Methods: National service specifications

Methods of development and approval of national service specifications for directly commissioned specialised services

July 2020

First published November 2016, updated September 2017

Contents

Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England and NHS Improvement's values. Throughout the development of the service specifications and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Introduction

Proposals to develop or substantially revise service specifications originate from Clinical Reference Groups (CRGs), other stakeholders and NHS England and NHS Improvement regional and national teams.

Preliminary proposals for service work or specifications are co-ordinated through the Programme of Care (PoC) and, where the SCHJ Strategy Group approves them for inclusion in PoC workplans, follow the methods set out in this document. Minor editorial amendments to existing specifications are undertaken outside these methods.

Proposals for new or revised service specifications are co-ordinated by CRGs and the relevant PoC during the ‘clinical build’ phase.

The second phase is the ‘impact analysis’, managed and assured by the National PoC (NPoC) team

The third and final phase is the ‘decision’, from the Clinical Priorities Advisory Group (CPAG), and then the Specialised Commissioning and Health and Justice (SCHJ) Strategy Group.

A. Preparation and clinical build

Preparation and clinical build is the first of the three phases to form a national service specification for a directly commissioned specialised service. It is co-ordinated and managed by the relevant PoC. Where the SCHJ Strategy Group approves the preparatory work, the proposal to develop a specification enters the PoC workplan. A clinical evidence review will form part of this phase for service specifications only by exception.

Step A1: Topic identification

The CRGs co-ordinate the identification of services that might benefit from either new or revised national service specifications.

A1.1. The CRG receives advice on the timetable for identifying topics for new or revised service specifications for potential inclusion in the PoC work programme.

A1.2. The PoC identifies potential topics, including the list of specifications that may be required as part of a planned procurement or as a result of a national service review.

A1.3. The PoC and CRG chairs liaise to clarify which CRG is best placed to lead the proposals to develop a specification and/or other CRGs that may wish to be involved.

Step A2: Clinical lead identification and endorsement

The CRG considers and proposes a suitable clinical lead with the national credibility and expertise to lead the drafting and development of the preliminary proposal (PP) for specification work.

A2.1 The CRG considers potential candidates able to lead the national development of a service specification, giving particular attention to potential conflicts of interest.

A2.2 The CRG decides who to put forward as its preferred clinical lead to become the chair of a working group should the topic be agreed for inclusion in the PoC work programme.

Step A3: Drafting a preliminary proposal

A3.1 The proposed clinical lead and lead commissioner draft the PP suing the relevant templates provided.

A3.2 The CRG then considers this and signs it off as ready for consideration as part of the relevant PoC's work programme..

A3.3 The PP is submitted to the National Programme of Care Senior Manager (NPoCSM).

Step A4: Programme of Care work programme

The PoC considers and recommends its work programme, ensuring alignment with national and regional priorities and available project resources. Proposals for service specifications are considered alongside other programme priorities, including clinical policies, national service reviews, commissioning for value initiatives, currency and tariff developments, and the development of national quality standards and dashboards.

A4.1 The PoC considers service specification topics alongside other potential workplan priorities, checking first that they legitimately fall within NHS England's direct commissioning responsibilities and that there are no other barriers to development at that time.

A4.2 The PoC recommends its work programme (noting that clinical policies for inclusion in the work programme are subject to an additional governance gateway via the clinical panel), ensuring this can be delivered within available programme resources.

A4.3 At this stage, the PoC will receive confirmation that further preliminary work can be undertaken on specification development proposals. Where this is confirmed, the PoC will co-ordinate work on a case for change and any associated resource and investment requirements. This is presented to the SCHJ Strategy Group to consider whether proposals are in line with the 'key factors' set out in the *Ethical framework for priority setting and resource allocation*: https://www.england.nhs.uk/wp-content/uploads/2013/04/cp-01.pdf

Where the SCHJ Strategy Group agrees a proposed specification topic area aligns with an existing corporate priority commitment and the key factors in the ethical framework, an indicative timetable for the development is agreed and

financial provision is made for proposals that may require investment. This investment is approved, finalised and released through subsequent governance gateways. The proposals approved for further work will at this stage enter the PoC workplan and the CRG and lead commissioner are notified of this.

