

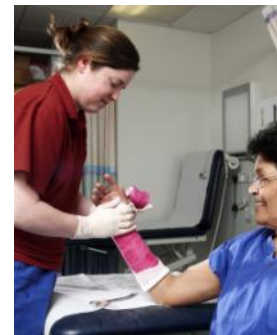
# COMMISSIONING SUPPORT SERVICES: ADVICE ON WHETHER TO 'MAKE, SHARE OR BUY'

Version 1.0

**Publications Gateway  
Reference**

**00673**

[commissioning.support@nhs.net](mailto:commissioning.support@nhs.net)



## Main Deck

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- What is Commissioning Support?
- Examples of CSS
- An approach to MSB
- What are the MSB options?
- Timing of decisions
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- Useful links and publications
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# Executive Summary (1)



In “Towards commissioning excellence: A strategy for commissioning support services” NHS England set out its plans to ensure that all commissioners can access excellent and affordable commissioning support, be it sourced in-house, shared, or outsourced.

Many CCGs expressed a wish for some guidance on whether to Make, Share or Buy their CSS. This led to the development of this pack and the supporting tools which build on lessons learnt and best practice from CCGs, CSUs and independent sector organisations.

A basic principle is that CCGs choose how and from whom they access their commissioning support. This is a big decision in terms of ensuring high calibre commissioning and delivering value. Use of this process and these tools is entirely voluntary however where CCGs wish to make changes to their commissioning support arrangements it is critical that the rationale behind these decisions is properly documented, that they can demonstrate that the new arrangements represent value for money and improved quality, and that the impact on the local health community and in particular neighbouring CCGs has been taken into account.

# Executive Summary (2)

Setting this out clearly and agreeing with the Governing Body the way in which these key decisions have been made is critical to ensuring that CCGs can demonstrate they are conducting business in an appropriate and legally sound manner.

# Executive Summary (3)

The approach presented in this document is split into four stages. A more detailed process map can be found on the next slide and detailed analysis that might be undertaken at each stage is presented in Appendix A.



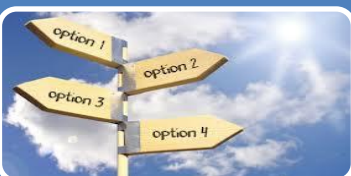
## What are we seeking to achieve?

- At this stage the CCG should aim to review its organisational strategy and organisational development (OD) plan, validating that the direction of travel for the CCG is still the same. This stage should also identify the resource that will run the MSB project and there should be assurance that organisational resources will be appropriately freed up to participate in the overall process.



## What are our CSS needs?

- Using the local strategy and OD plan as a foundation the project team should engage the whole business to build CS requirements based on objectives, current needs and issues which need addressing. These requirements should then be benchmarked and compared to existing commissioning support (CS) arrangements. At this stage CCGs should also engage other local CCGs and suppliers to see how existing needs are being met and how scale and quality might be achieved through collaboration. Areas for further MSB analysis and change will be the final output from this stage.



## What are the options?

- Post engagement, and once a decision has been made on areas for review, options should be analysed with suppliers, the area team and CCG partnerships. If significant change is planned a business case should be developed which meets the NHS England guideline standards.



## What's our decision?

- This stage involves finalising the decision with sign-off and agreement both internally and externally where required. If the change is not significant a simple notification of intent should be published

# Executive Summary (4) – Coming soon



In addition to this pack NHS England are currently developing a number of other packages of support including:

Supporting package	Summary of support offer
<b>Business Case Guidelines</b> TBC – late 2013	NHS England will develop Business case guidelines to ensure CCGs, Areas Teams and other associated stakeholders are confident in the CS decisions being made.
<b>Service Level Agreement (SLA) renegotiation support</b> November 2013	We will be delivering five workshops in 2013 which will aim to increase the quality of SLAs. The workshops will focus on areas such as variation, KPIs, developing specifications, failure regimes and more. This will be supported by the production of model contracts and a renegotiation checklist to facilitate the overall SLA renegotiation process.
<b>Procurement framework</b> By March 2015	We will co-produce with CCGs a new lead provider framework to access the best providers of commissioning support in the simplest way.

# What is Commissioning Support?



Commissioning support brings together the skills and knowledge of the commissioning process in a way that frees up clinicians to use their strengths to focus on leading local change. It includes essential transactional services such as contracting, procurement or HR, along with support to help deliver transformational change through activities such as service redesign, needs analysis and stakeholder engagement.

There is no one single model of commissioning support, it needs to recognise the needs of the customer and be flexible enough to identify current and future requirements.

In our publication “Towards commissioning excellence” NHS England committed to ensuring CCGs can access excellent and affordable commissioning support. The advice provided in this document forms part of our overall package of deliverables and support.

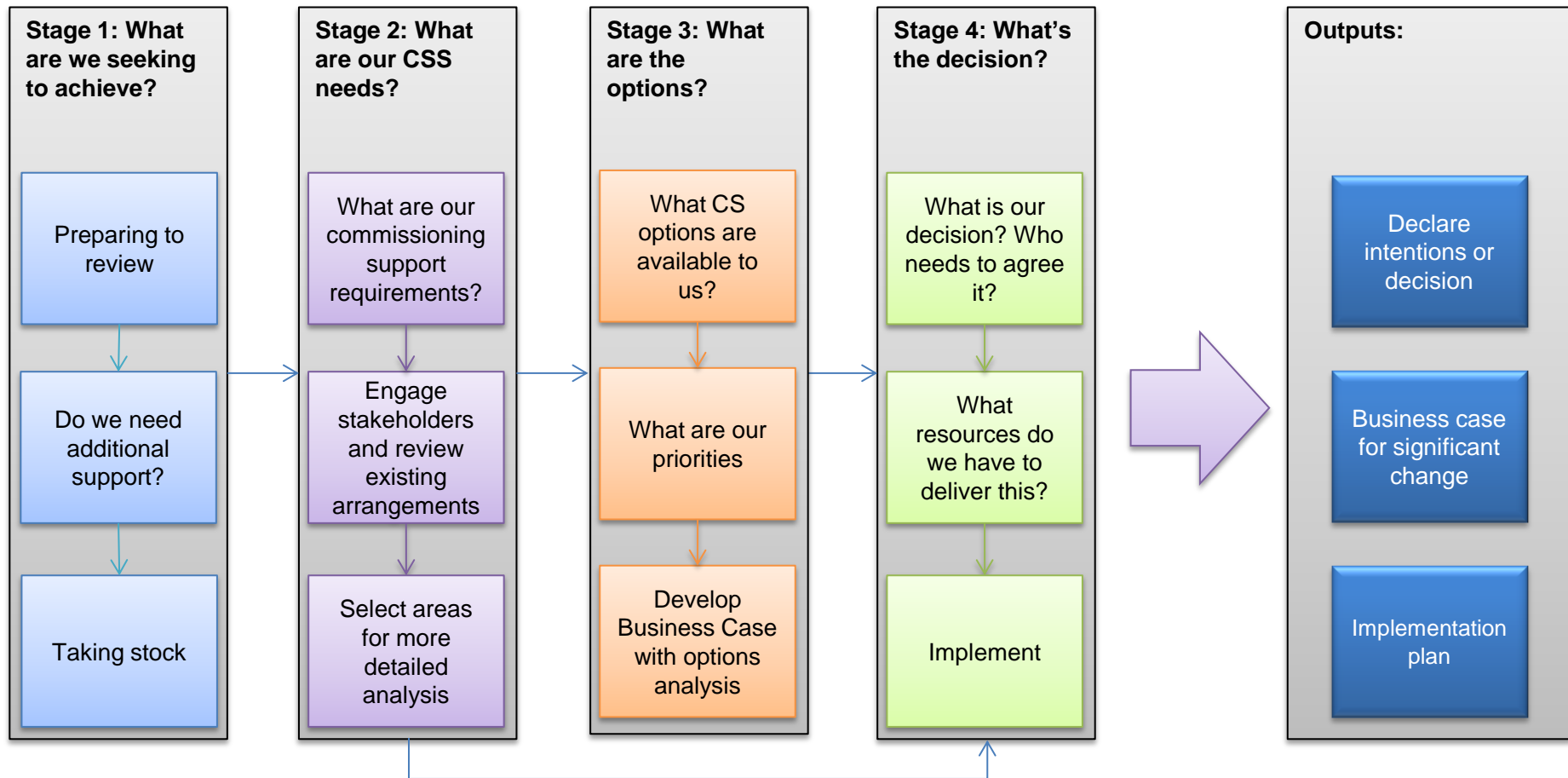
<http://www.england.nhs.uk/wp-content/uploads/2013/06/towa-commis-exc.pdf>

