

Policy for Service Review and De-Commissioning Decisions

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Equality and Diversity Statement

The CCG is committed to ensuring that it treats its employees fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you or your role, please contact the Head of Governance and Integration.

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1. Introduction

The purpose of this document is to set out the policy of NHS Rushcliffe CCG, NHS Nottingham West CCG and NHS Nottingham North and East CCG to be followed when reviewing services including those where the CCGs are considering de-commissioning a service.

It is good practice to regularly review commissioned services to ensure they are appropriate, effective and delivering value for money. This will include reviewing services recommended for review as a result of taking forward Monitor's Commissioner Requested Services Toolkit, as well as evaluating and reviewing the efficacy on going benefits of QIPP schemes, pilots and services that have developed as a result of sub specialisation rather than commissioning intention.

In a challenging financial climate, it is important for the CCGs to demonstrate that the most effective use of public money is made to commission the right care, in the right place, at the right time within the context of resources, and in order to deliver statutory responsibilities, and meet the needs of the population.

A review of commissioned services should be undertaken **before** the expiry of a contract to determine whether it is appropriate to continue to commission the service. There will also be occasions where a service review might result in de-commissioning due to factors such as:

- National Policy Changes
- Developments in treatment
- Changes in local and regional care pathways
- The service no longer being a clinical priority or no longer supporting the delivery of the CCG's strategic objectives
- Changes to clinical thresholds e.g. low priority procedures
- Non-delivery of original service objectives and/or key performance indicators including failure to deliver anticipated savings or cost efficiencies
- The current configuration of the service being unaffordable
- Inequity of service provision
- The service is no longer sustainable including but not limited to one or more of the following reasons:
 - Insufficient demand to sustain
 - Insufficient demand to maintain clinical competencies required to deliver such a service
 - Unsustainable clinically or from a workforce perspective e.g. Single consultant service and/or over-reliance on inconsistent locum/short term visiting consultant arrangements.
 - Continued / consistent performance and quality breaches such as failing to deliver core national standards, high levels of complaints, Serious Incidents and patients coming to harm, that escalation through the contract performance management Terms and Conditions has not resolved

2. Policy Statement

The policy for Service Review and De-Commissioning Decisions aims to provide a standardised process which provides assurance both on the review process for services, and standardisation on the information made available to clinical leaders to inform their decision making, taking into account best practice and organisational priorities.

3. Scope

Described in subsequent sections are the procedures which must be followed in all cases where service or contract reviews may result in the decommissioning of a service where the CCG is proposing to stop using a particular provider(s) or is considering changing the scope or nature of a service significantly or where the CCG is planning to test the market for a service.

This includes cases where contracts are due to expire as well as those services where the contract still has some time to run. It is important to note that, contractually twelve months formal notice of decommissioning is required, unless by mutual agreement. The procedure should also be followed where de-commissioning decisions are taken as part of the Planning Process. This procedure does not have to be followed in the case of minor changes to services which are made as part of normal operational management, for example the reallocation of tasks between staff members.

Contract performance issues or contract breaches by the provider should be dealt with separately through the CCG's contract management processes and not through this procedure. However, such issues, if unresolved, and impacting on the quality of care provided and safety of patients, can be used as evidence to support the case for decommissioning a service provider.

The procedure only relates to contracts for clinical or other health-related services and does not apply to contracts which the CCGs have with the providers of non-clinical services such as cleaning or buildings management.

This procedure does not apply to service re-configurations which are subject to Office of Government Commerce Gateway and National Clinical Advisory Team reviews.

4. Definitions

De-commission: - to stop procuring some or all services or to cease using a provider

Re-commission: - to procure the same service either from the existing provider or a new provider at the end of a contract

Service re-configuration: - a major change which is subject to review by the Crown Commercial Service or the National Clinical Advisory Team

Significant service change: - an amendment to a service which has a substantial impact on the delivery of the service, including nature, location or timing of provision or quality of service

Planning Process: - the CCG's annual business planning process

5. Good Practice Decommissioning

The table below, and the hyperlink provided, highlights the good practice that should be followed when carrying out decommissioning. It also identifies the risks of not following this good practice and how those risks might be mitigated when the timeframe is very tight and good practice is difficult to achieve.

