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Procedure for the development, review and update of NWJCC commissioned policies

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Statement

This document outlines the process within the NHS Wales Joint Commissioning Committee (NWJCC) for the scoping, development, stakeholder consultation, review, validation, distribution and implementation of the following documents:

- Commissioning Policies
- Service Specifications
- Policy Position Statements

Scope

This document is for use by NWJCC staff including those from hosted organisations, and any additional particular areas of responsibility are included where appropriate.

For ease of reading, this document will refer to all documents as 'policies' unless specific terminology is more appropriate.

Responsibilities

The role of each NWJCC member involved in the development of policies is described in section 1.1.2. The supporting functions for policy development are described in Appendix iii.

Aims and Objectives

The purpose of this document is to ensure that all policies produced by NWJCC:

- follow a clear and consistent methodology that adequately describes each stage of the process, including scoping, development, stakeholder consultation, review, publication, implementation and monitoring
- are based on best available evidence, guidance, legislation or existing policy and are appropriately referenced
- are appropriately ratified and approved for stakeholder consultation and publication
- are regularly reviewed and updated
- consider equity and equality in their development
- set out appropriate quality indicators to monitor the service provision
- are compliant in terms of their format and content and the values and behaviours upheld by NWJCC
- have systems in place for the maintenance of a comprehensive and up to date register of all NWJCC clinical policies.

1. Background

The strategic aim of NHS Wales Joint Commissioning Committee (NWJCC), on behalf of the seven local health boards, is to ensure that there is equitable access to safe, effective and sustainable commissioned services for the people of Wales, as close to patients' homes as possible and within available resources. NWJCC produces policies and service specifications to enable implementation and management of commissioned services. This document sets out how these documents should be developed, approved, implemented and reviewed for commissioned policies (corporate policies are outside the scope of this document). To support and oversee this, Policy Validation Group has been established.

1.1 Policy Validation Group

Policy Validation Group influence and inform the internal governance arrangements for the management and implementation of all commissioned policies. The group membership is set out within the Terms of Reference. The group is responsible for undertaking the following duties:

- ensure all policies align with the strategic direction and planning / priorities for JCC and NHS Wales
- ensuring all policies are developed, reviewed and published following the Procedure for NWJCC commissioned policies
- ensuring the checklist for each proposed or updated policy has been followed and completed prior to policy consultation and publication
- agreeing (with the relevant commissioning team/policy author) the stakeholder group with whom each policy is reviewed
- ensuring all consultation comments have been considered and responded to appropriately and the necessary amendments made to the policy
- identifying and agreeing the type and length of each individual policy consultation
- ensuring that relevant impact assessments are completed (e.g. WLEIA, HIA, Quality, socio economic duty) are completed and appropriately considered at all stages of policy development/review and ensuring that appropriate actions are implemented if an inequality/inequity is identified

Policy Validation Group must also consider if there is a service or financial impact, or whether the funding requirement has already been identified within the IMTP. The completed scope for each policy will be reviewed and Policy Validation Group will proceed as follows:

- Where there are no issues highlighted and there is no financial or service impact, or where the funding requirement has already been identified within the Integrated

Medium Term Plan (IMTP) or Annual plan, will agree the policy proposal/review to be undertaken

- Where a proposed policy is identified as having a significant financial or service impact or is not identified within the IMTP or Annual Plan, will formally recommend the policy to QSOC for a decision on whether the policy proposal/review can be undertaken.
- May request further work be undertaken on any policy prior to consultation or publication, if for example, stakeholder feedback has not been addressed or if further evidence is required.

The Quality Safety and Outcomes Sub-Committee will be presented with a quarterly report containing information on all policy work. A copy of this update will also be shared with the Joint Committee for information as part of the Sub-Committee Highlight Report.

1.1.2 Supporting Functions and roles

Director of Commissioning Lead

The Director of Commissioning Lead is responsible for ensuring that all policies within their directorate are maintained and updated. This responsibility can be delegated to a Lead Developer. The Director of Commissioning Lead is responsible for ensuring that the appropriate advice and assistance is provided to the Lead Developer and that consideration is given to any equality, audit and resource implications prior to development and publication of a policy.

Associate Medical Director

The Associate Medical Director will provide clinical oversight and sign off for all policies within their remit.

Lead Developer

The Lead Developer is responsible for ensuring that the process for policy development is followed. The Lead Developer can be a member of:

- a specialised commissioning team
- the Corporate Strategy and Planning team
- the Medical Directorate Medicines Optimisation team
- an NWJCC hosted organisation or network

The responsibilities of the Lead Developer include:

- writing the scope prior to development using the scoping document template
- writing the draft of the policy, using the correct template. Always ensure a new template is used to draft or review a policy.
- working with the project manager for policy to plan and implement development timelines

- arranging for initial and final accuracy check of the policy
- identify themes, review and act on stakeholder consultation comments
- ensuring all related policies are kept up to date and relevant cross reference is made
- providing the Project Manager with up to date lists of service specific stakeholders
- ensuring that appropriate stakeholder consultation has taken place with the relevant individuals and groups, and all comments are considered. Comments and their responses will be themed and published anonymously on the NWJCC website when the policy is published (see section 4.2.3 Validation)
- ensuring that the approval and validation process is followed
- ensuring that training needs and resources required by the services for implementation are clearly identified
- ensuring that the necessary Equality and Welsh Language Impact Assessments (EWLIA) have been carried out and consideration given to the findings prior to the policy entering the approval process (see Section 7)
- liaising with the Director of Commissioning Lead and other relevant NWJCC team members to ensure that policies are implemented and published appropriately and, where necessary, compliance with those documents is formally audited
- ensures that there is an appropriate review of a policy, either in line with the review timescale set at the time of approval or as a result of new evidence, changes to services, practice, organisational structure or legislation.
- ensures funding and support is in place to enable implementation and commissioning as appropriate

