




**National Specialist Services
Committee (NSSC)**

**Guidance for submitting
proposals to NSSC –
Specialist Service**



**National
Services
Division
(NSD)**

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If you have any queries regarding this Guidance, please contact: nss.nsd-enquires@nhs.net

Further detail on governance and decisions making of NSSC can be found within the NSSC Governance Framework at: <https://www.nsd.scot.nhs.uk/about/nssc.html>

1. Application Process

The application process for submitting specialist service proposals to NSSC comprises of 3 stages:

- **Stage 1 Outline Submission** – Service proposal indicating clinical need, expected benefits, level of evidence available and external support for the proposal
- **Stage 2 Detailed Submission** – Evidencing clinical effectiveness, target patient group, expected numbers, patient pathway of care, performance & quality monitoring measures, costs currently being incurred and estimated overall cost of proposed service
- **Stage 3 Workforce, financial impact and plans for delivery** – Any additional information requested by NPPPRG/NSSC with a full workforce and financial business case and plans on how a resilient sustainable and equitable service will be delivered

NPPPRG and NSSC will review every stage of a proposal with NSD providing active support to the applicants to ensure the information provided is both comprehensive and robust.

Where more than one organisation is party to the application, a joint application must be submitted through an agreed lead, who must will be designated leads on behalf of all proposers.

All questions should be completed where possible, or applicants should explicitly state that no relevant information is available. The committee will take a view whether the evidence provided is sufficient to enable appropriate consideration of the application at this time, and may recommend that the application is re-submitted at a later time in order to allow for collection of stronger supporting evidence.

At any stage of the application process NPPPRG or NSSC may ask for further detail/work to be undertaken in order to advance the application.

Proposers/applicants should note that the NSSC will treat all information provided in support of a proposal as in the public domain unless it is informed otherwise.

2. Dates for submissions

NPPPRG and NSSC meetings are held each quarter and proposals will be accepted throughout the year for consideration. Dates of meetings and submission date for papers relating to each meeting are listed on the NSD website: <https://www.nsd.scot.nhs.uk/about/nssc.html>

3. Checklist for submissions

Before consideration of submitting an application, proposers should ensure the following:

	Yes/No
NHS Board Management are fully supportive and will play an active in role in the planning and (should it be designated) management of the service	
Co-located services are available to support the service (national funding will only support the proportion that is required for any national service)	
Scotland wide stakeholder engagement has been, or will be, undertaken to understand: <ul style="list-style-type: none"> - the current provision of service and costs being incurred by Boards - the level of support for the proposal from all NHS Board. 	
High quality and robust evidence is available.	
Realistic predictions of costs of service can be evidenced.	

4. Evidence to support decision making

4.1 Criteria for national designation

Applications must be able to demonstrate the proposals will meet the following criteria:

1. The clinical need for national commissioning of the service is significant and is within a clearly defined clinical area.
2. There is a clear target patient group or subset distinct for clinical reasons.
3. The service is for a condition requiring diagnosis and/or treatment that is rare and/or unpredictable and has a low incidence. (Usually no more than 500 patients in one year period).
4. The service has a proven evidence base and will have a greater clinical benefit than alternative forms of care.
5. The service is person centred demonstrating a clear clinical pathway which will include criteria for referral, discharge and follow up care.
6. The service can demonstrate/has an explicit plan to provide the service equitably to all patients who are eligible for NHS treatment in Scotland.
7. Provision requires at least one of the following:
 - a highly skilled multidisciplinary team
 - scarce clinical skills
 - specialist equipment and facilitiesthat can only be provided clinically and cost effectively in one or two locations.
8. There will be significant benefits from national commissioning: demonstrating improved clinical quality, focused clinical expertise, more efficient use of NHS resources.
9. There is evidence to support the cost of the service to determine that it will be cost effective.
10. There are statements of support for the service.

4.2 Evaluation of proposals

NSSC will consider the following questions when evaluating proposals and applicants should ensure that evidence can be provided to demonstrate the following:

Does the proposal demonstrate that the service is needed and is likely to benefit the population identified?