A4.4 The PoC considers, by exception, whether any of the service specifications agreed for inclusion in the work programme might, within the provided guidance, require a supporting evidence review. Where this is agreed the Clinical Effectiveness Team (CET) is notified.

A4.5 A unique reference number (URN) is allocated to the service specifications in development.

A4.6 The PoC's work programme list is made available to stakeholders.

Step A5: Specification Working Group established

A Specification Working Group (SWG) is formed for each of the specifications agreed for inclusion in the PoC work programme.

A5.1 A SWG is formed for each specification agreed for inclusion in the PoC work programme in line with the agreed terms of reference (ToRs).

A5.2 The CET team confirms the public health representative from the Public Health England Specialised Services Public Health Network.

A5.3 The lead commissioner confirms the membership of the SWG to the PoC project team.

A5.4 The service specification methods document is circulated to all members of the SWG, to provide an overview of the steps to be followed in developing a service specification. All SWG members undertake the provided training covering the fundamentals of specification development, including considerations for equalities and health inequalities.

Step A6: Evidence review commissioned and completed

This step is only completed for service specifications the PoC has agreed require a supporting evidence review. Unlike evidence reviews for commissioning policies, which focus on the evidence as it relates to individual patient benefit, evidence relevant to service specifications is likely to focus on the outcomes for particular models of care or approaches. The SWG helps shape the scope and focus of the evidence review, which

is then undertaken in accordance with CET advice and supported by the public health representative on the SWG.

A6.1 The nominated public health lead on the SWG supports the clinical lead and wider SWG membership to identify the scope of the evidence review, producing a PICO (population, indicators, comparators and outcomes) summary..

A6.2 The SWG public health lead submits the proposed PICO to the CET who review and assure it.

A6.3 The CET commissions the evidence review and CPAG summary report for the clinical panel from an external provider and co-ordinates its completion. The public health presentative on the SWG will assist with this process.

A6.4. The CET establishes communication between the evidence review team and the specification clinical lead to clarify elements of the evidence review and the CPAG summary report for clinical panel.

A6.5. The CET receives the evidence review and circulates it the SWG for comment. The CET quality assures the evidence review and CPAG summary report during this period.

Step A7: Service specification proposition developed

The SWG now begins to populate a draft service specification template, which can be tested with stakeholders at a later stage and will ultimately form, if adopted, the final service specification document for inclusion in the contract with commissioned providers.

A7.1 The clinical lead and lead commissioner now work with other SWG members to create a service specification proposition (SSP) document, using the template provided.

A7.2 The SWG takes into account whether it is appropriate to reference or reflect other national guidance in the draft specification, and considers how the specification might improve clinical and patient outcomes and value for money for the taxpayer.

A7.3 The SWG is guided to use the word ‘must’ for standards that are mandatory for all commissioned providers, and ‘should’ for all other developmental standards.

A7.4 The SSP should use concise, clear and accessible language, explaining any acronyms, so that it is a meaningful reference document for patients and the wider public as well as clinicians and potential/commissioned providers.

A7.5 The SWG completes an initial draft of the equalities and health inequalities assessment (EHIA) template, informed by previous PoC comment at PP stage, the clinical evidence review (where undertaken) and SWG considerations based on sources of evidence.

A7.6 A member of the Quality Surveillance Team (QST) provides expert guidance to the SWG on completing the quality standards and indicators section of the draft document to test and capture the most valuable metrics covering clinical outcomes, patient experience and measures of structure and process, recorded against the NHS outcomes framework domains.

A7.7 Where an evidence review has been undertaken, an evidence summary will be included in the SSP. The SSP must reflect the available evidence in the proposed model, configuration or standards of care.

A7.8 Commissioned providers should only be listed in the SSP where a restricted list of providers has already been determined on the basis of a procurement or other formal selection process.