Project Manager for Policy

The responsibilities of the Project Manager for Policy include:

- supporting the development and review of all NWJCC commissioned policies.
- ensuring commissioned policy development follows the agreed process.
- providing guidance to the commissioning team on the process of commissioned policy development
- ensuring commissioned policies are presented to Policy Validation Group for stakeholder consultation and publication
- ensuring the timely availability of all relevant documents for Policy Validation Group for approval
- curating and maintains the core stakeholder lists and assists the Lead Developer with service specific stakeholder lists
- contacting the Information Standards team at Digital Health and Care Wales (DHCW) at clinical.coding@wales.nhs.uk to request the ICD10 codes to be listed within the policy/service specification
- reviewing documentation prior to stakeholder consultation, including checking and proof-reading all documents to ensure they are accurate to the best of knowledge, clear and consistent

- collating the comments responses submitted by stakeholders to consultations and provides to the Lead Developer
- assisting the Lead Developer in preparing the final documents
- reviewing the policy formatting, links, codes and glossary prior to publication
- ensuring the publication and distribution of all documents is carried out
- ensuring the database of policies (policy register) is kept up to date.

2. NWJCC commissioned policies

NWJCC policies are an essential tool of governance that are used to achieve the strategic objectives and deliver consistently high standards of care.

NWJCC commissioned policies include those developed by hosted networks, but that are not directly commissioned or funded as a service, but where the clinical network expects the organisations to adhere to policies to ensure equity and parity of the services for the Welsh population.

Policies are presented as the following policy types.

- ***Commissioning Policies***

These define the services commissioned by NWJCC on behalf of the seven HBs and the criteria that must be met for Welsh patients to access the service, drug or technology. They describe the clinical indications that are commissioned and funded and also summarise which groups of patients can access the treatment, based on the best available evidence of clinical and cost effectiveness.

- ***Service Specifications***

These clearly define the core requirements that NWJCC expects to be in place for providers to offer evidence-based, safe and effective services, whilst ensuring equitable access to services for Welsh patients. They describe the service which should be provided, and also the quality of the service that NWJCC expects to be delivered. The specification also sets out the way in which the quality of the service will be measured, and monitored by NWJCC.

- ***Policy Position Statements***

These outline the criteria for a particular treatment or intervention by directly cross referring to existing published guidance. This guidance will usually have been produced by the National Institute for Health and Care Excellence (NICE), All Wales Medicines Steering Group (AWMSG) or NHS England and will contain a full description of the evidence that has been considered in reaching a commissioning decision. The guidance will also describe criteria for commissioning and proposed governance arrangements.

- ***Not Routinely Commissioned Statements***

Occasionally NWJCC will decide that there is insufficient evidence to commission a particular treatment or service and will produce a 'not routinely commissioned' policy. These outline the rationale and evidence why a particular treatment or intervention will not be commissioned in Wales.

3. Purpose and principles

3.1 Purpose

NWJCC identifies which services are commissioned for the population of Wales and these services are defined by the suite of documents and policies.

3.2 Principles

NWJCC applies the following principles when updating, reviewing and developing new policies:

- following the policy development processes as set out in this document to ensure consistency and transparency and should document the outcomes at all stages of the process.
- assigning an Director of Commissioning Lead and a Lead Developer.
- involving stakeholders in the development process and taking appropriate account of their views.
- ensuring that all policies are based on best available evidence of clinical and cost effectiveness, up to date applicable information, guidance or legislation.
- Once published, ensuring that all NWJCC policies are regularly checked, and updated in light of any new evidence, changes in service or treatment, organisational changes or revised All Wales Policies.
- Ensuring all policies are published on the NWJCC website in accordance with The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018¹.
- NWJCC should ensure that the processes, methods and policies remain up to date.
- NWJCC is committed to treating the English and Welsh languages on the basis of equality and endeavours to ensure the services it commissions meet the requirements of the legislative framework for the Welsh Language, the Welsh Language (Wales) Measure 2011² and the Welsh Language Standards (No.7) Regulations 2018³.
- NWJCC is committed to ensuring they are compliant with relevant legislative and regulatory frameworks for public sector organisations, including the duties set out in the Health and Social Care Act (2012)⁴, Prudent Healthcare⁵, the Well-being of Future Generations (Wales) Act 2015⁶, A Healthier Wales “Our Plan for Health & Social Care”, the Health and Social Care (Quality & Engagement) (Wales) Act 2020⁷,

¹ [The Public Sector Bodies \(Websites and Mobile Applications\) Accessibility Regulations 2018](#)

² [Welsh Language \(Wales\) Measure 2011](#)

³ [The Welsh Language Standards \(No. 7\) Regulations 2018](#)

⁴ [Health and Social Care Act 2012](#)

⁵ [Making prudent healthcare happen](#)

⁶ [Future Generations Act – Future Generations Commissioner for Wales](#)

⁷ [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

the Socio Economic Duty⁸ and the *Health and Social Care in Wales COVID 19: Looking Forward*⁹.