# Examples of CSS

BUSINESS SUPPORT SERVICES	SUPPORTING THE COMMISSIONING CYCLE		CLINICAL SUPPORT SERVICES
Financial planning, budgeting and analysis	Support preparing commissioning strategy	Data capture, management and integration	Individual funding requests and complex case management
Payroll and staff administration	Health needs assessment and forecasting (JSNA)	Front end business intelligence and analytical services	Medicines Management and prescribing services
IT services	End to end healthcare procurement and market management and assessment	Strategic communications (FOI, consultations, websites)	Continuing care and funded nursing care
Call-off HR/OD support	Support for transformational clinical service change and pathway redesign	Patient involvement and experience	
Call-off legal advice			
Call-off corporate governance support	Contract monitoring, contract finance, quality and perf mgt		



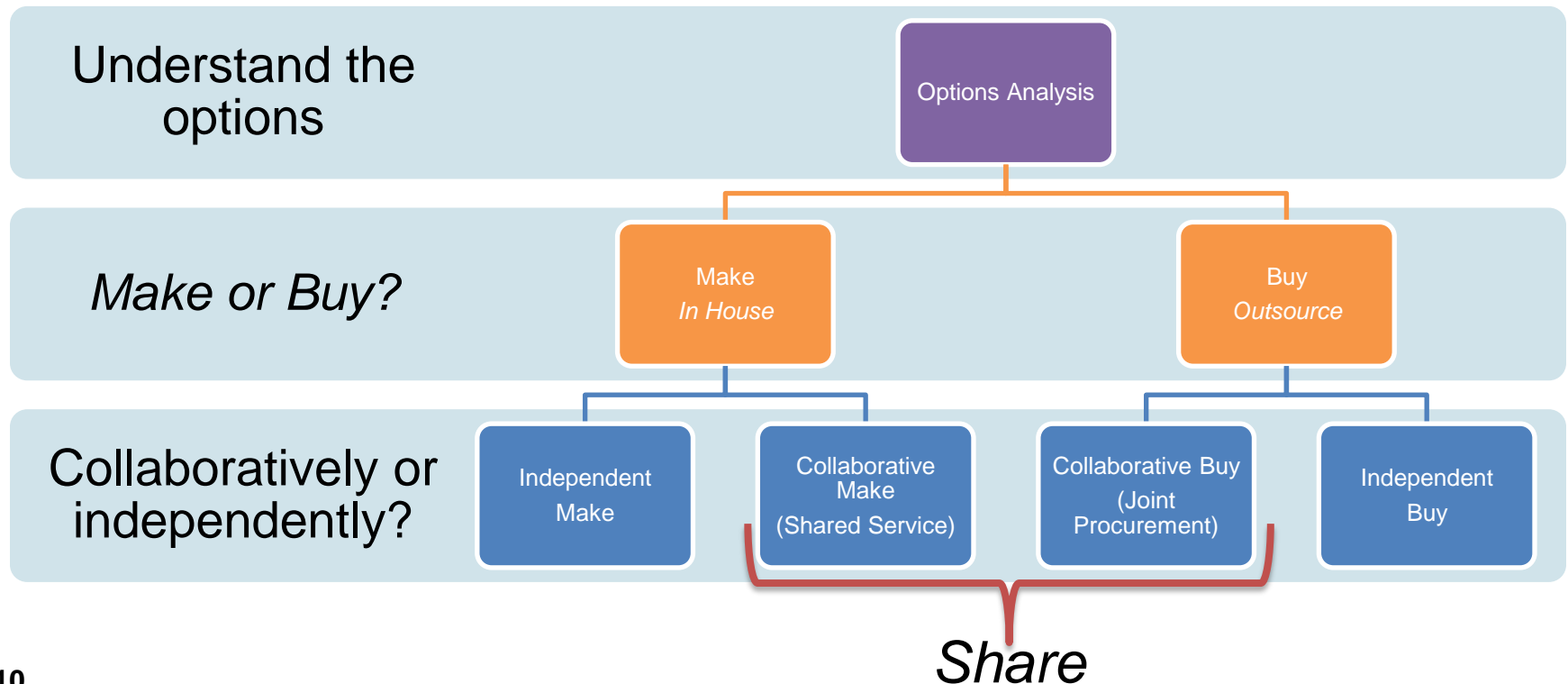
# Make, Share, Buy Process



# What are the MSB options?

Beyond the option to make or buy, collaborating with CCGs or other partners could lead to a shared service or collaborative procurement.

**Most CCGs will have a mix of in house provision, outsourced services and shared services which is expected as analysis will be undertaken by service line.**



# Timing of decisions

Some 'Buy' options have a limited window of opportunity in which to act -

'Buy' Option	For CCGs already buying in some provision	For CCGs buying in provision for the first time
<i>Extend/ Renegotiate SLAs with CSU</i>	Existing CSU SLAs should ideally be renegotiated/extended between <b>now</b> and the main contracting round. Any renegotiation taking place next year should conclude no later than <b>March 2014</b>	N/A
<i>Procure</i>	Commissioners can access a range of frameworks or self procure at <b>any time</b> , or <b>partner</b> with a CSU	New buyers of provision can choose to buy from a CSU via a short term SLA or Procurement
<i>Lead Provider Framework</i>	A procurement framework allowing call off services from a lead provider model will be available in <b>April 2015</b>	Framework unavailable until 2015, but CCGs may want to access standards, criteria, etc to support their own procurement/partnering

It is critical when considering the attractiveness of 'buy' options that CCGs honour their existing SLA arrangements, for example variation and notice periods.