A7.9 SWGs should both ensure clinical engagement in the development of the clinical model and confirm and ensure the feasibility of propositions. This should involve clinicians in the SWG and make use of clinical advice from the relevant CRG(s) and PoC(s). The wider specialised commissioning clinical advice structures can be used to test propositions. For example, the NPoC can seek advice from the clinical panel in respect of the clinical model and/or quality indicators for clinical and commissioning feasibility testing.

Step A8: Clinical panel assurance

As per Step A6, this step is only required for those service specifications for which, by exception, an evidence review has been undertaken. The clinical panel considers whether the draft SSP appropriately reflects the available evidence.

A8.1 The SSP is completed ready for submission to the clinical panel, alongside the completed evidence review.

A8.2 Submissions are made via the clinical programmes project manager, at least two weeks ahead of the next clinical panel meeting.

A8.3 The clinical programmes project manager submits the completed PP, SSP, evidence review, CPAG summary report and draft EHIA report to the Clinical Effectiveness Team Business Manager for inclusion in the papers for the next clinical panel meeting.

A8.4 The papers are presented at the meeting by a clinical panel member nominated by the clinical panel chair. The clinical panel will consider the documents to determine whether it is content that the evidence review and evidence review summary have been completed satisfactorily and that the draft SSP adequately reflects the available evidence.

A8.5 Where the clinical panel determines that the supporting evidence is not satisfactory, the SWG is advised accordingly though the clinical panel report, which also outlines any relevant further action, eg asking the working group to consider amending specific sections before resubmission.

A8.6 The clinical panel's report on the SSP, capturing the discussion and conclusions of the meeting, is drafted by the CET Business Manager with the clinical panel chair.

A8.7 The CET Business Manager sends the agreed report to the clinical lead, copying in the lead commissioner, the Head of Clinical Effectiveness, the Head of Highly Specialised Services (for HSS topics) and the NPoCSM.

B. Impact analysis

The **impact analysis** is the second of the three phases to form a national service specification. It is co-ordinated, managed and assured by the PoC.

Step B1: Stakeholder testing

A period of informal stakeholder testing is undertaken seeking views on the work completed by the SWG. The SWG then considers stakeholder responses, amending the draft SSP and EHIA report as appropriate, and completes a summary engagement report. An assessment is undertaken of whether public consultation is also required.

B1.1 The SWG prepares to test the SSP and EHIA report with stakeholders, including those that have already registered as having an interest in the work of the CRG(s). An engagement plan is developed to inform this stage.

B1.2 The SWG considers any additional stakeholders whose views would be relevant and that it would be appropriate to ask to contribute at this stage, forwarding details to the Communications Team.

B1.3 The draft SSP and EHIA report is sent to the complete list of stakeholders (with evidence review-related documentation, if one has been undertaken), together with a response form.

B1.4 The SWG considers, particularly for more contentious or complex topics, whether a formal stakeholder event should be arranged to supplement testing by email. Otherwise, responses are received via a generic email and acknowledged. Collated responses are sent to the lead commissioner.

B1.5 The SWG reviews the responses and updates the SSP and EHIA report as appropriate based on the feedback.

B1.6 If the stakeholder testing raises the issue that the evidence review may not have evaluated the full evidence base, the public health lead will review whether the evidence identified was considered and excluded from the evidence review (eg because the study did not meet the PICO) and if not, whether there has been an omission that materially affects and alters the proposition. An evidence report should be completed to identify whether there has been an omission or to outline the reason for the exclusion. If they determine the full evidence base has

not been evaluated, the specification process will be returned to Step A6 and handed back to the CET.

B1.7 An engagement report is completed.

B1.8 Once the outcome of the stakeholder testing has been reviewed, the SWG will complete part A of the specialised commissioning 13Q assessment form for the specification proposition to determine whether public consultation is required. The assessment is reviewed and confirmed by the relevant NPoCSM in consultation with the Communications Team. The Patient and Public Voice Assurance Group (PPVAG) chair, with support from the Communications Team, will review part A of the 13Q assessment form. The Communications Team may request further information at this stage, to fully understand the implications of the specification and the feedback received through stakeholder testing. If the PPVAG chair agrees with the NPoCSM assessment that the specification proposition does not present any potentially negative impacts, they will confirm to the NPoCSM that public consultation is not required. The specification proposition will then proceed to the PoC and then the CPAG in line with the specification development process.

