



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

**Commissioning Assurance Framework:  
Designation of Provider for Highly  
Specialised and Specialised Services  
Corp-027**

*October 2022*

*Version 1.0*

**Document information**

<b>Document purpose</b>	Commissioning Assurance Framework
<b>Document name</b>	Commissioning Assurance Framework: Designation of Provider for Highly Specialised and Specialised Services
<b>Author</b>	Senior Project Manager
<b>Publication date</b>	October 2022
<b>Commissioning Team</b>	All
<b>Target audience</b>	Directors of Planning; Directors of Commissioning; Directors of Nursing and Quality; Medical Directors
<b>Description</b>	This document sets out the requirement for the designation of new service providers for highly specialised and specialised services.
<b>Document No</b>	Corp-027
<b>Review Date</b>	October 2024

## Contents

1. Introduction .....	4
2. Context.....	4
3. Definition of Provider .....	5
4. Routes into the Framework.....	5
5. Roles and Responsibilities for Commissioning Teams .....	5
6. Designation Process .....	6
6.1 Process to Aid Decisions Making .....	7
6.1.1 Initial assessment (screening).....	7
6.1.2 Decision Making .....	8
6.1.3 Full Assessment .....	8
7. Appendices.....	10
Appendix 1: Domains and Indicators .....	11
Appendix 2: Example Template - Evaluation and Scoring .....	14
Appendix 3: Example Self-Assessment tool .....	19
Appendix 4: Designation Framework Checklist.....	20

## 1. INTRODUCTION

This document describes the Welsh Health Specialised Services Committee (WHSSC) Commissioning Assurance Framework and sets out the requirement for the designation of new service providers for highly specialised and specialised services (referred to thereafter as Specialised Services). This framework applies to providers based in Wales or England.

The aim of this framework is to provide a basis for evaluating the appropriateness of potential new health care providers' governance structures, systems and procedures to ensure that future services commissioned by WHSSC are safe, effective and sustainable and provide compassionate and person-centred care.

It also outlines the roles and responsibilities for the specialised commissioning teams, and clearly define the process and criteria for identifying new service providers.

As the designated commissioners for Specialised Services, WHSSC procures services from providers that are most capable of delivering the best services for the people of Wales and the best value for money for the NHS in Wales.

## 2. CONTEXT

WHSSC strategic aim is, on behalf of the Health Boards, to ensure that there is equitable access to safe, effective and sustainable specialised services for the people of Wales, as close to patients' homes as possible, within available resources.

The remit of this framework is intended to cover:

- Highly Specialised and Specialised Services currently commissioned by WHSSC.
- New or novel services or treatments not currently commissioned
- Existing non-contract services or treatments which may need to be routinely commissioned on an ongoing basis.

This framework does not apply to commissioning of secure or specialist Mental Health services, independently provided dialysis services, which have their own procurement and commissioning arrangements, or new or novel drugs which have their own assessment process.

The Designation of a Provider of Specialised Services Framework has been developed to be considered as part of the WHSSC Commissioning Assurance Framework; [Corp-024](#).

### **3. DEFINITION OF PROVIDER**

Providers under this framework are defined as

- NHS Wales Health Boards
- NHS Wales Trusts
- NHS England Foundation Trusts
- NHS England Trusts
- NHS Scotland Boards
- Non-profit and charitable providers of healthcare
- Independent sector providers of healthcare

### **4. ROUTES INTO THE FRAMEWORK**

The intended routes into this framework are as follows:

- The formal WHSSC ICP process
  - To be initiated by the relevant planner
- The formal WHSSC LTA negotiation process
  - To be initiated by contract lead
- A proposal from a provider to become a designated provider
  - To be initiated by the relevant planner
- In situations where immediate action is required
  - In the event of a notified governance risk
  - With reference to the outsourcing framework
  - In the event that a service has reached Stage 4 of the WHSSC Escalation process and has been unable to demonstrate sufficient progress to achieve the WHSSC requested improvements and an alternative provider needs to be sourced

The framework should not be used if a full tender is required. In this instance advice and support must be sought from NHS Wales Shared Services.

