Commissioning Guidance

Process Manual

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INTRODUCTION

Professional bodies in surgery provide a range of advice, standards and guidelines (hereinafter referred to as "guidance") on the delivery of surgical services. Commissioning Guidance are systematically developed tools designed to assist Clinical Commissioning Groups (CCGs) make better decisions about appropriate healthcare for specific clinical circumstances and fulfil their obligation to commission healthcare for their population that meets the 5 domains in the NHS Outcomes Framework:

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

This process manual details the process by which such guidance products will be developed to ensure consistency and provide users with assurance that the appropriate methodologies and strategies have been adopted in the development of the guidance.

This handbook relates to the guidance products produced by:

- Association of Surgeons of Great Britain & Ireland
- British Association of Oral Maxillofacial Surgeons
- British Association of Paediatric Surgeons
- British Association of Plastic, Reconstructive and Aesthetic Surgeons
- British Association of Urological Surgeons
- British Orthopaedic Association
- ENT-UK
- Society of British Neurological Surgeons
- Society for Cardiothoracic Surgery in Great Britain & Ireland
- Vascular Society of Great Britain & Ireland

The Commissioning Guidance Process Manual has been developed with reference to:

- NHS Evidence Accreditation Process
- SIGN 50 Guideline Developer's Handbook
- AGREE criteria
- existing NHS Evidence accredited clinical guidance and commissioning guidance process manuals

KEY TERMS

Sponsoring Organisation – the Specialty Association(s) (as listed above) defining the need for guidance, sponsoring its development and maintaining responsibility for its content.

Guidance Development Group – the multi-professional group established by the Sponsoring Organisation to develop the guidance. This group will develop and oversee the process of guidance development, via face-to-face meetings or virtually.

1. OBJECTIVES

Commissioning Guidance is designed to support the commissioning of high quality services to provide evidence-based, cost effective care for patients and support local service design that meets the needs of the local population and takes into account patient experience. The guidance is topic-specific and encourages commissioning within the context of the Quality, Innovation, Productivity and Prevention (QIPP) programme. The guidance produced is intended to:

- support CCG's to commission high value care for patients with conditions amenable to surgical intervention, through the description of evidence based high value care pathways
- highlight variation in the provision of surgical services
- describe process and outcome measures that allow commissioners to make intelligent commissioning decisions
- provide levers for change within the local healthcare community
- link to patient and clinician facing information, and practical examples of high value care pathways that have been implemented in other healthcare communities
- identify gaps in knowledge and priority areas for research

Commissioning Guidance is not intended to replace existing clinical guidelines or systematic reviews of the literature but rather present these with information to support commissioning, for example, information on the current provision of services, patient outcomes in the population for which the CCG is responsible and levers for change such as audit and peer review measures and quality specifications.

Commissioning Guidance cannot describe every possible care pathway or treatment option and the decision to commission a particular pathway will depend on the needs of the local population for which the CCG is responsible.

Commissioning Guidance for CCGs does not cover commissioning of specialised services. At present these are commissioned by the National and Regional Specialised Commissioning Groups. A list of specialised services is available at www.specialisedservices.nhs.uk.

This Commissioning Guidance Process Manual describes the process of topic selection and review of evidence along with the creation of Commissioning Guidance and supporting documentation.

2. TOPIC SELECTION

Commissioning Guidance will cover care pathways for patients with conditions amenable to surgical intervention, defined by specific ICD10 and OPCS4 codes. They should reflect broad areas of care and be based around likely primary care referral pathways.

In scoping the guidance, the Sponsoring Organisation will consult internally with its officers on the subject matter and key questions to be answered by the guidance and may alert its fellows, members, and registered stakeholders, encouraging comments on the scoping exercise.

The Sponsoring Organisation may prioritise the development of Commissioning Guidance against the following criteria:

- burden of disease: population need, morbidity, mortality
- clinical priority: is there an effective treatment that may reduce morbidity or mortality if widely adopted?
- clinical uncertainty: is there wide variation in practice or outcomes?
- resource: what is the resource impact on the NHS?
- equity of access: are some patients being denied appropriate treatment?
- NHS Commissioning Board priority area

Proposals for new guidance should be considered by each Sponsoring Organisation through its committee structures and signed off by its executive.

