



Midlands and Lancashire  
Commissioning Support Unit

NHS Birmingham Cross City Clinical Commissioning Group  
NHS Birmingham South Central Clinical Commissioning Group  
NHS Solihull Clinical Commissioning Group  
NHS Dudley Clinical Commissioning Group  
NHS Sandwell and West Birmingham Clinical Commissioning Group  
NHS Walsall Clinical Commissioning Group  
NHS Wolverhampton Clinical Commissioning Group

# Collaborative Commissioning Policy

## **Patients changing responsible commissioner**

Version 1.2 –October 2014

## 1. The policy

- 1.1 This policy applies to any patient for whom the Clinical Commissioning Group is the responsible commissioner.
- 1.2 Where responsibility for providing NHS services to a particular patient has been transferred to the Clinical Commissioning Group, the Clinical Commissioning Group will, subject to the terms of this policy, honour existing funding commitments made by the patient's previous commissioner.
- 1.3 Patients who become the responsibility of the Clinical Commissioning Group, having formerly been provided with healthcare under NHS in Wales, Scotland or Northern Ireland, shall also enjoy the rights provided under paragraph 1.2 above.
- 1.4 Patients who become the responsibility of the Clinical Commissioning Group, having been formerly provided with healthcare under private healthcare arrangements or pursuant to a state healthcare system anywhere else in the EU or in a non-EU country, shall not be entitled to take advantage of the rights under paragraph 1.2 above.
- 1.5 Where paragraph 1.2 applies, the Clinical Commissioning Group reserves the right to seek a formal clinical review of the patient's future healthcare needs and to consider whether the decision to provide the patient with any further courses of treatment of the type previously provided, and of any other nature, is equitable and appropriate. The Clinical Commissioning Group shall have regard to its other commissioning policies and its ethical framework for priority setting and resource allocation when conducting any such review.
- 1.6 The rights under paragraph 1.2 above shall not apply if the patient would not, for any reason, have continued to have had the treatment in question commissioned for the patient by the patient's previous responsible commissioning organisation.
- 1.7 This policy should be read in conjunction with the Department of Health's responsible commissioner guidance, currently: *"Who Pays? Establishing the Responsible Commissioner"*

## 2. Documents which have informed this policy

- The Clinical Commissioning Group's Commissioning Policy: Ethical Framework to underpin priority setting and resource allocation
- Department of Health, The National Health Service Act 2006, The National Health Service (Wales) Act 2006. <http://www.legislation.gov.uk/ukpga/2006/41/contents>
- Department of Health, The NHS Constitution for England, 2012, [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132961](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961)
- The National Prescribing Centre, Supporting rational local decision-making about medicines (and treatments), February 2009, [http://www.npc.co.uk/policy/resources/handbook\\_complete.pdf](http://www.npc.co.uk/policy/resources/handbook_complete.pdf)

- NHS Confederation Priority Setting Series, 2008

Priority setting: an overview

Priority setting: legal consideration

Priority setting: strategic planning

Priority setting: managing new treatments

Priority setting: managing individual funding requests

- Guidance for Primary Care Trusts on establishing the Responsible Commissioner is available on the Department of Health website at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069634](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069634)

## Glossary

| <b>TERM</b>                     | <b>DEFINITION</b>   |
|---------------------------------|---|
| <b>Clinical effectiveness</b>   | <i>Clinical effectiveness</i> is a measure of how well a healthcare intervention achieves the pre-defined clinical outcomes of interest in a real life population under real life conditions.   |
| <b>Effectiveness - general</b>  | <i>Effectiveness</i> means the degree to which pre-defined objectives are achieved and the extent to which targeted problems are resolved.  |
| <b>Effectiveness - clinical</b> | <i>Clinical effectiveness</i> is a measure of the extent to which a treatment achieves pre-defined clinical outcomes in a target patient population.  |
| <b>Healthcare intervention</b>  | A <i>healthcare intervention</i> means any form of healthcare treatment which is applied to meet a healthcare need.   |
| <b>NHS commissioned care</b>    | <i>NHS commissioned care</i> is healthcare which is routinely funded by the patient's responsible commissioner. The Clinical Commissioning Group has policies which define the elements of healthcare it is and is not prepared to commission for defined groups of patients. |
| <b>Treatment</b>                | <i>Treatment</i> means any form of healthcare intervention which has been proposed by a clinician and is proposed to be administered as part of NHS commissioned and funded healthcare.   |

## **Guidance note**

The range of services commissioned by the Clinical Commissioning Group is defined in legislation and by the NHS Commissioning Board. It follows that they may change over time. As a result there may be occasions when the responsible commissioner of a patient is transferred from the NHS Commissioning Board to the Clinical Commissioning Group.

Patients may move house and as a result transfer from one Clinical Commissioning Group to another. The patient's previous commissioner may have a different commissioning policy on a specific treatment for a number of reasons (funding available, different population needs and priorities etc.).

Under either of these circumstances the Clinical Commissioning Group is entitled to review commissioning decisions relating to a patient. Following such a review, the commissioning decisions of the Clinical Commissioning Group may not be in line with the package of care or the treatment options that were approved by the original organisation responsible for commissioning care for the patient.

The Clinical Commissioning Group will normally, at least initially and subject to resource constraints, agree to continue to fund the treatment/care pathway the patient has been receiving. However commissioning decisions for patients for whom commissioning responsibility transfers to the Clinical Commissioning Group will be reviewed as the Clinical Commissioning Group considers appropriate.