### **5. ROLES AND RESPONSIBILITIES FOR COMMISSIONING TEAMS**

The process to designate a service as a provider will be led by the relevant commissioning team. The team will be required to provide assurance that all necessary due diligence has been completed prior to making a recommendation for designation.

This will include but is not limited to:

- Liaison with Finance Team
- Liaison with procurement (if required)
- Liaison with the Quality Team
- Liaison with Welsh Health Legal (if required)
- Liaison with WHSSC Board Secretary
- Completion of the Designation Framework checklist (appendix 4)

## 6. DESIGNATION PROCESS

The framework is designed to help construct an evidence-base to consider whether a particular service, provided at a specific location, has the potential to be designated as a new or alternative provider and a mechanism for gathering the appropriate information to undertake a formal assessment of suitability to provide a service.

The following process should be applied when considering a designated provider.

1. Identify the desired long-term strategic direction for the service, given the needs of the local population and the current local configuration of health services;
2. The need to undertake engagement and consultation with key stakeholders and the scale of the engagement and consultation required at either stage of the process. See [Guidance for Engagement and Consultation on Changes to Health Services](#).
3. Notify providers and other affected groups that you are beginning work to identify a designated provider;
4. Work through the Framework as described below.

The Framework may be used:

### **A) In normal operations**

When considering whether to designate a service as a provider, for example if there is insufficient capacity at a current provider to meet levels of demand, or there is an option to improve patient access to treatment and bring services closer to home.

When commissioning a brand new service.

When the existing non-contract services or treatments need to be routinely commissioned on an ongoing basis.

When a provider makes a request to WHSSC to be considered as a designated provider of a specialised service.

### **B) In distress or at the point of failure**

WHSSC may need to de-commission services, for example in response to a provider request to stop providing the service or on the basis that there are sufficient alternative providers of those services and the provider is unable to meet new quality standards.

Additionally in the event that a service has reached Stage 4 of the WHSSC Escalation process and has been unable to demonstrate sufficient progress to

achieve the WHSSC requested improvements; WHSSC would seek alternative provision.

## **6.1 PROCESS TO AID DECISION MAKING**

### **6.1.1 Initial assessment (screening)**

Decisions about designating services will need to be evidence based. In the first stage the emphasis is on collecting some of the key evidence and highlighting data that will be required in subsequent stages of the framework.

The broad areas where information is required are:

- The features of the patients service being considered at a specific location;
- The features of alternative providers of similar services;
- Experience of the users of the services;
- The impact of a new or additional provider may have on the existing provider/s. For example the ability for the existing provider to continue to meet standards/activity levels should an additional provider be designated;
- Whether alternative providers of a similar service exist within a reasonable geographical area with similar patient outcomes;
- Whether alternative providers have sufficient capacity to manage increased activity as would be the case if a provider failed and could no longer provide services to patient demand.

- **The impact on health inequalities and /or inequity of access**

Framework users to consider in the event of having to cease providing a service or in considering designating a new/additional providers to whether this:

1. Has a significant adverse impact on the health of the persons in need of the service or significantly increases health inequalities;
2. Causes a significant increase in inequity of access to service provision.

- **The impact on interdependent services**

Any decision to designate or de-designate a service must take into account any supporting services due to the interlinked nature of health care services.

### **6.1.2 Decision Making**

After consideration of the above points, the Commissioning Team should be in a position to make a recommendation to the Corporate Directors Group Board as to whether a service could potentially be designated as a provider.

The Commissioning Team will provide a report to the WHSSC Corporate Directors Group, setting out the recommendations from the initial assessment.

In the event that designation has not been supported following the initial assessment, WHSSC will inform the potential provider of the outcome of the assessment.

In the event that designation has been supported at this stage, WHSSC will inform the potential provider requesting the required supporting information and proceed to full assessment.

WHSSC will provide notification to any existing providers if there will be potential impact on that service.

### **6.1.3 Full Assessment**

Four main domains have been identified to assess the specific conditions that providers will need to meet in order to become a designated provider of specialised services:

1. Quality and patient safety
2. Strategic fit/equity of access
3. Service deliverability/sustainability
4. Value for money/ affordability

Under each domain, the framework also outlines the:



- Quality indicators that can be used for both self-evaluation and for external assessment and quality assurance of service provision; and
- Themes related to each quality indicator that support evaluation against them.