3. THE GUIDANCE DEVELOPMENT GROUP

The Guidance Development Group should have broad representation from those involved in commissioning, delivering, supporting and receiving surgical care as well as those (where applicable) who might play a supportive role in caring for relatives/friends who have undergone treatment. A Terms of Reference template for Guidance Development Groups is provided at Appendix 1.

The Sponsoring Organisation will appoint an experienced and neutral chair to each Guidance Development Group. The Chair of the Guidance Development Group will propose members to the Sponsoring Organisation. Representatives will be required across the whole treatment pathway relevant to the guidance and this may include (but is not limited to):

- patients and carers
- commissioners
- public health

- primary care
- community and social care
- secondary care including representatives from the wider clinical team as appropriate

Patients have a unique perspective on the delivery of surgical services and it is vital that their experience, beliefs and values are reflected in the guidance product. Patient involvement may be secured though links with patient representative groups linked to the Sponsoring Organisation or though a patient organisation linked to the topic under consideration. At least two patient representatives must form part of the Guidance Development Group. Patient representatives must be afforded equal standing to their clinical counterparts.

Appropriate representation will support:

- a patient-centred approach
- credibility and usefulness of the resulting guidance
- dissemination and implementation
- effective quality assurance and planning processes
- effective utilisation of resources

Responsibility for the composition of the development group lies with the Sponsoring Organisation. The Chair and members of the Guidance Development Group will be required to sign a Conflict of Interest declaration (Appendix 2) and their names and affiliations will be published in the Commissioning Guidance.

4. LITERATURE REVIEW

Relevant literature to support Commissioning Guidance development must be identified using an explicit search strategy including defined inclusion and exclusion criteria. The search strategy is evaluated against consistent methodological standards. The Guidance Development Group will enlist support from professional information specialists to conduct the search for evidence.

The following describes the steps which need to be taken by the information specialist(s) performing the systematic literature search on a guidance topic. These are based on recognised best practice as described in the *NICE Guidelines Manual* and the *Cochrane Handbook for Systematic Reviews of Interventions.*[1]

[1] http://www.cochrane-handbook.org/

Commissioning Guidance Questions

Commissioning Guidance questions will be based around the objectives listed in section one. The Guidance Development Group will define the questions and present these to the information specialist(s), who will perform an initial search in order to identify relevant thesaurus terms and keywords.

Conducting the Literature Search

The search will always be performed across the following databases:

- Cochrane Database of Systematic Reviews – CDSR (Cochrane reviews)
- Database of Abstracts of Reviews of Effects – DARE (other reviews)
- Cochrane Central Register of Controlled Trials – CENTRAL (clinical trials)
- Health Technology Assessment (HTA) database (technology assessments)
- MEDLINE
- EMBASE
- NHS Evidence > Filter > Guidelines
- National Guidelines Clearing House

Further database searches may be added at the request of the Guidance Development Group.

Unless agreed otherwise, the search will use filters to identify the following study types:

- Accredited guidelines
- Systematic reviews
- Randomised controlled trials (to be confirmed at the scoping stage)

Commissioning Guidance is not intended to replace existing clinical guidelines, but these must have been rigorously developed. Ideally existing guidelines should have been produced via a process accredited by NHS Evidence, or be assessed in the Guidance Development Group against AGREE II criteria (www.**agree**trust.org):

If existing clinical guidelines are found to have methodological weaknesses, but are based on a well conducted systematic review, then the evidence base from those guidelines may be used as a starting point for further review by the workshops.

If a systematic search retrieves only a small number of results, the Guidance Development Group will decide whether efforts should be made to identify any relevant grey literature, (eg. conference abstracts). In case of a poor evidence base, the Guidance Development Group may also consider the need to identify additional evidence through the references and index terms of the retrieved articles.

Search Results

The results of the final search will be listed with full citations and abstracts (where available) and details forwarded to the Guidance Development Group for critical appraisal. Initial sifting regarding relevance of the retrieved evidence will be based on the abstracts and the inclusion and exclusion criteria outlined in the original literature review request from the Guidance Development Group. Further critical appraisal will require review of the full text articles by the Guidance Development Group.

