

DH Four Service Reconfiguration Tests



- Clinical Commissioner support
- Public & patient engagement
- Clinical evidence base
- Choice



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Clinical Commissioner support



Evidence for this test could include:

- Evidence of engagement with Clinical commissioners – either direct engagement with CCGs or at minimum with CCG group chairs, including on choice considerations.
- Support from GP commissioners - which might be considered in terms a significant majority.
- Evidence of involvement of Clinical commissioners in consideration of the evidence against the other tests.
- Evidence of robust plans for on-going engagement with Clinical commissioners.



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Public & Patient engagement



Evidence could include:

- Evidence of the effectiveness of consultation activities.
 - What key stakeholder or local groups have been involved
 - An explanation of how the views of the people who were consulted were taken into account when the decision was made;
 - How feedback influenced the decision taken – whether anything was commissioned differently as a result of the feedback received;
 - The main issues considered on which it was not possible to act, and the reasons why.
 - How the above information will be fed back to those involved.



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Public & Patient engagement (cont'd)



Evidence could include:

- Evidence of consultation activities with relevant patient groups including LINKs and with the public both prior to decisions being made and for the subsequent period of implementation up to now, including on choice considerations.
- Evidence of robust plans for on-going engagement with relevant patient groups including LINKs, and with the public.
- Evidence of engagement with OSCs, including where appropriate Section 244 consultation on substantial variations or developments of health services.
- Evidence of engagement with Local Authorities Directors including Directors of Adult Social Care and/or Directors of Children's Services where appropriate



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Clinical Evidence base



Evidence for this test could include:

- Evidence of internal up to date review of the clinical evidence base, including choice considerations.
- Evidence of independent external review of the clinical evidence base (likely to be an NCAT review in most cases).
- Evidence of support for the service model from senior clinicians whose services will be affected by the reconfiguration.
- Evidence of engagement with Clinical commissioners on the outcome of internal and independent external reviews of the clinical evidence base.
- Evidence of plans for future reviews of the clinical evidence base at appropriate intervals



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Patient choice



- This test should be embedded within the other three tests. Choice in this context should explicitly recognise the need to balance access and evidence on patient safety and improved outcomes for more centralised specialist services and should not be restricted to choice of provider.



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