

Specialised Services
Commissioning Innovation
Fund

SSCIF User Guide:
Completing the Step 1: Self-
Assessment Form



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Specialised Services Commissioning Innovation Fund

SSCIF User Guide: Completing the Step 1 Self-Assessment Form

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Prepared by Medical Directorate, NHS England

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About this document

1. This document is a guide for those interested in making a Step 1 submission to the 2013/14 NHS England Specialised Services Commissioning Innovation Fund (SSCIF).
2. If you require general background information about the SSCIF, you can find that in the following documents which are published on the NHS England website. They include:
 - About the SSCIF
 - SSCIF Frequently Asked Questions
3. Please see the SSCIF webpage www.england.nhs.uk/resources/spec-comm-resources/sscif for more information.

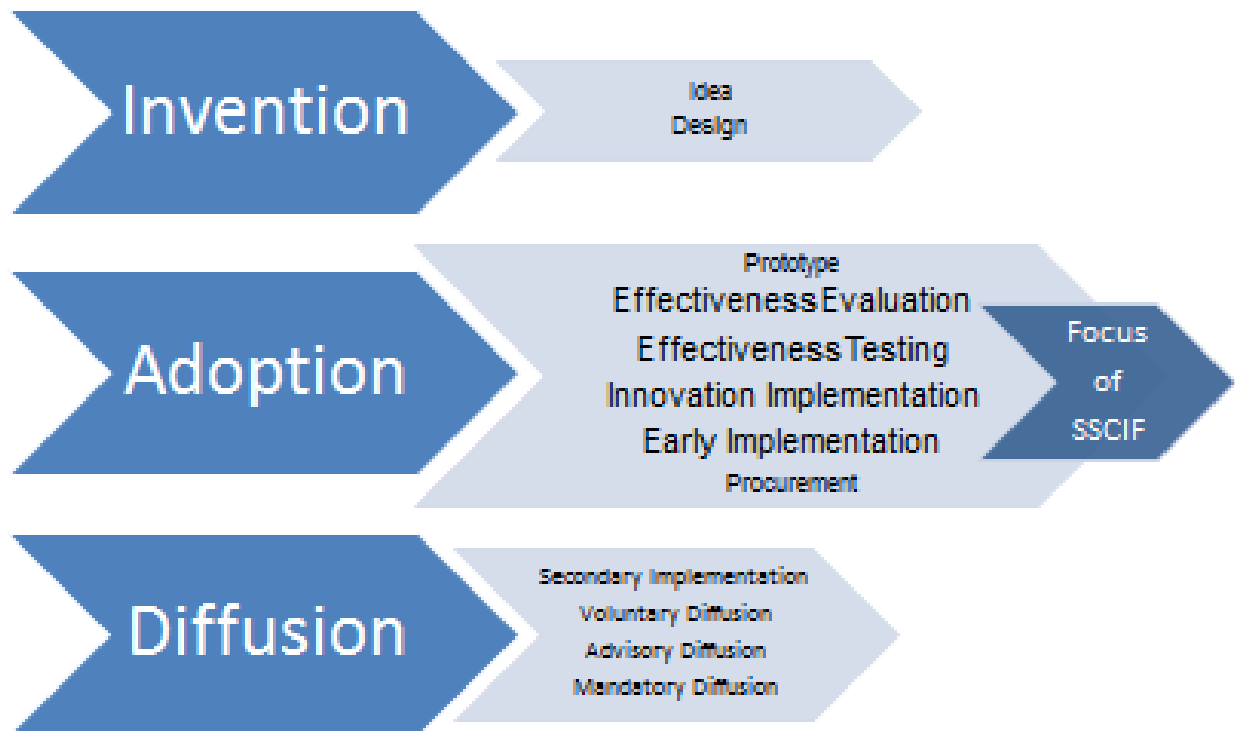
Background to the creation of the SSCIF Programme

4. Following the publication of the Government's Plan for Growth report in March 2011, the Department of Health (DH) carried out a consultation exercise on how to drive up quality in the NHS through innovation. Its response, 'Innovation Health and Wealth (IHW), accelerating adoption and diffusion in the NHS' was published in December 2011. This included a recommendation for NHS England (then called the NHS Commissioning Board) to create a Specialised Services Commissioning Innovation Fund, (SSCIF) Programme.
5. Further information about the SSCIF Programme can be found at www.england.nhs.uk/resources/spec-comm-resources/sscif/ where you find 'About the SSCIF' and a set of frequently asked questions.

About the SSCIF Programme

6. The purpose of the SSCIF Programme is to support evaluation projects linked to innovations which are already in the adoption phase of the innovation pipeline, not those in the earlier (invention) or later (diffusion) phases. There are other funds and support mechanisms to support innovators and invention at these points.
7. Shown below in Figure 1: are the four steps in the adoption section of the 'End to End Innovation Pipeline' that the SSCIF Programme will fund. These are: effectiveness evaluation, effectiveness testing, innovation implementation and early implementation.

Figure 1: End to End Innovation Pipeline



8. The SSCIF Programme will fund projects to generate new information, evidence and data on the impact of innovations, including improvements in quality and outcomes for patients and service users, and/or efficiency or reduced NHS activity levels
9. SSCIF evaluation projects will be rapid, typically between six to 18 months in duration.
10. The services that will be covered are the 143 prescribed specialised services directly commissioned by NHS England. These services are commissioned on a national basis by NHS England, using single, national service specifications to set out exactly what is required from service providers in terms of standards and quality of patient care. The commissioning of these services is clinically-led, through a system of Programmes of Care and Clinical Reference Groups (CRGs). The contracting of services is led at a local level by 10 of the 27 NHS

England area teams. For further information about the prescribed services, please go to www.england.nhs.uk/resources/spec-comm-resources/npc-crg/

11. The outcomes of the evaluation projects will be used by NHS England commissioners to make more informed commissioning decisions, resulting in new commissioning policies or service specifications.
12. There is likely to be more interest in the fund than resources available, therefore any submissions which include funds from partners, and/or other organisations, will enable the SSCIF Programme monies to be allocated across more projects. No preference will be given to submissions with matched funding.
13. The decision of the assessors is final.
14. No undue pressure or influence is to be exerted on assessors or the SSCIF Programme Administration Team.
15. The person who completes the Step 1: Self-Assessment Form will be known as the Lead Applicant and will be the main point of contact throughout the submission process.
16. There is a requirement to identify a practising clinician who will be known as the Lead Healthcare Practitioner (LHP) who will sponsor the submission, lead the delivery of the project, including service delivery, as well as the evaluation of the impact of the innovation.
17. The practising LHP's organisation will be responsible for the delivery of the SSCIF evaluation project and for ensuring oversight of service delivery and financial management of the project on an operational basis. This organisation will be known as the Applicant Organisation.
18. It is expected that patients, service users and carers will be engaged in the development, delivery and evaluation of submissions to the SSCIF, and in SSCIF evaluation projects, to ensure that there is an understanding of the innovation's impact on the patient's experience and to enable feedback on ensuring an optimum care experience.
19. Where information resulting from a research study or similar activity is submitted in support of an application to the SSCIF, the study must have been approved and conducted in accordance with formally established research governance arrangements. This would also apply to information used in the

adoption phase, should the application be successful. Confirmation of research ethics approvals must accompany the application. Data that could identify a patient either directly or indirectly must not be submitted.

Equality and Diversity

20. Due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, has been given throughout the development of the policies and processes cited in this document.
21. Applicants are asked to give due regard and robust consideration to equality in the development and implementation of their innovation submissions and in their projects, if awarded funding, ensuring that people with protected characteristics or those that find it hard to access services which are provided in a traditional way, are not discriminated against.
22. The SSCIF Programme supports the delivery of the NHS Outcomes Framework 2013/14 in those circumstances where a SSCIF evaluation project, which secures investment, sits within one of the five domains which focus on improving health and reducing health inequalities:
 - 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

The scope of the SSCIF

23. The scope of innovations that will be considered by the SSCIF Programme is broad including innovative service models, pathways, workforce and team approaches, technologies, products, medicines, interventions, devices and diagnostics with the potential to deliver high impact changes in prescribed specialised services directly commissioned by NHS England.
24. The SSCIF Programme is for:

- innovations that fall within the direct specialised commissioning responsibilities of NHS England or are applied in a novel way to these prescribed services; and
- innovations that have shown promise of delivering an improvement in the quality or cost of service delivery.

Funding Available

25. There is up to £50 million available as a non-recurrent fund for SSCIF evaluation projects in 2013/14. This cost is to cover the evaluation and administration costs for the fund and all project costs to be incurred in 2014/15 and 2015/16 for the projects approved in this first round of the SSCIF Programme.
26. Baseline service costs relating to the pathway of care or treatment programme to which the innovation is being applied will not be met by the SSCIF, as these are covered by existing NHS England contracts. Similarly, overheads for NHS Trusts or NHS Foundation Trusts cannot be included in the evaluation costs as these are already funded via existing NHS funding arrangements. The SSCIF will therefore only fund genuinely additional treatment costs associated with the innovation, and evaluation costs.
27. Partners to submissions may be able to part-fund submissions.
28. A range of submissions for small or larger amounts of funding are welcomed, with the smaller amounts starting from £5,000 and the higher end up to a maximum of 25% of the fund value.
29. Where partnership submissions are received, and the partners are non-NHS organisations with access to significant in-house funding and resources, it is envisaged that submissions will not include costs to pay for such support and the appropriateness of the support requested will be considered as part of the Step 3: table top assessment process

Who can apply to the SSCIF Programme?