Recording the Search

The information specialist(s) will provide details of the systematic literature search including search strategy, databases and dates searched. These details will be kept by the Guidance Development Group and could be added as an appendix to the published guidance document. For reasons of transparency, the Guidance Development Group may also wish to record/add a further appendix listing studies that were considered potentially relevant, but were excluded from main data extraction and the reasons for their exclusion.

Uncertainties

It is likely that in the process of guidance development a number of questions arise that cannot currently be answered reliably through the available evidence. If that is the case, it is in the interest of the wider scientific community to share knowledge about these uncertainties in order to prioritise new research. Any identified uncertainties should be added by the information specialist(s) involved in the guidance development to the *NHS Evidence – UK Database of Uncertainties about the Effects of Treatments (DUETs)*[2]. The Guidance Development Group should report uncertainties to the Sponsoring Organisation.

[2] www.library.nhs.uk/duets/

5. CRITERIA FOR SELECTING EVIDENCE

The evidence relied upon to produce Commissioning Guidance should be graded by the Guidance Development Group according to its strength as follows[3]:

Type of Evidence	Description
1++	High-quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1+	Well-conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias*
2++	High-quality systematic reviews of case–control or cohort studies High-quality case–control or cohort studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal
2+	Well-conducted case–control or cohort studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal
2-	Case–control or cohort studies with a high risk of confounding, bias, or chance and a significant risk that the relationship is not causal
3	Non-analytic studies (for example, case reports, case series)
4	Expert opinion, formal consensus

Note: Studies with a level of evidence '–' should not normally be used as a basis for making a recommendation

Guidance Development Group members will be required to form an opinion that assists the development of realistic, achievable guidance that is relevant to modern practice in the context in which it is intended to be delivered. Inevitably there will be both objective and subjective elements to this grading and the Guidance Development Group will need to achieve a consensus view using a voting system if required.

Critical appraisal checklists can be used to support Guidance Development Groups in defining the strength of evidence to support guidance recommendations as well as defining inclusions/exclusions. Checklists can be downloaded from www.casp-uk.net

Guidance Development Groups will not strictly be obliged to take on board all issues arising from the literature searches, however, they should specify reasons for specific exclusions in the notes of Guidance Development Group meetings/discussions.

[3] SIGN 50 (A guideline developers handbook) www.sign.ac.uk

6. STRUCTURED RECOMMENDATIONS

The Guidance Development Group will decide upon the key recommendations. In agreeing upon recommendations, the Guidance Development Group will need to consider:

- the key questions to be answered
- the volume, quality, consistency and applicability of the evidence available
- the likely impact of the recommendation from a clinical and patient perspective, the population affected, and resource implications
- potential organisational, economic, cultural and political barriers to implementation

Commissioning Guidance should use clear, unambiguous language, clearly defining terms used to ensure shared understanding by all users.

The Guidance contains information specifically for commissioners. It is not intended to provide detailed clinical recommendations, although these may be referred to in the "directory" section. Commissioning Guidance will include the following information (a structured template is provided in Appendix 3):

1. Evidence based, high value, care pathway

A clear description of:

- the population to whom the guidance applies e.g. the age range, gender, clinical description (ICD10) and co-morbidity (ICD10) and any exclusions
- the patient pathway covered by the guidance - what is appropriate, in which situation, and in which patient group, as permitted by the body of evidence
- criteria for referral to specialist, community and/or secondary care
- treatment options
- criteria for investigation and intervention and the procedures involved (OPCS4), particularly where this involves new medical technologies or interventional procedures covered by NICE Guidance
- the configuration of surgical services
- the evidence of benefit in following recommendations

2. Procedures

The Guidance Development Group will describe 3 or 4 interventions linked to the high value care pathway. These must be linked to one or more OPCS4 codes and published in the Hospital Episode Statistics dataset.

3. Quality

The Guidance Development Group will describe 3 or 4 process and outcome measures linked to the high value care pathway. These must be linked to one or more dataset accessible to the NHS Quality Observatories.

4. Levers for Implementation

The Guidance Development Group will describe specific levers to aid implementation of high value care pathways including:

- audit and peer review measures for primary, community and secondary care providers
- quality specifications suitable for inclusion in CQUIN or the quality schedules of contracts

These may be direct levers such as providers meeting certain process or outcome measures/ commissioning a new service, or indirect levers such as the requirement to participate in a National Clinical Audit.