<https://www.nao.org.uk/decommissioning/dc2/sad3/carrying-out-decommissioning-what-does-good-practice-look-like/>

Good practice	Risks of not following good practice	Mitigating these risks
<i>Give as much formal notice as possible about the decision to decommission (12 months formal notice of decommissioning must be given, unless by mutual agreement)</i>	<i>Providers are unable to plan successfully for the change; significant challenges and barriers are encountered (e.g. loss of skilled staff); risk of formal complaints and/or legal challenges</i>	<ul style="list-style-type: none"> • Give at least three months formal notice to a provider who is going to be decommissioned
<i>Getting technical advice early on in the process</i>	<i>Commissioners may face unexpected obstacles which they cannot quickly resolve, leading to delays</i>	<ul style="list-style-type: none"> • Get advice from internal experts first to identify whether you might need to get formal technical help • Identify the technical support that providers might need such as support regarding Transfer of Undertakings (TUPE) and suggest how they could get the advice.
<i>An implementation or steering group is established</i>	<i>The decommissioning plan is poorly followed through leading to increased risk of failure or delays</i>	<ul style="list-style-type: none"> • Identify at least a couple of other colleagues to act as a sounding board or virtual peer review group that can help check outcomes against objectives.
<i>Some sources of support for providers are put in place – for example, a Q and A, a small transition grant, the local infrastructure body</i>	<i>Providers are left isolated and anxious and may want to challenge the process or decision.</i>	<ul style="list-style-type: none"> • Contact the local Council for Voluntary Services (CVS) early on and share with them the users and providers that will be affected and offer support • Signpost providers to further sources of support and information

<i>Access to documentation and decision makers where appropriate</i>	<i>Stakeholders feel consultation is tokenistic and not evidence based. Reputational damage</i>	<ul style="list-style-type: none"> • <i>Share some version of the project plan or an outline of the process and timescales with milestones with stakeholders</i>
<i>Clear processes for supporting users during the process</i>	<i>Discontinuity of support for users potentially leading to risks to outcomes Reputational risks</i>	<ul style="list-style-type: none"> • <i>Risks to outcomes may be significant or high risk including risks to safeguarding or safety of users</i>

Before and during a decommissioning process, the senior manager leading the process should consider the factors as listed below:

Public reaction at the loss of services

- Consult early and properly
- Ensure you have clinical engagement and support for the proposal
- Make clear the benefits and increased focus on patient needs
- Support the proposal with examples from other services or other CCGs
- Make it clear how the services will be integrated into the patient care package

Providers may be destabilised by a sudden change in contracted services and may be unable to adjust their costs to compensate for lost revenue:

- Have up to date information on the provider to do your own assessment of costs
- Start the conversation with the provider to allow them time to adjust
- Have an alternative provider available before de-commissioning a service due to cost
- Be aware that it may have an impact on other services provided by this provider

Providers will need to manage reduction in staff levels:

- Be prepared by carrying out an independent assessment of the staff numbers directly involved in delivering the service
- Start the conversation early to allow staff to retrain or move to different areas
- Consider whether Transfer of Undertakings (Protection of Employment) Regulations (TUPE) will apply
- Ensure staff are properly briefed to avoid future Human Resources problems

Risk to continuity of care during the transition

- Uncertainty could impact on performance and result in a lack of investment in the lead up to de-commissioning
- Develop a clear transition plan and limit impact of changes on patients, public and workforce
- Identify resources to manage the transition
- Ensure records and knowledge is transferred efficiently between providers and patient confidentiality is properly addressed
- Ensure timescales are realistic
- Patients should be properly briefed on changes and transferred effectively

Source: extracts from de-commissioning guidance contained on NHS Commissioning Support for London website

Equity is also identified as one of the factors which the senior manager should consider and take reasonable steps to evidence during the review process.

6. Process to complete a contract/service review

The process to follow when undertaking a contract/service review is broken down into a flowchart (see Appendix 1).

No service should be de-commissioned, re-commissioned, re-configured or have significant service change without clear authority from the appropriate decision-making body, which will be the Clinical Cabinet or equivalent.

The relevant service, programme or lead Director will need to provide a contract/service review and make a recommendation to the respective Clinical Cabinet or equivalent.

All proposals to de-commission or change the scope of a service or plans to test the market for a service must be clearly documented on either the full or shortened version of Contract/Service Review Evidence Sheet, dependent on the circumstances as follows:

6.1 Full Version - Contract/Service Review

This evidence sheet (see Appendix 2) must be completed in cases where:

- the proposed service change is significant, or
- the current value¹ of the contract or service is £50,000 or above or
- where the lead has determined that the outcome of the review could be particularly contentious.

