

## ***The Commissioning Intelligence Report for Clinical Commissioning Groups v0.20: response from SHALL***

The Strategic Health Authority Library Leads Group (SHALL) are pleased to have the opportunity to provide input to the thinking around the development of commissioning intelligence for Clinical Commissioning Groups.

SHALL represents the interests of the NHS Library and Knowledge Services (LKS). We work closely with NHS Evidence to ensure that the whole NHS workforce has access to a wide range of electronic resources to support evidence based practice, education, research and decision-making. We also support a wide network of information professionals working within physical and virtual library services to support staff who need access to information and the skills to find and use it.

There are four key points that we would like you to consider:

### **1. The need to ensure that commissioning intelligence places adequate emphasis on evidence, alongside data**

The report and associated model have been thoughtfully prepared and are clearly presented. However, we consider that one weakness is the lack of definition of terms such as intelligence, information, knowledge, data, etc, and the tendency to use these interchangeably. We are concerned that there is insufficient emphasis on evidence from research, from practice and from patients, and that there is no reference to sources of evidence or the quality and validity of different types of evidence.

The tools, skills and interpretation of the intelligence highlight the direction of travel and desirable outcomes of new pathways and services, but evidence from previous research is key to determining the steps required to make those positive changes. In the same way that evidence based practice is key to quality improvement across clinical practice, evidence based commissioning requires an understanding of evidence derived from best practice around different service delivery models.

We suggest that the next version of the commissioning intelligence model could include 'specialist knowledge resources' alongside the 'types of services' and 'tools/data' presented in each domain.

Key examples to include would be:

- Expert literature searches
- Horizon scanning/alerting services to highlight new approaches or policies.
- Cost effectiveness studies and economic analyses
- Published clinical evidence and critical appraisal
- Guidelines and pathways
- Case studies and evidence around alternative delivery mechanisms/models of care
- Education resources to support evidence based commissioning (e.g. e-learning)

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### **2. The need to include literature search skills, critical appraisal skills and knowledge management techniques amongst the specialist knowledge and capabilities required to support the model**

For the reasons given above, we believe that these skill sets need to feature in the lists on p13 of the report.

### **3. The need for library and knowledge services to be embedded in the commissioning process**

Organisation, retrieval and appraisal of evidence are skills of LKS. We therefore recommend that professionally qualified and experienced health librarians are included as a key element of commissioning support.

NHS librarians are already engaged in providing knowledge and information support to commissioners at all stages of the commissioning cycle. The evidence provided by a professionally led library service can help ensure that all decisions are based on best current evidence and commissioners are signposted to the most relevant and up-to-date resources, be they publications, guidance, tools, websites or intelligence.

NHS library information services use nationally developed quality processes and standards, and have a strong tradition of collaborative working in order to pool skills and resources and build capability and capacity.

However, in these economically constrained times and with the demise of the PCTs, there is a real risk that specialist librarian posts will be lost.

We therefore recommend that the NHS Commissioning Board moves swiftly to identify where NHS librarian expertise resides and how it might best be deployed to support the intelligence needs of CCGs. There are clearly a range of options here including national, sub-national and local provision. The SHA Library Leads would be very pleased to assist with this.

### **4. The need to promote a culture where evidence is “at the heart of NHS business”**

Although it may be considered beyond the scope of this report and model, we feel that its production provides a good opportunity to reflect on how intelligence and evidence should be central to all aspects of NHS business, and not, as is often the case, regarded as a separate activity.

We believe that in addition to using intelligence and evidence themselves, commissioners of services have a key role to play in encouraging a culture where evidence is at the heart of business, by expecting commissioned providers to use evidence-based practice and to generate quantitative and qualitative information to add to the knowledge base and feed into improvement processes.

David Stewart and Helen Bingham on behalf of SHALL, 17.2.12