



GIG  
CYMRU  
NHS  
WALES

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

## Consultation Guide for Commissioning Policies and Service Specifications

<b>Document Author:</b>	Specialised Services Planner, Cancer and Blood
<b>Executive Lead:</b>	Committee Secretary
<b>Approved by:</b>	Corporate Directors Group
<b>Issue Date:</b>	1 September 2015
<b>Review Date:</b>	1 September 2018
<b>Document No:</b>	054b

## Document History

<b>Revision History</b>			
Version No.	Revision date	Summary of Changes	Updated to version no.:
0.2	15/09/14	Including comments made by WHSSC colleagues	0.3
0.3	17/08/15	Presentation of Policy for Policies to Corporate Directors Group for ratification. In view of link between that policy and this policy, representation of this policy for approval by Corporate Directors Group	1.0
Date of next revision			

<b>Consultation</b>		
Name	Date of Issue	Version Number
Welsh Health Legal Services	12/08/14	0.2
WHSSC Colleagues	20/09/14	0.2
Corporate Directors Group	17/08/15	1.0

<b>Approvals</b>		
Name	Date of Issue	Version No.
Executive Board	30/09/14	0.3
Corporate Directors Group	17/08/15	1.0

## Table of Contents

1. Aim.....	4
1.1 Introduction .....	4
1.2 Relationship with other Policies and Service Specifications...	4
2. Specialised Services Commissioning.....	5
3. Service Specifications and Commissioning Policies .....	5
4. Consultation Process .....	6
4.1 What will be consulted upon?.....	6
4.2 Why is WHSSC consulting?.....	6
4.3 How long will the consultation be for? .....	7
4.4 Who will WHSSC consult?.....	8
4.5 How will WHSSC consult? .....	8
4.6 What will happen after the consultation? .....	9
APPENDIX A: Consultation Principles: Guidance (Cabinet Office, 2013) .....	10
APPENDIX B: Wording for Consultation Letter .....	14

## 1. Aim

### 1.1 Introduction

This Consultation Guide is aimed at an individual or organisation with an interest in engaging with the development of specialised services for Wales. The Guide sets out the process by which WHSSC will engage with patients, the public and any other interested parties about the development of Commissioning Policies and Service Specifications for specialised services.

WHSSC's aim in publishing this Guide is to ensure that all consultations on Commissioning Policies and Service Specifications achieve best practice and are undertaken in a consistent way.

In seeking to comply with best practice for consultation on public services, WHSSC has used the best practice principles issued by the Cabinet Office in 2013. These are included in **Appendix A** and should be considered in addition to this guide when consulting. WHSSC is also clear that engagement with patients, the public and other interested parties is not limited simply to formal periods of consultation. Throughout the commissioning of specialised services, WHSSC will seek to remain open, engaged and transparent.

WHSSC colleagues using this Guide should also read the suite of papers on Implementing Evidence-Based Commissioning which have been agreed by Corporate Directors Group. These set out the responsibilities and process for developing Commissioning Policies and Service Specifications within the organisation.

### 1.2 Relationship with other Policies and Service Specifications

This document can be read in conjunction with the following documents:

- Policy for the Production, Consultation, Approval, Publication and Dissemination of Strategies, Policies, Procedures and other Key Documents
- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR).

## **2. Specialised Services Commissioning**

Specialised health services typically treat patients with rare and complex conditions and are often provided by a small number of specialist centres, each covering a large population.

For NHS Wales, 'commissioning' means the planning and funding of services. WHSSC is responsible for planning specialised services for Wales and for funding them on behalf of NHS Wales.

Specialised health services cover a wide range of conditions, within the following broad groups:

- Mental Health services
- Cancer, Blood and Plastic Surgery services
- Women and Children's services including neonatal care
- Renal (kidney) dialysis and transplant
- Neurosciences services
- Cardiothoracic services

A more detailed list of the services which are delegated to WHSSC to commission on behalf of NHS Wales can be found in the Referral Directory on the WHSSC website.

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=898&pid=64292>

Many specialised services will be part of a patient pathway which extends across primary and secondary care. This means that the specialised element of care will only be one part of the total care that a patient receives. For example, patients requiring neurosurgery may also require routine outpatient care, or rehabilitation services which are commissioned directly by Health Boards. WHSSC is not responsible for commissioning the whole pathway but will ask Health Boards to comment on Commissioning Policies and Service Specifications to ensure that there is joint planning.