- Equality is central to the work of NWJCC and their vision for improving and developing services for NHS Wales. NWJCC welcomes the Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales.
- NWJCC are committed to complying with the provisions of the Equality Act 2010¹⁰ and the public sector general duty¹¹ and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.
- In accordance with the Equality Act (2010)¹² and the Socio-Economic Duty¹³ all policies will be subject to an Equality Impact Assessment (EIA) (see section 5), including updated policies.

All policies should be compliant with the NWJCC organisational values and behaviours.

3.3 Approval of policies

Responsibility for the approval of commissioned policies has been delegated by the Joint Committee to NWJCC Policy Validation Group (Policy Validation Group) subject to specified exceptions.

A summary of the formal approval process is presented in section 4.

3.4 Relationship with Cwm Taf Morgannwg UHB policies

This document should be read in conjunction with the following key document:

- [Equality Impact Assessment \(EIA\) and Welsh Language Impact Assessment \(WLIA\) Guidance](#)

3.5 Mechanism for funding for Specialised Commissioning Medicines

Funding agreement for specialised commissioned medicines is required as appropriate ahead of policy development. The monitoring of appropriate use is also required to support reimbursement to providers.

⁸ [Socio-economic Duty: an overview | GOV.WALES](#)

⁹ [Improving health and social care \(COVID-19 looking forward\) | GOV.WALES](#)

¹⁰ [Equality Act 2010: guidance - GOV.UK](#)

¹¹ [Public Sector Equality Duty | Equality and Human Rights Commission](#)

¹² [Written Statement - The Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011 & The Equality Act 2010 \(Specification of Relevant Welsh Authorities\) Order 2011 \(9 March 2011\) | GOV.WALES](#)

¹³ [Socio-economic Duty: an overview | GOV.WALES](#)

Blueteq® is a web-based software system used to manage, authorise and procure high cost drugs across a wide range of healthcare conditions and ensures that medicines are prescribed in accordance with Health Technology Appraisal guidance issued by the All Wales Medicines Strategy Group (AWMSG) and the National Institute for Health and Care Excellence (NICE).

When developing a policy, consideration must be given as to whether a Blueteq® form is required for the drug or treatment covered by the policy. Please contact the Medicines Optimisation Team for advice.

4. Commissioned Policy Process

4.1 Policy triggers

There are several triggers for the development of a new policy or an update/review of an existing policy. A summary of these is presented in Appendix i.

It is important that any new policy is appropriately allocated to the correct category as defined in section 4.2.2.

When a new policy development or review/update is planned, Policy Validation Group should be informed and approval sought.

For each new policy development or update of an existing policy due to new evidence a scoping document (Scope) should be completed and signed off by Policy Validation Group prior to commencing the development phase. A Scope is not required for routine reviews.

Following a trigger, the development process commences, this includes the following four stages, which are presented and explained in this section:

Development, there are five stages:

- Stage 1 - Preparation and planning (scoping the work)
- Stage 2 - Development
- Stage 3 - Validation, including stakeholder consultation and response to comments
- Stage 4 - Publication
- Stage 5 - Implementation

Post publication, there are two stages:

- Stage 6 - Policy monitoring
- Stage 7 - Policy review and update.

In accordance with the Equality Act 2010, following scoping, all key stages of policy development and its review will be subject to an Equality Impact Assessment (EIA). These will be recorded on the EIA form and published alongside the final policy.

- [Equality Impact Assessment \(EIA\) and Welsh Language Impact Assessment \(WLIA\) Guidance](#)

4.2 Stages of Development

The following stages provide a detailed breakdown of each stage within the development process.

4.2.1 Preparation and Planning – scoping the work (Stage 1)

This is the first stage of development and is initiated by a trigger. During this stage the Director of Commissioning Lead will appoint a Lead Developer, who will then:

- prepare the draft scope using the agreed template. The scope will include the following:
 - the area covered by the policy
 - the population/patient or staff groups likely to be impacted
 - a summary of the existing evidence base, other relevant policies and national guidance etc.
 - identification of any groups with protected characteristics or may suffer from socio-economic disadvantage as described in the EIA policy
 - development timelines
- identify and document the rationale for development
- identify sources of information, other relevant or existing policies, guidance or legislation to support the need for developing or updating a policy
- ensure budget impact assessment commences and finance is in place for delivery of the service or treatment.

Before development is undertaken, the scope is taken to NWJCC Policy Validation Group to sign off and confirm approval for progression to stage 2 (development).

4.2.2 Development (Stage 2)

If a new policy is agreed for development, the Policy Manager adds the policy to the Policy Register and assigns a new Policy Number. The Lead Developer can then progress the policy to development utilising the appropriate policy template.

If a policy is being updated then changes can be:

Minor

This category includes small updates of current policies, which do not change any key information within the policy. Any update will be agreed with the Director of Commissioning Lead and the revised policy re-published.

The following is presented as a guide:

- correcting typographical errors
- updating hyperlinks
- updating templates
- review date extensions

This type of update will not require a formal stakeholder consultation.

Moderate

This category covers those existing policies which require an update due to one of the following:

- Organisational structure change
- Publication of revised legislation
- Publication of revised All Wales Policy
- Discrepancy identified in policy
- Information is out-of-date
- Change to working practices.

Depending on the level of update required a Clinical Expert Advisory Group can be established to aid with development. The decision to convene such a group, rests with the Director of Commissioning Lead and or Policy Validation Group.