# Working with others (1)

In making decisions about their commissioning support, CCGs have two responsibilities:

1. To the populations they serve – ensuring that commissioning decisions are informed and made with the best possible support.
2. To take into account the impact of decisions on neighbouring CCGs, CSS and providers.

# Working with others (2)

Recording the analysis and evidence accumulated during a MSB exercise into a business case document is good practice and will help to:

- Communicate the work that has been undertaken and the conclusions reached to internal stakeholders, and provide them with assurance that the CCG is obtaining value for money from its support services
- Inform assurance discussions with the NHS England Area Team and annual discussions with external auditors appointed by the Audit Commission

# Working with others (3)

Dialogue, research and engagement might involve working with:

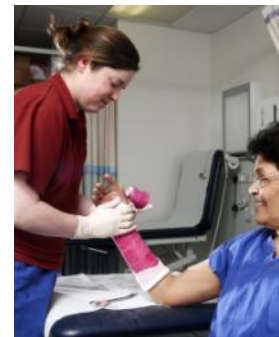
- Neighbouring and other CCGs
- Academic Health Science Networks (AHSNs)
- Patient forums
- Commissioning Support Units
- Independent and voluntary sector suppliers and providers
- NICE and its associated guidelines
- NHS IQ

It is advisable to have regular high level conversations covering short, medium and long term commissioning support ambitions jointly and on individual levels with all stakeholders.

# Next steps

- Review commissioning support services using an internal process or using the process and tools described in Appendix A.
- Ensure that key MSB team members attend NHS England SLA renegotiation workshops in November 2013
- Keep an eye out for the other tools for procuring commissioning support on our website.
- The advice in this pack is iterative and will develop in line with other commissioning excellence tools. As such this document will be updated to new versions. To discuss further and feedback please e-mail us at:  
[commissioning.support@nhs.net](mailto:commissioning.support@nhs.net)

# Appendix A: Make, Share, Buy Process and Toolkit





# Summary of MSB stages

The approach presented in this document is split into four stages. A more detailed process map can be found on the next slide, and detailed analysis that might be undertaken at each stage is presented in Appendix A.



## What are we seeking to achieve?

- At this stage the CCG should aim to review its organisational strategy and organisational development (OD) plan, validating that the direction of travel for the CCG is still the same. This stage should also identify the resource that will run the MSB project and there should be assurance that organisational resources will be appropriately freed up to participate in the overall process.



## What are our CSS needs?

- Using the local strategy and OD plan as a foundation the project team should engage the whole business to build CS requirements based on objectives, current needs and issues which need addressing. These requirements should then be benchmarked and compared to existing commissioning support (CS) arrangements. At this stage CCGs should also engage other local CCGs and suppliers to see how existing needs are being met and how scale and quality might be achieved through collaboration. Areas for further MSB analysis and change will be the final output from this stage.



## What are the options?

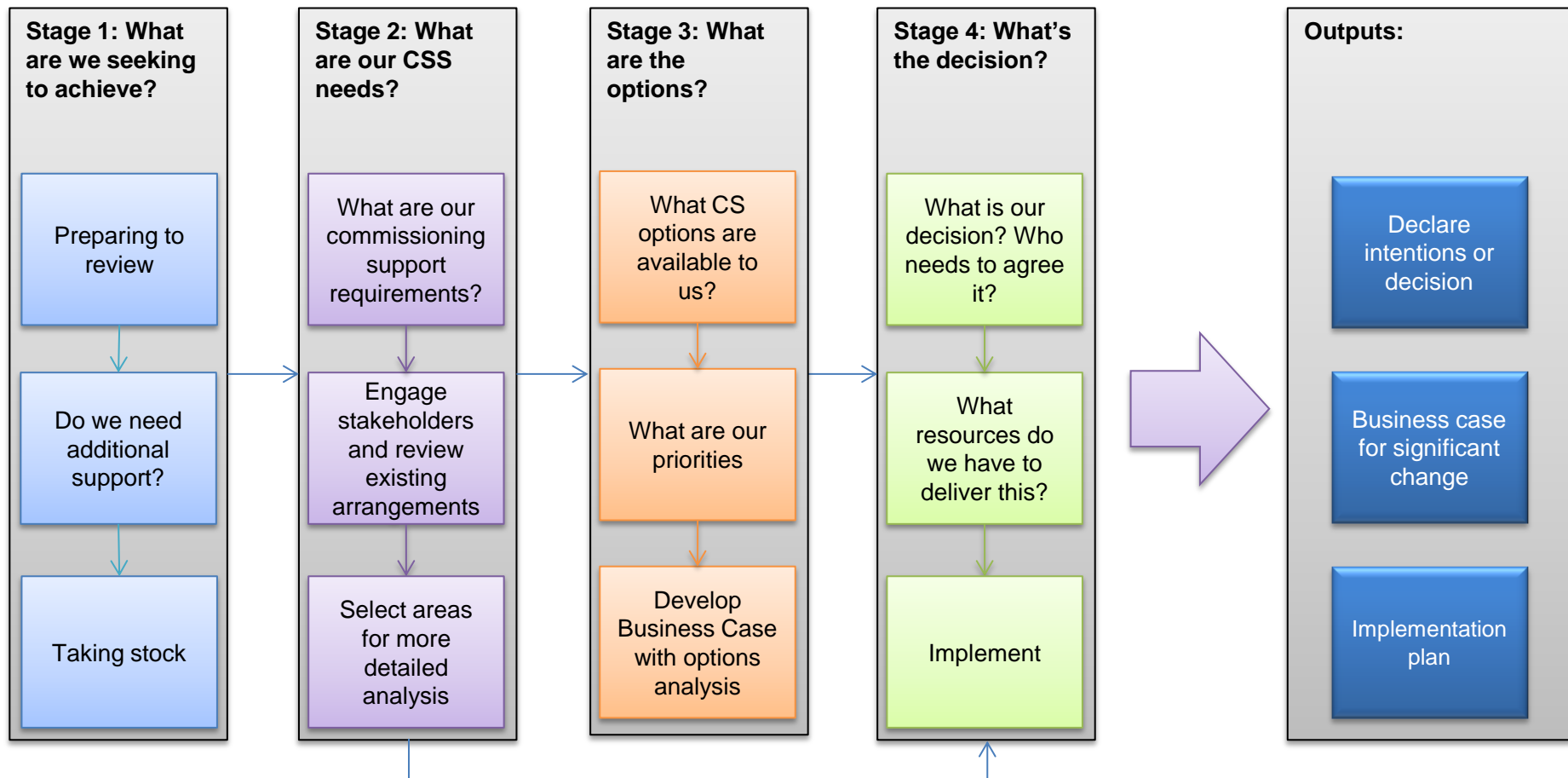
- Post engagement, and once a decision has been made on areas for review, options should be analysed with suppliers, the area team and CCG partnerships. If significant change is planned a business case should be developed which meets the NHS England guideline standards.



## What's our decision?

- This stage involves finalising the decision with sign-off and agreement both internally and externally where required. If the change is not significant a simple notification of intent should be published

# Make, Share, Buy Process



## Preparing to review

### Stage 1: What are we seeking to achieve?

Preparing to review

Do we need additional support?