## **3. Service Specifications and Commissioning Policies**

WHSSC's objective is to ensure that safe, high-quality specialised care is delivered. Specialised services are an important part of NHS care which anyone in Wales might need to use. It is essential that the commissioning of these services is the best that it can be.

WHSSC commissions providers of specialised health services to deliver services through Service Level Agreements (NHS contracts).

These Service level Agreements (SLAs) are underpinned by Commissioning Policies and Service Specifications which apply to all providers of services for Wales.

The Commissioning Policy describes the clinical indications that are commissioned and funded to be provided for the Welsh population. In short, these documents summarise which groups of patients can have the treatment, based on the best available clinical evidence.

The Service Specifications describe the service which is to be provided, and the quality of service that WHSSC expects to be provided. The Specification also sets out the way in which the quality of the service will be measured, and how it will be monitored by WHSSC.

The current published Commissioning Policies and Service Specifications are on the WHSSC website which can be found at <http://www.wales.nhs.uk/sites3/home.cfm?orgid=898>

## **4. Consultation Process**

In conducting public consultation on the Commissioning Policies and Service Specifications, WHSSC is aiming to ensure that specialised services commissioning is well-informed, evidence-based and in line with the expectations of patients and the public.

### **4.1 What will be consulted upon?**

WHSSC will consult on:

- New Commissioning Policies and Service Specifications
- Revised Commissioning Policies and Service Specifications where there are material changes to the previous documents

The definition of a 'material change' will be where the amendment is likely to have a substantial impact on patients or the service. In some cases, WHSSC will make minor or technical amendments to existing documents which do not make a substantial impact.

The Programme Team will decide if an amendment to an existing document is substantial or not, and this will be documented.

### **4.2 Why is WHSSC consulting?**

WHSSC will consult in order to:

- Ensure the evidence-appraisal that informs the Commissioning Policy or Service Specification is complete and no material clinical evidence has been omitted

- To ensure that the conclusion of the evidence-appraisal is reasonable
- To ask for feedback on the ability of services to meet the terms of the Service Specification
- To ask if the documents are clear, accurate and understandable
- To ask if there are any unintended consequences of the documents for patients in Wales

In line with the good practice principles WHSSC will be clear as to the aspects of the documents which are being consulted upon and which are not open to change.

As WHSSC develops Commissioning Policies based on the appraisal of clinical evidence, the organisation will not consult upon whether clinicians, patients and the public simply agree or disagree with the Policy.

As far as possible, Service Specifications will also be evidence-based however these documents may be more subjective, or based on bespoke work by WHSSC. Therefore the questions regarding accuracy, unintended consequences and the practicalities of implementation are important for these documents. WHSSC is ultimately responsible for commissioning the service and the organisation will not consult upon whether clinicians, patients or the public simply agree or disagree with the Service Specification.

Wherever possible the standard consultation letter included at **Appendix B** will be used.

### **4.3 How long will the consultation be for?**

The Cabinet Office guidance states that public consultations should be between 2-12 weeks depending on the nature and impact of the proposal. Many WHSSC Commissioning Policies and Service Specifications are complex and may be contentious. However in many cases, the expected respondees are also very expert in the field (whether patients or clinicians), and capable of dealing with the level of complexity.

WHSSC will therefore adopt a **minimum** consultation period of 4 weeks, which will apply to the majority of documents. However in each case, the Programme Team will consider whether a longer timeframe should be given if the proposal is:

- unusually complex
- unusually controversial or contentious

- some of the expected respondees have restricted capacity (mentally or physically) to respond
- the consultation covers a holiday period (defined as Easter, Summer, or Christmas - see **Appendix A**)

#### 4.4 Who will WHSSC consult?

In line with best practice guidance, WHSSC will engage at the early stages of the document development with the members of the CEEG and Programme Team. The members of these Groups are shown in the table below. The Renal Network will also use these principles within its own structures. Once a draft Commissioning Policy or Service Specification is available, WHSSC will then formally consult the stakeholders listed in the 'Formal Consultation' column.

In line with best practice, if the policy will affect vulnerable or hard-to-reach groups, the necessary action must be taken to engage effectively with these groups. All information provided should be in plain language and easily comprehensible.