B1.9 If the PPVAG chair has any concerns about potential patient impact, then part B of the 13Q assessment form will be completed and discussed at the next PPVAG meeting. The PPVAG will provide assurance on the decision on the requirement to undertake public consultation and, if considered required, the length of that consultation. The outcome is reported to the relevant NPoCSM.

Step B2: Completion of an impact analysis

An impact assessment is completed with advice from a finance specialist. Key assumptions are debated and captured in a supporting spreadsheet. The NPoCSM NPoCSM assures the work required to complete the impact analyses.

B2.1 The lead commissioner confirms to the PoC that stakeholder testing is complete and receives its agreement to process the impact assessment.

B2.2 The NPoCSM with the PoC finance lead identifies the finance lead available to support the completion of the financial aspects of the impact report for each specification.

B2.3 The impact assessment is undertaken, identifying the service, patient and financial impact of moving from current pathways of care and/or service

configuration to the one(s) proposed in the draft SSP. A supporting spreadsheet is produced to capture workings and assumptions. At this stage drafting of the commissioning implementation plan begins.

B2.4 Impact is modelled over five years, or by exception over 10 years; for example, if significant demographic changes are expected over an extended period.

B2.5 The NHS England Specialised Commissioning Finance Team checks and confirms the approach to the cost information and budget impact, and also identifies and considers areas of uncertainty.

Step B3: PoC receives the combined impact analysis report

The PoC receives the draft specification proposition and supporting documentation, and considers its readiness for progression to the CPAG or public consultation.

B3.1 The NPoCSM with the lead commissioner supporting the SWG submits the following to the PoC:

- specification proposition
- evidence review (where applicable)
- evidence report (where applicable)
- CPAG summary report
- EHIA report
- engagement report
- impact analysis report.

B3.2 The PoC approves the impact analysis report (or returns it to the finance lead for further work in conjunction with relevant SWG members).

B3.3 The financial model should be approved by the Head of Finance (Specialised Services) or nominated deputy before progression to the CPAG or public consultation.

B3.4 The NPoCSM or lead commissioner completes the drafting of the commissioning implementation plan. This sets out the need for procurements or provider selections and any commissioning actions required to achieve implementation.

B3.5 The PoC considers the documentation and confirms whether or not it considers it is ready for progression. At this stage it may be necessary to refer the documents for review or approval to the SCHJ Strategy Group. If the documentation is not ready to

progress, it should be returned at the next meeting when all issues have been addressed.

Step B4: Public consultation

Where recommended by the 13Q assessment and PPVAG, public consultation is undertaken and responses collated for subsequent consideration by the SWG. Changes are made as appropriate on the basis of the feedback received, and an engagement report is produced.

B4.1 Documentation is prepared for consultation, actioning any amendments required by the PoC.

B4.2 The following documents are prepared to be included in the consultation:

- service specification proposition
- evidence review, if completed
- evidence report (where applicable)
- engagement report
- EHIA report
- clinical panel report(s), if relevant
- impact analysis report
- CPAG summary report.

B4.3 The public consultation goes live on NHS England's website. Key stakeholders are alerted to the consultation.

B4.4 At the end of the consultation period, the collated consultation responses are then forwarded to the lead commissioner. The SWG meets to consider these and amends the SSP, EHIA report and impact analysis report as appropriate, taking into account the consultation responses. An engagement report is produced.

B4.5 If any comments identify that the evidence review did not evaluate the full evidence base, the public health lead will review whether the evidence identified was excluded from the evidence review (eg because the study did not meet the PICO) and if not, whether there has been an omission that is material. The public health lead will complete an evidence report to identify whether there has been an omission or to outline the reason for the exclusion. If they determine this is the case, the CET will identify whether the evidence review can proceed with an

addendum or whether the service specification proposition should return to an earlier stage of the process.

B4.6 Should the service specification proposition be paused or stopped at this stage, a status change report is completed.

