



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

FRAMEWORK DOCUMENT FOR OPERATIONAL CONTRACT MANAGEMENT

HSE COMMUNITY FUNDED SCHEMES NATIONAL SERVICE IMPROVEMENT PROGRAMME

December 2022

FOREWORD

This framework for the operational management of Community Funded Schemes (CFS) contracts is an output of the primary care operations service improvement programme for CFS.

It is the fruit of much work and of the ongoing practical collaboration between CHOs and National Primary Care to achieve more efficient and effective processes, along with a greater quality of services in the day-to-day delivery of these important schemes. These schemes play an essential role in supporting hundreds of thousands of our citizens who are living with a wide variety of different medical conditions to enjoy a greater quality of life and to continue living within their communities.

Given the move towards national rather than local contracting of products and services it is important that the governance structures in place at CHO and national level reflect these changes. These changes are being put in place in order to promote improved quality of service delivery, greater equity of access, and better VFM in the use of our valuable resources. Effective operational management and monitoring of these contracts is essential if the hoped for benefits are to be realised and this framework sets out a practical, sustainable, and integrated governance structure that is recommended to all within the health service.

While it is not the intent of this framework to be prescriptive, all CHO's are encouraged to make use of its content and appendices, which contain tools and information that will prove useful to them in ensuring that their local health areas achieve the most from their CFS contracts.

Finally, I would like to acknowledge the considerable commitment and input of the many participants who are listed in appendix 1 to this report. I would also like to thank the primary care service improvement programme for their ongoing work

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Gratitude is also owed to Roisin O Connor who has provided valuable administrative assistance, coordinated the inputs, formatted the document, and made an invaluable contribution to the final document.

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GLOSSARY OF TERMS

| Term or abbreviation | Glossary of terms and abbreviations |
|----------------------|---|
| BRM | Business Relationship Manager |
| CFS | Community Funded Schemes |
| CHO | Community Healthcare Organisation |
| CMSU | Contract Management Support Unit |
| KPI | Key Performance Indicator |
| OGP | Office Of Government Procurement |
| PEG | Product Evaluation Groups |
| PMO | Project Management Office |
| RACI MODEL | Responsible, Accountable, Consulted, Informed |
| RAG | Resource Allocation Group |
| TOR | Terms Of Reference |
| VFM | Value For Money |

1.0 INTRODUCTION

The Community Funded Schemes (CFS) are an important component of the health services that are provided for the community and encompass a wide range of contracts for products and services that presently have a value in excess of €250 million per year.

They are an essential adjunct in the provision of care to hundreds of thousands of people with a wide variety of conditions. They ensure that these clients have access to vital aids, appliances, and services that are an essential support to their care plans, and enable them to continue to live in their communities and to maximize their quality of life.

For clients, the impact of not receiving appropriate and timely products and services can include deterioration in ability and function, associated physical and psychological decline, and a significant reduction in the quality of life. At a service level, it can lead to increased hospital admissions, delayed discharges, and increased financial and other costs being placed on the health services.

A vital component for ensuring that these community schemes are effectively and efficiently administered is to have a robust governance and management structure in place at all levels of service delivery. The need to improve quality for clients and achieve greater value for money in the use of public financial resources has seen a move from more 'local' contracts towards 'national' contracts and our management framework needs to reflect these changes. The present document, which, has been developed by the national CFS governance group (for membership see appendix 1), sets out the essential elements of such a framework, covering:

1. Robust governance at CHO and national level
2. Operational contract management system at CHO and national level

2.0 BACKGROUND

In order to ensure the ongoing development and quality of the community funded schemes, the HSE under the auspices of the National Director for Primary Care, established in 2015, a service improvement programme for CFS. This programme has the aim of improving the quality and sustainability of the CFS through the establishment of national standards, equity of access, value for money, functional processes, and a management system that ensures compliance with those standards and objectives.

In implementing this service improvement programme CFS was sub-divided into the following work streams:

1. Aids and Appliances
2. Respiratory Therapy Products
3. Orthotics, Prosthetics and Specialised Footwear
4. Incontinence Wear, Urinary Ostomy & Bowel Care
5. Nutrition
6. Bandages & Dressings

A multidisciplinary national working group containing relevant clinical and managerial expertise was established for each stream. A national governance group, accountable to the National Director Primary Care, was also established to oversee and coordinate the work, and provide assurance that the objectives of the programme were achieved.