- number of patients with reference to the complexity and severity of condition
- ability of this group of patients to benefit
- clinical safety and risk
- clinical effectiveness & potential for improving health

Would provision of the service add value to society?

- Stimulating research and innovation
- Needs of and benefits to patients and society

Is it a reasonable cost to the public?

- Average cost per patient
- Overall cost impact and affordability, including opportunity cost
- Value for money compared to alternatives

Is the model proposed the best way of delivering the service?

- Best clinical practice in delivering the service
- Economic efficiency of provision
- Continuity of provision
- Accessibility and balanced geographic distribution

5. STAGE 1 Outline Proposal

Section 1: Summary information

1.1 Full name of proposed service

Provide the full name of the proposed service.

1.2 Short title for proposed service

Provide a title that can be used for meeting papers, etc, which should be no more than 30 characters.

1.3 Provider & Location

Detail of NHS Board and location of proposed service. If more than one centre, provide detail of number of centres and locations expected to provide the service

1.4 Contacts and support from NHS Board Management

Include names, roles, locations and contacts of proposers (clinical and managerial), specifying the name of the lead applicant, and confirmation that NHS Board Management support the application. (if more than one Board include all contacts details)

1.5 Brief description of proposed service (*no more than 100 words*)

Outline the target patient group and brief description of pathway of care including referral and discharge criteria for the service and specific interventions offered.

Section 2: Outline Proposal

2.1 Description of current provision and why there is a need for national commissioning?

Applicants should provide detail of current provision for the target patient group, if any. Responses should outline where the service is provided (which NHS Boards in Scotland, or elsewhere in the UK), who undertakes this activity, the current activity levels and what is the capacity of current provision.

Applicants should also explain why the existing commissioning arrangements and/or existing provision are ineffective and why there is a need for national commissioning. (*For example, difficulty with handling the complexity of the condition(s), lack of effective/early diagnostics, lack of treatment options, risks for the continuity of current provision, small numbers of cases, need to embrace proven technological innovation etc*).

2.2 Number of patients expected to benefit?

Outline projected numbers of expected referrals / those who require intervention / treatment / long term follow up care etc.

Further evidence of patient numbers will be required at Stage 2 of the application process.

2.3 Expected benefits/impact in relation to patient experience, quality, outcomes and wider NHS in Scotland?

Explain what the expected benefits/impact that the service will have.

2.4 What level of evidence is available to support the proposal?

Applicants must provide a statement on the quality of evidence that is available to support the application and indicate which level of evidence is available as described in the SIGN Grading System.

Detail of evidence will be required at Stage 2 of the application process.

2.5 Is there external support for the development of the service?

Applicants should describe the level of support from any of the following: clinical community (Scotland wide), NHS Boards, patient and professional groups such as Royal Colleges, patient advocates, charities, IJBs, third sector, social care etc

Evidence of support will be required at Stage 2 of the application process.

6. STAGE 2 Detailed Proposal

Section 1: Summary information

1.1 Full name of proposed service

Provide the full name of the proposed service.

1.2 Short title for proposed service

Provide a title that can be used for meeting papers, etc, which should be no more than 30 characters.

1.3 Name, title, and contact details of lead applicant

Contact details of lead applicant

1.4 Any additional information that was requested at stage 1

Provide detail and context of clarification of information that was required at stage 1 (if any)

Section 2: Description of proposed service

2.1 Summary of patient need

Applicants to provide:

- A clear definition of the target patient group for the proposed service. If the group is a subset of a larger patient population, the clinical reasons for separating these patients should be provided.
- Evidence of the total number of patients in Scotland that would be eligible for the proposed service (i.e. the entire national caseload) over the next 5 years. This should be supported by prevalence and incidence data of the relevant condition(s) within the target patient group and should include a breakdown of expected activity per year, which will include:
 - referrals/
 - assessments
 - intervention / procedure / treatment
 - long term follow up

Applications should also provide, if relevant,

- Detail of any expected activity from England, Wales and Northern Ireland. If there is no equivalent service elsewhere in Europe, an estimation of European patient numbers should also be included.