Policies within this category will almost always require a formal stakeholder consultation, normally between 4 and 8 weeks as agreed at Policy Validation Group.

Major

This category will cover the following:

- A new policy requiring comprehensive supporting information/data/evidence
- A new policy where a more consensus-based, or collaborative developmental approach is needed
- A comprehensive update of an existing policy requiring appraisal of new/updated information/evidence, guidance or legislation.

A Policy Working Group or Expert Clinical Advisory Group will need to be established to aid with development.

Policies within this category require a formal stakeholder consultation normally 6 weeks and could be up to 12 weeks depending on complexity.

4.2.3 Validation (Stage 3)

At validation a policy is assessed in terms of quality assurance and peer-review by members of NWJCC, Policy Validation Group and other stakeholders.

The main steps in the validation stage are:

- Pre-consultation check
- Stakeholder consultation

- Responding to stakeholder comments
- Post-consultation check
- Approval for publication.

Pre-consultation check

Final approval for stakeholder consultation should be sought from NWJCC Policy Validation Group.

Stakeholder consultation

Stakeholder consultation is a vital for the quality assurance of a policy.

When consulting on a new or updated policy, NWJCC will usually ask the following questions:

- Is the policy clear?
- Does it contain any material inaccuracies or omissions?
- Does the policy identify all the parameters required or are there other issues that need to be included?
- Are there any equality issues or socio-economic duties which should be considered as part of the development of this document?

In line with the good practice principles, NWJCC will be clear as to the aspects of the documents which are being consulted upon, and which are not open to change for example when a treatment is added or removed from a policy.

When a policy has been approved for stakeholder consultation the following documentation must be issued:

- an explanatory email/covering letter (in English and Welsh) detailing the purpose of the stakeholder consultation
- a PDF of the draft policy on the appropriate template
- a blank stakeholder responses form (in English and Welsh). NWJCC does not have to accept:
 - comments that are not presented on the correct form
 - comments with attachments such as research letters or leaflets
 - comments submitted past the consultation deadline

For policies being circulated for consultation, new policies must include 'Policy Proposal' in the watermark and the title page and updated policies must include 'Policy Update' in the watermark and the title page.

Stakeholder consultation usually runs from 4-8 weeks but can be extended to 12 weeks in some circumstances (for example for highly complex or contentious policies or if stakeholder consultation falls over a holiday period such as Christmas).

The period of stakeholder consultation will be agreed by the NWJCC Policy Validation Group.

External Consultation

All new and updated policies issued for stakeholder consultation should be sent to the relevant target audience. Service specific lists which should include appropriate managerial, professional and clinical staff groups as relevant, as well as patient groups, charities and Llais Cymru are curated and maintained by the individual commissioning teams and Project Manager for Policy. All medicines policies should also be sent to the medicine manufacturer. NWJCC is also expected to formally consult with the following agreed list of core stakeholders which is curated and maintained by the Project Manager for Policy:

- Members of the NWJCC including the Joint Committee
- National groups representing patients and carers
- Organisations representing healthcare professionals
- Relevant NHS England organisations (if services are commissioned outside of Wales)
- Welsh Government and Advisory Groups as appropriate
- NHS Wales stakeholders including:
 - Chief Executive Officers, NHS Wales
 - Medical Directors, NHS Wales
 - Directors of Strategy, Planning & Performance, NHS Wales
 - Directors of Finance, NHS Wales
 - Directors of Nursing, NHS Wales
 - Director of Therapies and Health Science, NHS Wales
 - Medicines Management, NHS Wales
 - Clinical Network Lead for Wales, NHS Wales
 - Chief Pharmacists, NHS Wales

Active/Public Consultation

If the policy change results in a change to the patient pathway then public consultation is required and a degree of active engagement may be needed. This will be agreed at Policy Validation Group at the scoping stage and a consultation plan determined with the Lead Developer with support from Associate Director of Communications and Engagement.

Responding to stakeholder comments

After consultation the Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) will address the comments received during stakeholder consultation. All NWJCC responses must be completed on the appropriate comments response collation template.

The following will be taken into account when responding to stakeholder consultation comments:

- each comment received must be acknowledged and responded to accordingly. Where multiple comments are received on the same theme, responses may be grouped.
- the Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) must consider whether changes are needed to the policy
- if changes are made to the policy as a result of a consultation comment this must be made clear in the response. If no change is to be made then the reason why not needs to be made clear in the response
- an EIA should be carried out on the updated version following consultation
- for updated policies, the publication history section should be updated to include any changes to the policy since last publication
- all comments should be collated into an anonymised themed NWJCC response document which will be published alongside the policy

The Lead Developer must maintain a clear audit trail of any changes made to a policy (version control and track changes, see section 5).

An overview of stakeholder comments and NWJCC responses will be made available on the NWJCC website when the final policy is published, as well as noting any declaration of interests submitted as part of the consultation.

Post-consultation Policy Working Group/Clinical Expert Advisory Group meeting

If a Policy Working Group/Clinical Expert Advisory Group was set up to facilitate policy development, all stakeholder comments and suggested changes to the policy must be checked and approved by each member of the group.

Post-consultation check

After agreed changes have been made to a policy post consultation, the revised policy is then checked internally by Policy Validation Group.

This check includes ensuring that:

- changes made to a policy are appropriate
- stakeholder comments have been responded to appropriately
- no further changes need to be made.

A clear audit trail of any further changes made as part of the post consultation check should be maintained.