Since its inception in 2015, the programme has seen the review of existing products and services, establishment of standardized national lists, guidelines, and standard operating procedures, as well as the introduction of new national contracts for many of the products and services that we offer to clients.

As part of the CFS Service Improvement Programme contracts for goods and services, many of which were previously established on a local area basis, are now being established at national level. This offers the opportunity to improve the quality of the services that we offer, and avail of greater value for money (**VFM**) in the use of our public finances. The following table sets out the benefits for clients and the HSE of the CFS Service Improvement Programme.

| Benefits for clients | Benefits for health services |
|---|---|
| Product/service need is informed by clear clinical assessment | National standardised procedures and pathways to inform prescribers |
| Standard products and guidelines contribute to increased safety for clients | National prescribing criteria for listed items |
| Improved quality of service and more choice of products available | National standardised procedures and pathways to inform prescribers |
| Equity of access – delivery of product/service | Contracts for goods and services established at |

| | |
|--|---|
| regardless of location | national level with a management system that ensures compliance |
| Product/service delivered at home or as near to home as practicable e.g. local health centre | Efficiency and achieve greater value for money (VFM) in the use of public finances. |
| 24 hour helpline in place for more services | National education programmes |

Figure 1: Benefits of implementation of the CFS service improvement programme

As with all contracts, successful operation and, achievement of their quality and VFM objectives requires that the various operational tasks and responsibilities associated with them are fully undertaken. If they are not satisfactorily performed, it is highly likely that the quality and financial objectives of the contracts will not be realised. These responsibilities extend over a variety of areas, including ordering, expediting, issues management, KPI monitoring, and periodic performance review, amongst others. They involve roles and responsibilities at CHO and national levels, and the existence of suitable coordination and interaction between both.

To ensure success and sustainability in the achievement of the CFS programme aims, a robust framework for contract management at local and national levels is required

3.0 FRAMEWORK DEVELOPMENT PROCESS

The development of this framework has involved extensive consultation and consideration of current approaches to delivery of contract management in an Irish context. The process of developing the framework has included a review of Irish contract models currently in use within community operations, with attention paid to identifying evidence-based recommendations for the content, format and mode of delivery. Models explored included:

- OPAT contract
- Aids and Appliances and home oxygen which is decentralised to Appliance Officers in CHO areas
- Stock only items model which is undertaken by HBS logistics

The experience obtained from the delivery of the continence containment products contract also informed the considerations of the group.

The expertise and experience of the members of the CFS governance group provided valuable insights on the perceived strengths and weaknesses of above models in Ireland.

Following drafting, the document has been reviewed by and received feedback from a range of key stakeholders and experts, and the end result is a document that provides a clear framework for the operational management of CFS contracts within the HSE.

4.0 COMPONENTS OF CONTRACT MANAGEMENT

In consideration of any appropriate framework for the governance and management of CFS products and services, a key premise is the model outlined in the Office of Government Procurement (OGP) *Contract Management Updated Guidance (appendix 2)*. The OGP divides the 'Contract Management' activity into three phases. In addition, it utilises a RACI Chart (Responsible, Accountable, Consulted, and Informed) to provide a framework within which the key responsibilities and accountabilities are defined against the activities within three phases of 'Contract Management' activity. This OGP guidance has been used to inform this framework for the management of CFS contracts.

