



National Health Service in Scotland  
Management Executive

Dear Colleague

St. Andrew's House  
Edinburgh EH1 3DG

11 December 1995

**CLINICAL EFFECTIVENESS: COMMON CORE WORK PROGRAMME**

**Summary**

1. A Common Core Work Programme is being introduced to co-ordinate part of the work programmes of key national bodies involved in developing statements of good practice, clinical guidelines, needs assessment, audit, research, economic assessment and advice on effective care.

2. This circular seeks to explain what the Common Core Work Programme is; why it has been developed; and how it is going to work. Details are set out in the Annex.

Support for Implementation

3. A wide range of support for implementation of the good practice statements and clinical guidelines produced under the Common Core Work Programme is being put in place. (Details are set out in the Annex).

Action

4. NHS staff are encouraged to use the outputs of the Common Core Work Programme to improve patient care.

5. Sufficient copies of this circular will be forwarded to Health Boards for local General Practitioners. Rather than forwarding copies unannounced to GPs, Health Boards should use existing and newly emerging professional committees and networks to discuss and explain the objectives of the Common Core Work Programme.

Yours sincerely

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## ROLES AND RELATIONSHIPS: TOWARDS A COMMON CORE WORK PROGRAMME ON CLINICAL AND COST-EFFECTIVENESS

### Introduction

1. NHS MEL(1995)51 and NHS MEL(1995)54 reported on the outcome of the recent consultation on the relative roles and relationships of various national bodies involved in work aimed at improving the health of the people of Scotland and, in particular, the effectiveness of health services. NHS MEL(1995)54 explained what work was currently in the pipeline in 1995/96. **This circular reports on final decisions on the Common Core Work Programme for 1996/97 and sets out arrangements for the co-ordination of future national work.**

### Common Core Work Programme

2. There was strong support for the development of a Common Core Work Programme to guide and rationalise the work of the key national bodies involved in developing needs assessments, statements of good clinical practice, clinical guidelines, needs assessments, audit, research, economic assessments and advice for purchasers. **The aim is to ensure that purchasers and providers have consistent, reliable and complementary advice on priority topics each year, and to avoid unnecessary duplication of work between national bodies.**

### Relationship between national strategic framework and Common Core Work Programme

3. The strategic direction of the NHS in Scotland is set out in the annual Priorities and Planning Guidance. For 1996/97, the Priorities and Planning Guidance - MEL(1995)51 - identified 3 service priority areas: mental health, cardio/cerebro vascular disease and cancer. These national priorities represent major health problems for the people of Scotland in terms of numbers of people affected, morbidity and mortality and should be the main focus for health boards in determining local priorities in line with local health needs and health targets. Much of the work produced and supported by the Management Executive over the next few years will be directed at these priorities.

4. The purpose of the Common Core Work Programme is to help improve health and the quality, effectiveness and cost-effectiveness of clinical care by providing the service with information and advice (such as a needs assessment or a clinical guideline) on a small number of important clinical topics. Much of the work of the Programme will support the 3 service priority areas identified in the Priorities and Planning Guidance but it will not be limited to these areas. The Programme will also include topics which are important because there is clear, immediate potential to improve health and/or clinical care. It may be, for example, that, as a result of research or clinical audit, clear evidence is available of good practice in an area in which there is known to be significant variation in practice or outcome. The Common Core Work Programme will provide an opportunity to build on local work, identify additional work needing to be planned for and developed, agree national guidance, and support implementation.

5. The main organisations associated with the Common Core Work Programme will be:-

- Clinical Resource and Audit Group (CRAG) and its related sub-groups (eg National Projects Committee, Outcomes Working Group);
- Chief Scientist Office (CSO);
- National Professional Advisory Committees;
- Scottish Health Purchasing Information Centre (SHPIC);
- Scottish Intercollegiate Guidelines Network (SIGN); and
- Scottish Needs Assessment Programme (SNAP),

Further information about these organisations, their work programmes and how they may be contacted is shown in Appendix A.

6. While these bodies may receive some central funding to help with this work their independence is recognised. Their assistance is being sought so that the needs of the Common Core Work Programme are reflected in the activity they undertake. The Common Core Work Programme will not, however, represent all activity undertaken by these bodies, nor will it dictate their entire work programmes. It represents only those topics on which a concerted effort is required by a range of national agencies to develop and make available co-ordinated guidance or information. In addition to assisting with work relating to the Common Core Work Programme, these national bodies will continue to address issues of particular concern to them, in their own spheres. It is anticipated however that through the Common Core Work Programme, the interchange of information and co-operation between the national organisations working in the clinical effectiveness field will be improved.