Ratification and approval for publication

Once the post-publication check has been completed, the policy is ready for approval for publication. All policies and responses to stakeholder comments together with the updated scope should be presented to Policy Validation Group after completion of the consultation process for endorsement.

Policy Validation Group must ensure that the policy:

- has addressed all issues that were identified in the scope
- is consistent with the information/legislation quoted
- was developed using the agreed methods and process
- is clear and coherent
- follows the agreed template
- equality impact assessments are correct.

Prior to the policy being agreed and signed off it may be requested that further work needs to be undertaken. Depending on the changes required the policy may need to go back out to consultation, this is by agreement of Policy Validation Group. Policies may also need to go back to consultation if 12 months have elapsed between consultation and approval for publication.

Quality, Safety and Outcomes Sub-Committee (QSOC) should be sent regular (no less than quarterly) updates of the Policy Validation Group work programme and the status of all extant policies (i.e. the number out of date, being reviewed, being updated, in date).

4.2.4 Publication (Stage 4)

Once the policy has been approved by NWJCC Policy Validation Group, the Project Manager for Policy will ensure that the final policy is uploaded onto NWJCC internet as appropriate and in line with The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018¹⁴.

The following documents will also be uploaded with the clinical policy:

- Final Equality Impact Assessment (EIA)
- Themed and anonymised responses to stakeholder comments

¹⁴ [The Public Sector Bodies \(Websites and Mobile Applications\) Accessibility Regulations 2018](#)

4.2.5 Implementation (Stage 5)

The fifth stage of the process is implementation. This stage is where the policy is applied to working practices. This may include consideration of staff training requirements.

Once a policy has been published the key role of the Lead Developer and NWJCC commissioning team, hosted organisation or network is to plan the implementation of the policy.

4.2.6 Post Publication – Monitoring (Stage 6)

All policies should be monitored in line with the quality indicators and any associated contractual agreements as detailed in the Policy or Service Specification.

4.2.7 Post Publication – Policy review and update (Stage 7)

A formal review of the policy is usually undertaken every 3 years unless triggered earlier. However, an informal review should be undertaken as appropriate, to ensure that all policies are current and will enable Director of Commissioning Leads and Commissioning Teams to make a decision on whether an update is needed.

When scheduling updates or the development of new policies into its work programme, NWJCC will prioritise topics according to need. There may be circumstances where a check for update is brought forward, for example when:

- medicines or interventions are withdrawn
- new medicines or interventions are released
- there are changes to legislation or infrastructure.

This information will be determined as a result of intelligence gathering process, which may include the following:

- horizon-scanning
- evidence appraisal
- prioritisation process
- review of services
- review of existing NWJCC policies.

Where a clinical policy is no longer required, Policy Validation Group can agree it should be stood down. The reason for this must be documented in Policy Validation Group minutes and the Policy Register.

Update needed

If the decision to update a policy is made then development process starts again from stage 1 (planning and preparation – see section 3.2.1).

No update needed

At formal review, if the decision is not to update the policy, then the policy will be republished with a new review date. At informal review, the policy will remain published with the existing formal review date.

Review Date Extension

A list of all policies with a review date of less than 6 months from the date of the Policy Validation Group meeting is provided at each Policy Validation Group meeting and a review date extension can be requested and agreed. The Policy Register is updated appropriately.

5. Equality Impact Assessment

Equality impact assessment (EIA) is a process that allows NWJCC to consider the effects of its policies on people.

The Equality Act 2010¹⁵ introduced a new public sector equality duty (PSED)¹⁶ (the 'general duty') which became effective on 5th April 2011.

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review.

The socio-economic duty (Part 1, Section 1 of the Equality Act 2010¹⁷) requires public bodies, such as the NHS to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class. This duty came into force in Wales on 31 March 2021, and aims to reduce inequality for people who experience socio-economic disadvantage.

- As a hosted organisation the process for undertaking an equality impact assessment and ensuring due regard is given to the socio-economic duty is set out in the [Equality Impact Assessment \(EIA\) and Welsh Language Impact Assessment \(WLIA\) Guidance](#)

Equality Impact Assessments should be carried out throughout the cycle of policy development, review and publication as follows:

- on the version of the policy prior to consultation
- if changes are made to the policy dependent upon any comments received
- on the final version of the published policy.

NWJCC will adopt NICE EIAs for NICE approved medicines unless agreed otherwise at Policy Validation Group or in response to consultation comments received.

¹⁵ [Equality Act 2010: guidance - GOV.UK](#)

¹⁶ [Public sector equality duty - GOV.UK](#)

¹⁷ <https://www.legislation.gov.uk/uka/2010/15/section/1>

6. Data Protection and GDPR

Data protection legislation places a statutory duty on the organisation to demonstrate compliance with the accountability principle.

NWJCC must ensure that it complies with both the General Data Protection Regulation (UK GDPR) and the Data Protection Act (DPA) 2018¹⁸. These set out the framework for the processing of personal data.

UK GDPR, became enforceable in all EU member states on 01 January 2021, and covers most of the legal obligations for processing personal data in the UK.

The Data Protection Act 2018 includes UK GDPR and replaces the Data Protection Act 1998. It sets out:

- how other information rights legislation (e.g. Freedom of Information Act 2000) interact with the new DPA and UK GDPR
- how personal data must be processed in the UK where it doesn't fall within UK GDPR, e.g. immigration or national security matters
- local rules for the UK that complement UK GDPR, e.g. additional measures required for the processing of special category personal data
- the Information Commissioner's Office's (ICO) role, functions and powers.