B4.7 The NPoCSM or lead commissioner finalises the draft commissioning implementation plan, which will accompany the suite of documents for sign off by the PoC (see Step B5) and may accompany the CPAG summary report to the SCHJ Strategy Group as required.

Step B5: Programme of Care sign off

Documentation is approved as complete, that effective patient and public engagement has been undertaken, and the finance impact of the proposition is fully defined. This is 'signed off' by the PoC and also by Rare Diseases Advisory Group (RDAG) for propositions covering highly specialised services (HSS).

B5.1 A complete set of paperwork is now collated ready for the next PoC meeting.

B5.2 If applicable, the PoC considers any challenges to the supporting evidence raised in the review comments. The PoC public health lead will review and provide advice on whether any identified omission is material. If the PoC determines a material concern, the evidence review will be returned to the CET for resolution.

B5.3 The lead commissioner ensures that the PoC is advised of any changes made in response to the consultation. The PoC determines whether the consultation materially affects the impact analysis report or the service specification proposition. Amendments are made as appropriate and either approved by a return to the PoC or by the chair's action.

B5.4 The PoC, including the PoC clinical director, considers whether the documentation is now ready to be forwarded to the CPAG, confirming any amendments it requires ahead of submission.

B5.5 For service specifications developed with HSS involvement, the HSS team will submit the proposition to the RDAG to consider for endorsement before phase C. This is an additional gateway step for specification propositions developed with HSS involvement

C. Decision

The **decision** is the last of the three phases to form a national service specification. It is co-ordinated by the PoC team and CET. There are two gateways in this phase: CPAG and SCHJ Strategy Group.

Step C1: Editorial checking and preparation

C1.1 On the PoC's completion of the impact analysis phase there is a formal handover of key documents to the PoC project office and CET that manages the process for proposals reaching key governance committees**.** The PoC project office checks the final documentation for consistency, accuracy and to ensure that it is written in accessible language. Two packs of papers are collated: a library pack and an evaluation pack. A summary report is populated in preparation for the CPAG meeting.

C1.2 The **library pack** is compiled to include:

- impact analysis report
- finance spreadsheet
- engagement report and appendices
- draft commissioning implementation plan, including the draft specialised services circular and provider letter

and where undertaken:

- the PICO, which includes the search criteria and the literature search.

C1.3 The **evaluation pack** is compiled to include:

- summary report part 1 (evidence and service impact)
- engagement report
- EHIA report
- final SSP

and where undertaken:

- clinical evidence review
- clinical panel report
- evidence report.

C1.4 The library pack and evaluation pack are submitted to the Head of Acute Programmes of Care/Mental Health/Cancer/Genomics/Gender; Director of Finance (or nominated deputy) and Clinical Programmes Director, and Head of Quality Surveillance to confirm assurance in advance of the deadline. If any amendments are required, the packs will be returned to the NPoCSM for resolution before the deadline provided. The commissioning implementation plan, which forms part of the library pack, is approved by the relevant Head of Programmes and Clinical Programmes Director.

C1.5 Once assurance has been confirmed, the library pack and evaluation pack will then be submitted to the Head of Clinical Effectiveness to confirm assurance in advance of the deadline. If any amendments are required, the packs will be returned to the NPoCSM for resolution before the deadline provided.

Step C2: Clinical Priorities Advisory Group

C2.1 CPAG receives the draft service specification proposals and makes a recommendation on their adoption after assuring they have been developed following the approved process. Proposals that would require additional investment to enable implementation are considered at the relevant governance gateways by the SCHJ Strategy Group and are not considered by the CPAG via the relative prioritisation process.

Step C3: Specialised Commissioning and Health and Justice Strategy Group

C3.1 The SCHJ Strategy Group receives assurance from the CPAG regarding service specification proposals. The SCHJ Strategy Group finalises the budget/affordability impact initially considered at topic identification and updated as individual proposals have progressed through relevant governance gateways. The associated commissioning implementation plan is also considered for approval. Feedback is provided to the NPoCSM and lead commissioner if further amendments and resubmission are required before approval can be considered.

