NHS
Warwickshire North
Clinical Commissioning Group

Commissioning Policy:

In-Year Service Developments and the Clinical Commissioning Groups' approach to treatments not yet assessed and prioritised.

Quality & Equality First

VERSION CONTROL

Version:	2.0
Ratified by:	Governing Body
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Name of originator/author:	Hannah Willetts
Name of responsible committee:	Commissioning, Finance and Performance Committee
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VERSION HISTORY

Date	**Version**	**Comment / Update**
March 2014	1.0	Based on NHS England policy
June 2014	2.0	EIA added

Contents

1. Policy Statement

1.1. A service development is any aspect of healthcare which NHS Coventry and Rugby Clinical Commissioning Group, NHS South Warwickshire Clinical Commissioning Group or NHS Warwickshire North Clinical Commissioning Group (the "CCG(s)") has not historically agreed to fund and which will require additional and predictable recurrent funding.

1.2. The term refers to all decisions which have the consequence of committing the CCGs to new expenditure for a cohort of patients including:

- New services;
- New treatment including medicines, surgical procedures and medical devices;
- New diagnostic tests and investigations;
- quality improvements
- Requests to alter an existing policy (called a policy variation). This change could involve adding in an indication for treatment, expanding access to a different patient sub-group or lowering the threshold for treatment;
- Pump priming to establish new models of care;
- Requests to fund a number of patients to enter a clinical trial or the commissioning of a clinical trial.

1.3. It is normal to consider funding new developments during the annual commissioning round.

1.4. An in-year service development is any aspect of healthcare, other than one which is the subject of a successful Individual Funding Request (IFR), which the Clinical Commissioning Group agrees to fund outside the annual commissioning round.

1.5. This policy outlines the criteria which will be used by the CCGs to determine whether they will fund an in-year service development.

2. Equality Statement

2.1. The CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. The CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out their functions, the CCGs will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

2.2. In the case that, in line with paragraph 4.8. below, a business plan is received by the CCG, an associated Equality Impact Assessment will be required.

3. Guidance Note

A service development is any aspect of healthcare which the Clinical Commissioning Group(s) have not historically agreed to fund and which will require additional and predictable recurrent funding.

The term refers to all decisions which have the consequence of committing the CCGs to new expenditure for a cohort of patients including:

- New services;
- New treatment including medicines, surgical procedures and medical devices;
- New diagnostic tests and investigations;
- quality improvements
- Requests to alter an existing policy (called a policy variation). This change could involve adding in an indication for treatment, expanding access to a different patient sub-group or lowering the threshold for treatment;
- Pump priming to establish new models of care;
- Requests to fund a number of patients to enter a clinical trial or the commissioning of a clinical trial.

It is normal to consider funding new developments during the annual commissioning round.

An in-year service development is any aspect of healthcare, other than one which is the subject of a successful Individual Funding Request (IFR), which the CCG(s) agree to fund outside of the annual commissioning round.

When the CCG(s) consider funding a service development outside the normal commissioning process, it is vital that the opportunity cost for the CCG(s) to fund other areas of competing health needs is taken into account.

Unplanned investment decisions should only be made where they have been approved in accordance with the terms of this policy. Usually this will be in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

It is common for clinicians to submit an IFR for a patient who is the first individual of a group of patients wanting a particular treatment. This could be, for example, in the case of a new drug being licensed for a particular type of cancer and for patients with particular clinical characteristics. Any IFR citing circumstances which could equally apply to a group represents a request for a service development. As such it is difficult to envisage circumstances in which the patient can properly be classified to have exceptional clinical circumstances. Accordingly the IFR route is usually an inappropriate one for those seeking funding for such treatments as they constitute service developments. These funding requests are highly likely to be returned to the provider trust, with a request being made for the clinicians to follow the normal processes to submit a request for a service development.