Consideration should also be given to any procurement or legal issues.

- **Information Gathering**

To stand up to scrutiny, the process and decision making for the designation of a provider of Specialised Services needs to be based on evidence. The appropriate Commissioning Team will collect from the provider the relevant evidence from each of the domains, which can then be applied in each of the subsequent stages of the framework i.e. assessment and decision making.

The evidence available to assess will vary depending on whether the provider is an existing provider of a specialised service or seeking designation as a new provider. Examples of information evidence from each of the domains are outlined in appendix 1.

- **Assessment and Decision making**

The Commissioning Team will lead on the assessment of a provider's case to become a designated provider of a specialised or highly specialised service.

The Commissioning Team will be responsible for determining and gathering the required evidence from providers and any other appropriate information in relation to National Standards, Nice Guidance or quality outcomes that may be available to further inform the assessment.

In most cases a provider will be expected to complete a self-assessment against the WHSSC Service Specification/National Standards (see appendix 3 for an example) to support the assessment process.

The Commissioning Team will, where required and/or where appropriate seek further advice and support from clinical leads/Network leads in this assessment stage.

- **Decision making**

To assess the ability of a provider to deliver a service, the decision making evaluation tool (Appendix 2) which uses a system of criteria intended to encapsulate the key domains and indicators should be used to evaluate and support the Commissioning Team in forming their conclusions. However there may be other indicators which will be appropriate dependant on the service that is being evaluated. This information will be shared with potential providers in order to inform their proposal.

- **Decision Making Evaluation (in the event that more than one potential provider is being considered to provide a service)**

### **Scoring**

1. Award a point score to the appropriate quality criterion: 1 (poor) to 4 (excellent).
2. Weight the individual scores for each domain. The weighted score is calculated by multiplying the score by the weight.
3. Add the total scores

***Note the evaluation described above should not be used if a full tender is required. In this instance advice and support must be sought from NHS Wales Shared Services.***

After completing the above stages, the Commissioning Team should be in a position to make a recommendation as to whether a service could potentially be designated as a provider.

The WHSS Team will present their assessment through the usual WHSSC governance processes as required:

- Corporate Directors Group Meeting (for approval)
- Management Group (for information or approval dependant on the situation)
- Joint Committee (for information)

## **7. APPENDICES**

7.1 Domains and Indicators

7.2 Template - Evaluation and Scoring for Designating a Provider of a Highly Specialised or Specialised Service

7.3 Self-Assessment Tool example

7.4 Designation Framework Checklist

## Appendix 1: Domains and Indicators

Domain	Indicator	Rational for Indicator	Potential Measures /sources of information **
<b>Quality and patient Safety</b>	<ul style="list-style-type: none"> <li>• Safe delivery of care</li> <li>• Clinical Excellence</li> </ul>	<ul style="list-style-type: none"> <li>• The provider complies with nationally agreed standards to ensure that people are safe and well cared for, and that their needs are met.</li> <li>• The provider takes into account national guidance and codes of practice in its service delivery.</li> <li>• People receive care and support that is based on relevant evidence, guidance and best practice</li> <li>• The provider has clear expectations for provision of high quality care and uses local and national audits and initiatives to monitor reliability.</li> <li>• Patient voice</li> </ul>	<ul style="list-style-type: none"> <li>• National Standards</li> <li>• WHSSC Service Specification</li> <li>• Local quality arrangements/ standards</li> <li>• Relevant local clinical policies</li> <li>• HIW/CQC inspection reports</li> <li>• Clinical Audit data (including outcome, mortality, and morbidity data as appropriate)</li> <li>• PROMS/ PREMS</li> <li>• Information Governance documents/ procedures</li> <li>• NICE TA's</li> </ul>
<b>Strategic Fit/Equity of Access</b>	<ul style="list-style-type: none"> <li>• Long term direction and goal of the service</li> <li>• Opportunity to realign/ improve</li> </ul>	<ul style="list-style-type: none"> <li>• The provider takes account of their ability to provide the regional/ supra regional service to enable equitable access for the people of Wales</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of proposed patient pathway</li> <li>• Evidence of any discussions/ engagement with the referrer hospitals</li> </ul>