Taking stock

#### Potential Questions /Checkpoints

- Are we ready as an organisation to deliver the MSB project?
- Who are the key internal stakeholders that will need to participate in decision making? How do we make capacity for these individuals?
- If the organisation is not ready what steps need to be delivered before the MSB project can be started?

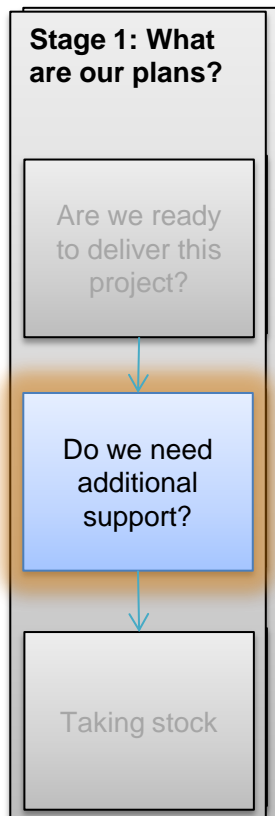
#### Suggested Steps and Activities

- Organisational readiness audit undertaken by resource that has been allocated to the project – if an additional resource is needed to undertake this see next section.
- Draft list of internal stakeholders developed.
- Draft project plan developed complete with timeline and resource estimates, highlighting key dates in terms of SLA decision and expiry dates.
- Identify responsible executive sponsor for the project.

#### Suggested Tools & Key outputs

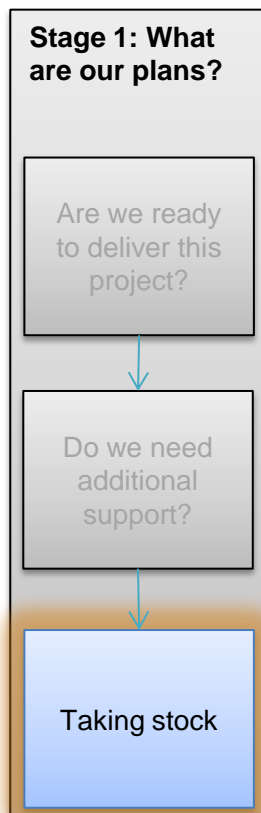
- Executive sponsor identified for the project

## Do we need additional support?



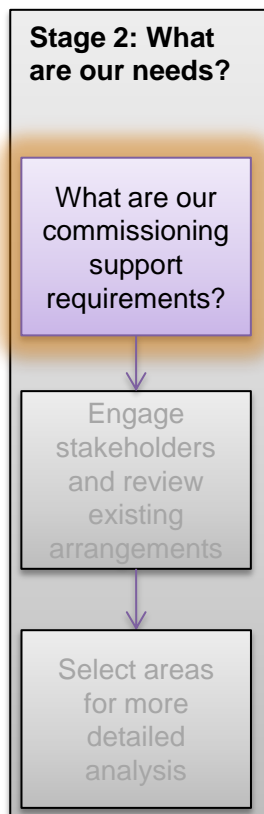
Potential Questions	<ul style="list-style-type: none"><li>• Have we identified internal or external project management resource to deliver the programme?</li><li>• Does the identified resource have the appropriate skills to lead and deliver the programme? Are any further skills or support required?</li><li>• Is the resource working exclusively with our CCG, or in partnership with other local CCGs? Can this resource be co-funded?</li><li>• Who will the project manager report to?</li><li>• Which stakeholder will the resource be reporting on a day to day basis?</li></ul>
Suggested Steps and Activities	<ul style="list-style-type: none"><li>• Define the type of support required and internal governance arrangements. It is essential that this resource gets the support and time they need from the CCG leadership team.</li><li>• If resource isn't obviously available internally is it possible to secure resource through CCG partners, recruitment or a procurement framework?</li><li>• Confirm that funding is available for such support.</li></ul>
Suggested Tools & Key outputs	<ul style="list-style-type: none"><li>• MSB decision support will most likely be procured through existing procurement frameworks currently used by the CCG (examples of this may include G-Cloud or the Consultancy One framework). NHS jobs or non-conflicting CSUs are also an option.</li><li>• NHS England will ensure CCGs can access expert independent advice and will publish a list of advisors.</li><li>• The NHS England CS Choices web application may be a useful initial source of advisors.</li></ul>

## Taking stock



Potential Questions / Checkpoints	<ul style="list-style-type: none"><li>• Are we on course to deliver our organisational plans including our clinical priorities?</li><li>• What part does our commissioning support currently play in delivering these plans and priorities?</li><li>• Where are we falling short in delivering our organisational plans and priorities and why?</li><li>• Could commissioning support play a part in remedying these shortfalls and if so how?</li><li>• Are we allocating our running costs budget so as to best achieve our organisational plans?</li></ul>
Suggested Steps and Activities	<ul style="list-style-type: none"><li>• Challenge how the use of the running costs budget maps to the CCG's organisational plans and clinical priorities to identify gaps and shortfalls</li><li>• Check with other CCGs about what they achieve for certain levels of expenditure on commissioning support – whether in-house or bought in – and whether they have the same gaps and shortfall</li><li>• Set SMART objectives (Specific, Measurable, Achievable, Relevant and Time-bound) – in particular keep focused on the timescale in which this MSB needs to be achieved and revisited. Consider developing phases of work and a living plan. For overall timeliness it is advisable that any MSB project be delivered in a recommended timeframe of no longer than 12 weeks.</li></ul>
Suggested Tools	<ul style="list-style-type: none"><li>• Benchmarks from neighbouring CCGs</li><li>• Use of the assurance process framework (to be published late 2013)</li><li>• Identification of best practice OD case studies</li><li>• If support is required use of the CS Choices web application and CS Directory</li></ul>