Step C4: Publication and implementation

C4.1 The PoC team works with the Gateway and Communications Teams to complete the final stages of service specification approval for publication and accompanying communications.

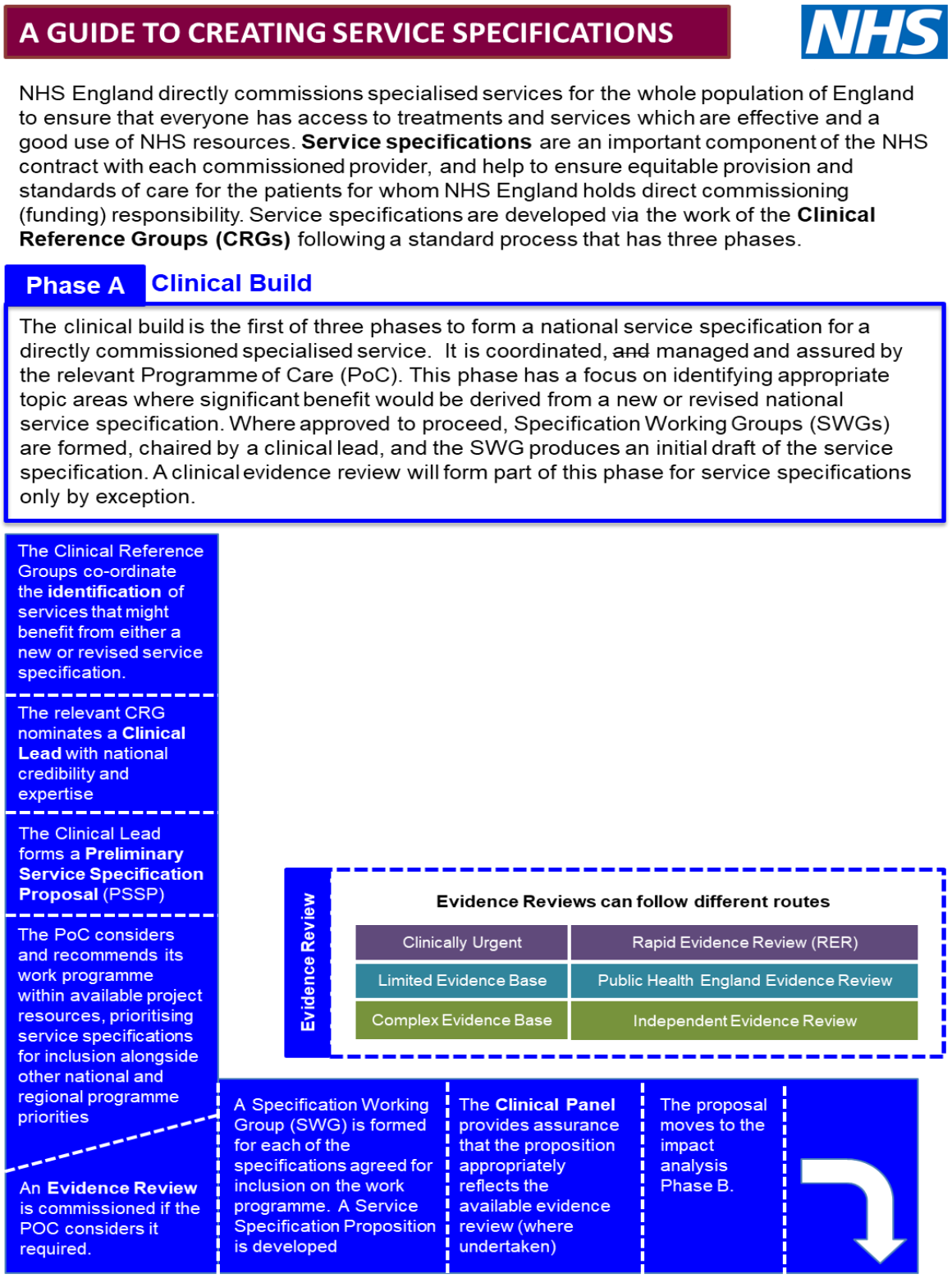
C4.2 The final service specifications are published on the NHS England website.