30. At Step 1 and Step 2 in the three-step submission process, anyone can apply to the SSCIF Programme, including the voluntary sector; NHS Trust/NHS Foundation Trust or non-NHS provider staff, commissioners, managers and multi-professional clinicians of all levels; industry, and independent sector providers.

31. Submissions can be developed in partnership with one or more of the above organisations.

What to be aware of in planning a submission to the SSCIF

32. Successful SSCIF submissions at Steps 2 and 3 of the SSCIF are likely to demonstrate a clear understanding of the following areas and include plans to put these in place if the submission is successful in being awarded funding:

Table 1: What to be aware of in planning a submission to the SSCIF		
1	Lead clinician identified in a NHS Trust/NHS Foundation Trust or non-NHS provider	A practising Lead Healthcare Practitioner (LHP) to act as clinical lead. The LHP will be responsible for clinical sponsorship of the submission; oversight of the delivery of the service involving the use of the innovation, and the parallel evaluation of the impact of the innovation.
2	Executive Director Sponsorship	<p>Identified Executive Director leads in each partner organisation. This will be somebody who will drive the delivery of the projects, negotiating any potential hurdles should they arise. They will approve the proposed submission to ensure compliance with organisational costing and approvals processes before the submission is made.</p> <p>In an NHS organisation this will ideally be the: Chief Executive, or Medical Director, or Director of Nursing, or Director of Finance/Accounting Officer.</p> <p>In a non-NHS organisation, this role will be that of the Managing Director.</p> <p>Approval will be needed from the Executive Director lead in the case of a conditional offer being made by the Step 4 Fund Decision Panel. The Executive Director lead will be responsible for approving the Service Level Agreement that will be included</p>

		in the SSCIF Standard Operating Procedure, thereby adhering to the terms and conditions of the SSCIF Programme.
3	Support from operational level experts in the provider trust(s)	Support from business managers, plus the finance and information team in the LHP's organisation will be required to ensure the accuracy of the finances and service activity information to be included in the submission at Steps 2 and 3, and that the accuracy of these is agreed and authorised internally before the submission is made.
4	Governance	Clear governance processes supporting the running of the project, underpinned by timely and accurate data on activity and outcomes so that there is a clear picture of progress which can be reviewed by the Executive Sponsor and the project team.
5	An understanding of the patient/service user's journey	<p>A clear picture of the patient's journey currently, particularly the flow from GP referral to care and back home, and how it will be improved or different as a result of using the innovation.</p> <p>Clarity about how many patients can realistically be included in the service to be provided as part of the project during the timeframe it covers, across the single or multiple provider units covered by the project.</p> <p>Clarity about how many patients will benefit during the project for the population to be covered and how many would benefit nationally if the use of the innovation was rolled out across all appropriate providers.</p>
6	The potential benefits of the innovation	A clear understanding of the promise and benefits of the innovation over what is currently in use in the NHS, underpinned by supporting data and evidence.
7	The right skills and experience in the project team	Recruitment plan for an experienced project team which will have all of the necessary skills to agree actions, including service delivery; evaluating the impact of the innovation on the service and the patient/service user; ensuring appropriate data collection and production of monitoring reports.
8	Data	<p>Clarity of the key data and data sets to be captured to measure the impact of the innovation, and clarity as to whether this is already automatically collected or will need to be manually captured by the project team.</p> <p>As the SSCIF Programme is primarily aimed at providing information for commissioners, submissions will need to specify</p>

		<p>the key commissioning performance indicators (KPIs) that the innovations will impact upon to inform the commissioning decision.</p> <p>Key Performance Indicators (KPIs) can include at least one of the metrics in Table 2 below and preferably a bundle of these.</p>
9	Finance and activity	The costs of the project will be required at Step 2 and Step 3, with as detailed an outline of the costs at Step 2 and an excel spreadsheet to be completed at Step 3, on which the service activity is to be included.
10	Intellectual Property	<p>Clarity as to whether any background intellectual property rights for the innovation are already in place, and if not, a clear plan for ensuring this is secured for the relevant parties.</p> <p>All of the rights, title and interest in or to any information, data, reports, documents, procedures, forecasts, technology, Know-How and any other Intellectual Property Rights whatsoever owned by either NHS England or the LHP before the commencement date of the project shall remain the property of that party.</p>
11	Public and Patient Engagement	Patient and public engagement should be a key part of the design, delivery and evaluation of the impact of the innovation on outcomes and the patient/service user's experience of the care journey. This should be evidenced.
12	Freedom of Information	<p>The Freedom of Information Act gives the right to the general public/interested parties to ask public authorities for information they hold in relation to a specific issue.</p> <p>NHS England will comply fully with the obligations placed upon it by the Freedom of Information Act (FOIA) and to ensure that the service it provides for those wishing to gain access to information is simple, efficient, and effective. Any queries relating to the Specialised Services Commissioning Innovation Fund will be managed by the NHS England FOIA team at Tel: 0300 3 11 22 33, Email: england.contactus@nhs.net . Address: NHS England, PO Box 16738, Redditch, B97 9PT.</p> <p>Lead Applicants of submissions will need to make themselves familiar with the Freedom of Information Act, accessed via the Information Commissioner's website www.ico.gov.uk to view the basis for any exemptions they feel apply to any requests for information from the public under the FOIA.</p>

13	Equality and Diversity	<p>Equality and diversity are at the heart of the NHS strategy.</p> <p>Due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, has been given throughout the development of the policies and processes cited in this document.</p> <p>Applicants to the SSCIF Programme will be asked to have due regard and give robust consideration to equality in the development and implementation of their innovation submissions and in their projects if awarded funding, ensuring that people with protected characteristics or those that find it hard to access services which are provided in a traditional way, are not discriminated against.</p> <p>Those administering the SSCIF will also need to have due regard to equality in the assessment and prioritisation processes. In addition, assessments will include both the potential cost effectiveness of innovations and their potential impact on reducing health inequalities in access to and outcomes from health services.</p>
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Table 2: SSCIF project metrics

Key Performance Indicator:	Description
Quality of care	Appropriate to the service area
Outcomes of care	Appropriate to the service area
Activity	Length of stay, admissions, readmission rates, accident and emergency admission rates, emergency admission rates,
Cost	Impact on running costs such as in number of cases, revenue or capital costs.
Patient Reported Outcome Measures	Family and Friends test PROMS, qualitative comments and surveys, specialty specific evaluation measures.

What are the SSCIF Programme submission and assessment processes?

33. There are four steps in the submission process.

- Step 1: Self-assessment form
- Step 2: Qualifying submission form
- Step 3: Detailed submission form
- Face to face meeting with the Step 4: Fund Decision Panel

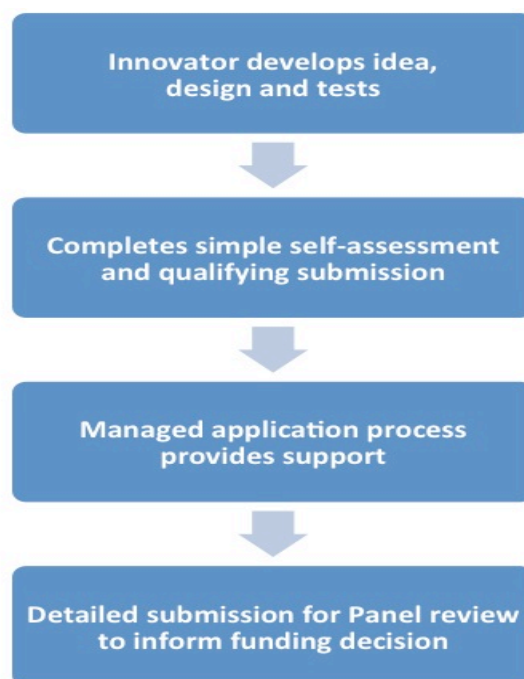
34. This document addresses Step 1 of the process only:

Table 3: Guide to Step 1 submission and assessment process

<p>Step 1 – Making a submission</p>	<p>The Step 1: Self-Assessment Form is a one-page online checklist to be completed by the Lead Applicant to confirm that their innovation fits within the specialised services commissioning portfolio; that there is enough information to answer the questions in the next steps of the submission process; and that the innovation relates to a specialised service and meets the SSCIF Programme entry criteria.</p> <p>In order to access the online self-assessment form, go to www.england.nhs.uk/resources/spec-comm-resources/sscif where you will find a second link to the CIMIT CoLab® web platform where you can register to be a user on the system. The Step 1 form can be located once you have completed registration.</p>
<p>Step 1 - Submission and assessment process</p>	<p>If the Lead Applicant is able to answer yes to all of the questions in Step 1, the online system will indicate that their submission has been successful and will indicate this to the SSCIF Programme Administration Team who will send the Lead Applicant an email with information about the next step including the submission forms to complete.</p> <p>If the Lead Applicant is not able to answer yes to all of the questions on the on-line Step 1: Self-assessment form, the submission will automatically be rejected by the online system. If this happens, the innovator may wish to contact their organisation’s lead Director with responsibility for innovation who may be able to advise on those issues that need to be addressed</p>

	<p>in order to complete a successful submission.</p> <p>Alternatively, it may be that completing the self-assessment form will demonstrate to the Lead Applicant that the innovation is not suitable for consideration or investment by the SSCIF Programme and other sources of support should be explored.</p>
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Figure 2: SSCIF Programme Submission Process for Lead Applicants



What are the SSCIF entry criteria?