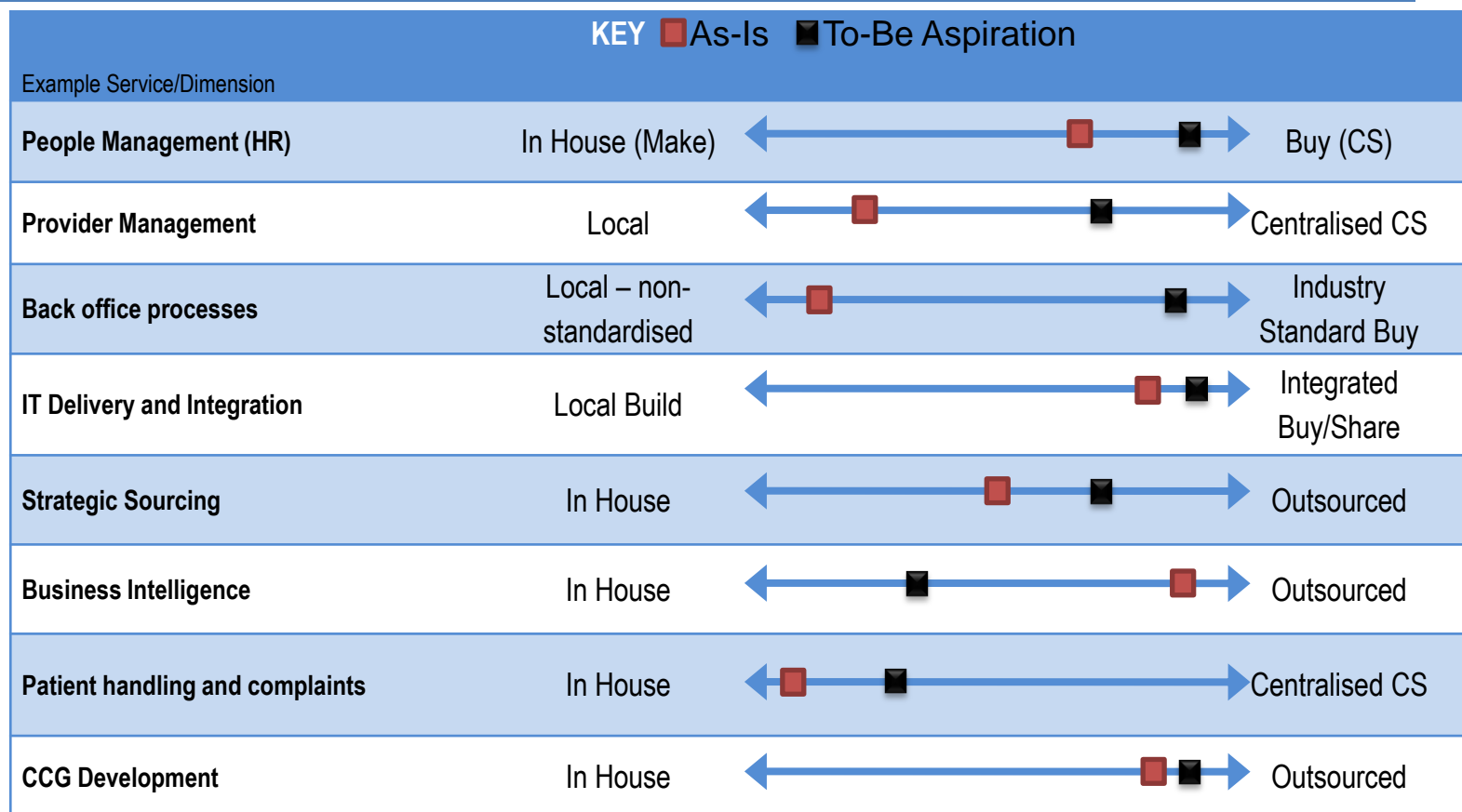
## What are our commissioning support requirements?



Potential Questions / Checkpoints	<ul style="list-style-type: none"> <li>Who are the stakeholders that need to be involved in developing CS requirements? Why are they involved? Who are the key players that need to be involved to make this a success? How important are these stakeholders and who will be responsible for engaging them?</li> <li>What is our vision for commissioning support services? What are the key CS requirements which will allow us to achieve our objectives in our OD plan and Strategy?</li> <li>Are there requirements that were created previously that we can build on? Are they still relevant?</li> </ul>
Suggested Steps and Activities	<ul style="list-style-type: none"> <li>Develop clear CS requirements based on OD plan and local strategy.</li> <li>Categorise requirements using MoSCoW analysis – what are the Must haves, Should haves, Could haves and Won't haves.</li> <li>Undertake a Scale Analysis with key internal stakeholders. What do we strategically want to keep in house and what can we outsource? What needs light management and what needs tight management? How can our commissioning support model help us address these issues? See next slide.</li> </ul>
Suggested Tools and Outputs	<ul style="list-style-type: none"> <li>CS Requirements specification.</li> <li>To ensure quality and value of services a scale analysis might be used to understand what should be kept in house vs. outsourced. An example of a scale analysis can be found on the next slide.</li> <li>Clear definition of the amount of effort the CCG want to put into managing commissioning support services e.g. managing people vs. managing a contract.</li> </ul>

# Stage 2: What are our needs?

A scale analysis might be used to understand the make-up of CSS As-Is and the direction of travel for the future



**Developing the scale analysis:** it's useful to undertake the scale analysis as an internal workshop. It should be driven by defining each end of the spectrum (e.g. completely in house vs. completely outsourced); building questions that challenge the strengths, weaknesses, opportunities and threats for each service line and by using a low-tech, high touch approach such as brown paper and post-it notes to be able to move "as-is" and "to-be" points based on discussion, collaborative working and consensus.

## Engage stakeholders and review existing arrangements

### Stage 2: What are our needs?

What are our commissioning support requirements?

Engage stakeholders and review existing arrangements

Select areas for more detailed analysis

#### Potential Questions / Checkpoints

- Engage existing providers
- Review SLA against requirements
- Engage local CCG partners – compare requirements services that are needed, is there potential to share in terms of collaborative making or buying?
- Undertake an internal audit reviewing quality of CSS being consumed: How do we rate the deliverer? Does the business feel that the service can be kept as is, if not what are the significant changes that are required?
- What level of compliance have our suppliers exhibited? (Subjective estimate)
- What performance information can we review? What performance information are we lacking? Can we build this into any future SLAs.
- Do we have the right balance of services?

#### Suggested Steps and Activities

- Review existing SLAs. Are they fit for purpose and are the targets in the SLA being met? Does significant change need to be implemented? Undertake a SWOT and Gap analysis for each service area.
- Build a joint board for improvement and delivery with CS partners which might include CCGs, CSUs, the Area Team, the independent and voluntary sectors. Discuss how things are being delivered at the present time, if needs are being met and if changes need to be made.

#### Suggested Tools and outputs

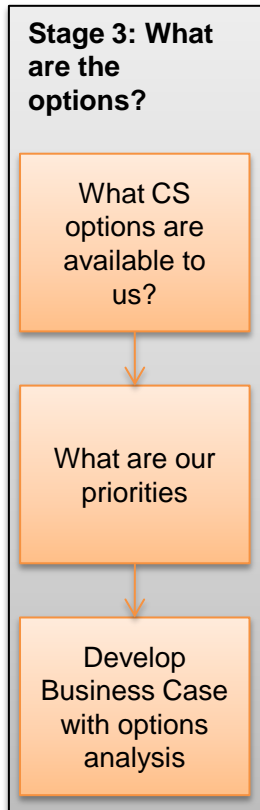
- Audit of existing services
- SWOT Analysis
- Gap Analysis
- Advice on SLA renegotiation and workshops



## Select areas for more detailed analysis



Potential Questions / Checkpoints	<ul style="list-style-type: none"> <li>For those areas where there is a clear gap, a need for significant improvement, or it is felt that better value for money could be obtained elsewhere, are we ready to undertake further MSB analysis and where necessary develop a business case for change?</li> <li>For those areas where we don't expect any major change have we developed a board paper informing our stakeholders we have no planned major change in the short term?</li> </ul>
Suggested Steps and Activities	<ul style="list-style-type: none"> <li>For those areas where there is no planned major change the CCG should from the previous step believe that they are achieving appropriate value for money and that there is no need for significant change.</li> <li>Even if there is no planned change, steps for continuous improvement should be drawn out. Any SLAs should be reviewed and improved – which might include new requirements.</li> <li>For those areas where further MSB analysis is to take place there should be clear evidence as to the “why”, this should then be incorporated into the next stage of the business case.</li> </ul>
Suggested Tools and outputs	<ul style="list-style-type: none"> <li>Template for notifying the board and local area team of no significant changes to existing CS arrangements.</li> <li>Advice on SLA renegotiation and workshops</li> </ul>



This stage takes the CS service areas that have been selected for further analysis and start to build more detail options and financial appraisals through a business case.