C4.3 A communication circular and accompanying provider letter is drafted detailing the service specifications due for publication and confirming the date of publication for distribution to local commissioning teams. This will reflect the relevant elements of the agreed commissioning implementation plan.

Glossary

13Q	Section of the Health and Social Care Act 2006 (amended in 2012) setting out duties of involvement of patients and the public in planning, development and decisions about services
CET	Clinical Effectiveness Team (NHS England)
CPAG	Clinical Priorities Advisory Group
CRG	Clinical Reference Group
EHIA	Equalities and health inequalities
HSS	Highly specialised services
NPoC	National Programme of Care
NPoCSM	National Programme of Care Senior Manager
PP	Preliminary proposal for service specification
PPVAG	Public and Patient Voice Assurance Group
PoC	Programme of Care
RDAG	Rare Disease Advisory Group
SCHJ	SHCJ (Strategy Group)
SWG	Specification Working Group

Appendix A: Guide to Creating Service Specifications



A GUIDE TO CREATING SERVICE SPECIFICATIONS

Phase B Impact Analysis

The impact analysis is the second of three phases to form a national service specification. It is coordinated, managed and assured by the Programme of Care team and concludes through a Gateway managed by the relevant Programme of Care. During this phase, the draft service specification proposition is subject to informal stakeholder testing, impact assessment, formal public consultation (where indicated through the 13Q assessment) and an equality impact assessment. A Commissioning Implementation Plan is developed to consider in advance the timing and method of implementation if the service specification is then approved during Phase C (Decision).

The Lead commissioner compiles the documents for stakeholder testing

Stakeholder Testing. The NPoC confirms the stakeholders have been identified and tests the work completed by the Working Group. The responses are reviewed and the Proposition updated. An Engagement Report is completed

An **Impact Assessment** is completed identifying the impact of moving from current pathways of care and/or service configuration to the one(s) proposed in the draft SSP. Key assumptions are debated and captured. The financial Impact is modelled over 5 years.

The **NPoC** receives the draft proposition and supporting documentation and considers its readiness for consultation (where indicated by the 13Q assessment and PPVAG).

Investment Requirements

It is expected that the majority of propositions will not need additional investment to achieve the intended benefits for patients.

Where investment may be required, the Specialised Commissioning Health and Justice (SCHJ) Strategy Group will assure that the proposal aligns to corporate priorities and the key factors set out in the "Ethical framework for priority setting and resource Allocation" are met. Where this is the case, SCHJ Strategy Group will make the necessary financial provision ahead of specifications being finalised.

These and all non investment specifications will be developed and assured by CPAG at it's meetings throughout the year.

Levels of Consultation

Level 1: Minor changes – no further consultation
Level 2: Medium changes that are broadly supported by stakeholder engagement - up to 6 week consultation, limited engagement activity during the live consultation
Level 3: Significant changes that are broadly supported by stakeholder engagement - up to 10 weeks consultation to include some proactive engagement activities during the live consultation period
Level 4: Significant change with some contentious aspects 12 week consultation to include some proactive engagement activities during the live consultation period
Level 5: Highly contentious/ high volume impact on numbers of stakeholders/ high levels of dissent/ high financial implications/ high media or political profile. 12 week consultation plus an extensive range of pre and during engagement activity

Categories of Consultation Outcome

Category 1. Recommendation for approval with no significant service change or convergence cost to implement product. **Category 2.** Recommendation for approval with potential for service change or convergence costs that requires further analysis and discussion
Category 3. Recommendation for further development as the revisions required are substantial, require service reconfiguration, and/or have a known convergence cost and may need further consultation before approval.

A **public consultation** is undertaken, and responses collated. Changes are made as appropriate on the basis of the feedback received. **Consultation and Equality Impact Reports** are produced at this point.

The NPoC approves the specification documents, that effective patient and public engagement has been undertaken, and the finance impact of the proposition is fully defined.