35. The SSCIF Programme entry criteria are as follows:

- The target service or patient group should be within the list of those prescribed as falling within the direct specialised commissioning responsibilities of NHS England. It is recognised that some innovations may go on to have wider use across the NHS.
- Innovations should offer the promise of either addressing an unmet clinical need, or substantial benefits over and above existing treatments in terms of patient outcomes and/or service efficiency.
- If the innovation is a product, it should have the relevant marketing authorisation or approval by a competent authority such as the 'CE mark' which is the manufacturer's declaration that the product meets the

requirements of the applicable European Commission directives for medical devices and the Medicines and Healthcare Products Regulatory Agency.

- The quality and cost impacts in patient care that the innovation affects and the specific process steps impacted upon must be clearly defined.
- There is sufficient evidence of the benefits of the innovation to justify investment in an evaluation project to gather additional data through managed use in a healthcare provider setting.
- There is insufficient evidence at the time of submission to enable a substantive commissioning decision or to allow evaluation by bodies such as the National Institute for Health and Care Effectiveness (NICE) or through other highly specialised processes to support a commissioning decision independent of the SSCIF. The SSCIF should not be seen as providing a 'second chance' where commissioning decisions have already been determined.
- The prospect of funding from the SSCIF will significantly increase the likelihood of generating sufficient information for commissioners to make a decision about whether the innovation should be used in the NHS, which would be unlikely with the current lack of evidence.
- There is sufficient likelihood that the innovation could be diffused through the NHS, at a cost proportional to its benefit, if the results from the evaluation project were successful.
- Providers have determined a robust mechanism to ensure that any additional costs associated with the innovation can be charged to other commissioners / funders, where the responsibility for an individual patient does not sit with NHS England.

Contact us

Contact details for the SSCIF Programme Administration Team are as follows:
england.sscif@nhs.net.

Appendix 1: List of NHS England specialised services Clinical Reference Groups (CRG) by Programme of Care

CRG ID	CRG Name	CRG Code
Programme of Care: Internal Medicine		
A1	Cystic Fibrosis	CFS
A2	Hepatobiliary and Pancreas	HPB
A3	Specialised Endocrinology	EDO
A4	Vascular Disease	VAS
A5	Severe and Complex Obesity	MOS
A6	Renal Dialysis	RDI
A7	Renal Transplant	RTR
A8	Specialised Colorectal Services	SCS
A9	Complex Invasive Cardiology	CIC
A10	Cardiac Surgery	CSY
A11	Pulmonary Hypertension	PHN
A12	Specialised Dermatology	DMT
A13	Specialised Rheumatology	RHU
A14	Specialised Respiratory	RSP
A15	Interventional Radiology	IRY
A16	Specialised Imaging	SIG
A17	Specialised Diabetes	SDM
A18	Heart & Lung Transplantation	HLT
Programme of Care: Cancer and Blood		
B1	Radiotherapy	RTY
B2	PET-CT	PET
B3	Specialised Cancer	SCR
B4	Blood & Marrow Transplantation	BMT

B5	Haemophilia and other bleeding disorders	HPA
B6	HIV	HIV
B7	Infectious Diseases	INF
B8	Haemoglobinopathies	HAS
B9	Specialised Immunology and Allergy Services	IMM
B10	Thoracic Surgery	TSY
B11	Upper GI Surgery	UGI
B12	Sarcoma	SCA
B13	CNS Tumours	CNS
B14	Specialised Urology	URO
B15	Chemotherapy	CTY
B16	Complex Head & Neck	HAN
B17	Teenage and Young Cancer	TYA
Programme of Care: Mental Health		
C1	Specialised Services for Eating Disorders	EDS
C2	High and Medium Secure Mental Health	HSM
C3	Low Secure Mental Health	LSM
C4	Specialised Mental Health Services for the Deaf	MSD
C5	Gender Identity Services	GIS
C6	Perinatal Mental Health	PMH
C7	Tier 4 Child & Adolescent Mental Health Services	CAM
C8	Tier 4 Severe Personality Disorder Services (adults)	SPD
C9	Mental Health Specialised	MHS
C10	Forensic Pathway Group	FSG
C11	CAMHS Secure*	CSM
Programme of Care: Trauma		
D1	Complex Disability Equipment	CDE

D2	Brain Injury & Complex Rehabilitation	BIR
D3	Adult Neurosurgery	NSY
D4	Neurosciences	NSC
D5	Stereotactic Radiosurgery	SRS
D6	Burn Care	BCS
D7	Cleft Lip & Palate	CLP
D8	Specialised Pain	SPS
D9	Specialised Ear Surgery	SES
D10	Specialised Orthopaedic Services	SOS
D11	Hyperbaric Oxygen Therapy	HBO
D12	Specialised Ophthalmology Services	OPS
D13	Spinal Cord Injury	SCI
D14	Complex Spinal Surgery	CSS
D15	Major Trauma	MTS
D16	Adult Critical Care	ACC
Programme of Care: Women and Children		
E1	Medical Genetics	MGS
E2	Paediatric Surgery	PSS
E3	Paediatric Medicine	PMS
E4	Paediatric Cancer Services	PCS
E5	Congenital Heart Services (Paediatric Cardiac Services)	PCA
E6	Metabolic disorders	IMD
E7	Paediatric Intensive Care	PIC
E8	Neonatal Critical Care	NIC
E9	Paediatric Neurosciences	PNS
E10	Complex Gynaecological Services	CGS
E11	Specialised Maternity Services	SMS

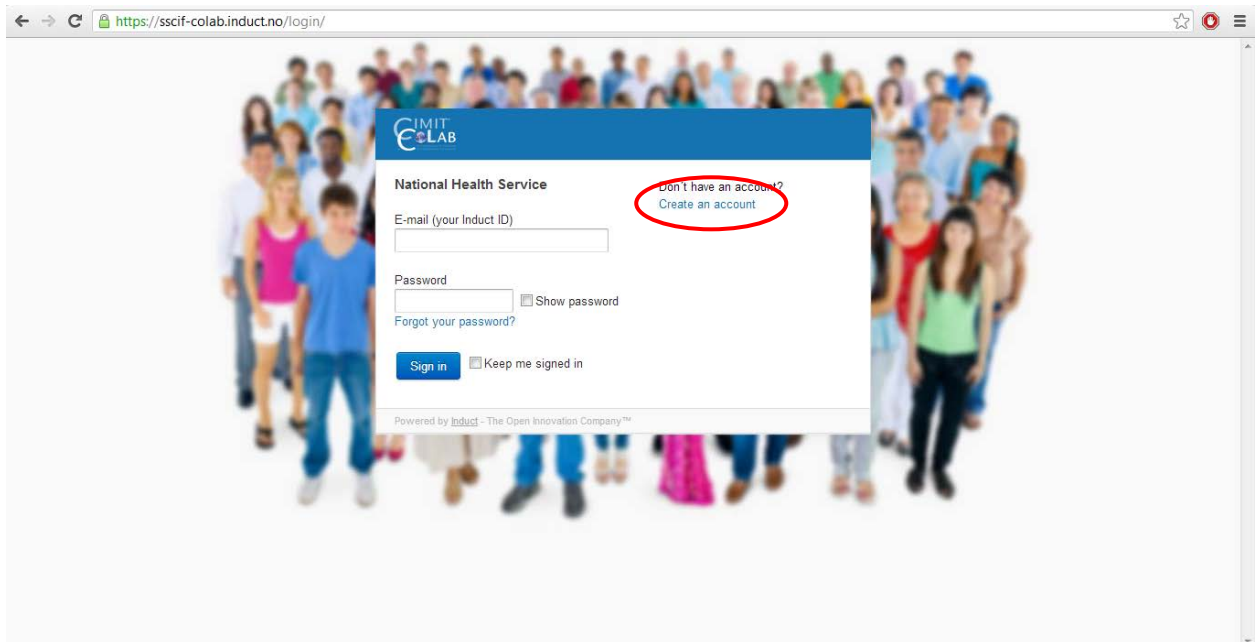
E12	Fetal Medicine	FMS
E13	Multi-System Disorder	MSD

Appendix 2: Using the SSCIF to CIMIT CoLab® Web Platform

Please follow the instructions below to:

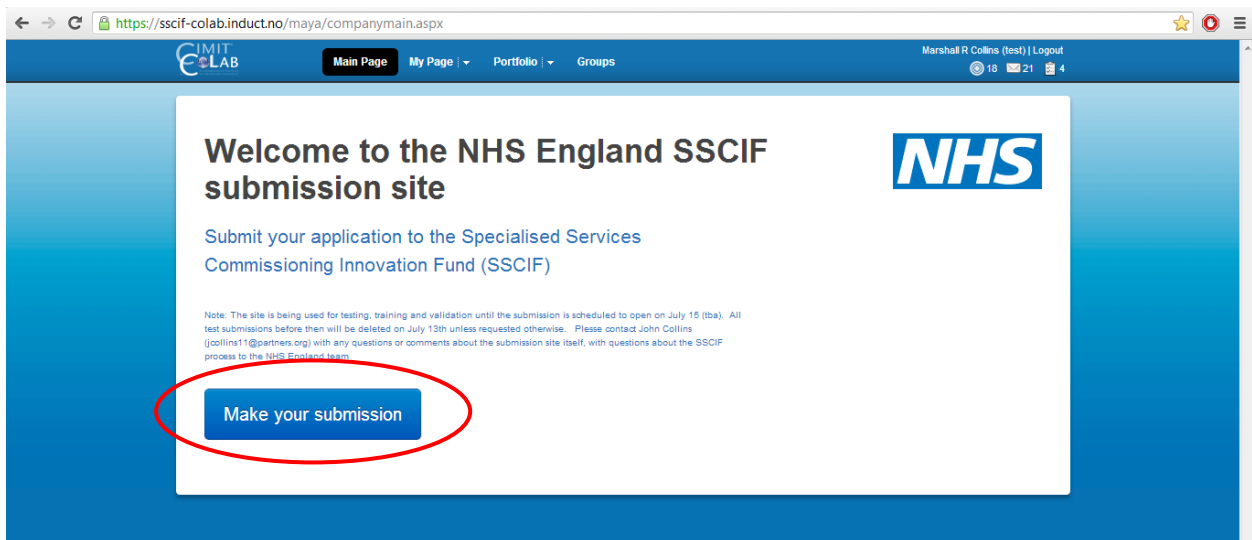
- Create an account
- Make your Step 1: Self-Assessment submission
- Save your submission
- Submit your submission

Login Page-

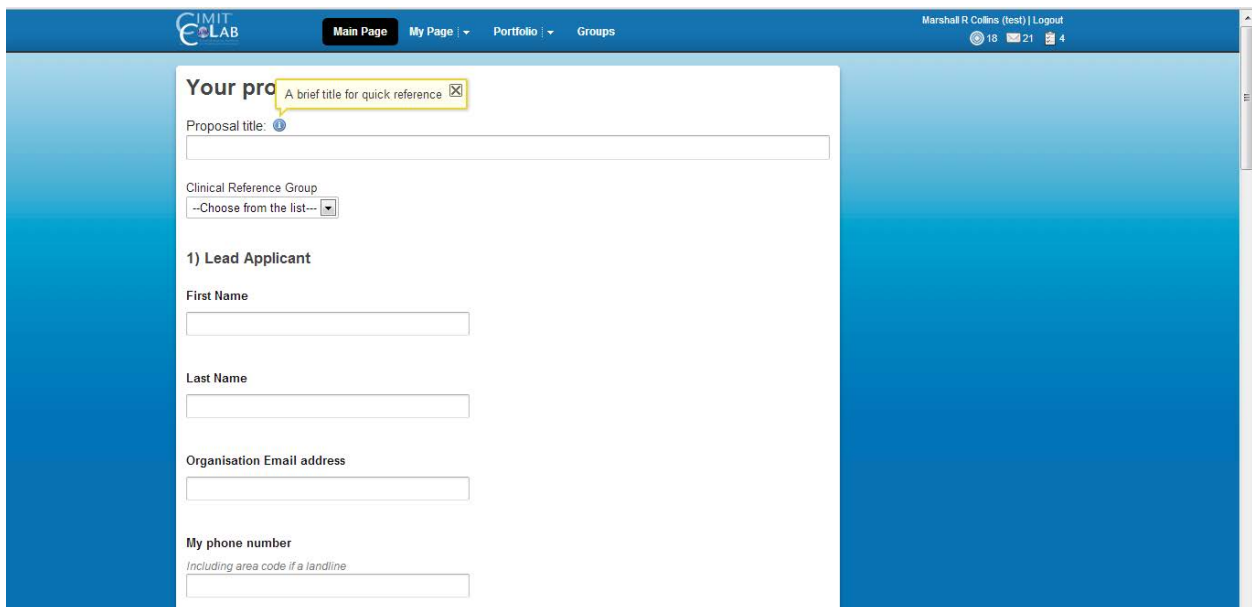


If you already registered in the system, you may do so here; if you need to register, click on the “create an account” link where you can provide your name and email to gain access.

Main Page- After logging in, you will be brought to the SSCIF main page below



You may begin your submission by clicking the blue button to start the process, where you will be taken to the following page:



(more questions in-between not shown here)

<https://sscif-colab.induct.no/pages/submit.aspx?type=Proposal&it=2094>

I understand that the practicing Lead Healthcare Practitioner and I will be required to assemble an appropriate project team with the skills and experience to deliver the service in a healthcare service setting and evaluate its impact.
 Yes

4.3 Governance and Monitoring
 I will be able to set out the proposed governance and monitoring arrangements for the project.
 Yes

4.4 Partners
 If there are partners to this submission, they have agreed to participate in the project and support its delivery.
 Yes No Does not apply

5) Agreement to terms and conditions

5.1 Final Decision
 I accept that the views of the assessors and Fund Decision Panel are final
 Yes

5.2 Inform NICE
 I am happy for you to forward details of this submission to colleagues at NICE for information.
 Yes No

Please Note
 All of the above questions must be answered with one of the available responses as requirement to pass the self-assessment and move to complete the Step 2: Qualifying Submission Form.

After all the fields are complete, you may click “save” which will create an online workspace for you to begin working on the step 2 submission form (shown below).

https://sscif-colab.induct.no/Pages/IdeaPage.aspx?query=ap1Oggg4VG0fAKDxQ1IEzY-IHBul2BFArFjI06013Cu-8baWBCSyNi_RR-InfCiL0#/tabWorkspace

MIT COLAB Main Page My Page Portfolio Groups Marshall R Collins (test) | Logout

test Current stage: Step 2 Qualifying Submission Form
 Proposal - SSCIF SSCIF-COLAB-1147

Marshall R Collins (test) 13:09:09 Owner (1 member) Following (0 followers)
 Help out, get access to documents and tasks Get notified when something happens Show your appreciation

Overview Tasks (1) Documents Team Process Scorecard Log Settings

This document belongs to the task
 Complete Step 2 Web Submission Form Marshall R Collins (test) - Not solved

Step 2 Qualifying Submission
 Revision: 0 (11 July 2013) Export this page to pdf

SPECIALISED SERVICES COMMISSIONING INNOVATION FUND STEP 2: QUALIFYING SUBMISSION FORM

NOTE: Each section is saved individually - so you can exit after closing each section and all your work is saved
 Also- questions 1-2 will be prepopulated, therefore this submission form starts with question 3

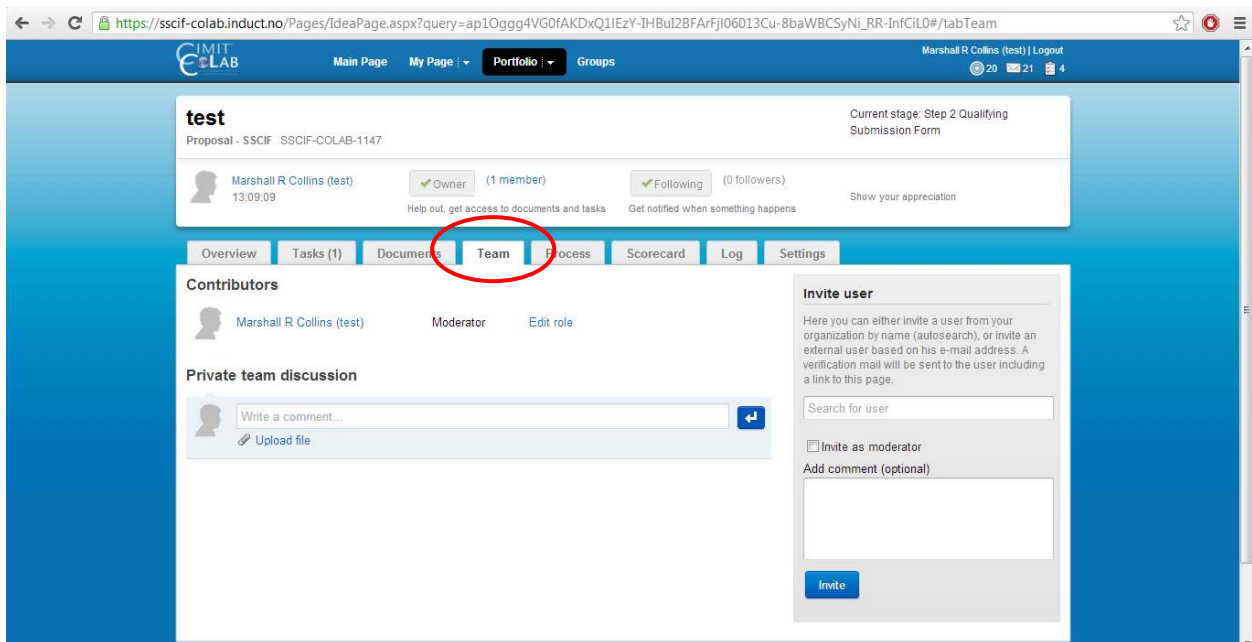
3) Partnerships

3.1 If this submission is made in partnership with other organisations, please list the partners including contact names, email addresses and name of organisations. Indicate "None" if no other partners are involved (2000 characters maximum)

