Developing

National Service Frameworks

A guide for policy colleagues developing National Service Frameworks for Healthcare services in Wales
Revised Guidance for the process of developing a National Service Framework in Wales.

Background

1. National Service Frameworks (NSFs) were originally introduced to address variations in standards of care and to achieve greater consistency in the availability and quality of services. To achieve this, mechanisms were to be put into place, which would enable best care to be provided to all. As outlined in the NHS Wales White Paper "Quality Care and Clinical Excellence", the intention was that NSFs should provide a systematic approach on which to tackle the agenda of improving standards and quality across health care sectors.

2. Developed and implemented in partnership with social care and other stakeholder organisations, NSFs were designed and developed to:

   - set national standards and define service models for a service or care group;
   - put in place programmes to support implementation of those standards and service models of care, and finally
   - to establish performance measures against which progress within agreed time-scales would be measured.

3. In February 2001 the Welsh Assembly Government published its plan for the NHS in Wales. The plan entitled "Improving Health in Wales - A plan for the NHS with its partners", set the direction for health services in Wales over the next ten years. In support of this plan, NSF development has been approved in the following areas, which reflect the Welsh Assembly Government's priorities for health services in Wales. These areas are:

   - Children, Young People and Maternity services;
   - Coronary Heart Disease;
   - Diabetes;
   - Working Age Adult Mental Health Services;
   - Older People; and
   - Renal.

4. In 2003, the Assembly's Internal Audit Service conducted an audit of NSFs. The aim of the audit was to undertake a systematic review and evaluation of risk management, control and governance arrangements being used to develop NSFs.

5. The report's recommendations included that the guidance originally issued in 2001 by the then NHS Quality Division should be revised and re-issued, to reflect the best practice and lessons learned during the development of NSFs to date.
SECTION 1 - PRINCIPLES

Minimum Components of a National Service Framework

6. For the purpose of clarity, a NSF should be considered as a vehicle to deliver a long term high level vision for a topic or client group. In this context, an implementation period of ten years would be considered appropriate.

7. NSFs should contain evidence-based standards that are specific, measurable, and realistic, which are linked to defined milestones that are achievable within a ten-year time frame. This does not preclude standards being included in the NSF that are considered 'core' to the delivery of existing services. The ultimate objective of a NSF will be the delivery of improved clinical care for patients nationally and it is, therefore, entirely consistent that standards within a NSF will be a mixture of 'core' and 'developmental'.

8. As a minimum, an NSF should include two main components. The first component will be a standards and service model framework. Any standards included in this component must be developed in an open and transparent manner. A 'standards assessment tool' should be devised to ensure standards that are being developed meet the criteria listed below, and deliver the desired outcome of the NSF.

GP1 A tool for assessing the implementation of standards is being developed by the children's NSF team for multi-agency use and this approach is considered to be best practice.

9. The second component within an NSF will be the implementation plan or programme. This will provide service providers with clear and concise guidance about the development of service models and clinical networks necessary to achieve the standards and long term outcomes required. The plan must address issues that may arise in all healthcare settings within which the NSF is to be implemented, and consider the cost implications to the NHS of its implementation. It is strongly recommended that baseline assessments should be used during the implementation of an NSF.

10. These components are considered to be the minimum required for NSF development, but can be added to if necessary.

Roles and Responsibilities

11. The decision as to whether an NSF is to be developed and implemented in Wales resides at Ministerial level. The Head of the Healthcare Standards Branch will submit advice to the Minister, as the Quality, Standards and Safety Improvement Directorate retains ownership of the process of developing NSF in Wales.
12. Policy leads and clinical directors responsible for policy development will identify areas of clinical practice where they consider development of an NSF will improve service delivery and benefit patients. The head of the Healthcare Standards Branch will convene a representative expert Assessment Panel to consider the level of 'appetite' for NSF development against the published criteria below.

13. The group will be responsible for defining an outline scope for the proposed NSF, and it will be on the advice of this group that the Minister will base the decision to proceed, or not.


Criteria used to define a need.

15. The criteria against which requests for NSF development will be assessed are as follows:

**Reason** - where there is important health issues because one or more of the follow factors are evident:

- A presence of excess mortality and/or preventable morbidity;
- A potential to improve the quality of life for patients and reduce disabling effects;
- A need to meet an unmet demand for a minority group;
- An area of justified public concern; and/or
- The potential to improve clinical and cost effectiveness.

In consideration of these reasons, the assessing team will consider also areas where there is a negative variance between recommended clinical practice and clinical practice actually achieved.

**Evidence** - There needs to be a reasonable assurance that suitable population and epidemiological data is available to support the development of the NSF. It is important to establish this to inform the decision making process.

