By email

Dear CCG colleagues,

DECISION-MAKING PROCESS FOR AUTHORISATION

Following the latest CCG bulletins from Dame Barbara Hakin on 13 September and 2 October and the NHS CBA Board meeting on 20 September, I am writing to update you regarding the decision-making process for authorisation and, in particular, to clarify the following:

• the stages of the authorisation process where your CCG will have an opportunity to provide a ‘fact check response’ and/or a ‘considered response’; and
• the new opportunity to remove the need for some proposed conditions prior to a decision being made by the NHS Commissioning Board (NHS CB) on your authorisation application.

The process for authorisation has been designed to:

• enable communication between the NHS CB and applicant CCGs at all stages prior to the NHS CB making a decision in relation to the application;
• allow for clarifications to be provided either to the NHS CB or to applicant CCGs on any matter related to the application; and, where appropriate,
• enable applicant CCGs to adjust the application in light of communications with the NHS CB.

As such, and in response to requests from CCGs, the final decision-making process has been adapted to provide you with a further opportunity to work with the NHS CB to ensure that any conditions imposed are proportionate and support development.

The factsheet in annex to this letter sets out next steps for your CCG, along with some frequently asked questions that explain how this directly affects CCGs. This is also available on the authorisation resources page of the NHS CB website.
1. **Desk top summary report stage**

Following the completion of the desk top review stage of authorisation, your CCG will be sent its desk top summary report via the knowledge management system. Your CCG then has two working days to return a ‘fact check response’ to NHS CB. The response template is sent to your CCG along with the desk top summary report itself.

This ‘fact check response’ means you are able to correct any factual misrepresentations (such as in relation to the details of your CCG’s make-up, member practices or commissioning support arrangements). However, any substantive comments you make regarding the conclusions drawn or any additional evidence submitted will not be considered at this stage.

2. **Site visit report stage**

Following your CCG’s site visit, a report compiled by your Key Assessor and Panel Chair will be sent to your CCG via KMS. This will also be accompanied by a response template. At this stage, your CCG has the opportunity to provide a “considered response” to the NHS CB within three working days. The response template will be available via KMS along with the site visit report itself.

This “considered response” means that you may challenge individual criteria outcomes although at this stage we do not expect CCGs to append any significant additional evidence to their applications. In addition, when providing your “considered response”, you will now be asked to consider whether there are any areas where you might be able to make rapid progress over the next 3-4 weeks, prior to the new opportunity to submit evidence before the NHS CB makes a final decision on your application.

3. **Final evidence review stage**

Once your CCG has submitted its “considered response” to the site visit report via KMS, a final evidence review will occur. Your CCG’s Key Assessor, Panel Chair and relevant Local Area Team (LAT) Director will finalise their recommendations to the moderation panel based on your site visit report plus the considered response your CCG has provided. Together this will be compiled into a final evidence report that will be sent directly to the moderation panel for their consideration. The final evidence report will clearly highlight any criteria that still remain red following your CCG’s site visit as well as information on how many red criteria became green as a result of your site visit. Any difference of opinion between the assessors and your CCG over recommended outcomes will be clearly noted.

The principal difference between your CCG’s site visit report and your final evidence report is that the latter includes your CCG’s “considered response” within it. As such, your CCG will not have sight of the final evidence report before it is submitted to the moderation panel.
4. **The moderation panel**

The moderation panel chaired by Dame Barbara Hakin (or a nominated deputy) will review the un-moderated conclusions of the assessment team, any disagreements between assessors and applicants over individual outcomes, results of a number of tests to ensure that appropriate quality assurance is in place, and consider outliers where a given CCG’s results appear at odds with the national trend.

If the moderation panel feels fully satisfied that your CCG has fulfilled all 119 criteria, it will make a recommendation for authorisation directly to the NHS CB Committee. If however the moderation panel feels that your CCG has not yet demonstrated compliance with all criteria, it will make a recommendation to the conditions panel for its consideration.

5. **The conditions panel**

The conditions panel chaired by Ian Dalton (or a nominated deputy) will review CCGs only where they have not yet met all 119 criteria. As such, they will consider the recommendations put forward by the moderation panel and propose conditions associated with any criteria that remain red. Where a condition is recommended, an offer of support to remove this condition will also be identified. The conditions panel report will then be shared with the CCG.

6. **Removing the need for any proposed conditions**

The NHS CB has now built in a period of time prior to the meeting of the Board’s authorisation committee. This enables CCGs to seek to remove the need for any proposed conditions that are of a largely ‘technical’ nature (e.g. updated documentation required) or where the passage of time since the site visit means that the criteria can now be met (such as in the case of recruitment processes that were still underway at the time of the site visit).

For the criteria where a CCG - in conjunction with the NHS CB – now feels it can fulfil the full requirements, it will now have 10 working days to comment and/or submit additional evidence via KMS. Please note however that although additional evidence will be able to be submitted at this stage, it is not envisaged that substantive additional evidence would be required in order to establish that a proposed condition is not required.