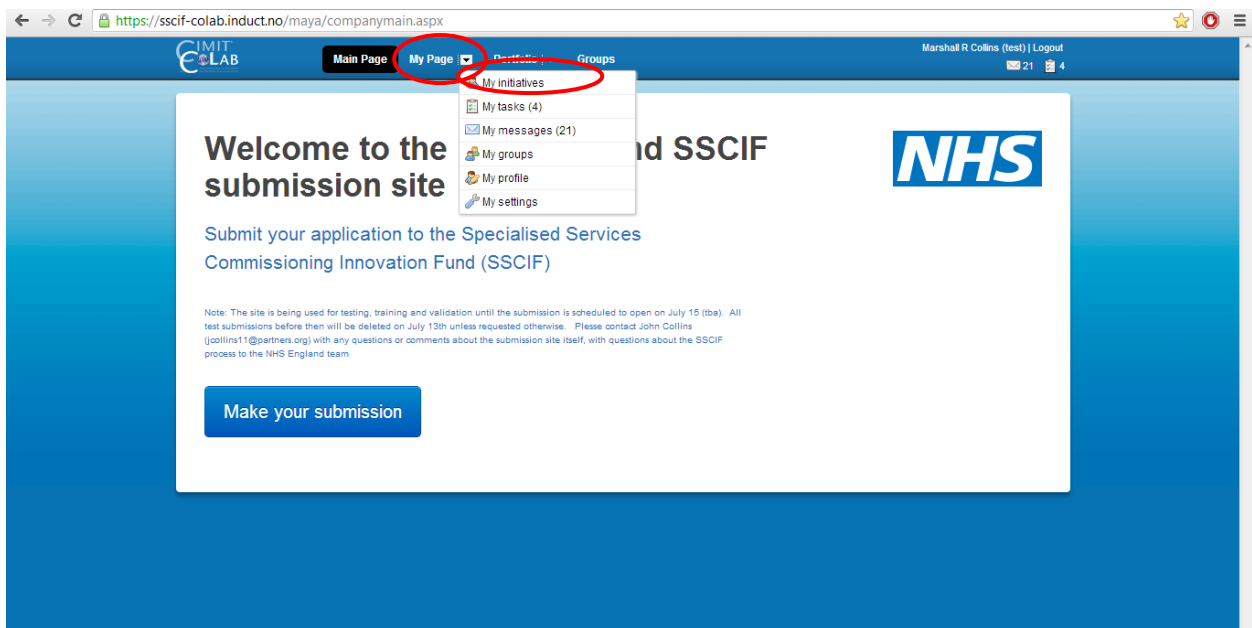
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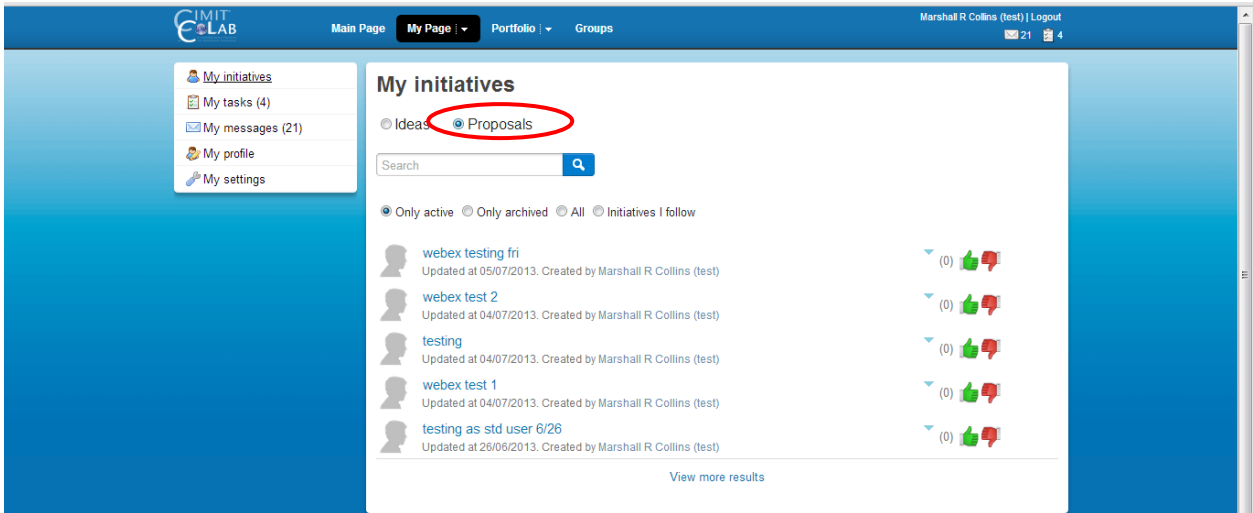
Create new web document
 Upload file
 Step 2 Qualifying Submission
 Document overview
 Step 1 Submit

There is also the ability to add team members to the proposal (red circle) by entering their email in the “invite user” section after you click on that tab.



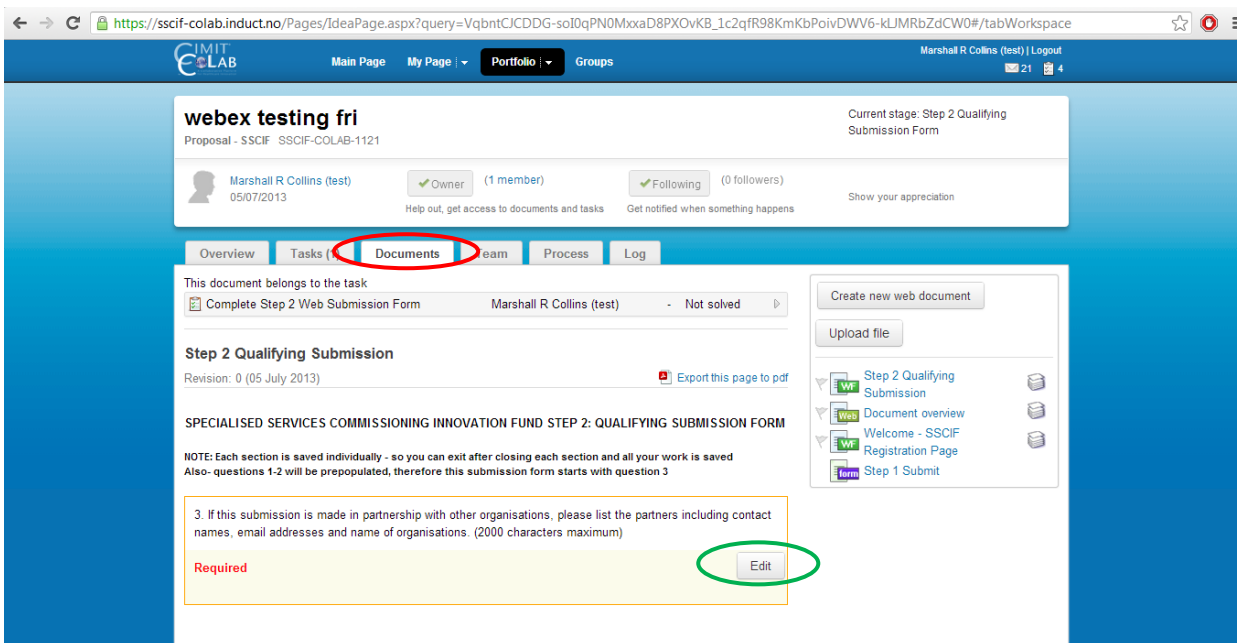
You can also exit out of the browser and log back in to return to work at a later time. You will be able to go back to your proposal by going to the “my page” tab, and “my initiatives” (below).





