

Policy to support the decommissioning of services and interventions

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REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Neill Bucktin	26/4/2017	Director of Commissioning	D1.0
Laura Broster	09/05/2017	Director of Communications & Public Insight	D2.0
Jane Williams	1/08/2017	Senior Associate for Mills and Reeve LLP	D3.0
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RELATED DOCUMENTS

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1. Introduction & Purpose

- 1.1 This policy has been produced to support Dudley CCG in the identification of services and interventions which are of low priority for funding. It provides a set of overarching principles, a framework for assessing the relative priority of services and interventions, and a process for decision making. It should be read in conjunction with the CCG's Ethical Framework for Priority Setting and Resource Allocation.¹

2. Definition of decommissioning

- 2.1 'Decommissioning' refers to the process of withdrawing funding for a particular service or intervention. It does not refer to redesigning pathways, appointing of new providers, re-tendering, revision of contracts or review of reimbursement mechanisms.

3. Overarching principles

The CCG has a statutory duty to ensure expenditure in a financial year does not exceed the allocated budget.

- 3.1 This is an overriding consideration which provides legitimacy for the decommissioning of services and interventions. Because of this statutory duty, it is accepted that the thresholds for funding services or interventions will change with the financial status of the commissioning body. This means that some services or interventions are only commissioned when the CCG is in a strong financial position, or that the CCG may vary the conditions that need to be met by patients in order to receive certain interventions or services.

The CCG is not required to commission everything

- 3.2 The CCG's Ethical Framework states:

"The NHS cannot possibly provide a service that meets the "best interests" of every patient and, indeed, does not have a legal obligation to do so. The Clinical Commissioning Group recognises that commissioners do not have a duty of care to the patients they serve but have an obligation to provide a fair system for deciding which treatments to commission, recognising that the Clinical Commissioning Group does not have the budget to fulfil every single need of the patients for whom it is responsible."

All services / investments should be assessed fairly and consistently

- 3.3 The CCG needs to ensure that whenever decisions are made relating to resource allocation (including disinvestment), consistent processes are used. With respect to funding of services and interventions, this includes (but is not limited to):
- Processing of individual funding requests.
 - Continuing care and other long term placement requests.
 - Applications for inclusion of medicines or other prescription items on the Dudley Formulary.
 - Consideration of business cases for commissioning of services or interventions.

The CCG should rank services or interventions in order of priority.

- 3.4 Ranking every service or intervention is a time consuming task which is not practical. However, it is reasonable to establish relative priorities against 'reference cases'. These reference cases could include:

- Services or interventions recently decommissioned.
- Services or interventions recently commissioned.
- Services or interventions identified as a priority but currently unaffordable.

3.5 This supports an ethically sound decision-making process. For example, it is not ethical to continue funding services of lower priority than ones identified as a higher priority but currently unaffordable.

The CCG should perform an option appraisal before decommissioning

3.6 Broadly speaking, efficiencies can be achieved in one of five ways:

- Decommission.
- Fund less of the service, for example by reserving for patients who will benefit the most.
- Pay less for the service from the same or a different provider.
- Streamline the service for example by eliminating unnecessary appointments and tests.
- Change contractual arrangements to incentivise better performance (and outcomes) or manage risks.

3.7 Where appropriate (for example where evidence is strong, but outcomes are suboptimal), other options should be explored before decommissioning.

The CCG should secure public and professional involvement and explain decisions

3.8 The law requires NHS bodies to engage with members of the public before making decisions on changes to health services. The CCG has a statutory duty to have in place arrangements to secure the participation of individuals in decisions about service change.² Stakeholder engagement, particularly patient and public, will be integral to any decision made to decommission a service or intervention and should follow a number of considerations:

- a) Dudley CCG Communications, Engagement and Involvement Strategy³
- b) Published statutory guidance⁴
- c) The Gunning Principles, which state:
 - Consultation must take place when the proposal is still at a formative stage;
 - Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
 - Adequate time must be given for consideration and response; and
 - The product of consultation must be conscientiously taken into account.