Engagement - CEEG	Engagement - Programme Team	Formal Consultation
Patient / carer representative	Lead clinical advisor (NHS Wales)	Provider expert clinicians (NHS England and NHS Wales)
External clinical advisors (NHS Wales)	Other external clinical advisors (NHS Wales)	Provider Directors of Finance (NHS England and NHS Wales)
Network advisors (if applicable)	NSAG or Network advisors (if applicable)	Medical Directors (Health Boards and Velindre Cancer Centre)
Public health representatives (as invited)	WHSSC finance and information members	Members of WHSSC Management Group (WHSSC and Health Board reps)
Pharmacy representatives (as invited)		Patient Groups if known
		Public and patients

#### 4.5 How will WHSSC consult?

WHSSC will consult directly by email with targeted stakeholders in the list above (eg expert clinicians, members of management group, medical directors etc). WHSSC will consult with the public and patients by publishing the details of the consultation on the WHSSC website and will consider the use of social media.

#### **4.6 What will happen after the consultation?**

As a result of each consultation, WHSSC will collate all of the feedback for consideration before reaching a final decision about the Commissioning Policy or Service Specification. The following information will be published on the website:

- The number of responses received
- How these have been used to formulate the policy (see below)
- A summary of the responses received
- Expected timescales for further work and publication of the commissioning policy or service specification

##### 4.6.1 Evidence Appraisal feedback

Where there is additional material clinical evidence that is presented, or credible opinion that the results of the evidence-appraisal process is not reasonable, the results of the consultation will be considered by the Evidence Evaluation Team within WHSSC. If required, this will be re-appraised and presented again to the Prioritisation Panel and appropriate Clinical Evidence Evaluation Group. The Policy or Service Specification may be revised as a result.

##### 4.6.2 Commissioning feedback

Where evidence is given of provider issues with meeting the Service Specification, or other unintended consequences of the Policy or Service Specification, this will be considered by the Programme Team and a recommendation for action will be made to the WHSSC Corporate Directors Group.

## **APPENDIX A: Consultation Principles: Guidance (Cabinet Office, 2013)**

### **Consultation Principles**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. It is not a 'how to' guide but aims to help policy makers make the right judgments about when, with whom and how to consult. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement. Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

### **Subjects of consultation**

There may be a number of reasons to consult: to garner views and preferences, to understand possible unintended consequences of a policy or to get views on implementation. Increasing the level of transparency and increasing engagement with interested parties improves the quality of policy making by bringing to bear expertise and alternative perspectives, and identifying unintended effects and practical problems. The objectives of any consultation should be clear, and will depend to a great extent on the type of issue and the stage in the policy-making process – from gathering new ideas to testing options.

There may be circumstances where formal consultation is not appropriate, for example, where the measure is necessary to deal with a court judgment or where adequate consultation has taken place at an earlier stage for minor or technical amendments to regulation or existing policy frameworks. However, longer and more detailed consultation will be needed in situations where smaller, more vulnerable organisations such as small charities could be

affected. The principles of the Compact between government and the voluntary and community sector must continue to be respected.

*1 "Where it is appropriate, and enables meaningful engagement, conduct 12-week formal written consultations, with clear explanations and rationale for shorter time-frames or a more informal approach." The Compact (Cabinet Office 2010) para 2.4)*

### **Timing of consultation**

Engagement should begin early in policy development when the policy is still under consideration and views can genuinely be taken into account. There are several stages of policy development, and it may be appropriate to engage in different ways at different stages. As part of this, there can be different reasons for, and types of consultation, some radically different from simply inviting response to a document. Every effort should be made to make available the Government's evidence base at an early stage to enable contestability and challenge.

Timeframes for consultation should be proportionate and realistic to allow stakeholders sufficient time to provide a considered response and where the consultation spans all or part of a holiday period<sup>2</sup> policy makers should consider what if any impact there may be and take appropriate mitigating action. The amount of time required will depend on the nature and impact of the proposal (for example, the diversity of interested parties or the complexity of the issue, or even external events), and might typically vary between two and 12 weeks. The timing and length of a consultation should be decided on a case-by-case basis; there is no set formula for establishing the right length. In some cases there will be no requirement for consultation, depending on the issue and whether interested groups have already been engaged in the policy making process. For a new and contentious policy, 12 weeks or more may still be appropriate. When deciding on the timescale for a given consultation the capacity of the groups being consulted to respond should be taken into consideration.