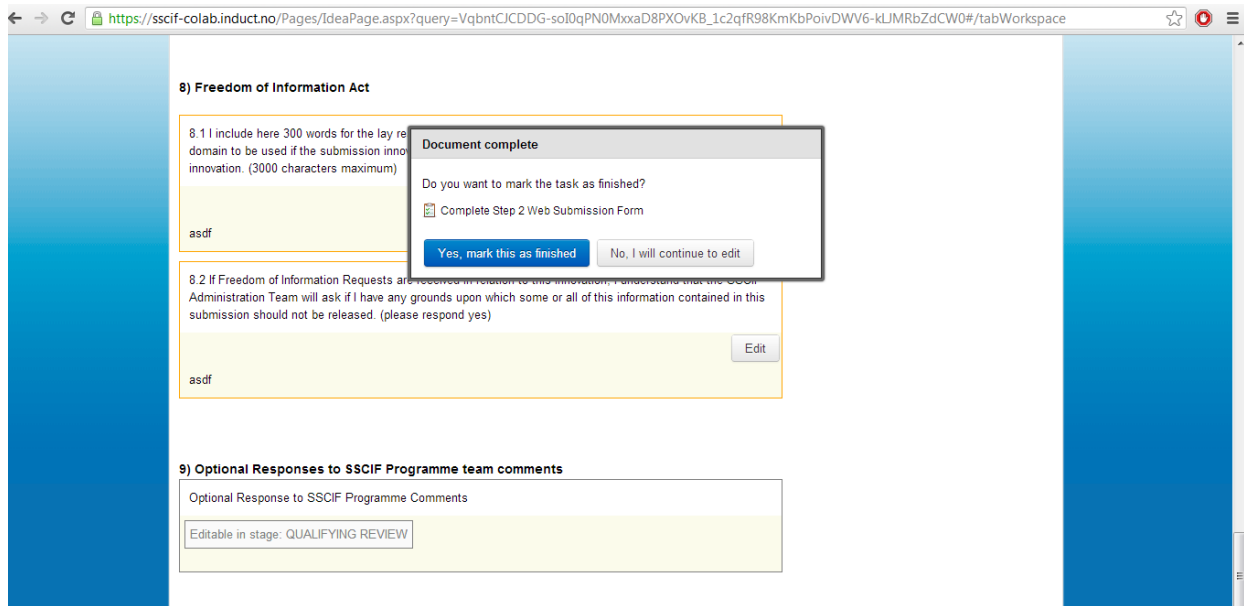
(Note: make sure you click “proposals” to see your initiatives) From here, you may click on the blue title of each proposal to be taken to the workspace.

You may either choose to begin working on your proposal right away, or log out and then log back in to your proposal to complete the online wiki. (Please note, when you log back in you should click on the “documents” tab (circled) to view the wiki).

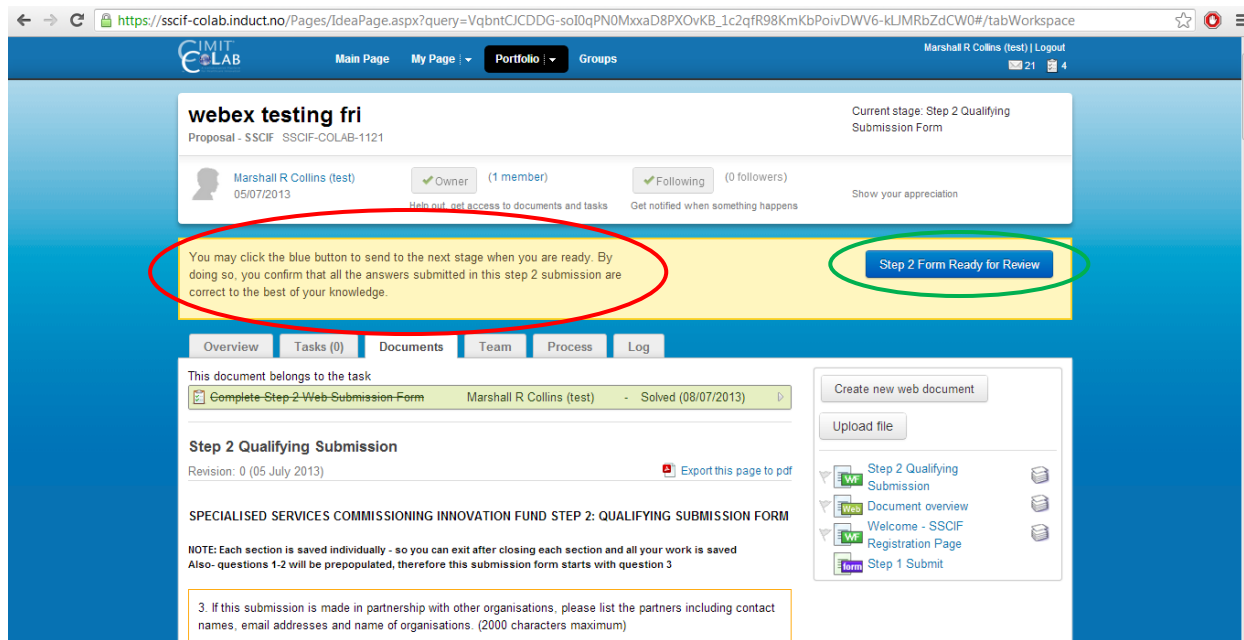


Here you may go into each section by clicking the “edit” button (green circle) to answer each question, where you then click “save” when you are done. It is important to save each section in order to assure that no work will be lost. You may exit out of the window and log back in as many times as you like to complete the submission.

After the final field is complete, the following message will show up:



For ease of use, you may select “yes mark this as finished”. This will not submit the proposal yet, you will still have time to change your answers. After this is complete, you will see the following message at the top of the page (red circle):



From here, you can still go in and edit each question, and log out as many times as you like. When the wiki is complete, you may click the blue Step 2 Form Ready to Review button (green circle) which will then officially submit the proposal for step 2 review.

The process will be repeated for step 3 and so forth.

Appendix 3: Guide to completing the Step 1: Self-assessment form

On this side are the questions from the Step 1 Self-assessment form		On this side is the explanation behind the question and what to consider when answering it
1 Lead Applicant		Guide to response
	Name* Prefix* First Name* Organisation* Email address* Confirm Email address* My phone number (including area code if a landline)* Questions with a star* need to be answered to enable the submission to be automatically accepted	Jones Mrs Jane Anywhere University Hospitals NHS Trust Your own Your own Your own
2 Title of proposed SSCIF evaluation project		Guide to response
	The title of this specialised services innovation project proposal is*: (Max 250 characters).	Please give a short title that will make it clear to all readers what the innovation is about. For example 'The Study of using the X Care Pathway approach in Paediatric Medicine for children with Y condition'
3 Proposal: The Innovation, the Evidence and Delivery		Guide to response
3.1	The Innovation I have identified the health service problem or need or the efficiency improvement that this innovation addresses *Yes/No	Can you describe the clinical/patient outcomes gap that this innovation fills or by how much it is significantly more cost effective than what is used?

3.2	Which of the following specialised services Clinical Reference Groups (CRGs) does the innovation best fit? (see list of 74 NHS England specialised services CRGs)	See the list at Appendix 1. The innovation must fit into at least one of these service areas. It may cross a number but choose the single best fit.
3.3	Will this innovation impact on the pathway for adults/children/both (tick one)	If the innovation is common to adult and paediatric pathways tick both, if not, tick whichever applies
3.4	The innovation is distinctly different from the range of approaches used throughout the country and offers improved patient outcomes and quality or service efficiency.* Yes/No Guide: Is it radically different to other current approaches or solutions? If so, could you describe how later on in the process?	This is asking for confirmation that you believe the innovation is significantly better than what is already being used, have some evidence to support this and will be able to set out the differences in later steps.
3.5	I have identified the steps in the patient care pathway that this innovation will impact upon and whether the impacts are to improve patient outcomes, increase or reduce cost or reduce NHS activity levels (e.g. reduce acute bed days from eight to five). * Yes/No Guide: I can clearly set out the possible changes the innovation may result in to those process steps i.e. remove three steps from a current 10 step process as a result of this innovation being used or applied.	At Step 2 you will be asked to set out the care pathway or relevant section of this which relates to the innovation and describe what is different between what happens now and how this will be different when the innovation is being used in the SSCIF evaluation project. Please see Appendix 4.
		Guide to response
3.6	In my view, there is insufficient evidence at this time to enable specialised services commissioners to commission the innovation or to take this innovation through national evaluation processes which require a complete evidence base. It therefore warrants a	National evaluation processes require full evidence to be provided for evaluation of the impact of an innovation and many innovations in specialised services may not have this level of data due to the

	<p>SSCIF evaluation project to generate data and information to bridge the evidence gap for the innovation and answer key commissioning questions which are unanswered at this time.* Yes/No</p> <p>Guide: This may be your view or you may have previously approached specialised services commissioners and they were concerned about the lack of data and other evidence and were unable to commission the innovation as a result.</p>	<p>small number of patients across the country with some conditions.</p> <p>If this is the case pick yes.</p> <p>If there is a full evidence base, the innovation will not be suitable for the SSCIF, choose no.</p> <p>The SSCIF aims is to provide funding to generate the additional information needed by NHS England for commissioning decisions and whilst there will not be a full evidence base for the innovation, there will be some evidence from case note audit, randomised controlled trials etc.</p>
3.7	<p>I can confirm that to the best of my knowledge, the collection of data to support the commissioning of this innovation is not better suited to being collected in a more formal research and development setting.* Yes/No</p> <p>Guide: A SSCIF evaluation project would generate data to inform a commissioning decision. More formal research and development evaluations may have already been completed for marketing authorisation, but formal testing in an NHS service setting may be required to generate additional, peripheral information that cannot be generated in a clinical trial setting.</p>	<p>This is asking for confirmation that the work needed is not a research project.</p> <p>Research is about testing whether something works and developing a final concept, whereas the SSCIF is about taking something that is already proven and testing out whether it works in a different setting, for a different clinical indication, across a larger patient population or in a clinical setting for the first time.</p> <p>You are advised to discuss this with an appropriately qualified person such as your organisation's research</p>