5. Directory

Guidance Development Groups should provide links to:

- patient information and shared decision making tools e.g. NHS Choices, NHS Direct
- clinician facing information e.g. NHS Choices, NHS Evidence, Map of Medicine
- examples of good practice (if available) where all or part of the high value care pathway has been implemented in other healthcare communities e.g. NHS Evidence, QIPP Case Studies

7. BENEFITS AND RISKS

The Guidance Development Group will consider and comment on potential benefits and risks that the population or the NHS might be exposed to when the guidance is implemented. This may include:

- outcome/experience for patients
- safety, effectiveness and efficiency
- equity of access (e.g. for vulnerable groups)
- specific risks to vulnerable groups
- resource implications

8. EXTERNAL PEER REVIEW/ PILOTING

Commissioning Guidance will be subject to formal peer review by at least three independent referees who have had no prior involvement in the guidance development process. Reviewers are appointed by the Sponsoring Organisation and should include one patient, one CCG commissioner and one provider clinician. They will be required to sign a Conflict of Interest declaration (Appendix 2). Peer reviewers are asked to comment specifically on the:

- comprehensiveness and applicability of the guidance
- content and clarity of the guidance and its suitability to different environments
- interpretation of the evidence available to support its recommendations
- likely impact on patient groups affected by the guidance
- likely impact / ability of the health service to implement the recommendations

Draft guidance should be made available on the website of the Sponsoring Organisation for at least 4 weeks, inviting comments from key stakeholders. Comments received from peer reviewers and via the website will be considered by the Guidance Development Group. Each point raised must be addressed and any changes made to the guidance noted.

Prior to publication, in certain circumstances, the Sponsoring Organisation may wish to subject the guidance document to a small-scale pilot phase with typical users to ensure consistency, applicability and cohesiveness. Feedback from the pilot should be incorporated into the final draft of the guidance document, prior to the peer review process.

Once the draft is finalised, each member of the Guidance Development Group will be asked to formally approve the guidance for submission to the Sponsoring Organisation. The Sponsoring Organisation has final sign off of the guidance and will take responsibility for publication, dissemination and communication.

9. DISSEMINATION OF COMMISSIONING GUIDANCE

Commissioning Guidance will be available free of charge and will be published on the websites of the Sponsoring Organisation, the RCSEng and NHS Evidence. The Sponsoring Organisation may engage in various activities to encourage the use of Commissioning Guidance. These may include:

- speaking at relevant conferences or events
- writing articles for journals and newsletters
- supporting workshops and regional events
- working with commissioning support organisations
- encouraging people to submit case studies to NHS Evidence

10. PROCESS FOR UPDATING GUIDANCE

The Sponsoring Organisation will establish a review schedule for all guidance products. This should not normally be longer than 3 years from the date of publication although interim updates within this period may be required at the discretion of the Sponsoring Organisation. Prior to the agreed review date, the Sponsoring Organisation will:

- review the key questions the guidance was designed to answer
- review and where necessary revise the search methodology
- request an update on relevant new evidence and data

- consider any emerging issues such as changes in health service organisation or new technologies and treatment options

Sponsoring Organisations should request feedback from patients, commissioners and providers. There are four possible outcomes from the above review:

- the guidance remains current and a new review date may be set
- some elements of the guidance require review
- the guidance requires a complete review
- the guidance is withdrawn

11. EDITORIAL INDEPENDENCE

The Sponsoring Organisations listed in this process manual are registered charities that will strenuously resist arrangements whereby commercial interests may be seen to influence the development of guidance. All stakeholders in the guidance development and peer processes are required to declare competing interests (see Appendix 2). Any sources of funding received towards the development of Commissioning Guidance will be reported in the published Commissioning Guidance.