#### Putting Forward Proposals for Inclusion in Common Core Work Programme

7. One of the aims of the initiative to establish a Common Core Work Programme was to provide an avenue for many different organisations - professional, academic, purchasing, providing and consumer - to put forward suggestions about which topics ought to have priority and be supported by concerted action at a national level. For 1996/97 all interested and appropriate bodies were asked to submit their suggestions for topics where they considered that some nationally funded development work would be beneficial.

#### Topics for 1996/97

8. After consideration and analysis of suggestions together with work available and in hand, the topics which have been selected for 1996/97 are:

- dementia;
- schizophrenia.
- acute stroke;

- hypertension with a focus on the elderly;
- breast cancer;
- colorectal cancer;
- hip fracture; and
- peptic ulcer

These represent 2 topics from each of the areas identified as priorities for 1996/97 - mental health, cardiovascular disease and cancer care - and 2 additional topics - hip fracture and peptic ulcer - where there are clear opportunities to improve health based on the results of clinical audit or recent clinical guidance.

#### Selection of future topics

9. The selection of topics for the Common Core Work Programme is a developing process which will be refined over time and with experience. The process requires good information about what work is already available and in which areas new work would be both beneficial and practical. In future when making recommendations about new topics for inclusion in the Common Core Work Programme proposers should:

9.1 clearly define the topic;

9.2 describe any major work (published, being developed or being planned) which they know to be relevant to their proposals; and

9.3 Provide full supporting material which would be expected to include all or most of the following:

- the potential to improve health in terms of the extent to which people will benefit;
- the importance of the condition in terms of the consumption of NHS resources;
- the availability of evidence about effectiveness and cost-effectiveness of interventions;
- knowledge about variation in current clinical practice and potential new developments;
- professional enthusiasm for change;
- public acceptability of change; and
- likelihood of achieving beneficial change in terms of clinical processes and outcomes, value for money etc.

Further information about proposing topics for inclusion in the Common Core Work Programme is available from, and, proposals should be sent to the CRAG Secretariat, Management Executive, Purchasing Directorate, Room 205, St Andrew's House, Regent Road, Edinburgh, EH1 3DG.

### Prioritisation of Clinical Topics

10. While proposals for topics to be included in the Common Core Work Programme are welcome at any time, the Management Executive will collate suggestions once a year and seek advice on which topics should be included in the Common Core Work Programme from CRAG, the Joint Working Group on Purchasing and Chairmen and Directors of the National Groups involved. The specific role of CRAG is to consider the list of proposed topics and activities from a clinical and health gain perspective, highlighting areas where good quality work is either available, forthcoming or planned, and to advise on which topics warrant priority in terms of national attention and resource allocation. The Joint Working Group on Purchasing will be expected to highlight issues of particular relevance to purchasers and consumers. It will be for the Chief Executive and Chief Professional Officers to approve the Common Core Work Programme.

### Timetable and Publication

11. Once final decisions have been taken, the topics selected will be published annually in the Priorities and Planning Guidance in July for the coming year. Each year the guidance will include a matrix setting out the topics selected; an indication of work available and in hand on each topic; and a list of other relevant work, both in the service priority areas specified in the Priorities and Planning Guidance and in other areas of importance in terms of the main health problems of the people of Scotland. A fuller database is being developed from which the matrix will be drawn.

12. A timetable setting out the annual cycle of activity is attached in Appendix B.

### Commissioning Work for the Common Core Work Programme

13. The production of co-ordinated national good practice guidance, needs assessments, clinical guidelines, audit, research and economic assessments within a Common Core Work Programme is designed to support purchasers, providers and clinical professional staff in all settings in delivering health care and constantly improving the health of the local population and the quality and cost-effectiveness of clinical care. A joint sub-group of members nominated by CRAG and the Joint Working Group on Purchasing will have a central role in determining and discussing with national organisations assisting with the Common Core Work Programme what work needs to be done and by whom.

### Implementation

14. The Common Core Work Programme is not expected to replace local initiatives but to strengthen them by providing nationally developed guidance which can be applied in the local context. The potential for the public and individual patients to benefit will depend on the extent to which purchasers and providers act on the evidence. Due to resource and other constraints it will not be possible to take action on all Common Core Work programme outputs each year. All outputs are relevant but some have a particular potential to influence direct patient care beneficially. In deciding how to proceed, purchasers should consider the

local significance of particular health problems and agree action in a manageable number of areas where guidance is available.