	The SSCIF Programme is designed to assess the value of an innovation to the NHS and not to answer early stage research questions. Innovations are therefore to have reached a level of evidence to enable use within the NHS outside of a research setting.	department, local Academic Health Science Network (AHSN), NHS Innovation Hub or relevant specialised services area team.
		Guide to response
3.8	<p>Evidence I have undertaken a thorough literature review and structured search of the current information about the performance of the innovation and can provide that on request.* Yes/No</p> <p>Guide: This can either be unpublished data such as local registry data, patient record data or as published in journals. We advise that you do not submit a proposal until you have gathered the information you will need to answer this question. We accept that the evidence base may be limited as there must be an evidence gap that needs to be filled to qualify for the SSCIF Programme, but all supporting data will be required by assessors.</p>	<p>You will be asked to provide a summary data and information resulting from a thorough review of the current published literature setting out the clinical case for the need that the innovation addresses.</p> <p>The data will need to be clinically and statistically significant and be from published or un published sources that will need to be appropriately referenced, such as using the Cochrane system.</p> <p>This will need to be included at Steps 2 and 3 in the SSCIF submission process.</p>
3.9	<p>I confirm that appropriate approval is in place for this innovation if the innovation is a medicinal product or device such CE marking for a medical device or marketing authorisation for a drug. Yes/No/Does not apply</p> <p>(Please note that this question does not apply to pathways and workforce approaches)</p>	<p>If the innovation is a product or a device, it will only be suitable for the SSCIF Programme if it is already on the market and have the relevant marketing authorisation or approval by a competent authority such as the ‘CE mark’ which is the manufacturer’s declaration that the product meets the requirements of the applicable European Commission directives for medical devices. You will need to provide evidence of this at Step 2.</p>

<p>3.10</p>	<p>Delivery</p> <p>I understand that I will need to identify a practising Lead Healthcare Practitioner (LHP) to act as sponsor the SSCIF evaluation project and lead the project involving the use of the innovation for its duration and the parallel evaluation of the impact of the innovation.* Yes/No</p> <p>The team can include support and input from staff from partner organisations.</p>	<p>The SSCIF is to fund projects in a healthcare setting using an innovation or innovative approach.</p> <p>This process will require appropriate clinical leadership from a clinician (what we refer to as the LHP role) who is currently practising and has the relevant authorisation to do so, including nurses, allied health practitioners such as occupational therapists, clinical scientists, pharmacists, medical staff etc.</p> <p>The LHP role is similar to the Principal Investigator role in research activities.</p> <p>Where more than one provider organisation is collaborating on a project, for example three NHS Trusts, then there will be a single, overall LHP who will co-ordinate the project delivery, data collection and clinical standards with individual clinical leads at each provider site.</p>
<p>3.11</p>	<p>I understand that the practising Lead Healthcare Practitioner and I will be required to assemble an appropriate project team with the skills and experience to undertake the project in a healthcare service setting and evaluate its impact. * Yes/No</p> <p>The team can include support and input from staff from partner organisations.</p>	<p>The project team will need to include a diverse range of skills, competencies and experience covering the clinical elements and project management activities., although it is expected/recommended that additional support is secured from provider teams such as innovation, research, evaluation, information, finance, governance, service management, supplies, (equipment testing if appropriate).</p>

3.12	<p>I will be able to set out the proposed governance and monitoring arrangements for the project.* Yes/No</p> <p>This may include contributions from a number of partners.</p>	<p>Robust project set up will be expected and Lead Applicants will need to set out their plans for this in Step 2 and 3.</p> <p>This would need to include identification of the senior responsible owner such as an executive director to steer the delivery of the project and hold the team to account for delivery, a project manager and regular reporting and steering group meetings.</p>
3.13	<p>If there are partners to this submission, they have agreed to participate in the project and support its delivery. Yes/No/Does not apply.</p> <p>This may include contributions from a number of partners.</p>	<p>If there is a manufacturer or supplier of a service or a number of provider trusts collaborating on the project submission, they are fully signed up to being involved in using the innovation in their unit for the duration of the project, carrying out data collection and putting in place all of the elements of the project in a rigorous manner. Evidence of this and the support of their Chief Executives, Medical or Nursing Directors and Directors of Finance will be required in Step 2.</p>
4. Agreement to terms and conditions		Guide to response
4.1	<p>I accept that the decisions of the various assessors and Fund Decision Panel are final.* Yes/No</p>	<p>In making a submission to the SSCIF Programme you accept the views of the various assessors which will be called upon to give opinion on the submissions which may result in your innovation being funded or not funded.</p>
4.2	<p>Information about technologies referred to in this submission may be shared with the National Institute for Health and Care Excellence (NICE).* Yes/No/Does not apply</p>	<p>This question will not affect the decision to proceed to step 2 of the process. At both Steps 1 and 2 of the SSCIF submission process, where the innovation is a</p>

<p>Please note that if you give your permission and your innovation is a device, medicinal product or technology, we will forward basic information (product name, intended use) about the technology to relevant programmes at the National Institute for Health and Care Excellence (NICE).</p> <p>For submissions for pharmaceutical innovations, it is expected that the NICE Technology Appraisals Programme will already be aware of the innovation via the NICE Topic Selection function but we are happy to share this submission with them if you wish</p> <p>For the NICE Medical Technologies Evaluation Programme, the purposes of sharing this information is to enable informal, confidential and without-obligation engagement between NICE and the manufacturer, depending on the suitability of the product for evaluation.</p>	<p>medical technology, Lead Applicants will be invited to give permission for the SSCIF Programme to share details of the submission with the NICE Medical Technologies Evaluation Programme, to enable informal, confidential and without-obligation engagement between NICE and the manufacturer, dependent on the specific innovation.</p> <p>Where a Step 2 Qualifying Submission is made to the SSCIF, and there is judged to already be a full evidence base for an innovation, the SSCIF Programme Team will recommend to innovators to put forward their innovation to NICE for consideration.</p> <p>If an innovation has already been through guidance and been recommended by NICE, the product may be appropriate for use in other clinical populations or for other indications and it may be that the fund can assess its impact in that new area.</p>
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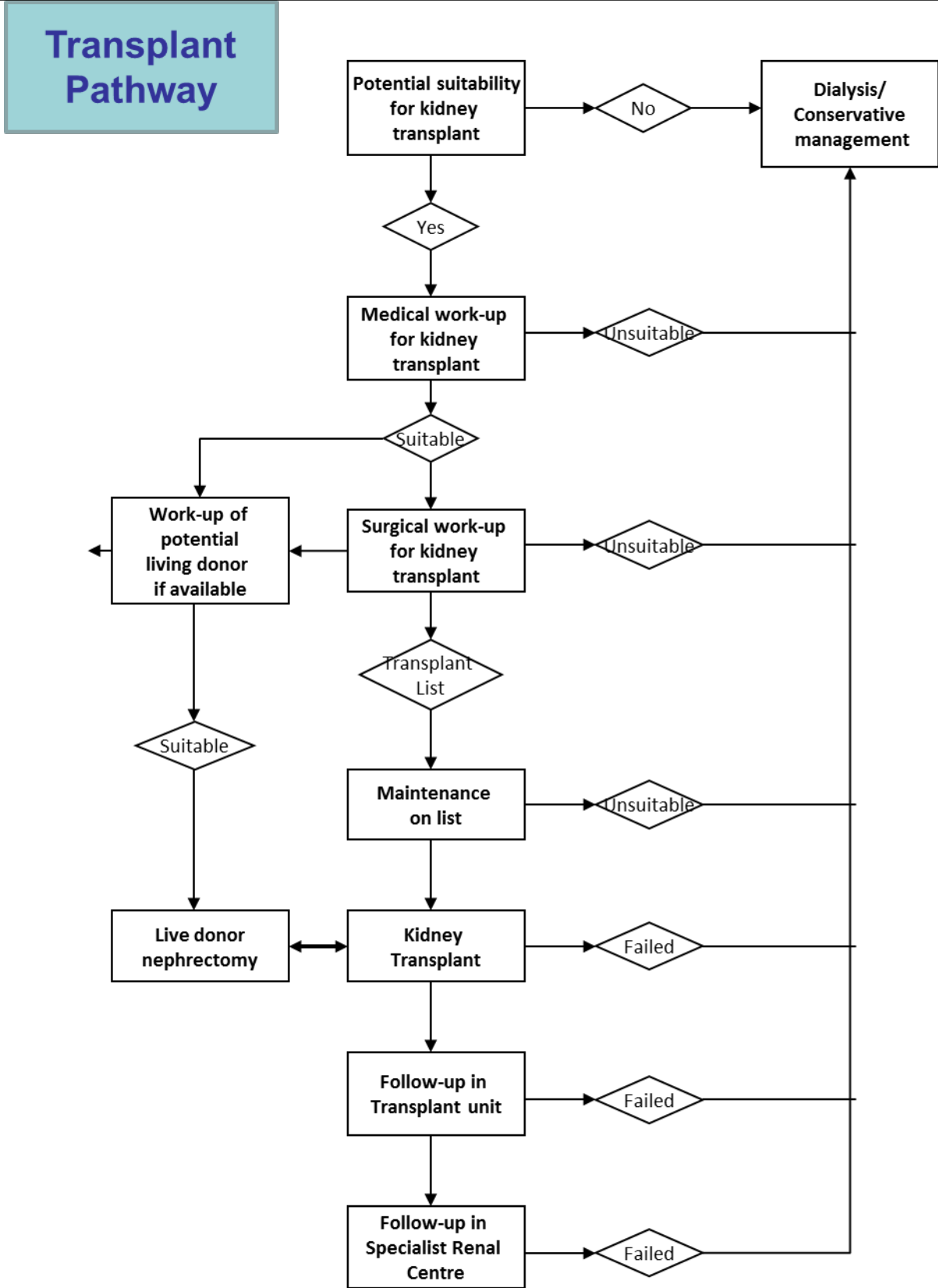
Appendix 4: About the patient's care pathway