The suite of papers are handed to the relevant teams for submission to CPAG

A GUIDE TO CREATING SERVICE SPECIFICATIONS

Phase C Decision

The **decision** is the final stage of three phases to form a national clinical commissioning policy.

It is coordinated and managed by the Clinical Effectiveness Team (CET) and Clinical Programmes Team and concludes with the publication of the service specification.

The are two Gateways within this phase: Clinical Priorities Advisory Group (CPAG) and Specialised Commissioning and Health & Justice (SCHJ) Strategy Group.

Formal handover of key documents to the Clinical Programmes Team and Clinical Effectiveness Team (CET).

The final proposition is checked for consistency, accuracy and to ensure that it is written in plain language.

A **library pack** and an **evaluation pack** is prepared. **A Summary Report** is populated in preparation for the CPAG.

Evaluation Pack

- Final Service Specification Proposition
- Summary Report Part I (evidence and service impact)
- Consultation Report (where undertaken)
- Engagement Report
- Equality and Health Inequalities Impact Assessment (EHIA)
- And where undertaken:
- Clinical Evidence Review
- Clinical Panel Report
- Evidence Report

Publication

Approved specifications are published throughout the year.

A circular, with a letter to providers, is distributed to the local commissioning teams to support the introduction of the new service specification.

The **Clinical Priorities Advisory Group** (CPAG) receives the evaluation pack for all the propositions to be considered.

SCHJ Strategy Group receives CPAG recommendations regarding service specifications and make final funding decisions based on the ethical framework

Appendix B: Change note for published specifications and products

Amendment to the published products

Product name	Methods: National clinical policies
Ref no	06181

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/ paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Step A8.3 stated that the clinical panel received the original preliminary service specification, evidence summary and service specification proposition.	Step A8.3 has been amended to clarify that the clinical panel receives the CPAG summary report in addition to the documents outlined.	A8.3 (page 7)	CPAG summary report not included in original text in error.	Project Manager	09/2017
Step A3 and throughout	Description of new names for preliminary proposals and other templates names changes.	A3, throughout	The name and scope of this preliminary proposal and other relevant templates has changed.	Claire Foreman, Head of Acute Programmes	02/2020

Describe what was stated in original document	Describe new text in the document	Section/ paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Introduction, Step A3, B2, C	Role of SCHJ Strategy Group in agreeing topic areas for development in line with the key factors in the published ethical framework, and how it makes financial provision to support proposals which pass through subsequent governance gateways.	Introduction, Step A3, B2, C	Specifications requiring investment no longer go through the CPAG prioritisation process. Decisions about investment are made in line with existing corporate priorities for services and the key factors in NHS England's ethical framework	Claire Foreman, Head of Acute Programmes	02/2020
NHS England governance structures and committee names listed	New governance group names eg SCHJ Strategy Group.	Throughout	There have been a number of changes to the names of governance groups and to processes relevant to the methods.	Claire Foreman, Head of Acute Programmes	02/2020
A6/B1	Description of how evidence reviews are now externally commissioned. Also process for stakeholders to raises queries about the completeness or accuracy of the evidence review and process for amendment.	A6/B1	Evidence reviews are now externally commissioned. As part of testing/ consultation, comments are sought on the evidence review, and where gaps are identified, there is now a process for this to be	Claire Foreman, Head of Acute Programmes	02/2020

Describe what was stated in original document	Describe new text in the document	Section/ paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
			reviewed and actions taken if required.		
B1.8/B1.9/B4	13Q assessment described.		A new approach to stakeholder testing and public consultation agreed with the PPVAG.	Claire Foreman, Head of Acute Programmes	02/2020
Appendix A	Various text changes to align with changes above	Appendix A	The appendix has been updated to reflect changes in the text outlined above.	Claire Foreman, Head of Acute Programmes	02/2020
A7, throughout	Inclusion of completion of equality and health inequalities assessment form.	A7, throughout	A new equality and health inequalities assessment form has been introduced for use throughout NHS England and NHS Improvement.	Claire Foreman, Head of Acute Programmes	05/2020

This publication can be made available in a number of other formats on request.

Publication approval reference: PAR0013