6.2 Shortened Version - Contract/Service Review

This evidence sheet (see Appendix 3) must be completed in cases where:

- the proposed service change is not significant or sensitive
- where withdrawal of funding would not significantly destabilise the provider
- the cost of the service over the lifetime of the contract is below £50,000
- less information is required to undertake a review of the service.

¹ Current value is to be calculated as the contract value over the lifetime of the contract or over a four year period where the contract is open-ended.

The lead for the relevant programme, in conjunction with the programme lead will determine whether the service change is significant or sensitive.

Regardless of whether a full or shortened version of the contract/service review is being completed, a Quality and Equality Impact Assessment must be completed in support of the review:

6.3 Quality Impact Assessment

The CCG is committed to ensuring that commissioning decisions, business cases and any other business plans are evaluated for their impact on quality. The assessment will determine whether the proposal has an impact on the quality of services to patients including: any patient safety issues; effectiveness of care and patient experience.

A Quality Impact Assessment must be completed using the CCGs standard documentation, to identify whether the proposal has quality.

The quality impact assessment policy, which includes the template to complete, can be found here:

<http://www.rushcliffeccg.nhs.uk/media/3060/q005-quality-impact-assessment-policy.pdf>

6.4 Equality Impact Assessment

The CCG aims to design and implement services, policies and measures that meet the diverse needs of its service, population and workforce, ensuring that no one is placed at a disadvantage over others.

All policies and procedures are developed in line with the CCG's Equality and Diversity policies and should take into account the diverse needs of the community that is served by the CCG.

An Equality Impact Assessment must be completed using the CCGs standard documentation, to identify whether the proposal has any equality and diversity issues.

The equality and diversity policy, which includes the equality impact assessment template to complete, can be found here:

<http://www.rushcliffeccg.nhs.uk/about-us/document-viewer/?id=1436>

6.5 Patient and Public Involvement and Communications

For all service reviews, consideration should be given to involving service users, stakeholders and staff.

Where a proposal is likely to be controversial, that may result in significant public and/or media interest, support should be provided via the Communications and Engagement function for the CCG. Contact should be made with the Communications and Engagement team at an early stage to provide advice on the most appropriate means of communicating the CCG's intentions and to handle any media enquiries.

There are certain statutory requirements for public consultation where significant service change is proposed. This includes notifying the County Council's Overview and Scrutiny Committee. The committee may determine to review the proposal. These requirements must be followed and the details of the consultation process and outcomes documented on the evidence sheet. Where required, a communications and engagement planner must be included with the documentation that is sent to the Clinical Cabinet or equivalent for approval.

7. Approval process

The Clinical Cabinet, Service Improvement Group or equivalent will receive completed copies of either the Full or Shortened Version of the contract/service review, along with the supporting Quality Impact Assessment and Equality Impact Assessment for each proposal.

In some circumstances where the shortened version of the evidence sheet is used, the Clinical Cabinet, Service Improvement Group or equivalent may request that additional information is provided or that the Full Version needs to be completed.

The review will take into account key guidance relevant to the CCGs' commissioning decision, including but not limited to the following:

- The Five Year Forward View
- The aims and objectives of the Greater Nottingham Health and Care Partners (which incorporates the ambitions of the NHS England guidance "Everyone Counts: Planning for Patients 2014/15 – 2018/19")
- Nottingham & Nottinghamshire Sustainable Transformation Plan
- The Nottinghamshire Health and Well Being Boards Joint Strategic Needs Assessment.

Where the Clinical Cabinet or equivalent considers a recommendation to be particularly sensitive or contentious, or to have a significant impact on the CCG's strategic objectives it must refer the matter to the Governing Body for a decision.

All decisions relating to service review and de-commissioning proposals must be clearly documented to show the decision made and the reasons for that decision. This must take account any issues in relation to managing perceived or potential conflicts of interest. The minutes of the Clinical Cabinet, Service Improvement Group or equivalent will record this information.

The outcome of the de-commissioning decision should be added to the CCGs decommissioning register.

8. Other Considerations

8.1 Joint Commissioning

In making proposals regarding the future of services, consideration should be given to the advice provided by the Nottinghamshire Health and Wellbeing Board.

Where the CCGs and Nottinghamshire County Council or district councils jointly fund services or providers, consideration should be given to the advice provided by the relevant joint commissioning or strategic commissioning group.