Many options should have emerged through the first round of engagement, however it will likely be necessary to make further enquiries and engagement with specialist providers have been identified.

Once options have been defined & incorporated into an options analysis, this should form part of a business case.

The business case should be clear, transparent and credible showing value for money (VFM), resilience and the “best” delivery for all stakeholders in the health economy.

# Stage 3: What are the options?

There are a spectrum of options that a CCG may choose to take e.g. for a service line a CCG may choose to entirely make, entirely buy or have a blended model. Below is an example of how a consortia of CCGs are choosing to Buy (Green) or Make (Red) – note that each CCG has a slightly different model – there are significant options that can be made for every service line.

SERVICE	Portsmouth	South Eastern Hampshire	Fareham & Gosport	West Hampshire	North Hampshire	Isle of Wight	North Eastern & Farnham	Southampton
Information Governance	✓	✓	✓	✓	✓	✓	✓	X (access to advice only)
Risk management – risk registers, assurance framework	x	x	x	x	X (some transactional)	✓	✓ (in part; want incident training and management)	X (access to advice only)
Access to legal services	✓	✓ Please note that I only want a call off legal contract. I don't want anyone employed to co-ordinate this	✓ Please note that I only want a call off legal contract. I don't want anyone employed to co-ordinate this	✓	✓	X	✓	✓
Business support services	x	x	x	x	X	X	X	X

## CS options and the business case - 1

### Stage 3: What are the options?

What CS options are available to us?

What are our priorities

Develop Business Case with options analysis

Potential Questions / Checkpoints

#### What are the characteristics of the organisations that are offering CS?

- **Customer demand:** what services are in demand and why? Who are the potential suppliers?
- **Provider characteristics:** What is the business model, corporate structure, culture and infrastructure of the CS provider? Does it fit with our organisation?
- **Competition:** who are the key competitors in this market? Do they operate in our geography in a manner that suits our operating model?
- **Supply characteristics:** is the offer mature? Is it local? What is the organisation's form? Does it seem they will work well with us? Does the service provide an appropriate customer relationship? What are the skills on offer? What does provision look like?
- **Resilience:** what depth will using the CS provider bring to our organisation? What are the other CCGs doing?

#### Quantification – cost/benefit analysis

- What are the savings that can be made using each mode? What is the total cost for making or buying for each service?
- What is the cost of switching? What is the cumulative impact of switching over time?
- What are the overheads in terms of estates, assets?
- What is the up front investment required?
- What are the additional costs of buying, making or sharing?
- How does this impact stakeholders quantitatively and qualitatively?

#### SLA Renegotiation options

- Leave 2013/14 SLA "As-Is" – potentially with a price refresh?
- Similar scope to 2013/14 "As-Is" SLA, but new SLA includes updated CCG requirements and commercial grade terms and conditions?
- Modified (but still substantive) scope, but new SLA includes updated CCG requirements and commercial grade terms and conditions?

## CS options and the business case – 2

### Stage 3: What are the options?

What CS options are available to us?

What are our priorities

Develop Business Case with options analysis

#### Suggested Steps and Activities

- Engagement of stakeholders that are critical to business plan options and approval should be undertaken before any quantification exercises in order to draft a clear portfolio of options prior to business case development. In particular neighbouring or other CCGs where partnerships may be possible.
- As part of the business case the following should be considered (SEE BUSINESS CASE CHECKLIST)
- Opportunities for sharing provision and driving economies of scale
  - Impact of a change in provision upon any CSU that the CCG is buying a significant amount of service from
  - Seek legal advice where required and fully understand the staff implications and obligations, e.g. when –
  - Moving provision in house; TUPE/COSOP obligations
  - Moving provision to a CSU or other provider; obligations to existing staff currently delivering the service in house
  - Risk analysis of various options including fully understanding proposed staffing model and minimum team size expected to deliver a resilient service









#### Tools

- Provider assessment tool: see next slide
- Business case checklist (NHS England guidance on the minimum criteria of what should be in a business change when switching).
- Stakeholder lists, criteria and engagement plans
- CS Choices Web App and CS Market Intelligence Report

# Stage 3: What are the options?

**Choosing a provider - tool:** The tool below might be used to assess providers and internal delivery capability of CSS. The analysis uses shaded balls where a full ball represents 100% criteria met, a quarter full ball would



 <p><b>Clear joint business vision</b></p> <ul style="list-style-type: none"> <li>Do we/the organisation have a clear vision and future?</li> <li>Is the vision aligned to our strategic/OD objectives?</li> </ul>	 <p><b>Strong Leadership</b></p> <ul style="list-style-type: none"> <li>Do we/the organisation have strong leadership which is reflected by delivery?</li> <li>Does the leadership team integrate with our strategy?</li> </ul>	 <p><b>Social and Cultural Values</b></p> <ul style="list-style-type: none"> <li>Does the service meet the social value act?</li> <li>Are we getting appropriate social return on investment?</li> </ul>	 <p><b>Capability to develop/Improve</b></p> <ul style="list-style-type: none"> <li>If the CS provider are already engaged have they shown the capacity to improve?</li> <li>What is the evidence for continuous improvement?</li> <li>Can we improve internally?</li> <li>Do we have the capability?</li> </ul>
 <p><b>Commitment to Service</b></p> <ul style="list-style-type: none"> <li>Does the CS provider seem to be in it for the long term?</li> </ul>	 <p><b>Propensity to deliver</b></p> <ul style="list-style-type: none"> <li>What delivery credentials does the provider have?</li> <li>Have projects delivered return on investment?</li> <li>Is there evidence of delivering outcomes?</li> </ul>	 <p><b>Performance aligned with our culture</b></p> <ul style="list-style-type: none"> <li>What performance management mechanisms are in place?</li> <li>Do they fit into our BI stack?</li> <li>What performance dashboards have been offered?</li> <li>How is poor performance managed?</li> </ul>	 <p><b>Overall service integration</b></p> <ul style="list-style-type: none"> <li>Does our decision facilitate integration of our commissioning portfolio?</li> <li>Is this service the right fit for what we are trying to achieve?</li> </ul>

## What are our priorities?

### Stage 3: What are the options?

What CS options are available to us?

What are our priorities

Develop Business Case with options analysis

#### Potential Questions / Checkpoints

- What are the key services that we need sooner rather than later?
- What services would bring the best return on investment?
- What services would be the easiest to implement?
- What are our biggest gaps that are business critical, value, fit, money affordability?
- What quick fixes can we deliver?