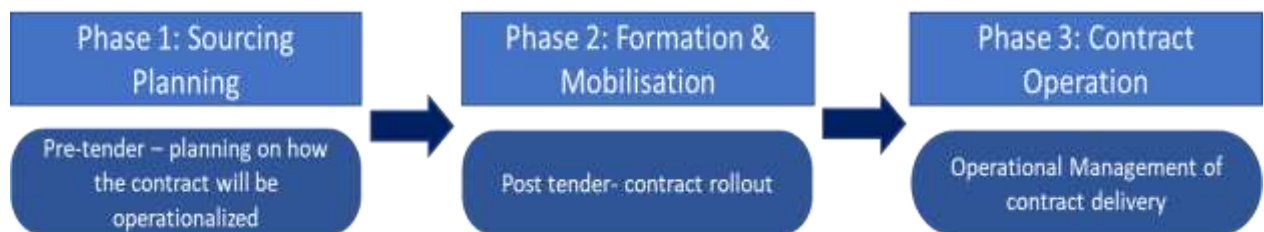


Figure 2: Office of Government Procurement Contract Management Framework

In the past, contracts have been managed using a variety of approaches, and have displayed significant variation across local health areas and contracts. Historical approaches and varying availability of management supports has meant that not all aspects of the contracts have been managed to the appropriate standards that our quality and VFM objectives now require. While there are examples of good practice that function well (e.g. the RAG groups for aids and appliances) around the country, other aspects of contract management (e.g. KPI monitoring and performance review) would benefit from further consideration, and identification of sustainable mechanisms to achieve them.

4.0 HOW SHOULD THE CFS CONTRACT MANAGEMENT FRAMEWORK BE USED?

As with the existing day-to-day operational management of CFS contracts which if led by CHO personnel, the implementation of this framework will continue to be largely led by the CHOs. This framework, which sets out a management structure also contains within its appendices a number of useful support tools, which will provide assistance to local staff in ensuring that our services continue to be delivered to the appropriate standard.

The successful management of the CFS contracts into the future necessitates building a framework that clearly identifies the various roles and responsibilities that are required to be undertaken at CHO and national levels, details how information will flow between parties to enable ongoing review

of contract performance, provides the relevant stakeholders with the tools to execute on the framework, and sets out a governance structure to maintain effective oversight of the process.

This framework provides a structured approach and guidance to all health personnel, including Chief Officers, and the person/s nominated by them who have responsibility for overseeing CFS management at local level, as well as to those involved in providing management and oversight at a national level. The framework utilizes the OGP model as a template and the following figure illustrates and summarises the overall CFS Contracts Management:

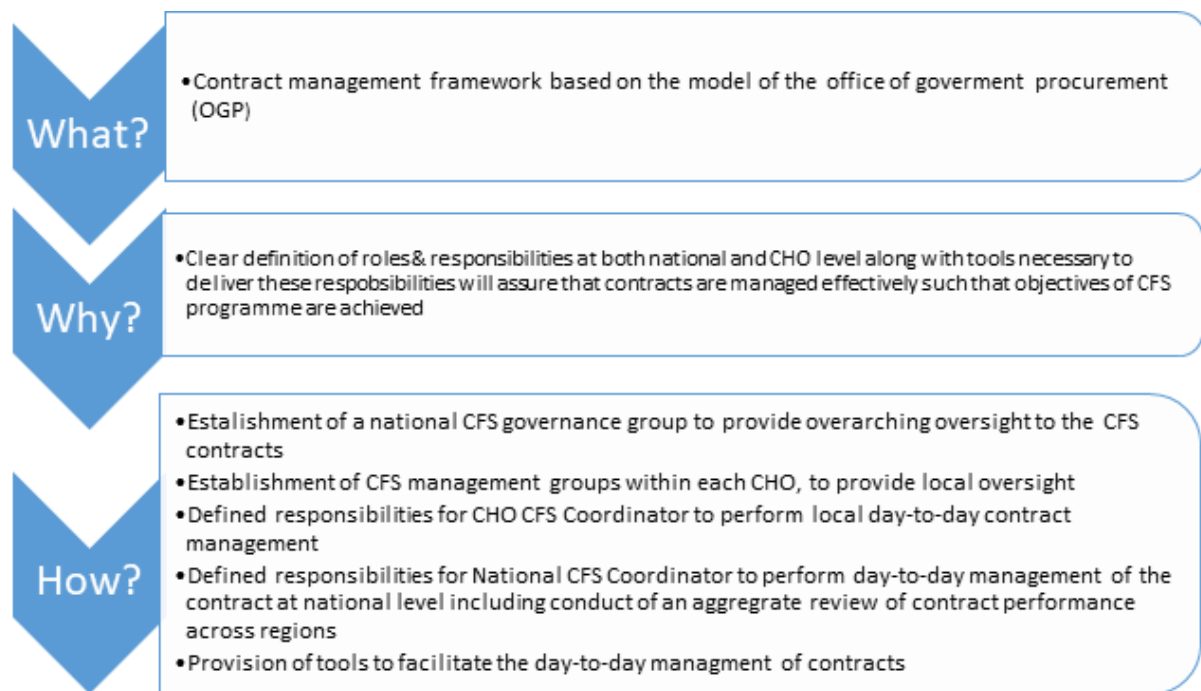


Figure 3: Summary of Overall CFS Contract Management Framework

To enable complete management of the CFS contracts there are various activities that need to be undertaken at CHO level and others at a national level. The phase 1 activities involve the sourcing of products and are under the responsibility of procurement, with assistance being provided by the operational system in terms of providing clinical expertise and input to the Product Evaluation Groups (PEG). Activities where CHOs and National Primary Care have responsibilities can be broadly categorised as falling into OGP Framework Phase 2: Formation and Mobilisation or the OGP Framework Phase 3: Contract Operation.

4.1 CHO Responsibilities:

The CHOs are responsible for the following:

- Support the roll out of any new or revised CFS contract within their area, to include communication of changes in guidelines or processes to clinicians, prescribers, administrators, financial staff, local management and, if necessary, to product users/clients and/or their families/carers (*Phase 2: Formation and Mobilisation*)

- The day-to-day management of the contracts which includes responsibility for product ordering and delivery and the management to resolution of individual performance issues with respect to the Service Level Agreements defined in the contract, e.g. delivery delays, expedited delivery needs, product complaints (*Phase 3: Contract Operation*)
- The monitoring of supplier performance within the CHO. Information on the supplier performance should be provided to the National Team to support overall assessment of the contract performance. This necessitates the provision of information on performance on a regular basis (*Phase 3: Contract Operation*)
- The review and evaluation of the financial performance of the contract within the CHO including product consumption; use of CFS suppliers on contract vs. non approved suppliers; spend per contract, etc. (*Phase 3: Contract Operation*)
- Implementation of actions to improve contract performance at both an operational and financial level (*Phase 3: Contract Operation*)

4.2 National Responsibilities:

At a national level, there are a number of responsibilities that need to be undertaken:

- Support the ongoing evaluation of new products that become available such that they be assessed and considered for inclusion in the schemes that are provided (*Phase 2: Formation and Mobilisation*)
- Lead the roll out of any new or revised CFS Contract including development of a full implementation plan to ensure the contract can be fully implemented across every CHO (*Phase 2: Formation and Mobilisation*)
- Lead the overall management of the contract performance nationally from both an operational and financial perspective (*Phase 3: Contract Operation*)
- Operational Performance: Conduct performance (*Phase 3: Contract Operation*)
- Financial Performance: Conduct regular aggregate reviews of the financial performance of the contract across regions (*Phase 3: Contract Operation*)
- Lead the implementation of actions to improve contract performance at both an operational and financial level (*Phase 3: Contract Operation*)
- Support an annual review of supplier performance based on the overall performance of the contract, working with the supplier and CHO teams and other stakeholders to implement resulting actions (*Phase 3: Contract Operation*)
- Conduct, in collaboration with procurement, an overall assessment of supplier performance based upon the annual review meeting(s) and the ongoing monitoring of outstanding issues/actions in order to make recommendation for contract extension, termination, or change, including any additional recommendations on terms of any future contract based on this experience (*Phase 3: Contract Operation*)

Appendix 3 contains the detailed tasks to be undertaken in OGP Framework Phase 1: Sourcing, Planning, Phase 2: Formation and Mobilisation, and the OGP Framework Phase 3: Contract Operation.

5.0 GOVERNANCE STRUCTURES TO SUPPORT CFS CONTRACTS MANAGEMENT FRAMEWORK

To enable the successful management of the Contracts at both local and national levels, a governance structure is implemented at both a National and CHO level.