The Data Protection Act 2018 and UK GDPR applies to:

- all staff who handle and use personal information, whether we hold it on our systems (manual and automated) or if others hold it on their systems for us
- all personal data processing carried out by NWJCC or for other Health Boards
- all formats, e.g. printed and digital information, text and images, documents and records, data and audio recordings.

In accordance with the requirements of the Data Protection Act 2018, names of individual staff must not be contained within any key documents. Individuals with particular responsibilities can be identified by their job title only.

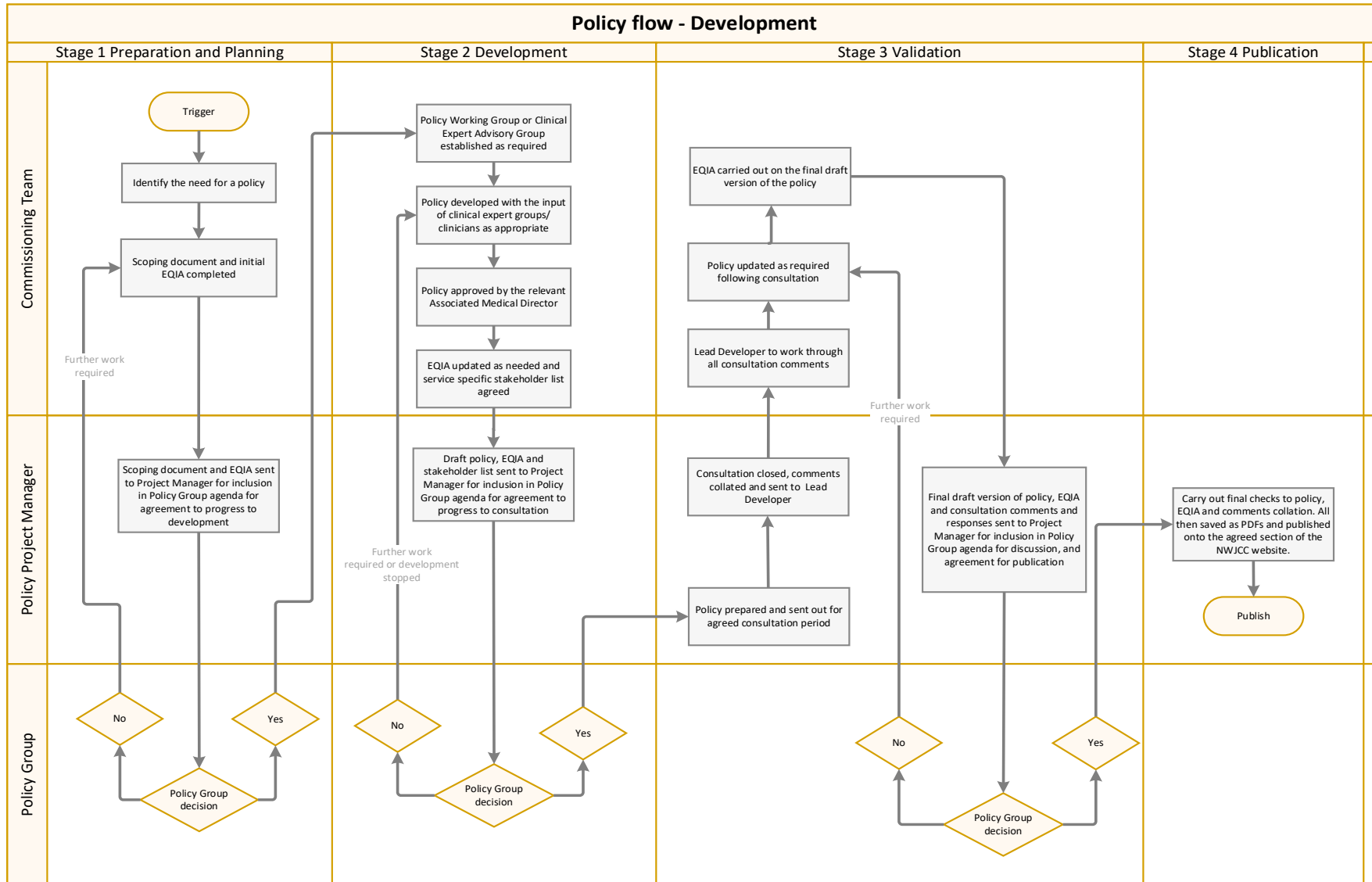
For further information please see the [NHS Wales policy on Information Governance, 2018](#).

¹⁸ [Data Protection Act 2018](#)