Partners such as the local authority should be included in procurement exercises as appropriate, where a decision is made to commission services following a review.

Proposals should be shared with the Collaborative Commissioning Congress in line with the *Procedure for engaging the commissioning congress on issues of Service Review and decommissioning (May 2013)*.

8.2 Procurement Issues

Consideration should be given to any contractual requirements such as the need to provide notice to terminate a contract or any penalties due should the contract be terminated earlier. It should be noted that in some cases the CCG is required to provide notice that a contract will not continue beyond the termination date otherwise it will be assumed that the contract will run-on beyond that date.

Care must be taken to ensure the CCGs' Tendering and Contract Procedure contained within the Standing Financial Instructions and the European Union Procurement Regulations are complied with in re-tendering services or procuring new services. If in doubt, advice is available from the CCG's Director of Procurement and Market Development.

Decisions relating to service reviews and de-commissioning should be consistent with future commissioning intentions. It is the responsibility of the relevant programme or service lead to involve stakeholders, as appropriate to the circumstances of individual reviews.

9. Monitoring and Evaluating De-Commissioning Decisions

Evaluating the process and impact of decommissioning on users and the community is a key element of any decommissioning decision. Following a decommissioning outcome the CCGs should agree a process for reviewing the efficacy and any unidentified consequences of the decommissioning decision, and identify any lessons to be learnt that would directly influence the success of any future decommissioning exercise.

With regards to such a process, the table below highlights good practice for reviewing and evaluating decommissioning. It then identifies the risks of not following good practice and how these risks might be mitigated.

<http://www.nao.org.uk/decommissioning/dc2/sad4/monitoring-and-evaluation-what-does-good-practice-look-like/>

Good practice	Risks of not following good practice	Mitigating these risks
<i>Carry out an evaluation of the process used for de-commissioning– what worked well what did not</i>	<i>Learning about how to effectively commission and decommission services is lost and does not inform future practice. This can lead to mistakes or delays occurring in the future that could have been better anticipated if the learning from the past was captured and used</i>	<ul style="list-style-type: none"> • <i>Ask all stakeholders involved in decommissioning (including users, providers, other agencies, technical advisors, staff etc.) to complete a short feedback form that asks what worked well and how the process could be improved</i>
<i>Carry out a post decommissioning review looking at impact and outcomes for users, the community, providers and statutory agencies</i>	<i>Future decommissioning or commissioning is not informed by past successes or failures Unintended consequences of decommissioning may be missed – some of these may be negative impacts on users, providers or the wider community</i>	<ul style="list-style-type: none"> • <i>Ensure review is part of the commissioning approach used in the future</i>