The following figure summarises the overall Governance structure:

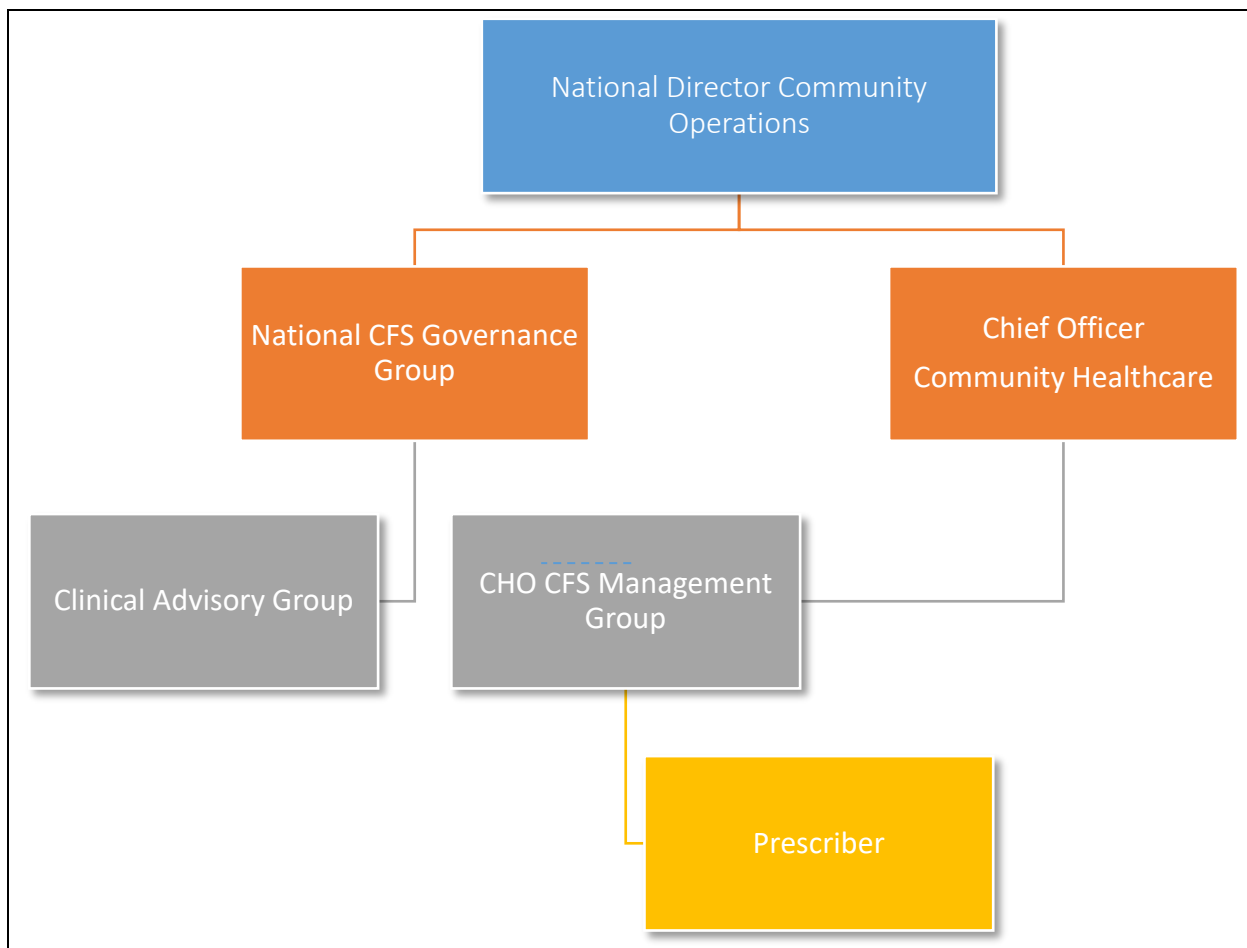


Figure 4: Proposed Governance Structure

5.1 CHO CFS MANAGEMENT GROUP

The responsibility for having a robust and functioning governance structure in place for CFS at the area level rests with the Chief Officer. While recognising that there is presently variation in the governance arrangements across different areas, and that it is for each area to decide how they will fulfil their roles and responsibilities in respect of contract management and CFS, a possible governance model is outlined below.

