

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 concludes with the publication of the policy. There are three Gateways within this phase: Clinical Priorities Advisory Group (CPAG); the National Commissioning Group (NCG)/ Delegated Commissioning Group (DCG), and finally the NHS England Board (or a subcommittee of the Board) for relative prioritisation items.

On completion of Phase B there is a formal handover of key documents to the CET.

The final policy 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.

CPAG receives the evaluation pack for all the propositions to be considered for relative prioritisation. As a group they determine the relative patient benefit of each proposition in Low, Medium, and High.

The **Cost per Patient** is determined and the propositions equally divided by rank into the highest, medium, and lowest cost.

A 3x3 matrix is then established with cost on the Y axis and patient benefit on the X axis.

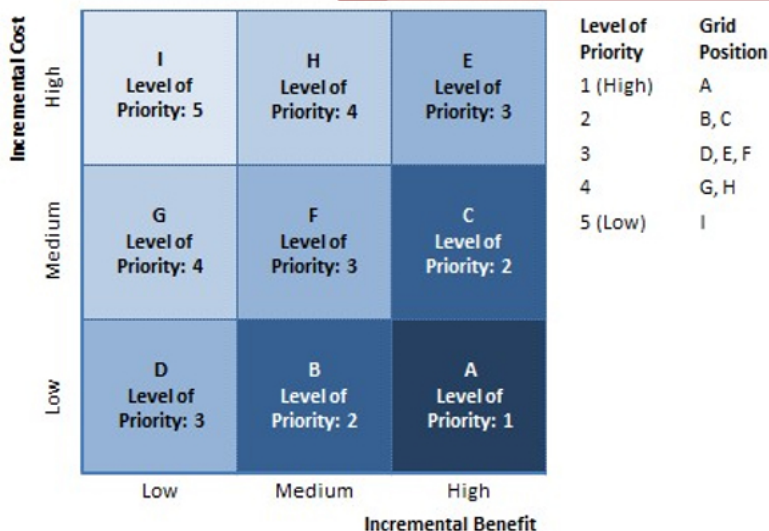
Cost per patient
The cost to NHS England over five years divided by the number of patients receiving the treatment over the five years.

Evaluation Pack

- Policy proposition
- Summary Report Part 1 & 2
- Evidence Review
- Clinical Panel Report
- Engagement report
- Equalities and Health Inequalities report
- Patient Impact Assessment report
- Evidence to decision document
- 13Q form
- Prior approval form

Publication

In Year Service developments are published throughout the year. Relative prioritisation decisions are published as soon after the NHSE Board/ subcommittee meeting as possible. A circular, with a letter to providers, is distributed to the local commissioning teams to support the introduction of the new clinical policy.



The **relative priority** is determined into 5 levels. Level 1 having the lowest cost and highest benefit, level 5 the highest cost and lowest benefit.

The members of CPAG consider whether the relative priority of any of the propositions should be considered for adjustment based upon NHS England's strategic principles.

The **NCG/DCG** receives the cost benefit assessment, determines the available resource for discretionary investment, and makes recommendations to the NHSE Board.

The **NHSE Board** receives the priority order, and makes the investment decisions.