

National Surgical Commissioning Centre

Information for patient representatives

National Surgical Commissioning Centre (NSCC)

The NSCC was founded in 2012 as part of the Department of Health's Right Care Programme. The aim of the NSCC is to promote equality of access and standardisation of care for patients with common surgical care conditions across England. This has been delivered through the development of high quality commissioning guidance and data tools for commissioning groups and surgical services.

Commissioning guides

These guides focus on areas of surgical care which are high in volume and/or cost and support commissioners with local service redesign to ensure that there is provision of high quality, cost-effective services that meet the needs of the local population and reduce the current unexplained variation in the provision of surgical services.

The different sections within the commissioning guide documents are developed to meet different requirements within the commissioning process.

How do the guides support Commissioners to make decisions?

There are four key areas of consideration when a commissioner considers planning the commissioning of a care pathway. This information has been taken from the Royal College of General Practitioners Centre for Commissioning (<http://www.rcgp.org.uk/policy/centre-for-commissioning.aspx>)

The key components of the commissioning process and how they are supported within the commissioning guides is explained in the Figure 1 below.

Figure1 The Commissioning process and relevant sections of the commissioning guides

STAGE OF COMMISSIONING PROCESS	INFORMATION REQUIRED BY COMMISSIONERS	WHERE INFORMATION IS PLACED WITHIN GUIDES
ANALYSE	<p>Understand the following about the local population:</p> <ul style="list-style-type: none"> • needs and current activity • the costs associated • any specific groups that require separate consideration. 	<ul style="list-style-type: none"> • Introduction
DESIGN PATHWAYS	<p>Understand the most effective and efficient care pathway:</p> <ul style="list-style-type: none"> • Review data available • Evidence based care • Patient needs from a service 	<ul style="list-style-type: none"> • Data tools • High value care pathway
SPECIFY AND PROCURE	<p>Design specifics of care pathway and payments:</p> <ul style="list-style-type: none"> • Review local and national evidence • Identify the right incentives to measure performance • Define parameters that might trigger changes to payment 	<ul style="list-style-type: none"> • Literature search • High value care pathway • levers for implementation • data tools
DELIVER AND IMPROVE	<p>Commissioners need to monitor the performance of the provider:</p> <ul style="list-style-type: none"> • Evidence of continual improvements in care • Value for money • Performing to contract 	<ul style="list-style-type: none"> • Lever for implementation • Data tools

How are patients involved in developing the commissioning guide?

The main aim of patient representation on these groups is to ensure that the patient's perspective is central to developing clear and inclusive guidance for all.

Patients are involved in the guide development process two ways:

1. As members of the guideline development group
2. As peer reviewers during the consultation process

The guide development process

Each guide is developed by a dedicated guide development group. Each group is chaired by a consultant surgeon who specialises in the particular procedure or area of care, and is then made up of representatives from primary care, commissioning and at least two patient representatives as well as other clinicians involved in the delivery of the service.

Once guide development group members are identified and confirmed, an initial workshop is held where the process is described, conflicts of interest declared, the terms of reference are agreed and the group work plan is set. The majority of the work then continues via email and teleconference. Guides are subject to formal consultation and peer review, as outlined below. Feedback from the consultation and peer review is then considered by the guide development group. Once the draft is finalised, group members are asked to formally approve the guide for submission to the relevant surgical specialty association, who provide the final sign off.

Each guide is subject to complete revision every three years.

Consultation and peer review

Public consultation and peer review on each guide runs for four to six weeks. The peer review is conducted by one commissioner, one patient representative and one secondary care clinician, who have not been involved in development of the guides. In addition, guide development groups can nominate organisations for targeted consultation, where such organisations may have an interest in the topic area.

Useful links

Commissioning guides

<https://www.rcseng.ac.uk/healthcare-bodies/nsccl/commissioning-guides/guide-topics>

Data tools

<https://www.rcseng.ac.uk/healthcare-bodies/nsccl/data-tools>

Supporting resources

<https://www.rcseng.ac.uk/healthcare-bodies/nsc/commissioning-guides/guide-development>

Commissioning guide development process

<https://www.rcseng.ac.uk/healthcare-bodies/nsc/commissioning-guides/about-commissioning>