

## Phase B Impact Analysis

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

There is a formal handover of the work in Phase A completed by the Clinical Effectiveness Team to the National Programme of Care Senior Team in NHS England

### Stakeholder Testing

The NPOC confirms the stakeholders have been identified and tests the work completed by the Policy Working Group (PWG). The responses are reviewed and the Policy Proposition updated. An Engagement Report is completed

### An Impact Assessment

is completed. Key assumptions are debated and captured. The financial Impact is modelled over 5 years.

The NPOC receives the draft proposition and supporting documentation and PPVAG considers its readiness for consultation. If approved, PPVAG determines the appropriate length of time for the public consultation to run

### In Year Service Development

Policy propositions needing greater investment should follow the path to 'relative prioritisation' with decisions of investment being made once a year. Propositions that are cost neutral or cost saving, clinically urgent or low cost can be considered 'In Year'. Those which seek additional resource can be considered 'In Year' if the following three criteria are met:

- It is very likely that the proposed service would have been supported by NHS England in the last annual commissioning round, as it represents as **high or higher priority** than other service developments which were approved
- The proposed service to be developed is both **highly clinically effective and has a cost benefit priority level that is being commissioned by NHS England**; and the evidence is robust enough to achieve a high level of certainty
- The proposed service is **affordable** in the current financial year and for the foreseeable future.

### 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** undertaken where required, and responses collated. Changes are made as appropriate on the basis of the feedback received and an **Engagement Report** is produced.

The NPOC approves the policy documents as complete, 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 Clinical Effectiveness Team for submission to CPAG

