

Briefing Paper – Prioritisation of NHS services

1. Introduction


- 1.1. The Integrated Care Board (ICB) is responsible for making sure NHS resources are used in the best possible way for local people. This means making decisions based on evidence of what is working well, focusing on the greatest health needs, tackling inequalities, and ensuring money is spent in a way that delivers real benefits.
- 1.2. Like many areas across the country, Coventry and Warwickshire is facing serious financial pressures. The ICB must be more selective about what it funds, directing money to services that make the greatest difference. While the work we are doing to reduce waste and be more efficient will continue, we will also have to make some tough choices about which services can be maintained.
- 1.3. It is vital as we make these decisions fairly and all aspects of a service are considered before making decision on their future. To help with this, the ICB has worked with system partners to create a new approach to prioritisation, bringing together existing methods into one consistent and transparent methodology, so that decisions are fair and based on clear evidence. It will be used to consider the short- and long-term impacts of funding decisions on health outcomes, finances, and inequalities. It will guide a range of decisions, such as whether to stop or reduce funding for a service, restrict or expand access, invest in new technologies or review contracts.

2. Our method for prioritisation

- 2.1. When assessing a service or proposal we look at seven key areas: how well it fits with NHS strategy, the level of population need, its impact on health inequalities, clinical effectiveness and risk, value for money, how it connects with other services, and how deliverable it is. Four of these areas are scored and weighted, giving an overall rating from 'Stop' through to 'Expand'. These ratings will help identify where investment should go and ensure decisions are consistent across the system. These ratings and the supporting evidence is then considered by the ICB Senior Leadership Team, who will make a recommendation for the next steps.
- 2.2. This new approach is about making sure that every pound spent delivers the best possible value for patients and communities. By using a fair and transparent process, the ICB and its partners aim to protect essential services, address inequalities, and ensure the local NHS remains sustainable for the future.

3. Outcomes of the prioritisation process

- 3.1. As all of our contracts come up for renewal, or new proposals for contracts are received, we are applying our prioritisation methodology to assessing whether, in the case of new contracts they will meet the needs of our population, or for current contracts, that they are delivering against the



goals which we set out when the contract was first introduced. This leads to four possible outcomes being recommended by the Senior Leadership Team.

- **Invest and Expand** – These services are those that score the highest across all categories, where we have robust, validated evidence to show the expected benefits. Outcomes are backed by extensive data or proven success in similar contexts, with independent validation or expert consensus adding further assurance, showing they can, or already are, delivering measurable benefits for our population.

We will invest in these services in order to allow more of our population to access and benefit from them.

- **Continue to commission, investing if funding is available** – These services have strong, credible evidence which supports the expected value or benefit and is linked to measurable outcomes. There is past success or a clear rationale demonstrating how value will be achieved. While there may be some risk and uncertainty, these are understood and do not significantly undermine confidence in the evidence.

These are the services we will continue to commission, and if there is additional funding available we will consider investing in them.

- **Review service for value for money and access** – These are services where there is some benefit, but the evidence we hold is weak, incomplete, or indirect. As a result, the ICB cannot be confident that the expected outcomes are being achieved, or that the service is delivering value for money.

To improve the contract, the ICB may:

- Aim to negotiate a better price for services.
- Work with the provider to improve efficiency.
- Restrict access so that only those most likely to benefit (e.g. over-65s) can use the service.
- Request stronger evidence from the provider to demonstrate value for money.

Once these actions have been taken, the contract will be reassessed. If the measures do not demonstrably improve value, the ICB will begin the process of decommissioning the service or decline to invest in a proposed service.

- **Decommission / Disinvest** – These services have little to no evidence to support the value which they add. This means they are unable to provide data which demonstrates the benefits of the service or the data is based on assumptions and anecdotal evidence. In the case where the ICB does not believe that there is an option to improve the service through the methods outlined above, the service is recommended for decommissioning or will decline to invest in a proposed service.



4. The decommissioning process

- 4.1. For current contracts which have been through the prioritisation process above and received a recommendation of decommissioning, the ICB will then enact its decommissioning policy. This policy outlines the steps needed to safely decommission a service. This includes the production of a Equality and Quality Impact Assessment (EQIA) which aims to identify, remove, or minimise negative impacts on disadvantaged groups which could be brought about by ending the contract. Through the decommissioning policy the ICB will involve stakeholders where appropriate, to ensure it understands the impacts of removing the service.
- 4.2. Once these steps have been undertaken the ICB will take a final decision to decommission the service, considering both the value and any impacts on service users and patients outlined by the EQIA and other sources. If the decision to decommission is then taken the ICB will support the contract holders with wind down and service closure.

5. Current position of the prioritisation process and next steps

- 5.1. The ICB will continue to use the prioritisation process to determine the ongoing value for money and effectiveness of contracts, using the mechanisms described in this paper.
- 5.2. The ICB started the process of assessing services through the prioritisation process in March 2025. As this work is ongoing it is still too early to recognise the scale of savings achieved but we will continue to report through our designated structures as we continue forward.
- 5.3. Where there is a potential impact identified through the EQIA we are committed to involving the Scrutiny Committee to both understand your views and for you to scrutinise the process, ensuring that we are involving people in an appropriate and proportionate manner.
- 5.4. The first example of this is the gluten free prescribing paper which is being presented to both Scrutiny Committees in Coventry and Warwickshire for views.

Committee is requested to NOTE the information regarding prioritisation in light of the following paper regarding gluten free prescribing