### **Making information useful and accessible**

Policy makers should be able to demonstrate that they have considered who needs to be consulted and ensure that the consultation captures the full range of stakeholders affected. In particular, if the policy will affect hard to reach or vulnerable groups, policy makers should take the necessary actions to engage effectively with these groups. Information should be disseminated and presented in a way likely to be accessible and useful to the stakeholders with a substantial interest in the subject matter. The choice of the form of consultation will largely depend on: the issues

under consideration, who needs to be consulted, and the available time and resources.

Information provided to stakeholders should be easy to comprehend – it should be in an easily understandable format, use plain language and clarify the key issues, particularly where the consultation deals with complex subject matter. Consideration should be given to more informal forms of consultation that may be appropriate – for example, email or web-based forums, public meetings, working groups, focus groups, and surveys – rather than always reverting to a written consultation. Policy-makers should avoid disproportionate cost to the Government or the stakeholders concerned.

### **Transparency and feedback**

The purpose of the consultation process should be clearly stated as should the stage of the development that the policy has reached. Also, to avoid creating unrealistic expectations, it should be apparent what aspects of the policy being consulted on are open to change and what decisions have already been taken. Being clear about the areas of policy on which views are sought will increase the usefulness of responses.

Sufficient information should be made available to stakeholders to enable them to make informed comments. Relevant documentation should be posted online to enhance accessibility and opportunities for reuse. To ensure transparency and consistency of approach, all consultations should be housed on the Government's single web platform (GOV.UK).

*Holiday period assumptions: Easter = 5 Working Days (1 Week);  
Summer (August) = 22 Working  
Days (4.2 Weeks); Christmas = 6 Working Days (1.1 Week)*

To encourage active participation, policy makers should explain what responses they have received and how these have been used in formulating the policy. The number of responses received should also be indicated. Consultation responses should usually be published within 12 weeks of the consultation closing. Where Departments do not publish a response within 12 weeks, they should provide a brief statement on why they have not done so. Departments should make clear at least in broad terms what future plans (if any) they have for engagement.

### **Practical considerations**

Consultation exercises should not generally be launched during local or national election periods. If exceptional circumstances make a

consultation absolutely essential (for example, for safeguarding public health), departments should seek advice from the Propriety and Ethics team in the Cabinet Office.

Departments should be clear how they have come to the decision to consult in a particular way, and senior officials and ministers should be sighted on the considerations taken into account in order to enable them to ensure the quality of consultations.

Departments should seek collective ministerial agreement before any public engagement that might be seen as committing the Government to a particular approach. Ministers are obliged to seek the views of colleagues early in the policy making process and the documents supporting formal consultations should be cleared collectively with ministerial colleagues. If departments are intending to use more informal methods of consultation, they should think about at what point, and with what supporting documentation, collective agreement should be sought. The Cabinet Secretariat will be able to advise on particular cases.

This guidance does not have legal force and does not prevail over statutory or mandatory requirements.

*Some laws impose requirements for the Government to consult certain groups on certain issues. This guidance is subject to any such legal requirement. Care must also be taken to comply with any other legal requirements which may affect a consultation exercise such as confidentiality or equality.*

## **APPENDIX B: Wording for Consultation Letter**

Dear Colleague

### **Re: Revised draft Commissioning Policy and new draft Service Specification for ... for Welsh residents**

Please find enclosed a draft new/revised Commissioning Policy/Service Specification for ... for Welsh Residents. These documents are now being issued for consultation.

#### **Summary**

*Summarise features of the new policy/service spec or changes to the previous one if a revised document*

With regard to the Policy I would value your comments relating to the following questions:

- Are the DELPHI cards and the summary in the Policy an objective and balanced report of the available evidence?
- Do they contain any material inaccuracies or omissions with regard to the available evidence?
- Based on the available evidence is the conclusion reached reasonable?
- Is the Commissioning Policy clear?
- Are there any other comments that you would like to make regarding the care of patients from Wales if this service is commissioned on the basis of this Policy in the future?

With regard to the Service Specification I would value your comments relating to the following questions:

- Is the Service Specification clear?
- Does the document specify all the parameters of a safe ... service or are there other issues that need to be included?
- Are there any significant gaps between your service and the service specification that we need to be aware of?
- Are there any other comments that you would like to make regarding the care of patients from Wales if this service is commissioned on the basis of this Service Specification in the future?

I would be grateful for your comments on these documents by... to the following email address...

Thank you very much for your help with this matter.