3.9 The risk of not following these principles could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in the discharge of their Public Sector Equality Duty – usually for one or more failures linked to the four Gunning Principles.

- d) Dudley CCG Constitution⁵
- e) The NHS Constitution for England⁶

4. Decision making process

4.1 This is summarised in figure 1 below.

Identification of potential decommissioning opportunities

- 4.2 Potential opportunities for decommissioning might be identified from a number of sources including:
- A systematic assessment of currently commissioned services
 - The CCG's Right Care programme (a nationally supported approach to examine how resources are used to improve the health of a local population).
 - Suggestions from patients and public
 - Through commissioning processes, for example service review
 - From providers as part of 'gain share' (a locally negotiated scheme where savings are shared between providers of services and the CCG who commission them) or programme review
 - Ad-hoc suggestions from CCG members, staff etc
 - When interventions become outdated or new evidence is available

Assessment of services or interventions using the decommissioning prioritisation tool

- 4.3 A senior manager will usually lead the screening of potential decommissioning opportunities. This will consist of an initial assessment using the decommissioning prioritisation tool (appendix 1). This must be carried out with a clinician, usually a GP member of the Commissioning Executive.

Review by the Commissioning Development Committee

- 4.4 Where decommissioning is considered a viable option, the Commissioning Development Committee should be consulted to review the proposal, validate (or modify) the assessment against the prioritisation conducted and authorise progression to a decommissioning business case. Where decommissioning is not deemed viable, other options to reduce costs, increase effectiveness or increase efficiency should be explored.

Decommissioning business case

- 4.5 The business case should consist of the following elements:
- Prioritisation using the decommissioning prioritisation tool – this should generate a clear case for decommissioning, with robust evidence provided against each of the attributes. This is likely to be more detailed than the initial screening process.
 - A ranking of the service or intervention against relevant reference cases (recently decommissioned, recently commissioned, prioritised but unaffordable).
 - A focused impact assessment which considers impacts on patient, service, organisation and social value impact (see appendix 2).
 - A consideration of unintended consequences – for example a higher demand for potentially more expensive services.
 - An option appraisal which considers other measures to reduce costs or improve effectiveness of the service.
 - An equality impact assessment in accordance with CCG Policy⁷
 - Evidence of public and patient engagement.
 - Consultation with all relevant directors.
 - An exit strategy (where appropriate) for existing users of the service or intervention. This might include use of alternative services or interventions or continuation of funding for a defined cohort of patients.
 - Financial modelling which includes recurrent financial savings, cost of alternative services or interventions, and any non-recurrent costs. Where funding continues for existing patients, this should be explicitly modelled including any assumptions relating to attrition rates.
 - A clear recommendation based on the following:

- The relative priority (when compared to reference cases) of the service or intervention based on assessment using the decommissioning prioritisation tool. This should consist of a clear and concise narrative referring to the criteria in the tool. The use of scoring systems should be avoided.
- A consideration of the trade-offs between the financial savings or costs avoided, the cost of change and the potential impact (patients, organisations, pathways and social value).

Engagement

- 4.6 Principles and mechanisms outlined in the CCG Communications, Engagement and Involvement Strategy³ will be adhered to. Each decommissioning decision will be reviewed along with the equality impact assessment to identify key stakeholders and then establish the best mechanisms to engage with these groups. Any involvement plan linked to a significant change in service would be made available to the Health and Adult Social Care Scrutiny Committee at their request.
- 4.7 Involvement of our CCG members will be facilitated through locality meetings and CCG membership meetings.