**Treatments** - Clinically and cost effective treatments should be available and agreed as being best clinical practice. Alternatively, treatments that are made available during the life of the NSF development or its implementation can be considered as appropriate.
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**Appropriateness** - Consideration should be given as to whether the NSF is an appropriate vehicle for the delivery of the proposed service improvement.

**Baseline Assessments**

16. A baseline assessment or service review should be undertaken against any developed standards within the NSF before its implementation commences. It is important that such a review is undertaken in order to inform the NSF by providing a basis from which requirements to implement standards can be identified and costed.

17. Further baseline assessments should be undertaken as the NSF is being implemented to inform the roll out process and ensure best practice, when found is shared. Available information such as the GP morbidity database and service appraisals would be a source of information for these reviews. It is not necessary to undertake a full national baseline assessment during the development or implementation of an NSF. A suitable alternative, which maximises value for money, may be the development of a self-assessment review 'tool' that can be used locally and reported nationally.

**The Project Management Approach**

18. The preferred method of project management within the Assembly is PRINCE 2. As indicated above, an NSF should be considered as a vehicle to deliver a long term high level vision for a topic or client group and a period of ten years would be considered appropriate in that context. The scale of such a development, together with the risks and likely cost implications associated with it, necessitates the use of formal project management techniques.

19. PRINCE 2 is a project management method designed to provide a framework covering the wide variety of disciplines and activities required within a project. As such, PRINCE 2 is considered to be best practice and must be used to develop and implement NSFs in Wales.

20. The Project Initiation Document must contain, and take account of Welsh Assembly Government Policies, and ensure that appropriate planning and time is set aside for seeking and securing Ministerial approval at appropriate stages of the NSF project development.

**Resourcing the NSF**

21. The resources needed for the development of the NSF, and assessing the impact and cost implications of implementing it the across the NHS must be considered before any case to proceed is submitted to the Minister.
22. In relation to the project itself, sufficient manpower and funding resources must be identified to undertake the project in accordance with the PRINCE 2 methodology discussed previously.

23. Particular attention must be given to areas of effective service delivery that are in place already, that make more efficient use of resources and can be rolled out as part of the NSF implementation. Where development of service models and implementation of standards of care is likely to incur additional costs to the NHS, NHS finance must provide assurances that these costs can be met either from existing Assembly health resources or supported from identified NSF programme monies.

24. Failure to seek, and obtain such assurances would ultimately undermine the viability of any NSF project and NSF development would not normally be taken forward in these circumstances. However, where there is a strong clinical argument for taking forward an NSF in support of Government priorities for health, and finance assurances cannot be secured, the business case should be presented to the Minister for Health and Social Care, who ultimately must take the final decision.

Section 2 - Developing a National Service Framework

Developing a National Service Framework for Wales only

25. Once approval to develop an NSF has been signalled by the Minister for Health and Social Care, the Healthcare Standards Branch will notify the policy lead that development can commence. The policy lead officer will assume responsibility for ensuring that the NSF delivers the forecast outcomes outlined in the submission on which the Minister’s decision was taken.

26. The evidence, minimum standards and detailed scope of the NSF will be decided by the project board drawing on advice from an Internal Reference Group, External Advisory Group, using evidence in the context of existing Assembly priorities, strategies and policies.

27. The policy lead officer will normally assume the role of the Project Executive, whose roles and responsibilities are defined in PRINCE 2.

28. As owner of the NSF programme in Wales, the Healthcare Standards Branch will support the development of the NSF as necessary. This support will normally include providing project management advice, being a centre for receiving and advocating best practice techniques developed by other NSF projects, communication support via the HOWIS website. The key role of the Healthcare Standards Branch will be to ensure, as far as practicable, that NSF in Wales are developed in a consistent and coherent manner, and that programme objectives are being met.
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Internal Reference Group (IRG)

29. The role of the IRG will be to provide a source of advice to the Project Board on issues of Assembly Government policy and procedure.

30. A key function of the IRGs will be to take issues such as finance, professional, HR, IM&T etc into account as the process develops. The resources required for the NSF process will include engaging and consulting with stakeholders in the development and implementation. Special attention should be paid to the needs of users and carers in engagement and in ensuring that this is properly resourced.

31. Planning and resource implications for NSFs must be reflected in the Health and Well-being Strategies. There will be an IRG for each NSF, tasked to deal with executive functions, for example ensuring that the resource needs identified during the development of the NSF are addressed in the Budget Planning Round and in Workforce Planning.

32. Policy leads will identify key players from the Assembly who will be of Head of Division/Head of Branch seniority for an Internal Reference Group which will work closely with the Project Board and External Group to ensure that each aspect of work is cross referenced.