	<p>current service provision for the population of Wales</p> <ul style="list-style-type: none"> <li>Needs of the local, regional and or supra regional population of Wales</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates alignment with the WHSS strategic plan for development of the service</li> <li></li> </ul>	
<p><b>Service Sustainability and deliverability</b></p>	<ul style="list-style-type: none"> <li>Safe and effective services for the population of Wales</li> </ul>	<ul style="list-style-type: none"> <li>The provider can demonstrate sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients</li> <li>The provider can demonstrate that it has considered the ongoing sustainability of the service.</li> <li>The provider can demonstrate that providing this service will not adversely affect specialist medical training.</li> </ul>	<ul style="list-style-type: none"> <li>Staff to patient ratio's</li> <li>Evidence of appropriate demand and capacity planning (If not evidenced as part of the business case)</li> <li>Workforce plans</li> <li>Delivery of RTT</li> <li></li> </ul>

<p><b>Value for Money/Affordability</b></p>	<ul style="list-style-type: none"> <li>• Value for money</li> <li>• Evidence based Service</li> </ul>	<ul style="list-style-type: none"> <li>• The provider can demonstrate that the service benchmarks well against other similar services</li> <li>• The Commissioner has assurance that if the service is charged at local price (non PbR) that the price charged to Commissioner is the same as agreed by host commissioner</li> </ul>	<ul style="list-style-type: none"> <li>• Benchmarking against similar services/centres</li> <li>• NHS England Tariff prices</li> <li>• PLIC's</li> <li>• Welsh Costing Returns</li> <li>• Published outcome/audit data</li> </ul>
---	---	--	---

\*\* The examples are not an exhaustive list of what evidence may be required to support provider designation and will be dependent on whether the provider is an existing provider of a service or has the intention to provide.

## **Appendix 2: Example Template - Evaluation and Scoring for Designating a Provider of a Highly Specialised or Specialised Service**

The submissions will be assessed against the following criteria and weighting\*:

- Strategic Fit / Equity of Access (25%)
- Quality Standards/ Technical Specification (30%)
- Sustainability / Impact on other services / Pace of deliverability (weight 30%)
- Value for money / Affordability (15%)

\* Weightings should be used as part of the assessment in the event of more than one provider proposal being received. The above weighting are for illustrative purposes only and will be determined by the Commissioning team as part of the assessment for the particular service.

The scales 1-4 have been agreed to score the evidence submitted against the four domains:

- 4 - Excellent. The proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.
- 3 - Good. The proposal addresses the criterion well, but a number of shortcomings are present.
- 2 - Fair. The proposal broadly addresses the criterion, but there are significant weaknesses.
- 1 - Poor. The criterion is inadequately addressed, or there are serious inherent weaknesses or cannot be assessed due to missing or incomplete information

The following indicators /statements within the criteria should be used to assist in the assessment but are not binding. Commissioning teams will agree the specific criteria for each domain at the start of assessment.

SCORE	QUALITY STANDARDS/ SERVICE/TECHNICAL SPECIFICATION	STRATEGIC FIT/ EQUITY OF ACCESS	SERVICE DELIVERABILITY AND SUSTAINABILITY	VALUE FOR MONEY/ AFFORDABILITY
<p><b>4 - EXCELLENT</b></p>	<p>Excellent proposal which clearly demonstrates the ability to meet all aspects of the service/technical Specification.</p> <p>Clear, well defined description of the quality agenda e.g. PROMS/ PREMS, patient engagement.</p> <p>Proposal demonstrates that the service benchmarks above other similar services.</p>	<p>Clear and precise description of how the centre will provide the regional /supra-regional service.</p> <p>Credible demonstration to deliver the service for Wales</p> <p>Clear links to prudent health care</p> <p>Clearly demonstrates how the delivery of this service sits with the organisations vision for XXXX Services</p> <p><i>*Strong evidence to support the deliverability of an additional service post covid</i></p>	<p>Sustainability and other consequences are clearly considered.</p> <p>Clear evidence of a strong Team in place to deliver the service</p> <p>Sets out the timespan for delivery, including recruitment</p> <p>Demonstrated consideration of the impact for future years and how the centres plans to manage future delivery beyond scope.</p> <p>Describes the impact this may have on the delivery of other XXXX services</p>	<p>Costs of the service are clearly outlined</p> <p>Costs are within the allocated WHSSC funding for the service</p> <p>Costs closely align to or less than the NHS England Tariff</p>