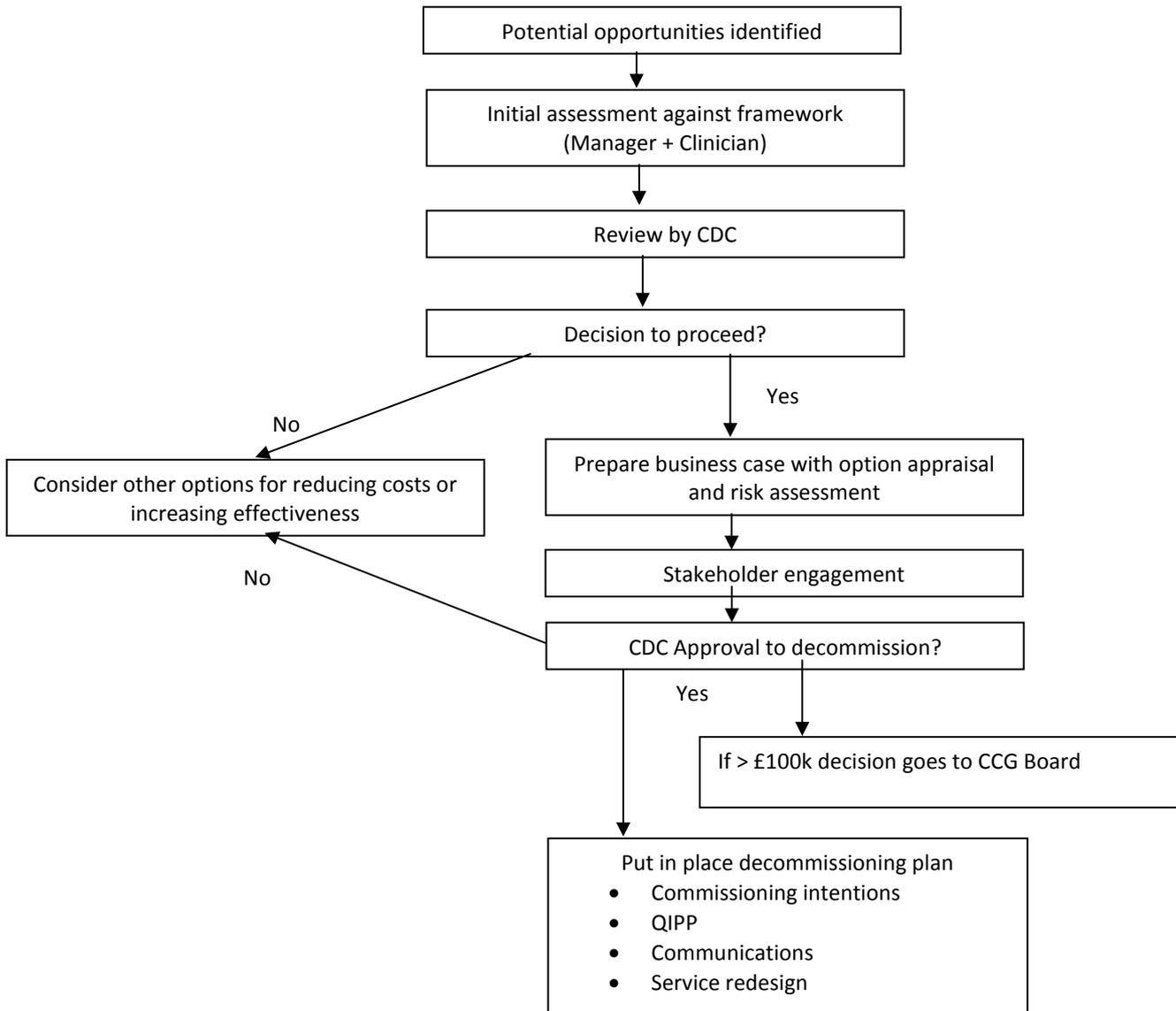
Ratification

- 4.8 In line with approval of investment decisions, the Commissioning Development committee can approve disinvestment decisions of up to £100k annual costs. Decisions relating to disinvestment over this amount need to be made by the CCG Board.
- 4.9 The Commissioning Development Committee will need to consider the disinvestment business case and an outline decommissioning plan.