A CHO CFS Management Group will be established by the Chief Officer. This group will ensure the appropriate management and governance oversight of the CFS within each area, and that all of the local area responsibilities in relation to CFS and day-to-day contract management are fulfilled. The membership should include all relevant clinical and administrative disciplines that are engaged in the prescribing and management of CFS products and services within the CHO.

This group will have clear terms of reference (TOR) and will meet at least quarterly. A sample TOR can be found in **appendix 4**. This group will report to the Chief Officer.

The CHO CFS management group should be a multi-skilled management team who can meet all requirements of governance and compliance. As appropriate to the resources and requirements of the individual CHO, this CFS management group may utilise support from the Contract Management Support Unit (CMSU), BRM or the local PMO office, in relation to contract management.

To facilitate the effective functioning of CFS in their area and the completion of the diverse tasks and responsibilities in respect of contract management, it would be advisable for each area to identify the role of **CHO CFS Coordinator/s**. The responsibilities for this role would include the management of day-to-day contract performance issues, monitoring of KPI's, local contract performance review, and ongoing communication with the national CFS Coordinator. To fulfil these responsibilities across the CHO suitable skills would include basic statistics and analysis, report writing, audit skills, and an ability to query practice at CHO and prescriber levels. Some knowledge of procurement and finance would also be useful. The identification of an individual/s to undertake these responsibilities rests with the individual CHOs and Chief Officers. They may choose to have the role fulfilled by an individual member of staff or divide the responsibilities across a number of staff members.

5.2 NATIONAL LEVEL

While much of the day-to-day coordination of contracts takes place at CHO level, there are a number of activities that are required to be undertaken at a national level. These include amongst others, the periodic review of contract performance, technical review of new and existing products, supplier relationship management, dispute resolution, and decisions on contract termination or renewal.

To provide appropriate governance for these and other CFS activities a National CFS Governance Group, reporting to the Director of Community Operations should be established. This group, will be chaired by the Head of Operations Primary Care, and will include the following membership;

- Head of Operations Primary Care (chairperson)
- Chairperson from each CHO CFS Management Group
- Senior Procurement Manager nominated by Head of HBS
- Senior Finance Manager nominated by CFO
- Senior Acute Services representative nominated by National Director Acute Services
- Senior PCERS representative nominated by Head of PCERS.
- Senior ICT Manager
- National CFS Coordinator

There is a requirement for the role of **National CFS Coordinator** to be established. This person will work closely with the local health area CFS Coordinators in the monitoring of KPI's, undertaking aggregate review of performance, sharing information, and providing feedback to the National CFS Governance Group. They will also ensure that relevant issues, disputes, or contract changes, are communicated to the relevant HBS Procurement Category Lead, who has responsibility for addressing them with the supplier. To fulfil these responsibilities suitable skills for the coordinator would include ability in statistics and analysis, report writing, and audit skills. They should also display good interpersonal skills, and a seniority that will allow them to query practice and performance at different levels. Some knowledge of procurement and finance would also be useful.

The national governance group will provide oversight of the functioning of the schemes, and ensure that quality improvements for clients are implemented, VFM objectives are achieved, and that the schemes are administered in a manner that is efficient, equitable, and continues to make a significant contribution in improving the lives of the public who avail of the services.

5.3 NATIONAL PRODUCT ADVISORY GROUPS

It is a reality of health service delivery that new products become available and they need to be assessed, and considered for inclusion in the schemes that the HSE provides. It is envisaged that this product review would be undertaken by a **National Clinical Advisory Group** established for the purpose. Similar groups are already in existence in PCERS for the review of drugs, medicines, and products. It is proposed that a similar model would be adopted for the clinical assessment of CFS products. These groups, reporting to the national CFS group, would comprise contract specific clinical and management expertise, along with an administrative membership. It is envisaged that these groups would convene once or twice every year.

6.0 CONTRACT MANAGEMENT ACTIVITIES

The proper functioning of CFS contracts requires the following three phases of activities to be completed.