15. Education and skills training courses to assist local groups in developing protocols are being developed. Individuals with specific responsibilities in relation to national guidelines and protocols have been identified in every Trust and in general practice where networks bringing together all of the players are being set up. Guidelines and protocols will feature in continuing professional education programmes and increasingly in undergraduate courses. All of these initiatives will help professional staff to make best use of the material becoming available. In addition, a wide range of support to help with the implementation of the Common Core Work Programme products is planned or is in place.

15.1 Short summaries of each guideline accompanied by advice on resource and other implications for inclusion in the A4 Binder circulated under cover of NHS MEL(1995)54;

15.2 communications and skills training in relation to the introduction of clinical guidelines and of local protocols which will be provided through various local and national initiatives;

15.3 resources (£150,000) which have been made available by CRAG to Health Boards to support specific aspects of local implementation by professional health care staff

### Monitoring

16. The availability of information and guidance will be advertised as it becomes available through MELs and by other mechanisms open to CRAG and the ME such as newsletters, conferences and the Scottish Clinical Audit Resource Centre database. The success of the work programme initiative will be assessed at Purchaser and Provider level via the Accountability Review process.

### Conclusion

17. Purchasers, providers, professional and consumer bodies are encouraged to work together to contribute to, use and implement the products of the Common Core Work Programme to inform local action where change is required; and to help the work programme progress by feeding in new suggestions for future work and the results of local work which might benefit others.

## APPENDIX A

The Clinical Resource and Audit Group (CRAG) which acts as a national forum for assessing the effective and efficient use of clinical resources, for stimulating the development of clinical audit, guidelines, protocols and outcome indicators, and for disseminating information on these topics. CRAG supports the Scottish Clinical Audit Resource Centre and has a responsibility to determine the national audit strategy, to identify and disseminate good audit practice, to co-ordinate audit activity at national level and to monitor audit training;

Chief Scientist's Office (CSO) commissions research on a wide range of conditions, methodologies, new developments and techniques, supports a number of research units and maintains a database of completed research work. CSO also links with research work carried out south of the Border and internationally;

National Professional Advisory Committees provide for expert consideration of issues associated with clinical effectiveness, nationally and locally, and help identify and promote good practice;

Scottish Health Purchasing Information Centre (SHPIC) is charged with assessing relevant information on the clinical and cost-effectiveness of specific health care interventions and producing short reports on costed options for purchasing in a format that is easily understood by purchasers; updating the guidance in the light of further research evidence;

The Scottish Intercollegiate Guideline Network (SIGN) is a group of the Royal Colleges and other medical and professional bodies which produces and updates national clinical guidelines.

Scottish Needs Assessment Programme (SNAP) co-ordinates work carried out by departments of public health to assess the needs of the population and develop a standard method of assessing health needs.

## COMMON CORE WORK PROGRAMME - ANNUAL CYCLE

- February** - Take stock of proposals for topics for Common Core Work Programme (CCWP) that have come in during preceding 12 months. Generate a list.
- February-April** - Work up supporting material for proposals in list (potential for people to benefit, availability of evidence etc).
- April/May** - Chief Executive discusses proposals with Directors and Chairmen of National Bodies and National Professional Advisory Committees.
- June** - CRAG and Joint Working Group (Purchasing) consider worked up proposals; and make recommendations to CE and Chief Professional Officers on content of CCWP.
- End June** - Decisions by CE and Chief Professional Officers on content of programme.
- July** - Publication of decisions on content in Priorities and Planning Guidance; summary matrix included setting out what is already published and in the pipeline for the selected topics.
- August/November** - CRAG/JWG(P) subgroup negotiate with national bodies and advise Chief Executive and Chief Professional Officers on gaps needing to be filled to ensure that an appropriate range of material will be available to support purchasers and providers in addressing Common Core Work Programmes topics. (Different lead times need to be taken into account in commissioning work.)
- September/October** - Discussion among Directors and Chairmen of National Bodies about who will undertake precisely what work; when; and how the various bodies carrying out work on a given topic will work together to ensure a co-ordinated approach.
- December** - Final PES Settlement; CE and Chief Professional Officers review remaining gaps needing filled and cost implications of specific new work needing commissioned and take final decisions on new work to be commissioned.
- January** - Agree with NPACs, SNAP, SIGN, SHPIC and CSO the Common Core elements of work programmes for year ahead. (Due to different lead times not all bodies will be working on same topics.)