Decommissioning plan

- 4.10 A decommissioning plan should include the following considerations:
- Inclusion in the QIPP programme (Disinvestment opportunities should only be included once the business case has been approved)
 - Where necessary, notice to providers should be given in the CCG's Commissioning Intentions as dictated by the current policy and practice, supported by appropriate contractual notices and contract variations.
 - Communications with patients, public and media.
 - Any revisions to patient pathways, programmes of care etc.

Figure 1. Process for the decommissioning of services or interventions



Appendix 1 – Decommissioning prioritisation tool

Attribute	Higher priority for continued funding	Lower priority for continued funding
Commissioning need	The service or intervention is provided for patients with actual or potentially severe restrictions on quality of life or life expectancy.	The service or intervention is provided for patients with minor or self-limiting restrictions on quality of life and no expected shortening of life expectancy.
Commissioning effectiveness	Robust evidence from research backed up with local audit or service evaluation. Outcomes demonstrate a valuable impact on mortality, morbidity or quality of life.	Weak research evidence with little or no evidence from service evaluation. Outcomes limited to process or proxy measures.
Cost-effectiveness	The service or intervention provides value for money, either in health economic terms (eg cost per QALY) or when judged against competing priorities.	The service or intervention is not cost-effective or is judged to offer poor or uncertain value for money against competing priorities.
Total cost / opportunity cost	Low total cost / disinvestment will make little difference to either QIPP targets or potential to fund higher priority services or interventions.	High total cost / disinvestment will make significant difference to either QIPP targets or potential to fund higher priority services or interventions.
Number of patients affected	Potentially large number of patients affected.	Small number of patients affected.
Fairness	A patient group would be penalised significantly if a service were withdrawn. For example, where a service or intervention represents the only option for patients with high Commissioning need.	The patient group is well served by a range of interventions. The service or intervention in question offers less Commissioning benefit compared with others available.
Appropriateness for NHS funding	The service or intervention is core to the treatment or prevention of a recognised medical condition. It is delivered through well-established healthcare channels.	The service or intervention is considered to be peripheral to the management or prevention of a healthcare condition and/or is available for patients to purchase at reasonable cost. Or The service or intervention meets needs which are considered to be have little bearing on future mortality, morbidity or quality of life.
National priority or statutory duty	Recognised national priority for investment / transformation or statutory duty to fund (for example positive NICE TA).	Does not feature in any national policy (unless targeted for disinvestment) and not statutory duty to fund.
Health inequalities	The service or intervention addresses specific and significant health inequalities.	The service or intervention has no impact on health inequalities.

This tool is designed to provide a robust assessment of services or interventions which might be suitable for decommissioning. It does not involve the application of scoring, but does support a comprehensive analysis. Ideally, proposed services or interventions should be compared against reference cases; services which have recently been commissioned or decommissioned and prioritised services currently unaffordable. Those deemed to be of low priority should be progressed for further consideration.

Appendix 2 – Decommissioning impact assessment

Criteria	Higher priority for continued funding	Lower priority for continued funding
Impact of withdrawal on patients	Withdrawal of service or intervention will have a major impact on the quality of life of patients, for example where there is a high risk of physical or emotional distress.	Withdrawal of service or intervention will have no or negligible impact on the quality of life of patients.
Impact of withdrawal on wider service delivery	Withdrawal of service or intervention will have a major impact on the delivery of established pathways or programmes of care.	Withdrawal of service or intervention will have no or negligible impact on the delivery of established pathways or programmes of care.
Impact of withdrawal on provider	Withdrawal of funding will have significant impact on provider viability	Withdrawal of funding will have little or no impact on provider viability
Impact on local community / Social value	Withdrawal of funding will result in local job losses.	Withdrawal of funding will not result in local job losses.

References

¹ CCG ethical framework

² Section 14Z2 NHS Act 2006

³ Dudley CCG Communications, Engagement and Involvement Plan

⁴ Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England

⁵ Dudley CCG Constitution

⁶ NHS Constitution

⁷ CCG equality impact assessment policy