It is important to understand that this additional period of time is *not* intended to replace or replicate the review of conditions imposed that is planned for March 2013. The March review (and subsequent quarterly reviews) are the appropriate place for considering conditions that are interrelated, require triangulation of multiple evidence sources, or relate to systemic issues for a CCG.

7. **Review of any additional evidence**

Any additional evidence submitted by a CCG at this stage will be reviewed by the relevant Regional Director of Operations and Delivery for consideration and sign-off.
Where they consider that sufficient evidence has been provided to demonstrate that a criterion has now been fulfilled, they will make a recommendation that the need for a proposed condition be removed. Their recommendations will then be passed to the CCG authorisation committee to enable a final decision to be made on your authorisation application.

8. **The Board’s authorisation committee stage**

The Board’s committee will consider recommendations from the moderation panel and/or the conditions panel, and any comments made by the regional team. This committee will make the final decision on a CCG’s application, will confirm any conditions to be applied and endorse the relevant support offers. The NHS CB will then write to the CCG confirming the Board committee’s decision.

Dates for the different stages, along with your CCG’s moderation panel, conditions panel (where relevant) and the NHS CB committee meeting will shortly be made available via KMS. In the meantime, if you have any questions about the final stages of authorisation, please contact your sector leads or the CCG helpdesk ([ccg.mailbox@nhs.net](mailto:ccg.mailbox@nhs.net)).

With best wishes,

\[Signature\]

**Dr. Sarah Pinto-Duschinsky**

Head of authorisation process
FACTSHEET ON THE FINAL AUTHORISATION DECISION-MAKING PROCESS

A. Authorisation decision-making flow chart

1. Desk top summary report shared with CCG
2. Site Visit
3. Site visit report shared with CCG
4. Evidence review process
5. Final evidence report completed by Key Assessor
6. Moderation Panel
7. Final evidence report shared with CCG
8. Conditions Panel
9. Proposed conditions & support offers shared with CCG
10. Additional evidence reviewed by Regional Directors
11. NHS CB committee of the Board: Authorisation decision finalised
12. Decision on authorisation shared with CCG

- Fact check response by CCG (2 working days)
- Considered response by CCG (3 working days)
- Comments/additional evidence from CCG (10 working days)
B. Authorisation decision-making - frequently asked questions (FAQs)

1. Q: What is the difference between a ‘fact check response’ and a ‘considered response’?

A: A ‘fact check response’ is provided by the CCG in response to its desk top summary report. It is where a CCG can correct any factual misrepresentations (such as in relation to the details of your CCG’s make-up, member practices or commissioning support arrangements). It is not designed to take account of any substantive comments a CCG wishes to make regarding the conclusions drawn or any additional evidence a CCG wishes to submit. A fact check should be returned by the CCG within 2 working days of the desk top report being received.

A ‘considered response’ is provided by the CCG in response to its site visit report. It is where a CCG can challenge individual criteria outcomes from the site visit stage. It is not designed to take account of any significant additional evidence. It will however give the CCG an opportunity to indicate where it believes it can make rapid progress over the following 3-4 weeks, prior to the new opportunity to submit evidence before the NHS CB makes a final decision on your application. A considered response should be returned by the CCG within 3 working days of the site visit report being received.

2. Q: What is the difference between the ‘site visit report’ and the ‘final evidence report’?

A: The site visit report is produced by the Key Assessor and Panel Chair following a CCG’s site visit. Once a CCG has submitted its “considered response” to the site visit report, the Key Assessor and Panel Chair review this and include it in the “final evidence report.” It is the final evidence report that is submitted to the moderation panel for their consideration.

3. Q: Why won’t my CCG have sight of the ‘final evidence report’ before it is presented to the moderation panel?

A: CCGs will not see their final evidence reports before they are submitted to the moderation panel because they will already have had sight of their site visit report. As the only difference between the two reports is the input from the CCG itself, it is not necessary to share this with the CCG before the moderation panel stage.

4. Q: Will my CCG be able to see the final evidence report at any stage?

A: Yes, this will be sent to the CCG following the moderation panel stage, along with any recommendations the moderation panel intends to make to the conditions panel. Your CCG will then have an idea of any conditions that look likely to be recommended by the conditions panel.
5. **Q**: Why is my CCG’s final authorisation decision now later than originally announced?

**A**: In order to accommodate the additional time in which a CCG may seek to remove the need for proposed conditions, it has been necessary to push back the dates for the Board’s authorisation committee to make its final decision. CCGs will continue to receive the outputs and crucial information from the authorisation process at the original time, which means these changes should not have a material impact on the preparations or readiness of individual CCGs to take on their functions on 1 April 2013.

6. **Q**: Does this mean that my CCG can no longer discharge conditions once these are set by the NHS CB committee?

**A**: This additional period of time is not intended to replace or replicate the review of conditions that is planned for March 2013. The review in March (and subsequent quarterly reviews) are the appropriate place for considering conditions that are interrelated, require triangulation of multiple evidence sources, or relate to systemic issues.