6.1 PHASE 1: SOURCING AND PLANNING

This phase involves planning for the contract, and includes defining the products, levels of service, contract key performance indicators, and compliance measures, amongst others. It also involves tendering for, and subsequent award of the contract. The procurement sourcing team have responsibility for the activities undertaken during this phase, and accountability rests with the procurement function. The role of community operations at national and CHO level is largely one of facilitating the participation of relevant clinical and other staff in the product evaluation groups (PEG), who undertake much of the work during this phase.

6.2 PHASE 2: FORMATION AND MOBILISATION

When there is confirmation of the execution of a new CFS contract or the execution of a revised contract, there is a necessity to conduct a full roll out of the contract to ensure that it can be fully implemented across all service areas. Given that one of the key objectives of the service improvement programme is to ensure national standards, equity of access, and elimination of the existing 'postcode lottery', it is to be expected that the outcome of this process will be new contracts that involve varying degrees of change for our staff, clients, and business processes. In some instances, the changes will be minor, while in others, more substantial change will be involved.

This can be also referred to as the contract implementation phase and will normally last nine months (six months prior to, until three months following, the contract live date). The activities to be undertaken are those necessary to ensure that the appropriate schedules and contract tools are in place, and that staff and other stakeholders are aware of, and adequately prepared to operate the new contract. The responsibility for the completion of the tasks identified for the successful implementation rests with both national and local area levels.

In some instances the changes will be minor, while in others, more substantial change will be involved. In those contracts involving a less significant degree of change, responsibility for their implementation will rest with the CHO CFS groups. In fulfilling this responsibility, they will be assisted by the CHO and National CFS coordinators, and the cooperation between them. However, in those instances of significant change (as determined by the national CFS Governance Group) it is proposed that an implementation team will be established to ensure a smooth transition to the new contract. This team will be in place for a fixed time period (6-9 months) and will help to ensure that the relevant local health staff and other stakeholders are aware of the proposed changes and have access to any relevant protocols, training etc. that is required for their rollout.

It is of vital importance that the CHO's are actively engaged with, and involved in the rollout and implementation of these new contracts. It is proposed that where specific national implementation teams are required, that they would include the following membership;

| National Contract Specific Implementation Team | Name of Contract: | |
|--|--------------------------------|---|
| Team | Role | Quantity |
| Designated Senior Manager | Chairs the Implementation team | 1x nominated |
| Clinical Subject Expert (as appropriate) | | 1x nominated |
| National CFS coordinator | | 1x |
| Finance Leads | Rep for their counterparts | 2x CHO & Hospital Group |
| Corporate Finance | | 1x Operational Excellence |
| Procurement | | 2x National lead & CHO support function |
| Logistics | | 1x |
| SAP | | 1x |
| HBS | | 1x |
| Chief Officer nominee for PC | | 1x |
| Chief Officer nominee for SC | | 1x |

| | | |
|-------------------------------|--|----|
| Acute services nominee | | 1x |
| Communications nominee | | 1x |

Figure 5: Membership of National Implementation Team for New/Revised Contract

It is important that National Community Operations and CHO Teams offer full support for these implementation teams, as without this support the desired changes, including greater VFM and quality improvements for our clients will not be achieved.

The responsibility for the completion of the tasks identified for phase 2 rests with both national and local area levels. The implementation team will be in existence for a fixed time period, after which responsibility for the ongoing operational management of the contract will pass to the CHO and national, phase 3 contract management structures.

This implementation team will develop a comprehensive implementation plan. **Appendix 5** contains a list of the pre-implementation readiness issues that are required to be addressed when implementing a new contract, while an example of a contract specific implementation can be found in **appendix 6**. The implementation plan need to cover all aspects of the roll out, and include a stakeholder analysis, comprehensive communication plan, and training requirements amongst its components. They will also ensure, with the support of the CHO, and national structures that the activities identified within the plan are completed.