1. A care pathway shows in picture form the patient/service user's journey between the beginning and end of their journey - or particular parts of this such as :
 - 1) home to General Practitioner (GP);
 - 2) GP to the hospital or other care setting;
 - 3) within different parts of the hospital system (such as
 - (i) outpatient to
 - (ii) list for surgery to
 - (iii) theatre to
 - (iv) recovery to
 - (v) intensive care to
 - (vi) general ward and,
 - 4) hospital to home/care home/other will have a number of separate steps of assessment and interaction with health staff and is known as the patient/service user care pathway.
2. Assessors will want to understand at what point in the patient/service user's journey the innovation is used and where it impacts, and the difference this will make in the number of steps in the care pathway as compared to the current situation.
3. For the Step 2: Qualifying Submission Form, you will need to set out the care pathway as it is currently and how this will be different using the innovation.
4. Below in Pictures 1 and 2 is an example of a renal transplant pathway as it is currently - this would be the current pathway and is shown in two formats – one for the overall journey and a second showing how the pathway breaks down into four key elements of assessment, maintenance, transplant and follow up.
5. If there was an innovation in this pathway, there would be a second diagram showing the place at which the innovation is used and a description of the difference it would make in terms of quality or efficiency such as shown in the text box below.

Innovation used at this point.

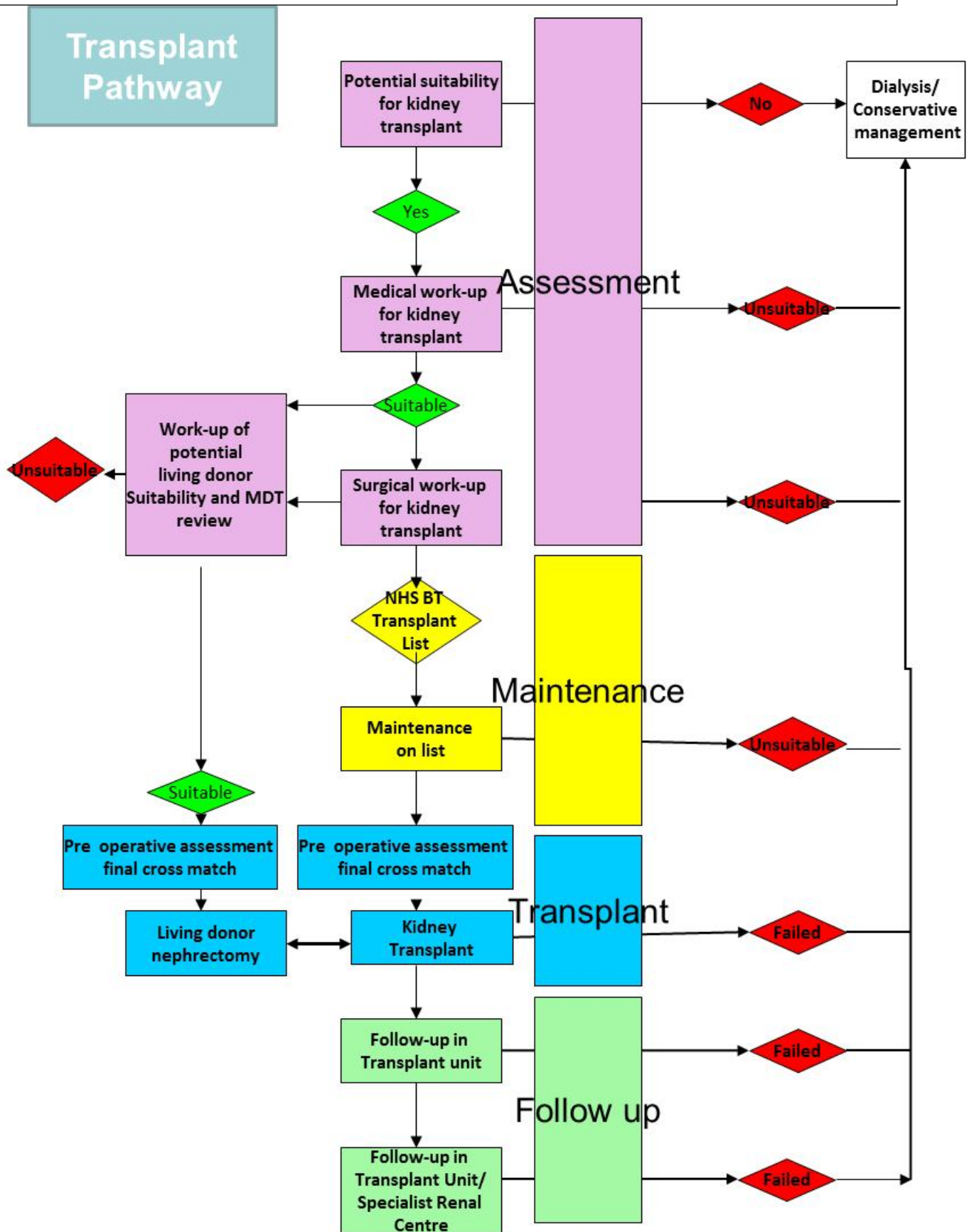
Impact is to reduce bed days from 8 to 5.

Picture 1: Renal Transplant Care Pathway



Reproduced with permission from Keith Rigg Chair, Renal Transplant Clinical Reference Group and Consultant Surgeon

Picture 2: Renal Transplant Care Pathway - spilt by key sections of the pathway



Reproduced with permission from Keith Rigg, Chair, Renal Transplant Clinical Reference Group and Consultant Surgeon

Appendix 5: SSCIF timeline

1. Pre-launch notification will take place on 2 August 2013.
2. The SSCIF Programme will be open to submissions in the week commencing 2 September 2013. To enable applicants to prepare for submission of the Step 1: Self-assessment form, the [website](#) was launched on 2 August 2013. Please note that completed forms cannot be submitted until 2 September 2013.
3. Step 1: Self-assessment forms can be completed as soon as the fund is launched and this will generate a request for a Step 2: Qualifying submission form to be made available to the Lead Applicant and team he/she invites into the secure, web-based work space.
4. The deadline for Step 2: Qualifying submission forms is midnight on 4 October.
5. CRG Chairs will be sent links to score the Step 2 submissions for their area as they are submitted, with the final batch of scores needing to be submitted by midnight on 25 October.
6. Scores will be collated in order of the highest score first and shared with the Directors of the Programme of Care Boards to discuss between 29 and 31 October to agree minimum score level for Lead Applicants to be invited to submit Step 3 submissions.
7. Successful Lead Applicants will receive links to the Step 3 submission forms on 1 November for completion and uploading by midnight on 28 November, including making an offer of development support from an Academic Health Science Network (AHSN).
8. From 4 December, the SSCIF Programme Administration Team will batch and send completed Step 3 submissions to AHSNs for review/peer review for return by midnight on 3 January.
9. On 6 January 2014 the SSCIF Programme Administration Team will identify the list of innovations across the four outcomes: (1) Rejected; (2) Fast track innovations list to inform future commissioning decisions; (3) A shortlist of potentially quality improving and cost effective solutions with a recommendation for funding and (4) Innovations with a recommendation for a face to face meeting with the Step 4: Fund Decision Panel.
10. On 9 January 2014, Lead Applicants and Lead Healthcare Practitioners to be invited to meet the Step 4: Fund Decision Panel which will take place on 21 January.
11. The SSCIF Programme Step 4: Fund Decision Panel Day will take place on 21 January 2014 and any conditional offers will be made the following day.
12. On 22 January, SSCIF Programme Administration Team invites AHSNs to undertake Post-Offer Due Diligence for the submissions which have been made a conditional offer. This work takes place between 22 January and midnight on 19 February 2014.
13. On 27 January 2014 the SSCIF Programme Administration Team will share with Lead Applicants the SSCIF Evaluation Project Service Level Agreement template to complete Schedule 1 and so that they can start to prepare the Project Initiation Document and Patient Access and Exit Strategy..
14. Between 27 January 2014 and 20 February, Lead Applicants and Lead Healthcare Practitioners will have completed, signed and acknowledged the

SSCIF Evaluation Project Service Level Agreement, final Project Initiation Document and Patient Access and Exit Strategy to the SSCIF Programme Administration Team.

15. Around 24 February 2014, NHS England Directors will counter-acknowledge each of the SSCIF Evaluation Project Service Level Agreements.
16. Week commencing 25 February 2014, SSCIF evaluation projects will start.