4. The Policy

4.1. This policy applies to any patient in circumstances where NHS Coventry and Rugby Clinical Commissioning Group, NHS South Warwickshire Clinical Commissioning Group or NHS Warwickshire North Clinical Commissioning Group (the "CCG(s)") is the responsible commissioner for their NHS care. It equally applies to any patient needing medical treatment where the Secretary of State has prescribed that the Clinical Commissioning Group(s) is the responsible commissioner for the provision of that medical treatment as part of NHS care to that person.

4.2. A service development is an application to the CCG(s) to provide a particular healthcare intervention to be routinely funded by the CCG(s) for a defined group of patients. A service development will usually require additional and predictable recurrent funding to be provided by the CCG(s) for that healthcare intervention.

4.3. Applications for service developments will generally only be considered and prioritised during the CCG(s) process for developing its Annual Commissioning Plan. The Annual Commissioning Plan defines the commissioning position for the CCG(s) for each financial year. NHS funded healthcare will only be commissioned by the CCG(s) in accordance with the Annual Commissioning Plan or under the IFR policy.

4.4. The CCG(s) recognise they will receive applications from provider trusts and/or clinical teams to commission services which are not in the Annual Commissioning Plan. Such applications will be referred to as "proposed service developments".

4.5. No decision will be made to commission NHS services as part of any proposed service development which is outside the CCG(s) Annual Commissioning Plan until a proposed service development has been assessed, prioritised and a policy decision has been taken as to whether the existing Annual Commissioning Plan should be amended to include the proposed service development.

4.6. A consequence of this approach is that the CCGs' default interim policy will be not to fund a proposed service development.

4.7. The CCG(s) shall be entitled to take a decision to amend the Annual Commissioning Plan to include a proposed service development within a financial year. In deciding whether to amend the Annual Commissioning Plan in this way, the CCG(s) will apply the principles of priority setting set out in the its Ethical Framework.

4.8. Any application to amend the Annual Commissioning Plan to include an in-year service development must be set out in a detailed business plan which describes the proposed policy change, the evidence base to support the policy and sets out the costs of both making the policy change and of not making the policy change. The CCG(s) will require considerable and compelling evidence of both the clinical and cost effectiveness of the proposed service development before agreeing to a change within a financial year.

In making such a decision the CCG(s) will consider the following factors:

I. What is the quality and quantity of evidence in support of the treatment? The CCG(s) will look for a substantial body of good quality evidence before agreeing to change policy to fund a new treatment in-year.
II. What are the proven benefits of the treatment? The proven benefits must be substantial.
III. What is the overall cost of the programme and does it represent good value for money?
IV. How many patients are likely to be treated and what will the part year effect on funding be?
V. What service development proposals were not funded in the last annual commissioning round or have been refused in-year funding by the CCG(s), and does the proposed treatment have a higher priority than those proposals?
VI. What is the CCG(s) financial position? Can the development be afforded? Can the CCG identify opportunities to disinvest in lower priority services or treatments or release funding through efficiency savings?

4.9. An in-year service development will not be approved unless the CCG(s) can reach a clear conclusion that the following tests are satisfied:

I. the proposed service development would have been highly likely to have been supported by the CCG(s) in the last annual commissioning round, in priority to those service developments which could not be afforded at that time;

II. the proposed service development is both clinically effective and cost effective;
III. the proposed service development is affordable in the current financial year and thereafter.

4.10. Having considered the above and any other relevant factors, the Clinical Commissioning Groups can either:

I. give approval to the proposed service development; or
II. commission such further analysis of, or other work on, the proposed service development as the CCG may consider appropriate; or
III. conclude that the proposed service development does not have sufficient merit to justify supporting it and formulate a policy to reflect this; or
IV. conclude that there is merit in funding the requested treatment, but consider that the CCG should delay funding because the development does not have sufficient priority. The proposal in this instance will be considered as part of the next annual commissioning round.

