A question of priorities:
Explaining the CCG prioritisation process

East Lancashire Clinical Commissioning Group and Blackburn with Darwen Clinical Commissioning Group commission (buy) healthcare services for their local residents. They commission services that cover the whole of the East Lancashire and Blackburn and Darwen area. This area is know also as “Pennine Lancashire”, and the two CCGs combine their efforts where they jointly commission health services. An example of this is for buying hospital services, as there is one hospital in the area.

CCGs aim to ensure that services meet the healthcare needs of residents and are available equally to all residents.

The CCGs each receive a fixed amount of money to buy health services. They have to buy services which are safe, high quality, beneficial to patients, efficient, good value for money and meet national performance targets such as the A&E waiting target.

There is a limited amount of money available to spend on the NHS. This means that the CCGs have to make careful choices about what services they buy or not. The process of making these choices is called prioritisation.

It is important that we prioritise what we spend the budget on fairly, openly, objectively and rigorously. To help us do this we have drafted a policy and a process which sets out how we can make choices to prioritise (choose) the services and treatments for patients. This may mean spending money on particular services, or choosing not to spend money on treatments or services because we know that they are not effective. When we chose to spend money on services, we call this investment and when we choose not to spend money on services we call this disinvestment.

It is important that when we make the choice to invest or not, we do this carefully, and with all the facts in front of us. When we recommend to not invest money in a service or a treatment we will consult with patients and the public about that.

This policy will provide everyone with an interest in health, with clarity and assurance about how the CCGs manage their commissioning priorities and requirements. It is a way for CCGs to act openly and transparently.

The full policy is available to read in detail, here: www.eastlancsccg.nhs.uk and www.blackburnwithdarwenccg.nhs.uk. Patients have asked us to provide a summary version which is easier to read. We hope this document does this.

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ANNUAL PRIORITY SETTING

Every year the CCG follows an annual plan. The Government tells us what we must do to commission high quality services, these are called national priorities and the Government expects us to achieve these.

In our plan for the year, we are expected to have a list of local priorities. CCGs are led by local Doctors, most if not all of the priorities that we choose are decided by local Doctors. They consider information and facts from their own clinical experience, from patients, services, managers and experts. Experts usually provide information from high quality research, or national guidance.

Decisions are made about priorities and investments for the coming year during an annual priority setting process. This process will involve a systematic review of the CCGs strategy and plans, with the aim of ensuring that decisions about what to fund, or not are reflected in the CCGs priorities.

It is important that we prioritise what we spend the budget on fairly, openly, objectively and rigorously. To help us do this we have drafted a policy and a process which sets out how we can make choices to prioritise (choose) the right, modern and safe services and treatments for patients. This may mean spending money on particular services, or choosing not to spend money on treatments or services because we know that they are not effective or safe or because newer and better techniques or methods are available. When we chose to spend money on services, we call this investment and when we choose not to spend money on services we call this disinvestment.

The outcome of the annual priority setting process will be captured in the **annual commissioning plan**. Throughout the year, the CCGs may need to review decisions about priorities and investments made during the planning process to ensure that the organisation complies with all its legal duties. In this instance, the principles of the prioritisation process will be upheld. No decisions for investment or disinvestment will be made without this process being followed.

The planning timetable (which is at Appendix A of the policy) is typically between April and August with the sharing of commissioning intentions with health service providers by 30 September each year. Schemes are considered in June, and we would invite comments from patients and the public in July. Recommendations about proposals would be considered in September.