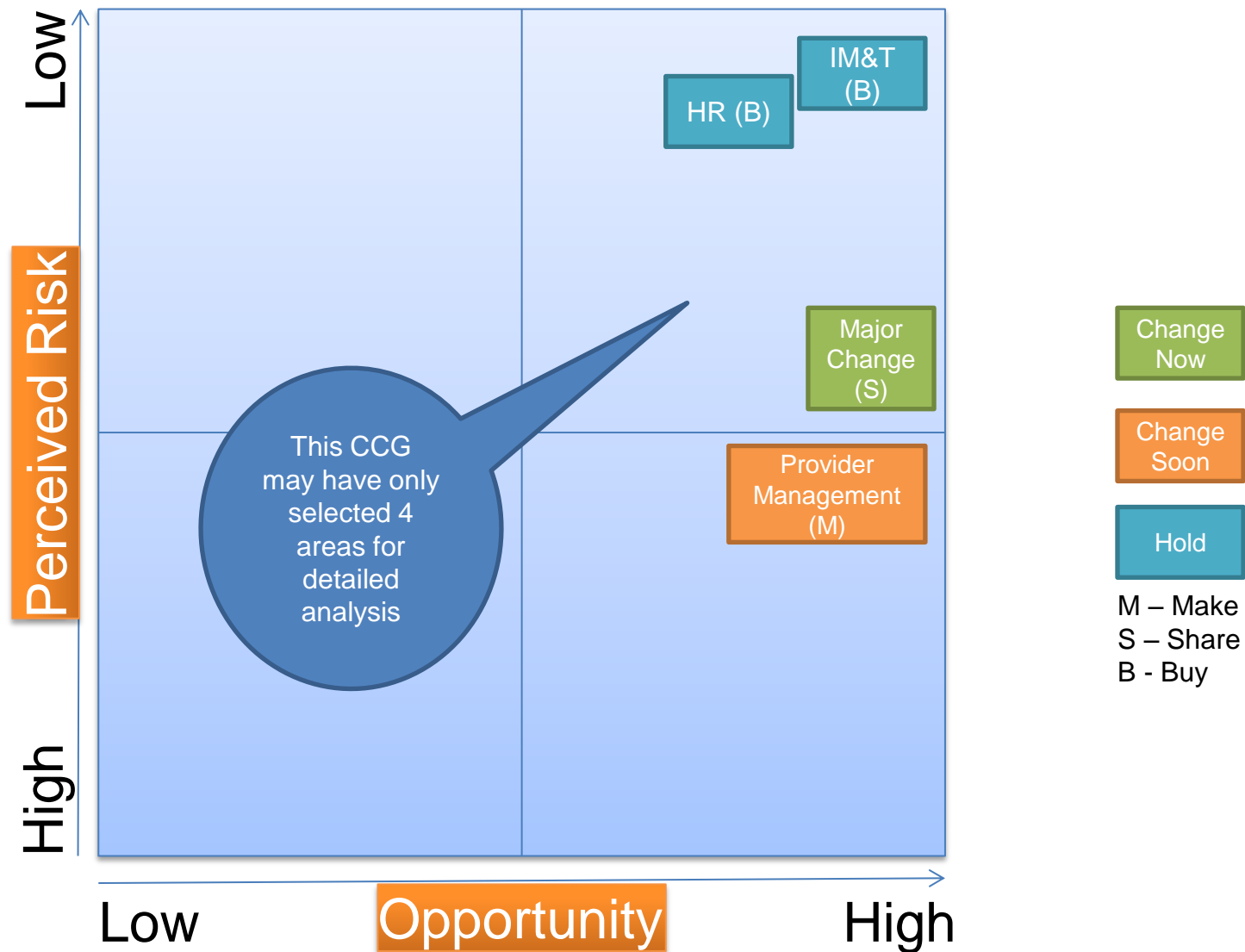
#### Suggested Steps and Activities

- Decision on priority and the overall look and feel of the portfolio should be communicated to all appropriate stakeholders prior to agreement
- Development of ease of implementation and Return on Investment matrix consolidated into the business case
- Agreement of a draft implementation timeline consolidated into the business case
- Selection of procurement frameworks that could be used for procurements

#### Tools/outputs

- Prioritisation matrix: Ease of implementation/importance vs. Return on Investment
- Draft view of Commissioning Support Portfolio or service catalogue by each line.

## Example Priority Matrix





## Develop business case with options analysis



Recording the analysis and evidence accumulated during an MSB exercise into a business case document is good practice and will help to:

- Communicate the work that has been undertaken and the conclusions reached to internal stakeholders and provide them with assurance that the CCG is obtaining value for money from its support services
- Build a case for the benefits that might be achieved
- Inform assurance discussions with the NHS England Area Team and annual discussions with external auditors appointed by the Audit Commission
- Act as evidence as a tool for robust market and impact assessment, and informed decisions

# General Business Case Advice

What it is	What it's not
<ul style="list-style-type: none"><li>✓ A structured approach to comparing commissioning support decisions</li><li>✓ A tool that will help CCGs assure themselves on spend and quality as running costs come under pressure</li><li>✓ A tool to provide transparency around needs and expectations</li><li>✓ An exercise that can be replicated as needs change</li><li>✓ A logical next step from a MSB decision regardless of whether making, sharing or buying</li><li>✓ A document to stimulate discussion between stakeholders</li><li>✓ A mechanism to prompt sensible conversations with the Area Team</li><li>✓ A product to plug a gap not filled by audit, accounts or CCG assurance</li></ul>	<ul style="list-style-type: none"><li>✗ Additional work; CCGs should be considering and evidencing Value for Money anyway</li><li>✗ Built into audit regime; CCGs may want to review MSB as part of internal audit process</li><li>✗ A document that will lead to a pass/fail or further consequences; it's to satisfy CCGs of VFM and promote local conversations</li><li>✗ A standard document; NHS England will provide a checklist and minimum content requirements but the CCG sets the level of detail dependent upon the changes proposed – particularly dependent on the size and scale of the change</li></ul>

