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| **DATED** **Practice** **CCG** |  |

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|  | **BUSINESS JUSTIFICATION GUIDANCE FOR CHANGE OF GP IT FUTURES FOUNDATION SOLUTION(s)**PART A: PROCESSPART B: BUSINESS JUSTIFICATION FORM TEMPLATEProvided as part of Appendix 4 of the CCG – Practice Agreement: Terms governing the provision and receipt of Digital Services in General Practice. |  |

# PART A

# PROCESS FOR PRODUCING A BUSINESS JUSTIFICATION FORM FOR CHANGE OF PRACTICE FOUNDATION SOLUTION

Requirement for a business JUSTIFICATION FORM

* a CCG may require the Practice to prepare a Business Justification Form in the case of a Practice proposed change of system;

or

* A Business Justification Form may be prepared for one or more Practices.

Example Drivers

* Improvements to patient care offered by alternative foundation solution
* New foundation solution by existing supplier available in GP IT Futures Catalogue
* More suitable foundation solution available from another supplier through GP IT Futures Catalogue
* Local health community IT requirements
* NHS and/or CCG IT strategy
* Current Foundation Solution ceases to be available through GP IT Futures Catalogue
* Practice ownership changes
* Practice relationship with other practices changes
* Significant practice developments including service transformation
* Unresolved performance, security, safety or quality concerns by practice with current Foundation Solution

Process

* Both the practice and the CCG contribute to a Business Justification Form to determine whether there is a case for migration.
* If the case for migration is approved, there will be a selection process involving all accredited GP Foundation Solutions available through the GP IT Futures Framework Catalogue
* The selection process is to be undertaken only if there is an agreed decision to migrate from one GP Foundation Solution system to another. This process is set out in the GP IT Futures Framework Agreement.

Detailed actions in respect of the Business Justification Form

* The Practice requests a system migration.
* The CCG, at its discretion or acting on behalf of NHS England requests that the practice prepares a Business Justification Form to justify the proposed system migration.
* The CCG and Practice nominate lead individuals to develop the Business Justification Form.
* Both parties provide input in accordance with the template below
* The Practice drafts recommendation.
* The CCG’s approval (or not) is recorded.
* If the both parties agree, proceed with the selection process and migration plan as required.
* If either party disagrees, then resolve the dispute in accordance with the provisions of clause 10 (Escalation and Dispute Resolution) of the CCG-Practice Agreement.

# PART B

# BUSINESS JUSTIFICATION FORM

| **Item** | **Considerations** | **Assessment** |
| --- | --- | --- |
|  |  | **Practice Assessment** | **CCG Assessment** |
| Strategic Fit |
|  |  |  |  |
|  |  |  |  |
| Practice Fit |
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|  |  |  |  |
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|  |  |  | .  |
| Choice of Foundation Solution |
|  |  |  |  |
| Financial Implications |
| Cost to the CCG |  |  |  |
| Cost to the practice |  |  |  |
| Management Considerations |
| CCG resource availability |  |  |  |
| Practice resource availability |  |  |  |
| Key Risks |
| CCG Risks |  |  |  |
| Practice Risks |  |  |  |
| Local Community Risks |  |  |  |

**RECORD OF PRACTICE RECOMMENDATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| We have reviewed our existing GP IT Futures Foundation Solution  |  |  |  |
| We have considered the choice of all accredited Foundation Solutions available through the GP IT Futures catalogue |  |  |  |
| Based on consideration of Strategic Fit as described above (1) the best fit for our practice is the Foundation Solution named above (3)  |  |  |  |
| Based on consideration of Practice Fit as described above (1) the best fit for our practice is the Foundation Solution named above (3) |  |  |  |
| The practice understands the implications and risks in changing foundation solutions (see 6 above) |  |  |  |

Practice name ……………………………………………………………………….

Signed on behalf of the practice … …………………………………………………

Print Name…………………………..…………….. Date ……………

**RECORD OF CCG APPROVAL**

CCG approves/does not approve\* the planned migration

(\* delete as appropriate)

*CCG to insert rationale for decision here.*

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CCG Name ………………………………………………………………….

Signed on behalf of CCG… …………………………………………………

Print Name………………………….…………….. Date ……………