Appendix 1

TERMS OF REFERENCE FOR GUIDANCE DEVELOPMENT GROUPS

Title	**Guidance Development Group for [*enter title*]**
Description	A Guidance Development Group appointed by [*enter Sponsoring Organisation*] to develop Commissioning Guidance on [*enter topic*] following the Commissioning Guidance Process Manual.
Functions/ Responsibilities	1. Receive instruction from the Sponsoring Organisation as to the topic(s) for which Commissioning Guidance is required and timescale. 2. Follow the Commissioning Guidance Process Manual for the development of Commissioning Guidance. 3. Identify key questions and work with library and information specialists in determining search terms for evidence review. 4. Identify existing evidence and reach recommendations about the optimum delivery of the given care pathway. 5. Use the Commissioning Guidance template to create commissioning guidance relevant to the topic including metrics and commissioning levers. 6. Prepare a final draft of the Commissioning Guidance and liaise with the Sponsoring Organisation regarding the peer review process. 7. Consider comments from the peer review process and incorporate relevant amendments to the Commissioning Guidance, 8. Submit final draft of the Commissioning Guidance to the Sponsoring Organisation. 9. Report any uncertainties/research questions arising from the guidance development process to the Sponsoring Organisation. 10. Keep accurate records of key decisions, evidence reviews, etc.
Meetings per year	Up to four during the guidance development process. Work may also be conducted via email and teleconference.
Quorum	50% of total membership
Chair	Appointed by the Sponsoring Organisation
Membership	Appointed by the Chair in collaboration with the Sponsoring Organisation

	Ex officio: President of the Sponsoring Organisation
Committee secretary	Name, title, organisation
Reporting to	Executive/Council of the Sponsoring Organisation
Date of approval	tbc

Appendix 2

CONFLICT OF INTEREST DECLARATION

Individuals involved in the development/formal peer review of Commissioning Guidance are asked to complete the declaration below. Note that declaring a conflict of interest does not imply that the individual has been influenced by his or her secondary interest. It is intended to make interests (financial or otherwise) more transparent and to allow others participating in the guidance development process to have knowledge of the interest when considering the individual's contribution.

The impact of Commissioning Guidance may influence the use of pharmaceuticals, equipment and facilities in the NHS. For this reason, this competing interests form must be completed by each individual involved in the Guidance Development Group or as a peer reviewer. The form should be returned to [*enter name of organisation and address/email details}* and a record will be kept for a period of three years.

Full Name: _____

Title/Position: _____

Title of guidance under development/review: _____

1. Have you at any time accepted income or gifts from an organisation which might be perceived in any way to gain or lose from your involvement in the guidance development/review process? (Tick any that apply and add details)

Funds for a member of staff	Yes [Please specify] / No
Fees for consultancy	Yes [Please specify] / No
Funds for research	Yes [Please specify] / No
Fees for speaking at meeting/symposium	Yes [Please specify] / No
Sponsorship for attending a meeting	Yes [Please specify] / No

2. Have you at any time been employed by an organisation which, it may be reasonable to assume, might in any way gain or lose from your involvement in the guidance development/review process?

   Yes [Please specify]

   No

3. Do you hold stocks or shares, patents (planned, pending or issued) or receive royalties from an organisation which, it may be reasonable to assume, might in any way gain or lose from your involvement in the guidance develop/review process

   Yes [Please specify]

   No

4. Do you have any other competing financial interests (including personal partner/close family member interests)?

   Yes [Please specify]

   No

Signature: _____

Date: _____

Appendix 3

TEMPLATE FOR COMMISSIONING GUIDANCE

COMMISSIONING GUIDE FOR [GUIDE TITLE]

[SSA Logo(s)/RCSEng logo]

Sponsoring Organisation:

Date of Evidence Search:

Date of publication:

Date of Review:

INTRODUCTION

Commissioning Guidance aims to improve the health and wellbeing of people and communities, support local service redesign to ensure the provision of high quality, cost-effective services that meet the needs of the local population and take into account patient experience. They are a resource to assist commissioners, clinicians and managers deliver high quality and evidence based healthcare across England.

High value care pathways provide patients and the public, health and social care professionals, commissioners and service providers with a clear description of what constitutes a high quality service. Organisations can use the guidance, along with the Procedures Explorer and Quality Dashboards to assess their current performance against evidence-based measures of best practice, and identify priorities for improvement. Audit and peer review measures support the implementation of the recommendations through commissioning and the contracting process. Commissioning Guidance gives examples of measures that can be used in the service specification and how commissioners can incentivise provider performance by using the indicators in association with incentive payments such as Commissioning for Quality and Innovation (CQUIN).