### Being clear about the benefits and risks

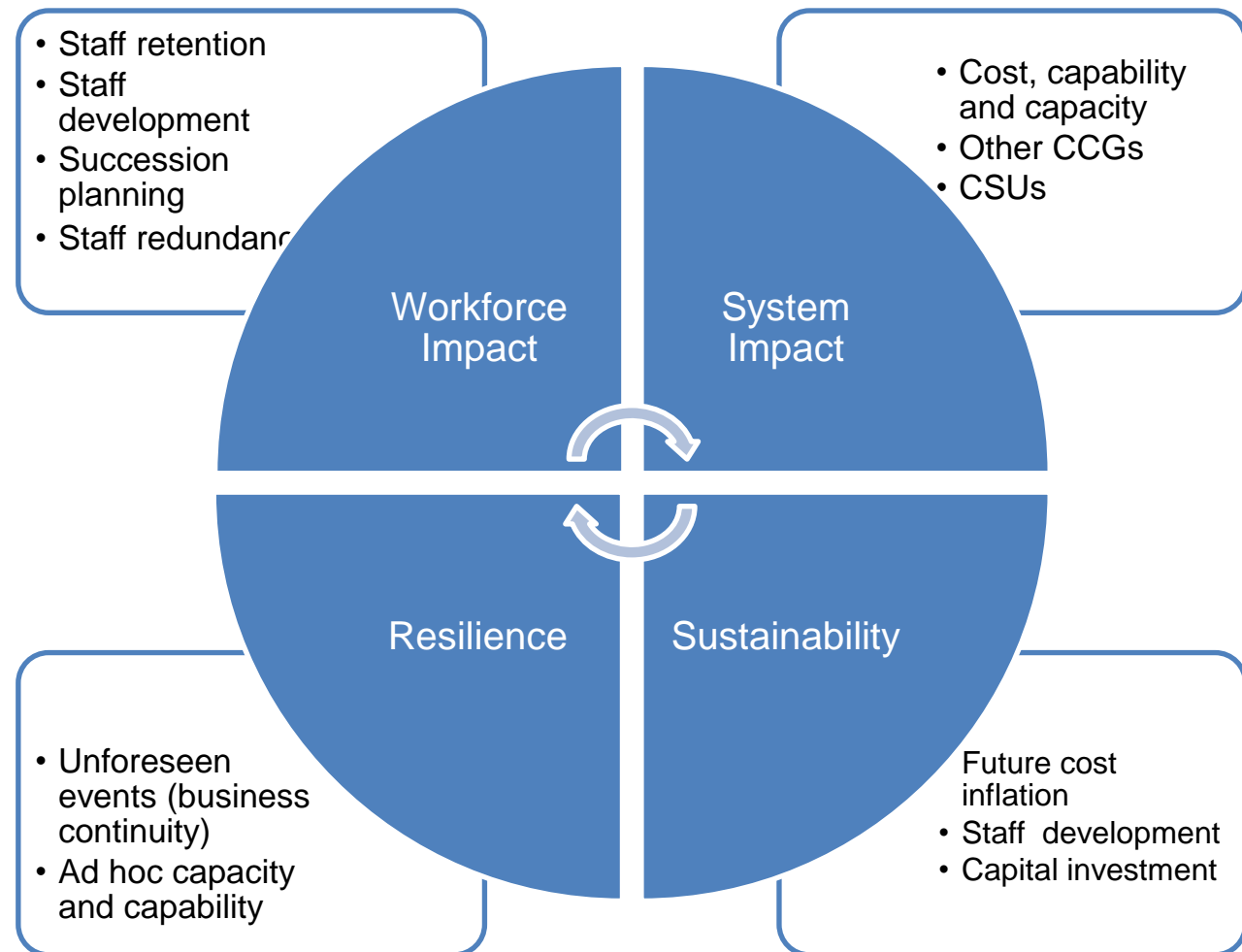
- Whether making, sharing or buying it's essential to be clear about the benefits and potential drawbacks of the options analysed.
- The benefits should attempt to summarise the overall value for money of the business case.
- Quantitative benefits should include internal and external resource costs of executing the project or business case.
- Qualitative benefits should aim to be objective and verifiable.
- Future system viability should also be considered for make, share or buy options where analysis might include depth of workforce, overall sustainability, intentions of neighbours or on-going costs to deliver amongst other indicators.

## What is our decision? Who needs to agree it?

<p><b>Stage 4: What's the decision?</b></p> <p>What is our decision? Who needs to agree it?</p> <p>What resources do we have to deliver this?</p> <p>Implement</p>	<table><tr><td data-bbox="392 258 498 619">Potential Questions / Checkpoints</td><td data-bbox="498 258 1854 619"><ul style="list-style-type: none"><li>• Clear and credible business case developed.</li><li>• Evidence of engagement and MSB analysis.</li><li>• Evidence of a clear CS vision and requirements.</li><li>• Evidence of clear financial considerations including cost of switching and mobilising the programme.</li><li>• Clear understanding of resources that will deliver the programme</li></ul></td></tr><tr><td data-bbox="392 619 498 943">Suggested Steps and Activities</td><td data-bbox="498 619 1854 943"><ul style="list-style-type: none"><li>• As-Is and To-Be Commissioning Support portfolio should be agreed internally and placed into the appendix of the business case.</li><li>• Any areas where there has been no change with board notification should be highlighted in the business case.</li><li>• Evidence of stakeholder engagement and conversations should be built into the business case.</li></ul></td></tr><tr><td data-bbox="392 943 498 1229">Tools/outputs</td><td data-bbox="498 943 1854 1229"><ul style="list-style-type: none"><li>• Commissioning support portfolio (As-Is and To-Be)</li><li>• Programme and resource plan signed off</li></ul></td></tr></table>	Potential Questions / Checkpoints	<ul style="list-style-type: none"><li>• Clear and credible business case developed.</li><li>• Evidence of engagement and MSB analysis.</li><li>• Evidence of a clear CS vision and requirements.</li><li>• Evidence of clear financial considerations including cost of switching and mobilising the programme.</li><li>• Clear understanding of resources that will deliver the programme</li></ul>	Suggested Steps and Activities	<ul style="list-style-type: none"><li>• As-Is and To-Be Commissioning Support portfolio should be agreed internally and placed into the appendix of the business case.</li><li>• Any areas where there has been no change with board notification should be highlighted in the business case.</li><li>• Evidence of stakeholder engagement and conversations should be built into the business case.</li></ul>	Tools/outputs	<ul style="list-style-type: none"><li>• Commissioning support portfolio (As-Is and To-Be)</li><li>• Programme and resource plan signed off</li></ul>
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## What resources do we have to deliver this?

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*A proposed change to CS requires analysis and assessment of the risks associated with a change in approach ....*

# Useful links and publications

NHS England: Resources for CCGs	<a href="http://www.england.nhs.uk/resources/resources-for-ccgs/">http://www.england.nhs.uk/resources/resources-for-ccgs/</a>
RightCare: Commissioning for value	<a href="http://www.rightcare.nhs.uk/index.php/commissioning-for-value/">http://www.rightcare.nhs.uk/index.php/commissioning-for-value/</a>
Commissioning Support Choices Web Application	<a href="http://www.cschoices.england.nhs.uk/">http://www.cschoices.england.nhs.uk/</a>
NHS procurement: raising our game	<a href="https://www.gov.uk/government/news/guidance-aims-to-improve-procurement-across-healthcare-system">https://www.gov.uk/government/news/guidance-aims-to-improve-procurement-across-healthcare-system</a>
NHS IQ (Improving Quality)	<a href="http://www.nhsiq.nhs.uk/">http://www.nhsiq.nhs.uk/</a>
NICS and the CCG Outcomes Indicator Set	<a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a>
Healthwatch England	<a href="http://www.healthwatch.co.uk/about-us">http://www.healthwatch.co.uk/about-us</a>
Public Services (Social Value) Act 2012	<a href="http://www.legislation.gov.uk/ukpga/2012/3/enacted">http://www.legislation.gov.uk/ukpga/2012/3/enacted</a>

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- NHS Central Southern Commissioning Support Unit
- NEW Devon CCG
- The Boston Consulting Group
- Atos Consulting