4.11. Until prioritised and funded the default commissioning policy will operate unless otherwise stated.

5. Documents that have informed the Policy

- The CCG's Commissioning Policy (reference): Ethical Framework to underpin priority setting and resource allocation.

- Department of Health: The National Health Service Act 2006 (amended by NHS Health and Social Care Act 2012) , The National Health Service (Wales) Act 2006 and The National Health Service (Consequential Provisions) Act 2006. http://www.legislation.gov.uk/ukpga/2006/41/contents

- Department of Health: The NHS Constitution for England, July 2009.

- The National Prescribing Centre, Supporting rational local decision-making about medicines (and treatments), February 2009. http://www.npc.co.uk/local_decision_making/resources/handbook_complete.pdf

- NHS Confederation Priority Setting Series, 2008.

- Department of Health, The Primary Care Trusts (Choice of Secondary Care Provider).

6. Glossary

TERM	DEFINITION
Article 56	*Article 56* is an article of the European Community Treaty which provides for the development of a free market in goods and services in the European Union EU.
Choice	*Choice* is a Department of Health and NHS approach to healthcare which aims to give patients greater control over what healthcare they receive, where and when. For some types of surgery, for example, this will mean the freedom to choose the provider and timing of their operation through the Choose and Book Scheme at the general practitioner level. For those with longer term conditions it means the patient being able to work with the clinical team to develop the package of care which is best suited to the patient's needs and wishes.
Designated provider	*Designated provider* is the term used by some areas of the NHS for a particular provider of secondary medical care (usually an NHS trust or an NHS Foundation trust) which has agreed with commissioners to provide a particular specialised service and whose services have been assessed by commissioners (or on behalf of commissioners) against known capacity requirements and quality standards.
Evidence based clinical practice	*Evidence based clinical practice* is an approach by clinicians to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best.
Healthcare intervention	A *healthcare intervention* means any form of healthcare treatment which is applied to meet a healthcare need.
NHS commissioned care	*NHS commissioned care* is healthcare which is routinely funded by the patient's responsible NHS commissioner. NHS commissioners have policies which define the elements of healthcare they are, or are not, prepared to commission for defined groups of patients.
Nominated provider	*Nominated provider* means a provider trust which has been approved by the commissioner to provide a particular specialised service without a formal assessment. This label implies that the service area and/or the provider are still awaiting formal comprehensive assessment.
Service Development	A *service development* is an application to the Clinical Commissioning Group(s) to amend the commissioning policy of the CCG(s) to provide that a particular healthcare intervention should be routinely funded by the CCG(s) for a defined group of patients. The term refers to all new developments including new services, new treatments (including medicines), changes to treatment thresholds, and quality improvements. It also encompasses other types of investment that existing services might need, such as pump-priming to establish new models of care, training to meet anticipated manpower shortages and implementing legal reforms. Equitable priority setting dictates that potential service developments should be assessed and prioritised against each other within the annual commissioning round. However, where investment is made outside of the annual commissioning round, such investment is referred to as an *in-year service development*.

Equality Impact Assessment

Arden Commissioning Support

Organisation	Coventry and Rugby CCG, Warwickshire North CCG and South Warwickshire CCG	Department		Name of lead person	Hannah Willetts EIA Jennifer Weigham

Piece of work being assessed	Commissioning Policy: In-Year Service Developments and the Clinical Commissioning Groups' approach to treatments not yet assessed and prioritised.
Aims of this piece of work	To define In-Year Service Developments and approach to treatments not yet assessed

Date of EIA	6.6.14	Other partners/stakeholders involved	CSU

Who will be affected by this piece of work?	Patients in Coventry & Warwickshire in need of packages of care

Protected characteristic		**Is there likely to be a differential impact?** Yes, no, unknown
All		No
Gender		No
Race		No
Disability		No

Religion/ belief		No
Sexual orientation		No
Age		No
Social deprivation		No
Carers		No
Human rights		No