2.2 Aims and Objectives of service

Applicants to provide detail of how the service aims to address the needs of patients/carers and define any specific inclusion or exclusion criteria to referral. Specifically what aspects of a patients care will be met by the service and which will be delivered locally or regionally?

2.3 Description of proposed delivery of service including the patient pathway of care

Applicants should provide detail on the proposed **scope of service**, including:

- a list of all components of the proposed service (*Examples include diagnostics, therapeutic interventions, medicines, follow-up assessments etc*)
- Co-located services or specialities that are integral to delivery of the service
- Consideration of planned growth in activity to demonstrate that they can provide a national caseload (as defined in question 2.1).

Applicants should detail how all components of the proposed service and **model of delivery** (as stated above) will work together. This should include an outline of:

- The defined clinical pathway of care for all patients
- The process and criteria for referring patients
- How the proposed components of provision will be coordinated. For conditions which require the involvement of more than one clinical specialty, applicants should explain how clinicians from the different specialties will collaborate to provide an integrated service. (*Examples include maintaining a shared patient registry, joint diagnostics, multi-disciplinary clinics, gathering shared clinical data, sharing of knowledge and learning etc.*)
- The process for discharge and follow up/shared care arrangements with local centres

Applicants should outline their plans for making the service **accessible to all eligible patients**. This includes information on:

- The known geographical spread of the target patient population
- Rationale for the choice of location including any existing or planned referral routes to each centre
- Any supplementary measures in areas with more challenging access
- Linkage with local services (*Examples include patient transport, travelling clinics, collaborative arrangements with local providers, home care, etc.*)

Section 3: Evidence of the Clinical Benefits

3.1 Evidence for clinical effectiveness and potential for health gain of the proposed service

Applicants should provide an assessment of best available evidence demonstrating the clinical effectiveness of the proposed service and acceptance for use in routine practice. This should include randomised clinical trial evidence, ideally involving UK patients.

In other cases, the best available evidence should be presented. eg audit data, Health Technology Assessments, NICE / SIGN Guidance etc.

For service propositions involving very rare conditions, where randomised trials may be difficult to conduct, the next best available evidence should be submitted. This could include trials in comparable patient populations using the same or a similar service model. *(For example, data from service provisions in other countries, trials involving patients of other ages/genders etc).*

Any relevant research papers can be appended to the application as supporting evidence and should be discussed with the NSD medical director or nursing advisor prior to submission.

Evidence papers should be appended to the application.

3.2 Benefit over current NHS alternatives

Applicants should:

- Provide evidence that the proposed service can demonstrate non-inferiority or superiority in clinical outcomes, efficiency or cost effectiveness in delivery and how these compare with current NHS alternatives.
- Explain how national commissioning will better meet the clinical needs of the patients, which are unmet by the current commissioning arrangements and models of care *(Examples include: reduction in complication and mortality rates, significantly improved patients' quality of life, enabling preventive care through early diagnostics, concentration of clinical expertise and other highly specialised resources, more timely provision of care, more seamless patient journeys, improvements in the accessibility of care, etc.)*

If there are other treatment modalities or options to delivering assessment or treatment options detail the benefits and risks of these and why the proposed service should be considered the preferred choice.

3.3 Clinical safety and risk record of the proposed service

Applicants should advise if there are any significant historical clinical risks regarding delivery of service or safety.

3.4 Performance and Quality Monitoring Measures

Applicants should give details of specific performance and clinical measures that the service will use to monitor and give assurance of the service quality, effectiveness and performance.