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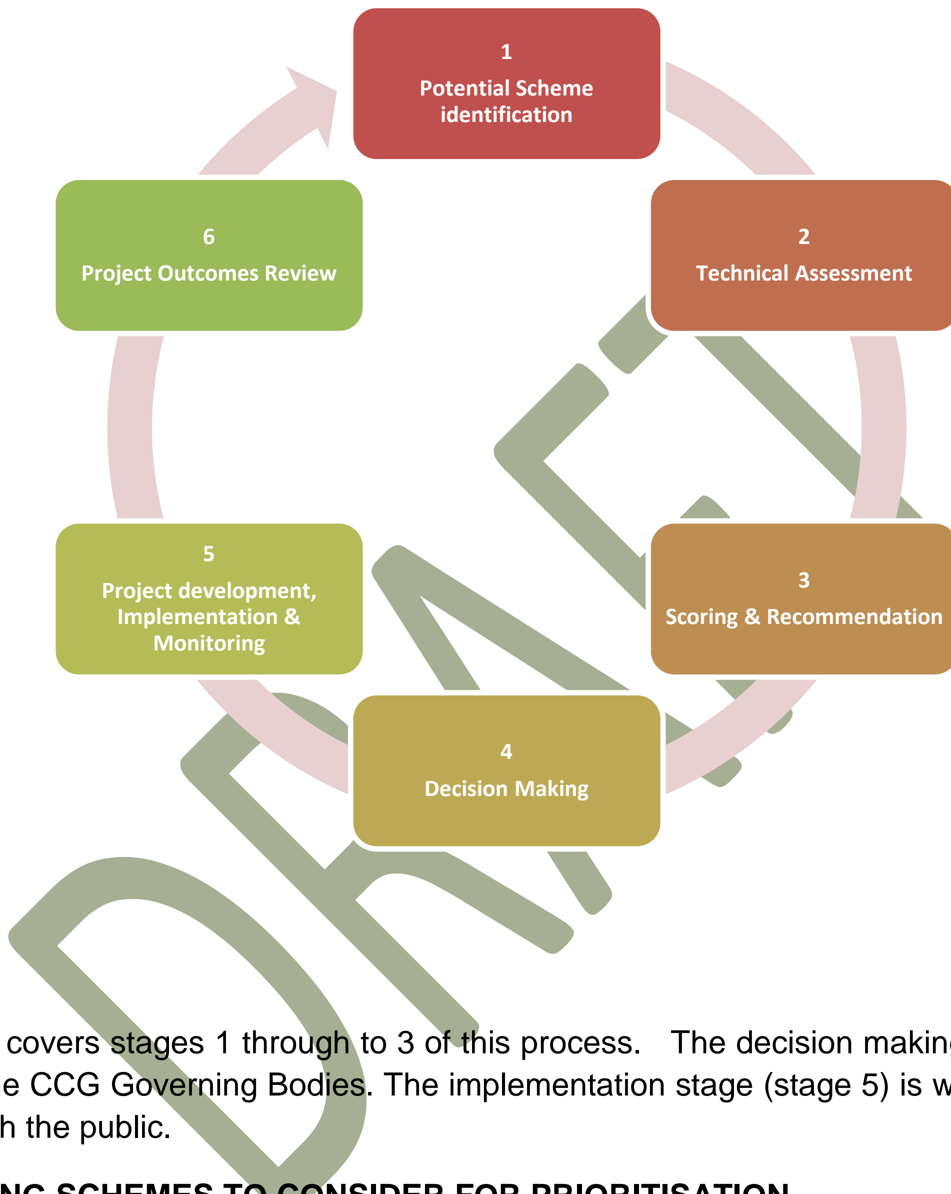
PRIORITISATION PROCESS

1.1 The prioritisation process has six stages.



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This policy covers stages 1 through to 3 of this process. The decision making stage (stage 4) is taken by the CCG Governing Bodies. The implementation stage (stage 5) is where the CCGs will engage with the public.

IDENTIFYING SCHEMES TO CONSIDER FOR PRIORITISATION

Potential schemes for consideration (including whether to recommission, invest, not invest, or partially invest) will be identified from a wide range of sources, evidence and information. When we use the word "schemes" we mean services, treatments, interventions, or models of care.

Each commissioning manager at the CCG will complete documentation for their area of commissioning responsibility. This will be considered at a special meeting of the CCG's senior management team with additional clinical support in a group called the "Sifting Group". This group will run the "sifting process".

SIFTING PROCESS

The CCG's senior management team with additional support from clinicians will review the schemes for shortlisting, which is a more detailed study of the proposed scheme. This detailed study is called a technical assessment. Following this the relevant commissioning manager will be advised of the outcome, and the time frame for the next stage of the process. The shortlisted schemes plus the proposed action will be listed on the CCG's website ***for public and stakeholder information only***.

TECHNICAL ASSESSMENT

The technical assessment provides the information on which the CCG's prioritisation group(s) will make recommendations to the CCG's Governing Bodies. Once through the sifting phase, all remaining schemes, be they to invest (fund), re-commission (continue with funding) or de-commission (not fund) will be considered for technical assessment. This includes considering their financial impact and their relative priority against all other submitted commissioning plans. It will include an equality impact assessment and risk assessment. This will enable the CCGs to potentially set aside funding for service developments which require funding, where information is limited at the time of the prioritisation process.

Documentation will be posted on the CCGs website to allow patients, service users, members of the public and others to consider the schemes and our proposed action and let us know their views and experiences. We will invite feedback for a minimum period of two weeks, and depending on the scheme, and the amount of interest, this may be much longer. We will promote the schemes to the public via the media, and to patient participation groups and other patient interest groups.

Once consultation is closed on any scheme, the relevant commissioner will consider the feedback received and submit the information in the form of a proposal to the CCGs Prioritisation group for scoring.

PRIORITISATION PROCESS TEMPLATE SCORING

The ***prioritisation group*** will meet to score each proposal and to make a recommendation to the CCGs Governing Bodies.

Each scheme is scored against ten criteria, which are grouped by "importance of the scheme" and "do-ability" (which means how straightforward or complex the scheme is) When scored, the criteria are weighted with the overall score for quality (accounting for 80% of the overall mark) and finance (accounting for 20% of the overall mark). The table below describes the criteria and how they are categorised.

	"Importance" criteria	"Do-ability" criteria
80%	Patient Benefit	Stakeholders
	Clinical Benefit	Building and Equipment
	National Priority	Workforce
	Local Priority	Service Delivery
20%	Financial Benefit	Investment Required

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Once all the weighted scores have been agreed, the results are plotted on a prioritisation map, which you can at 11.6, page 9. This is will provide a picture of the schemes and help us agree what schemes should be considered first and what schemes could be considered later.

Once this has been agreed, a recommendation for schemes to be ***approved in principle*** will be made through each CCGs governance framework to take forward the projects.

The results of the prioritisation process will be published on the CCG's websites and any decision to proceed with schemes made by the CCGs will be final.

Following this decision, the process will move into an implementation stage which will include consultation and stakeholder engagement in line with CCG policy and processes.

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