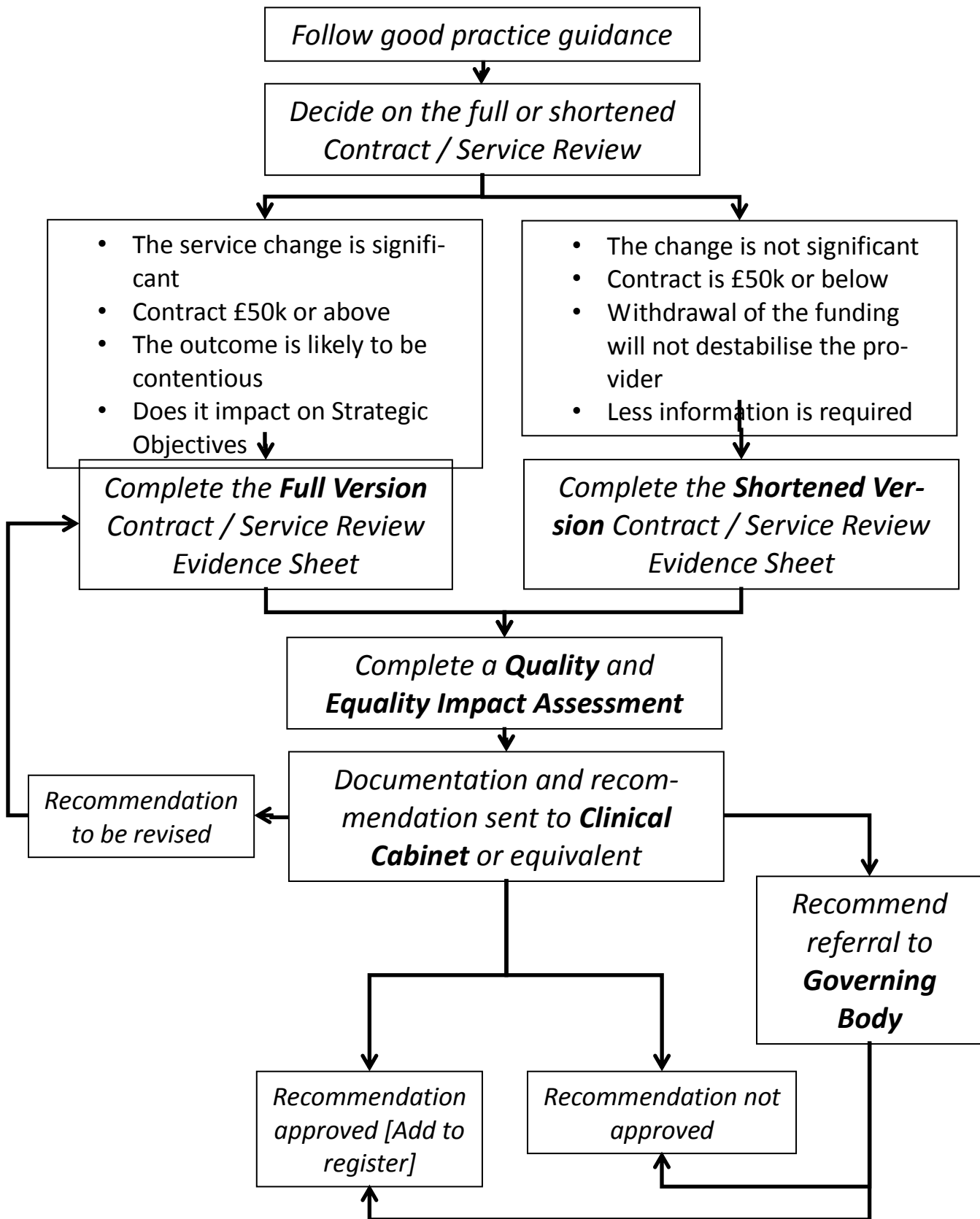
10. Monitoring and Review of Policy

The Service Review and De-Commissioning Decisions Policy will be reviewed every year the Cross CCG QIPP Group.

11. References

No specific references.

Process for Service Review and De-Commissioning Decisions



Contract / Service Review Evidence Sheet – Full Version

To be completed where:

- the proposed service change is significant, or
- the current value² of the contract or service is **£50,000 or above** or where the lead has determined that the outcome of the review could be particularly contentious.

Service Provider:

Service Name:

Service Description:

Cost of Service:

(annual cost and total contract cost)

Programme Lead:

Area covered by service:

Summary:

Please provide a short summary of the proposal for this contract / service (decommission, re-commission, tender, other)

¹ Current value is to be calculated as the contract value over the lifetime of the contract or over a four year period where the contract is open-ended.

Please supply evidence in the boxes outlined below. Items listed are suggestions only. Information included should be relevant to the contract/service under review.

1. Description of Current Service

Business Processes

- Demand
- Capacity
- Activity
- Waiting times
- Number and nature of incidents/ Have the contract performance management clauses been enacted in relation to any performance management issues. Please specify.

- Outcomes
- Continuity
- DNAs

Finance

- Cost per patient (compared to other areas)
- Return on Investment – e.g. in the case of prevented admissions evidence to demonstrate that the service does actually reduce admissions
- Cost pressures

Contract Terms

- conditions
- timing
- payback period
- notice period

Strategic Objectives

- To what extent does the service support the delivery of national policy, local CCG strategic objectives and/or the Joint Strategic Needs Assessment.

2. Current Service Quality

Contract Management

- *Have the performance management clauses of the contract been enacted for any reasons relating to patient quality/safety. Please specify.*

Patient and carer Involvement

- *Patient and carer feedback*
- *Patient and public involvement*
- *Access to service*

Learning and Growth (sustainability)

- *Equality*
- *Equality ratios – e.g. gender, race, religion*
- *Training*

Clinical Effectiveness

- *detail evidence of clinical effectiveness*

3. CCG involvement

- *has the service been considered in light of CCG plans?*
- *correlation with local commissioned services*
- *CCG engagement in contract continuation / decommissioning*

4. Consultation

- *details of consultation process with service users, providers, partner agencies and other stakeholders to consider the options for the service*
- *outcome of consultation process include relevant advice from the Health Community Prioritisation Panel*
- *need for formal consultation*
- *link to communications and engagement planner*

5. Other relevant evidence:

For example provide evidence here if the service is being decommissioned due to re-provision of the service, a lack of need for the service, a change in funding arrangements and information from Patient and Public Involvement.