Implementation of the guidance is the responsibility of local commissioners and/or providers, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of access. Nothing in the guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

We are keen to improve Commissioning Guidance in order to better meet the needs of commissioners. Please send us your comments and ideas for future topics.

email: contact @ sponsoring organisation

www.[sponsoring organisation]

1. HIGH VALUE CARE PATHWAY FOR [GUIDE TITLE]

The following should be considered when describing high value care pathways:

1. Introduction
    - brief description of the condition
    - headline epidemiology and why this makes it a commissioning priority
    - current practice, and why there is scope for change
    - headline cost-benefits of commissioning the service

2. Population to whom the guidance applies e.g. the age range, gender, clinical description (ICD10) and co-morbidity (ICD10) and any exclusions

3. Clear and precise description of what is appropriate, in which situation, and in which patient group, as permitted by the body of evidence

4. Criteria for referral to specialist, community and/or secondary care

5. Criteria for investigation and intervention and the procedures involved (OPCS4), particularly where this involves new medical technologies or interventional procedures covered by NICE Guidance

6. The configuration of surgical services

7. Access to treatment/ response times: based on need and expected outcome

8. Discharge from services: including aftercare and communication with other teams

9. Interface/ Integration: with local services, use of third sector

10. Service Location: home, community and secondary care

11. Staff: staffing levels, minimum band or levels of experience and competency and expected skill mix

12. Impact: on admissions to A&E, inpatient hospital care and length of stay in hospital, other services

13. Cost: likely cost of new or additional services, potential cost savings

2. PROCEDURES EXPLORER FOR [GUIDE TITLE]

The Procedures Explorer offers clinicians and commissioners an opportunity to identify variation and take action to reduce "variation in the use of health care services that cannot be explained by variation in patient illness or patient preferences" (Wennberg 2011)

The Procedures Explorer for [guide title] describes variation in:

Procedure	OPCS4 codes	Exclusions

3. QUALITY DASHBOARD FOR [GUIDE TITLE]

The Quality Dashboard aims to support commissioners and providers in delivering services which meet the aims and ambitions of the NHS Outcomes Framework:

The Quality Dashboard for [guide title] describes:

Measure	Evidence Base	Data Source*

* includes HES, National Clinical Audits, Registries

4. LEVERS FOR IMPLEMENTATION

Levers for Implementation are tools for commissioners and providers to aid implementation of high value care pathways.

4.1 Audit and Peer Review Measures

Standard	Description	Data Specification (if required)

'Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.' (HQIP 2011)

Peer Review is a quality assurance programme for health services. The programme may involve both self-assessment by provider teams and external reviews of teams conducted by professional peers, against nationally agreed "quality measures". Peer Review aims to improve care for people and their families by:

- ensuring services are as safe as possible;
- improving the quality and effectiveness of care;
- improving the patient and carer experience;
- undertaking independent, fair reviews of services;
- providing development and learning for all involved;
- encouraging the dissemination of good practice.

(adapted from National Cancer Action Team, 2012)

4.2 Quality Specification/ CQUIN

Measure	Description	Data Specification (if required)
1		
2		
3		
4		

'The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.' 'The framework has been developed with those working in the NHS, to help produce a system which actively encourages organisations to focus on quality improvement and innovation in commissioning discussions and so to stretch themselves, improve quality for patients and innovate.' (DH 2008)

5. DIRECTORY

5.1 Patient Information for [guide title]

Links to patient information and shared decision making tools

Name	Publisher	Link

5.2 Clinician Information for [guide title]

Links to clinical guidelines, decision support tools

Name	Publisher	Link

5.3 NHS Evidence Case Studies for [guide title]

Links to examples of good practice

Name	Publisher	Link

6. BENEFITS AND RISKS

Consideration	Benefit	Risk
Patient outcome		
Patient safety		
Patient experience		
Equity of Access		
Resource impact		

7. FURTHER INFORMATION

7.1 Research Recommendations

7.2 Other recommendations

7.3 Evidence Base

7.4 Guideline Development Group for [guide title]

A commissioning guidance development group was established to review and advise on the content of the commissioning guide. This group met [*frequency*], with additional interaction taking place via email.

Name	Job Title	Affiliation