The measures should be chosen appropriately to reflect the characteristics of the proposed service provision, and should be measurable and reportable and in line with the six domains of quality: equitable, efficient, timely, effective, safe, person-centred, (*Examples include time from referral to delivery of care, complication rate, survival rate, etc.*)

3.5 Does the proposal fit with the principles of realistic medicine?

Applicants should consider if the proposal will support:

- shared decision making between health professionals and patients
- provide a personalised approach to care
- reduce harmful and wasteful care
- allow collaborative work between health professionals to avoid duplication and provide a joined up care package that better meets the needs and wishes of patients

4. Societal benefits:

4.1. Details on the equity impact of the proposed service on patients and the wider society

Applicants should describe the impact that providing (or not providing) the proposed service would have on patients and society. This should include any available information on a potential disproportionate impact on the quality or quantity of life of particular group(s) of patients and society. Whilst the primary role of NSSC is to consider proposals in the context of health budgets, it will also wish to understand any wider societal benefit/impact, for example, ability of patients to remain in, start or return to work/education following successful treatment.

For existing services, applicants should state in their proposal whether they have carried out an equality impact assessment of their existing provision, and if so should provide detail on the results.

4.2 Details of the impact of providing the proposed service on further clinical research and innovation

Applicants should:

- describe the impact that providing (or not providing) the proposed service would have on strengthening the evidence base on the clinical effectiveness and cost of the proposed intervention
- Outline their plans for meeting the requirement for ongoing clinical research and knowledge sharing, to support the service. This includes plans to collect clinical effectiveness data and the measures that will be used to evaluate the benefits of the service over the next 5 years.

While preparing their response, applicants should note that national commissioning is not expected to fund research or trials.

Section 5: Financial Impact

5.1 Estimated costs

Applicants also need to complete the Excel spreadsheet relating to section 5: Stage 2 Appendix 1.

Applicants should give detail of the total expected funding requirement for the proposed service over a five year period to cover the anticipated activity as detailed under question 2.1.

While preparing response, applicants should note that national commissioning does not fund capital investment in relation to the set up of the service – it is expected that capital investment set up should be provided by the proposing Board, however revenue consequences in relation to capital will be met by national commissioning funding – detail of which will be required at stage 3.

5.2 Current costs

Applicants should give detail of costs that are being incurred by NHS Scotland, these should be evidenced and could include:

- Current provider(s) in Scotland
- Accessing services out with NHS Scotland

5.3 Potential savings to NHS Scotland

Applicants should explain what ‘added value’ a national commissioning approach will bring. The application should demonstrate that national provision will be more cost effective and/or make more effective/efficient use of NHS resources in other ways, compared to the current standard provision.

Applicants should:

- Indicate if national commissioning will result in either reduced overall costs for NHS Scotland, no change in costs, or additional investment.
- Explain how national commissioning will affect costs compared to current provision.
- In terms of cost savings explain the basis on which there may be efficiency savings or economies of scale over time in the service. Efficiency savings could include the elimination of ineffective or duplicated services, elimination of unnecessary treatment through early diagnostics and prevention, elimination of travel costs to provision centres abroad, elimination of costly supportive care, etc. Economies of scale could be realised, for example, through increasing numbers of patients or development of professional expertise.)

Where available, key relevant economic papers can be appended to the application as supporting evidence for the stated financial benefits. All appended papers should be provided in full text PDF or paper copies.

Section 6: Support for the proposal

6.1 Evidence of support for the proposal

Applicants should present evidence of views and support from:

- relevant professional groups
- patient groups
- all NHS Boards

If there is no organised patient group, patient feedback could be presented.
(Examples of supporting evidence from patient groups might include patient/carer surveys, statements of support for the application from relevant patient organisations.)

6.2 Potential opposition to the proposal

Applicants should outline any opposition to the proposals, the reason(s) for this and how this/these might be overcome.

6.3 Any other relevant information

Applicants should outline any further relevant information not captured in the other questions.

Stage 2 - NHS Board Chief Executive Support

The proposal must include the signature of support from the NHS Board Chief Executive.

7. STAGE 3 Finance, Workforce and Service Delivery Proposal

Section 1: Summary information

1.1 Full name of proposed service

Provide the full name of the proposed service.