33. The members of the Internal Group will be expected to liaise with relevant external stakeholders, (eg, Directors of Finance in NHS Bodies) as part of an overarching communications strategy. This internal group will vary depending on the topic or client group but will require expertise/background in all or some of the following Health and Social Care areas;

- **Resources Directorate** for advice on Human Resource, Finance and Communications issues;

- **Office of the Chief Medical Officer/Office of the Chief Nursing Officer** - for advice on public health, ill health prevention and issues of clinical practice;

- **Performance and Operations Directorate** - For advice on performance management and target setting within the performance improvement framework;

- **Quality Standards and Safety Improvement Directorate** - for advice on public and patient involvement and NSF process support;

- **Policy leads** - for advice in about independent contractor and community health involvement, impact on Children, Families and Older persons for example.
34. NSF\s should be developed in accordance with the Welsh Assembly Government's desire to foster a more holistic approach to tackling ill health and inequalities in Wales. Consideration should therefore be given to including policy leads from policy areas outside health to inform NSF development, such as Social Justice, Transport and Sport where such input may be considered appropriate.

External Advisory Group (EAG)

35. The role of the EAG will be to assist the project board develop an NSF that is 'fit for purpose' by supporting quality assurance and, where appropriate product development. The EAG could prove a valuable resource to the project board in developing a detailed scope for the NSF, for example.

36. There will be an EAG for each NSF.

Membership of EAG

37. The membership of EAG should consist of individuals selected for their experience, knowledge, expertise and perspective in the NSF area. The All Wales Professional Advisory Groups, Joint Professional Forum [Health and Well Being] should be used as a source to help identify appropriate professional membership; voluntary sector representation membership should be identified via Community Health Councils, Welsh Council for Voluntary Action, and other relevant groups. Advice will need to be sought from specific groups to ensure the issues affecting disadvantaged groups are fully considered.

38. The composition and the role of the EAG will vary significantly depending on the size and scope of the NSF to be developed. The terms of reference within which the EAG will operate should be developed and contained within the project approach element of the Project Initiation Document.

39. The Chair of the EAG should be invited to attend project board meetings.

Process pathway

40. The process pathway representation for the approval, development and implementation of an NSF is at Annex 1.

Developing a National Service Framework in Partnership with England

41. There needs to be clarity about what is meant when we talk about developing an NSF in partnership with England. There is a clear distinction between tailoring a NSF developed by the Department of Health for use by the NHS in England for use by the NHS in Wales, and developing jointly an NSF that takes into account equally, the needs of the NHS in England and Wales.
42. It is likely to be more often the case that the Department of Health will develop an NSF, which will be tailored for use by the NHS in Wales. In these instances, the project management approach outlined should be followed, but the NSF being developed by the Department of Health in England will be identified as a key dependency within the Wales NSF project plan.

43. In cases where it has been agreed that an NSF will be developed jointly between England and Wales, then policy leads should seek to ensure that Welsh Assembly Government Policy objectives are taken fully into account, and that the NSF development will follow PRINCE 2 project management methodology.

44. When identifying areas of healthcare provision that could benefit from development of an NSF, policy leads should consider also work being undertaken by the Administrations of the other home countries that may be suitable for collaborative working.

Section 3 Implementing the National Service Framework

45. The implementation plan of the NSF will usually be its second component and will be contained within the scope of the project. The project board will oversee the commencement of the implementation of the NSF, ensuring that sufficient programme funding is allocated to support a positive outcome.

46. The implementation plan should include clearly defined milestones that are 'SMART' (Specific, Measurable, Achievable, Realistic and Time-framed) and the criteria that has been developed to monitor the implementation of standards once published. Any criteria must be compatible with the performance improvement framework being developed for use by the NHS in Wales, and should provide a tool to assess implementation progress and performance management reporting.

47. It is recommended that once implementation of the NSF has commenced across Wales, a controlled end of the project will be undertaken and the project board will be disbanded, together with the IAG and ERG set up to support the project board.

48. Responsibility for the continued management of the NSF, including progressing any follow-up actions identified during closure of the project, and making arrangements for the post project review will become the responsibility of the policy lead Directorate.

49. Programme funding should not be allocated for implementing an NSF beyond a three year period, which can reasonably be expected to support service providers start the implementation of the NSF. After this period, the NHS body commissioning the service, supported by the Assembly policy lead will assume the responsibility of implementation. This work will be underpinned by the performance improvement and business planning processes used by the Assembly in its normal course of business.
Annex 1 - The process of developing a National Service Framework

1. Policy lead identify need
2. Evidenced criteria
3. Assessment Group convened by Clinical Standards Development
4. Management Board Approval
5. Ministerial Decision based on advice from Assessment Group
6. Baseline Assessment
7. Project Management Scope
   - External Advisory Group
   - Internal Reference Group
   - Standards and service model development
   - NSF Implementation plan development and commencement
8. Complete implementation using normal business and performance management tools
9. Post Project and Implementation Review
10. Project closure and transfer of responsibility to Health and Social Care policy lead

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