<p><b>3 - GOOD</b></p>	<p>Good proposal and most aspects of the service/ technical specification able to be met and clearly demonstrates the actions required to meet the service/technical specification in full</p> <p>Quality agenda considered with reference made to PROMS/ PREMS, patient engagement</p> <p>Proposal demonstrates that the service benchmarks well against other similar services</p>	<p>Sound proposal but some aspects of how the centre will deliver the regional /supra-regional service is missing.</p> <p>Some links to prudent health care</p> <p>Some evidence of how the delivery of this service sits with the organisations vision for XXXX Services</p> <p><i>*Good evidence to support the deliverability of an additional service post covid</i></p>	<p>Sustainability and other consequences are considered but not fully addressed</p> <p>Some evidence of a strong XXXX Team in place to deliver the service</p> <p>Sets out the timespan for delivery including recruitment timeline</p> <p>Some consideration of the impact for future years and how the centres plans to manage future delivery beyond scope.</p> <p>Describes the impact this may have on the delivery of other XXXX services</p>	<p>Costs of the service are outlined but some aspects are unclear</p> <p>Costs are closely within the allocated WHSSC funding for the service</p> <p>Costs align to NHS England Tariff</p>
<p><b>2 - FAIR</b></p>	<p>Some aspects of the proposal are unclear, unable to meet key aspects of the</p>	<p>Tenuous demonstration of how the centre will</p>	<p>Limited consideration of sustainability and other consequences.</p>	<p>Cost are in excess of WHSSC allocated budget but with</p>



	<p>service/technical specification</p> <p>Unable to clearly demonstrate the actions required to be taken to meet the service/technical specification</p> <p>Limited consideration of the quality agenda</p> <p>Proposal demonstrates that the service benchmarks in line or just short of other similar services but describes actions to improve</p>	<p>provide the supra-regional service.</p> <p>Tenuous links to prudent healthcare</p> <p>Limited evidence of how the delivery of this service sits with the organisations vision for XXXX Services</p> <p><i>*Limited evidence to support the deliverability of an additional service post covid</i></p>	<p>Limited evidence of a strong XXXX Team in place to deliver the service.</p> <p>No clear timescale set out for delivery.</p> <p>Limited consideration of the impact for future years and how the centre plans to manage future delivery beyond scope.</p> <p>Limited description on the impact this may have on the delivery of other XXXX services</p>	<p>some evidence to support the value of excess cost</p> <p>Costs do not align to NHS England Tariff</p>
<p><b>1 - POOR</b></p>	<p>Unclear, ill-defined proposal unable to meet the service/technical specification on a wide range of aspects</p> <p>Service benchmarks below other services</p>	<p>No clear description of the centre will provide the regional/ supra – regional service</p> <p>Proposal is ill-defined</p> <p><i>*No evidence to support the deliverability of an additional service post covid</i></p>	<p>Sustainability of the service not considered in the proposal</p> <p>No consideration of the impact for future years and how the centre plans to manage future delivery beyond scope</p>	<p>The cost of providing the service are unaffordable</p> <p>Costs are in excess of NHS England Tariff that would be considered cost effective</p>

			No description of the impact this may have on the delivery of other XXXX services	
--	--	--	---	--

**Appendix 3: Example Self-Assessment tool**

A	XXXX			
	Service Spec/Standards Statement	How does the current service compare with the statement?	What is not currently in place? (What are your gaps?)	What needs to be done to meet the standard? What is in place to mitigate the risks associated with not meeting this standard?
A1				
A2				
A3				
A4				
A5				

**Appendix 4: Designation Framework Checklist**

Domain	Check	Supporting evidence/details
Quality and Patients Safety		
Strategic Fit/Equity of access		
Service deliverability and sustainability		
Value for Money/Affordability		