1.2 Short title for proposed service

Provide a title that can be used for meeting papers, etc, which should be no more than 30 characters.

1.3 Name, title, and contact details of lead applicant

Contact details of lead applicant

1.4 Any additional information that was requested at stage 1

Provide detail and context of clarification of information that was required at stage 2 (if any).

Section 2: Financial Impact

Applicants need to complete the Excel spreadsheet relating to section 2: Stage 3 Appendix 1.

Section 2: Financial Impact

2.1 Total current cost of the proposed service to NHS Scotland (if applicable)

Provide detail of current costs of service. This should detail how much each NHS Board in Scotland is incurring.

2.2 Total net cost of the proposed service to NHS Scotland

Provide detail of total net cost of proposed service.

While preparing response, applicants should note that national commissioning does not fund capital investment in relation to the set up of the service – it is expected that capital investment set up should be provided by the proposing Board, however revenue consequences in relation to capital will be met by national commissioning funding.

2.3 Average annual cost per patient or cost per activity unit

Applications should explain, particularly where any phasing of activity is planned or where a significant increase in activity is expected, compared to current provision.

2.4 Value for money of the proposed service compared to clinical alternatives

Applicants should consider current spend by NHS Boards and what impact national commissioning will have.

Applicants should summarise any available measures of the value per health gain of the proposed service. They should indicate whether an improvement in value for money is expected compared to current alternatives.

As supporting evidence, applicants should append existing economic papers and studies.

Section 3: Plans for delivery of provision:

3.1 Outline of plans to meet quality and governance standards and improve safety and patient experience

Applicants should:

- Explain what processes will be used for governance, and in particular how quality and clinical governance standards will be met along with delivering the business objectives of their service, in the context of their overall governance structures and processes.
- Provide information on the process for how input/feedback from patients and/or carers is used to shape the planning and designing of the service, and examples of where such feedback has been used to effect changes. This should include details of any contact to date with relevant organisations of patients and/or carers and how this contact was made, for example, through a focus group.

Additionally, applicants should explain how national provision of the proposed service would enhance:

- The co-ordination of the team of clinical specialists and elements of care involved in the proposed provision
- Patient journeys, including diagnostics, patient referral routes and definition of clear clinical pathways
- The quality of patient care and clinical outcomes
- The safety of the service provision

3.2 Evidence that the proposed configuration of provision can operate in an economically efficient way and avoid waste of NHS resources

Applicants should provide all available evidence demonstrating the economic efficiency of the proposed provision.

3.3 Outline of plans to ensure continuity of provision of the proposed service

Applicants should provide all available evidence demonstrating the robustness of the proposed provision, for at least the next 5 years. Include detail in relation to sustainability, reliability, workforce.

3.4 Outline of plans to make the service available and accessible to all eligible patients this should include pathway for referral into the service

Applicants should demonstrate that appropriate measures will be undertaken to make the proposed provision available and geographically accessible to the entire target patient group. This should include any supplementary plans for improving equity of access in regions outside the immediate proposed centres of provision.

Stage 3 - NHS Board Director of Finance Support

The proposal must include the signature of support from the NHS Board Director of Finance.

A copy of the Stage 2 proposal that was submitted should be included as an annex to the Stage 3 application

8. Contacts

National Services Division, Area 062, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB

Tel: (0131) 275 6575

Fax: (0131) 275 7614

NSSC/NPPPRG Secretary

Ms Fiona Murphy

Director

Fiona.Murphy1@nhs.net

Assistant Secretary (NSSC)

Mrs Ruth Meechan MBE

Executive Assistant

ruth.meechan@nhs.net

Clinical Advisers

Dr Nicola Steedman

Medical Director

nicola.steedman1@nhs.net

Dr Craig Wheelans

Medical Adviser

craig.wheelans@nhs.net

Ms Roseanne McDonald

Nursing & Quality Adviser

roseanne.mcdonald1@nhs.net

Finance Adviser

Mr Peter Croan

Head of Finance & Operations

peter.croan@nhs.net