6.3 PHASE 3: OPERATIONAL CONTRACT MANAGEMENT

This encompasses the ongoing operational management of the contract from the time that it goes live and comprises a wide range of ongoing activities that need to be undertaken at both local and national level. In considering the future operational management of CFS contracts, some of which will involve considerable change for clients and staff alike, a number of factors need to be taken into consideration. These include the capacity for the adopted model to be effective and efficient, the organisational direction of the HSE, and the fact that the CHOs as the budget holder and instrument of service delivery are in reality, the ‘owners’ of these contracts.

A full description of the activities to be undertaken, are to be found in **Appendix 3**.

It is clear that on an ongoing basis a number of activities need to be undertaken at CHO level, others at national level, and there is a need for interaction and coordination between both. The

management and governance structures defined are designed to ensure that the tasks are completed and there is adequate coordination between local and national levels.

6.4 CHO LEVEL ACTIVITIES

There are a range of activities that include:

- Ordering and receipting
- Issue management
- KPI monitoring
- CHO contract compliance
- CHO performance review

At present, these are undertaken in a variety of different ways in the different areas and it will remain the responsibility of the Chief Officer to determine how these will be undertaken in the future.

Whatever specific methodology is adopted by a given health area they all require that these activities are conducted within a robust governance structure.

A proposed governance arrangement including the identification of a CFS coordinator/s within each CHO has been outlined above. It provides a means by which responsibilities are fulfilled, and the contracts are managed in a manner that ensures that the improved quality for clients, and VFM benefits for the service, are realised.

6.5 NATIONAL LEVEL ACTIVITIES

At national level the tasks to be undertaken include;

- Performance review
- Contract compliance
- Decisions on contract changes
- Review of products
- Management of supplier relationship including dispute resolution

There is also a requirement to ensure the ongoing flow of relevant information, and coordination with the local health areas in all matters that impact on the performance of the contracts and the achievement of our quality and VFM objectives. While the oversight role will be achieved through the functioning of the national CFS governance group, the day-to-day communication and coordination will be achieved through the identification of a National CFS

Coordinator whose responsibilities will include the day-to-day monitoring and coordination of the CFS contracts.

6.6 ENABLERS

Apart from the management and governance structures outlined above, the effective functioning, of a sustainable contract management system requires inputs from HSE functions beyond those of Community Operations. While much of the responsibility for the operational management of contracts rests with the CHOs and national primary care, they will not be able to achieve them without these other key enablers being in place. These include

- **Finance** – having a functional streamlined approval and payments process in place for national contracts.
- **Information systems and IT infrastructure**- this refers not only to the development of performance management database owned by the HSE and operated by the contracted providers, it also includes the appropriate sharing of information across service providers. There is also a requirement for a system whereby patient safety product recalls can be recorded, shared, and acted on. This needs to be overseen at a national level and provide usage figures for planning, ensuring compliance, and standards of input by providers.
- **Communications** – There is a clear need for communications input at local and national levels in the development of clear protocols for information sharing and communication between all services. There is also a need for this input in the development of the content (e.g. information leaflets, FAQs etc.) that are an essential part of the roll out and ongoing management of any contract.
- Interservice and interdisciplinary working – Given that many CFS products are prescribed by clinicians in acute hospital settings, and managed in the community setting it is clear that if the CFS contracts are to be successfully managed and deliver on their quality and VFM objectives, there has to be ongoing communication and working together across the different services and disciplines.

7.0 SUMMARY

In summary, CFS and how they function has an important impact on the quality of the lives of the significant proportion of the population who avail of these schemes. They support these people to live in the community, and decrease admissions to acute services. The service improvements being introduced offer the opportunity to improve standards, diminish inequity, and improve the quality of

people's lives. They also provide for the more efficient functioning of these schemes and the achievement of VFM objectives.

The primary ownership and responsibility for CFS rest in the community and at the CHO level. This document outlines a framework for the management of the contracts associated with CFS. If adopted it will provide each area with the means to deliver on their responsibilities in relation to the management of CFS contracts, and help ensure the quality improvements for clients, and VFM objectives for the service.

Appendix 7 contains a checklist of the structural components that each CHO needs to have in place if they are to achieve a well-managed and functioning CFS within their area.

REFERENCES

APPENDICES

| Number | Title |
|--------|--|
| 1 | Members of CFS Governance Group |
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| 3 | Contract Management Activities |
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