Options considered:

- *detail all options considered and the proposed start and end dates for those options (e.g. continuing with the service, reducing the service, de-commissioning, providing an alternative, market testing)*
- *provide a cost/benefit analysis for each option*
- *outline the timing of the financial implications of each option*
- *indicate which options are viable and the risks associated with each option*
- *indicate which option is proposed and clearly indicate the financial implications of that option including savings, value for money aspects and return on investment*

Impacts of the decommissioning or changes to the service (if applicable)

Please supply information on the impacts of de-commissioning/changes to the service. To inform this section:

- **The Quality Impact Assessment (QIA) attached at appendix 3 should be completed in conjunction with the nominated governance lead for the programme area and attached to this form prior to submission to the Clinical Cabinet.**
- **An Equality Impact Assessment should be completed using the CCGS's standard documentation and attached to this form prior to submission to the decision making committee.**

- *impact on service quality*
- *equality and diversity issues*
- *impact on service users, other services and the provider*
- *impact on other services which may be either affected by service cessation or able to provide comparable services*
- *impact that the decision will have on the achievement of the CCGS's strategic objectives including any impact on the health outcomes targets or other targets.*
- *any contractual issues e.g. are there any penalties for early withdrawal from the contract*
- *key risks arising from the proposal*

Reason for the recommendation/proposal of the change and reason

Provide specific reasons for the recommended decision

Recommendation

The Clinical Cabinet or equivalent is recommended to:

- **Recommendation for APPROVAL by the CCG** that the CCGs continue to fund [insert details of service/contract] until [insert date] or
- **Recommendation for APPROVAL by the CCG** that the CCGs cease to fund [insert details of service/contract] with effect from [insert date]
- **Recommendation for APPROVAL by the CCG** a modification to the current service in the form of [insert details of modification].

[delete recommendation as appropriate]

Contract / Service Review Evidence Sheet – Shortened Version

This evidence sheet must be completed in cases where:

- the proposed service change is not significant or sensitive
- where withdrawal of funding would not significantly destabilise the provider
- the cost of the service over the lifetime of the contract is **below £50,000**
- less information is required to undertake a review of the service.

Service Provider:

Service Name:

Service Description:

Cost of Service:

(annual cost and total contract cost)

Programme Lead:

Consortia area covered by service:

Please supply evidence in the boxes outlined below. Items listed are suggestions only. Information included should be relevant to the contract/service under review.

1. Details of Current Service

- demand
- capacity
- cost
- clinical effectiveness
- quality issues
- fit with strategic objectives

2. Options considered:

- *detail all options considered and include the relative costs, benefits and key risks of each.*
- *include details of consultation on each option including the views of the relevant consortia*
- *identify the preferred option*

3. Impacts of the decommissioning or changes to the service (if applicable)

Please supply information on the impacts of de-commissioning/changes to the service. To inform this section:

- **The Quality Impact Assessment (QIA) attached at appendix 3 should be completed in conjunction with the nominated governance lead for the programme area and attached to this form prior to submission to the Clinical Cabinet.**
- **An Equality Impact Assessment should be completed using the CCGS's standard documentation and attached to this form prior to submission to the decision making committee.**

- *financial details including costs, savings and return on investment*
- *impact on service quality include summary of Quality Impact Assessment*
- *equality and diversity issues include summary of Equality Impact Assessment*
- *impact on service users, other services and the provider*
- *impact that the decision will have on the achievement of the CCGS's strategic objectives including any impact on the health outcomes targets or other targets.*
- *any contractual issues e.g. are there any penalties for early withdrawal from the contract*

Reason for the recommendation/proposal of the change and reason

Provide specific reasons for the recommended decision

Recommendation

The Clinical Cabinet or equivalent is recommended to:

- **Recommendation for APPROVAL by the CCG** that the CCGs continue to fund [insert details of service/contract] until [insert date] or
- **Recommendation for APPROVAL by the CCG** that the CCGs cease to fund [insert details of service/contract] with effect from [insert date]
- **Recommendation for APPROVAL by the CCG** a modification to the current service in the form of [insert details of modification].

[delete recommendation as appropriate]