategy Section at the end of the Prospectus.
Subcontracts	Deleted
Integration with Primary care	Updated to remove references to ACO contract but still includes the key message of needing the support of General Practice. Taken out the financial information as too detailed
Integration with Local Authority	Updated with areas agreed at Integration Board 25th January 2018 and wording agreed with the LA.
The Scope of the Services	
Proposed Scope of Services	Taken account of feedback from Public and Market engagement which was to reduce the number of years of transition and to avoid splitting related areas over different years. Therefore moved GP related budgets and CHC to Year 1, changed phasing from 3-2 years, removed breast screening as deemed to be more of an acute service. Deleted some small services that will no longer be provided in 2019
Adoption of services	
Year One	Amended content tables – GP and Care Packages
Year Two	Now mainly MH and LD services
Year Three	Removed
Out of Scope	No Change
MCP Outcomes framework	Updated on latest approach and engagement of specialist organisation to assist with framework.
Public Engagement	Updated on outcome from Public engagement key messages

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Procurement process Commissioning Strategy	Deleted. New section describing the Commissioning Strategy which sets out at a high level the various business models that could be used to secure an MCP care model. This section reflects our intention to secure the MCP by using the CCG preferred business model but does not say what the preferred model is, rather that it will be determined at the end of February Governing Body meeting. Added in overall finances supporting the scope and approach and how the budget would support delivery of the model.