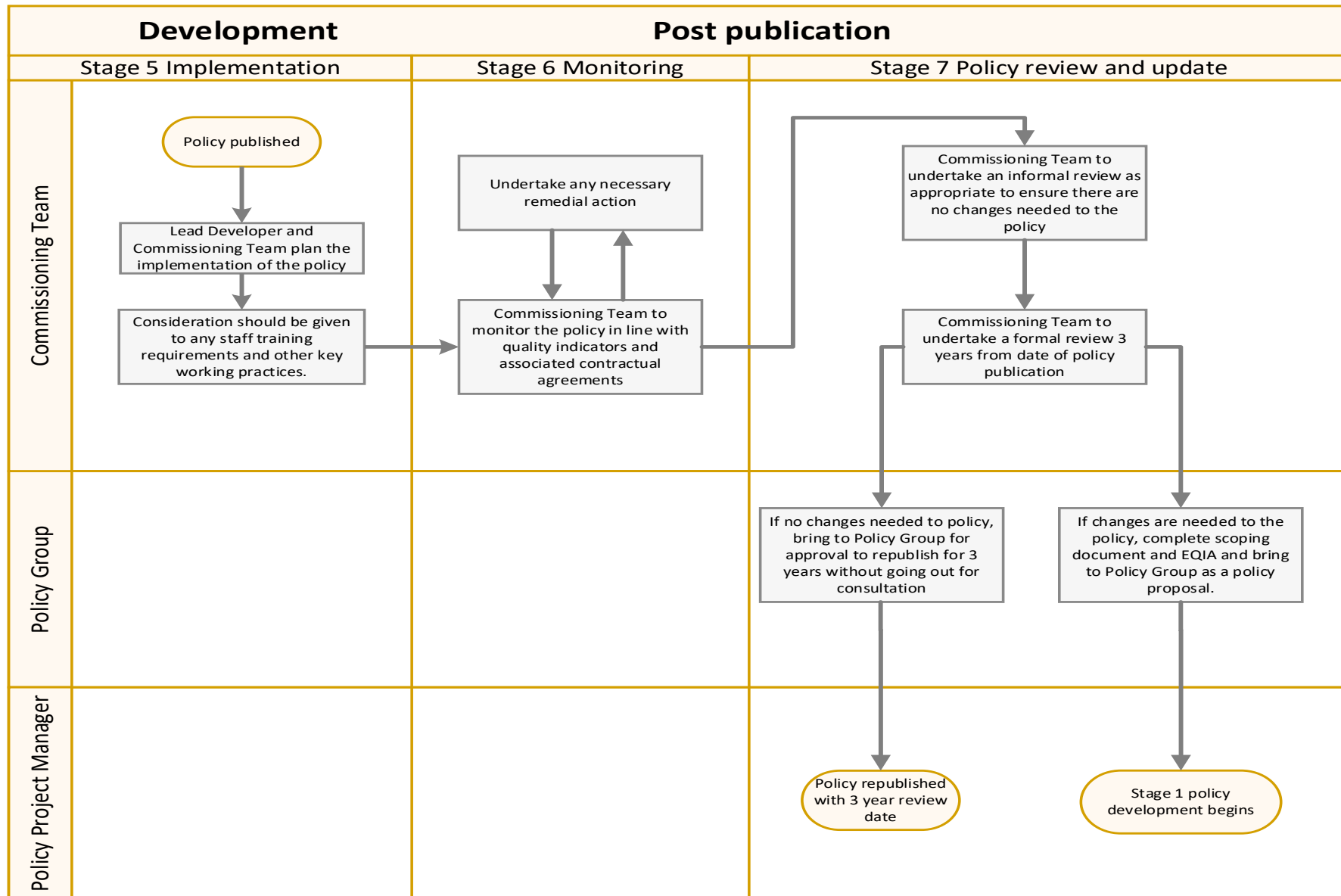
Appendix i: Triggers

POTENTIAL TRIGGERS FOR POLICY DEVELOPMENT, REVIEW OR UPDATE
Changes to Service
<ul style="list-style-type: none"> • New Service • Increase in treatments • Decrease in treatments • Expanded Service • De-commissioned service • IPFR
New Evidence
<ul style="list-style-type: none"> • AWMSG Guidance • NICE Guidance or endorsements • Publication of new research • Prioritisation Panel • NHS England Clinical Guidelines • Specialist professional bodies
All Wales Policy
<ul style="list-style-type: none"> • Existing policy revised • New policy issued • Ministerial Directive
Process
<ul style="list-style-type: none"> • Prioritisation Panel • Clinical Impact Assessment Group • Outdated work practices • Changes to work practices • Commissioning Service Review • Response to monitoring and compliance
Policy Review
<ul style="list-style-type: none"> • Ministerial Directive • Requests from Health Boards • Criteria changes • Discrepancies identified • Policy out of date

Appendix ii: Policy stages flow diagram



Procedure for the development, review and update of NWJCC commissioned policies



Appendix iii – Directorates and Teams

NWJCC Directorates

The following directorates develop, update and commission policies and service specifications across their specific portfolios supported by members of the wider organisation including Corporate Planning and Strategy, Finance and Value, Nursing and Quality and the Medical Directorate:

- Specialised Services
- Ambulance Services and 111
- Mental Health Learning Disabilities and Vulnerable Groups
- Welsh Kidney Network

Corporate Planning and Strategy

Corporate Planning and Strategy contribute to the overall development of services within NHS Wales and the delivery of NWJCC objectives and goals. The team supports the strategic specialised commissioning across specialised services, Ambulance Services and 111, Mental Health, Learning Disabilities and Vulnerable Groups and the Welsh Kidney Network for a portfolio of services for the population of Wales.

Specialised Services

The Head of Commissioning for the specific portfolio, supported by members of the wider organisation including Strategy, Planning and Transformation, Finance and Information and Medical Directorates are responsible for leading on the update and development of commissioned policies.

Ambulance Services and 111

Covers a wide range of critical services, including Emergency and Non-Emergency Ambulance Services, Air Ambulance Services, NHS 111 Wales services, the Major Trauma Network Operational Delivery Network and the Spinal Operational Delivery Network.

Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

Commissions:

- Child and Adolescent Mental Health Services (CAMHS) Tier 4
- Forensic Adolescent Consultation Services (FACS)
- High Secure, Medium Secure and Low Secure Psychiatric Services
- Mental Health Services for Deaf People (Tier 4)
- Neuropsychiatry
- Specialised Perinatal Services

- Specialised Eating Disorder Services (Tier 4)
- Gender Identity Services for both Children and Young People and Adults

Welsh Kidney Network

Plan and commission adult kidney services in Wales and provide support to the NHS including:

- Home haemodialysis
- Peritoneal Dialysis
- In centre Haemodialysis/Unit Haemodialysis
- Kidney Transplant/Transplantation
- Vascular Access for dialysis
- Holiday dialysis

Finance Information and Value

The Finance team undertake contracting and financial performance management for specialist providers, Mental Health, Ambulance, 111 and the Welsh Kidney Network. The team provides monthly monitoring to Commissioners and Welsh Government of spend against the planned budget for specialist services. They are expected to provide key financial data to support policy development, in particular costing of proposed new treatments or historical data on provider performance against existing commissioned policies.

Nursing and Quality Directorate

The Nursing and Quality Directorate facilitates a cross-directorate approach ensuring consistency in approach across the organisation in developing parameters and process for Directors of Commissioning to work within.

The role of the quality team is to ensure that service delivered are maintained in alignment with national, regional and local policies. They act as custodians of quality standards, ensuring that commissioned services meet both policy requirements and the needs of the population.

Medical Directorate

The Medical Directorate provides clinical oversight and support for policy development through evidence reviews and the Medicines Optimisation Team, overseeing implementation of NICE TAs and inclusion of medicines in policies.

In line with the Terms of Reference for Policy Validation Group the Deputy Medical Director, as Chair takes responsibility for coordinating Policy Validation Group with the Assistant Director of Evidence, Evaluation and Effectiveness as Deputy Chair.

Clinical Expert Advisory Group

External multi-disciplinary working groups can be established for specific service areas to advise NWJCC on the provision of specific services and policy development. Their main roles and outputs are described below. In addition, where there is a lack of evidence within a topic area, consensus agreement from the group can be sought. Membership of the group should be drawn from the specialist clinical area relating to the service area being developed. The group is normally accountable to NWJCC. The Group will usually be chaired by a member of the NWJCC Medical Directorate.

The main role of the group is to:

- develop commissioning policies and service specifications for specific clinical services, in line with NWJCC process which reflects the approved position in Wales
- describe the current arrangements for people in Wales for specific clinical service areas
- advise NWJCC on future demand for interventions, service, new indications and where and how to access the service
- consider the evidence base for the specific clinical service area
- make recommendations to NWJCC on the actions to be taken as a result of the review, in particular the decisions affecting the commissioning and delivery a specific service for people living in Wales.

Clinical Advisor

If sufficient clinical expertise is not available within NWJCC when developing or updating a commissioned policy, an external specialist Advisor can be sought. They will have specialist knowledge of a specific service area and will assist NWJCC in all stages of policy development. The Clinical Advisor will ensure that NWJCC's decisions are balanced, equitable, transparent and unbiased to ensure decisions are made upon the best interests of NHS Wales.

The role of the Clinical Advisor includes:

- chairing the clinical advisory working group for policy development (if one has been set up) and ensure they carry out their function as described above
- working with NWJCC to develop the scope for policy development
- working with NWJCC (and the clinical advisory working group) as required to identify key issues, advise on the evidence appraisal, advise on appropriate assumptions and data sources for policy development
- work with NWJCC on writing and editing drafts of the policy
- advising on responses to stakeholder comments on the draft policy.

Expert advisors

If NWJCC requires further expertise to develop a clinical policy, it may call on external experts who can provide additional evidence from their knowledge and experience. Experts may be drawn from a wide area as appropriate and can include government representatives, people using the service and their carers or the community and voluntary sector. An expert advisor will usually be invited to present their evidence in the form of a paper or verbal presentation. Expert testimony papers may then be published on the NWJCC website with other sources of evidence when the policy is published.

Stakeholders

Stakeholders play an important role in the validation of a policy. Stakeholders comment on the draft policy and may provide comments that can help form the final document, and support the implementation of a policy. NWJCC responds to all comments from registered stakeholders and these responses are themed and anonymised prior to publication on the NWJCC website.

NWJCC, representatives from NHS Wales, NHS England and service specific contacts are stakeholders for consultation of clinical policies and the distribution list is developed with the Lead Developer and Project Manager.

Appendix iv: Standard Operating Procedures

Writing the policy

When writing a policy, the wording must be concise, unambiguous and easy to translate into practice.

The wording of the policy must be agreed by the those involved in development and Policy Validation Group and should:

- be named as per the agreed naming conventions
- use strict version control on all draft documents
- be developed using the agreed templates. This will ensure that all policies developed at NWJCC are presented in a consistent, clear and professional manner
- use tracked changes
- include information regarding the changes within the policy on the policy information page. For targeted consultation purposes all updates for consideration should be highlighted in yellow.
- focus on what specific action needs to be taken, who needs to take it, where its needs to be done
- use direct instruction wherever possible (see Appendix v)
- use clear language and avoid vague statements and jargon
- use plain English and active verbs (see Appendix v)
- use gender inclusive language such as 'they' instead of he/she
- include reference to existing and new legislation
- use cross-referencing for multiple instances of the same footnote reference
- include relevant outcome/quality measures/KPIs
- the abbreviation and glossary section in alphabetical order
- include relevant additional information that a reader of the policy may need to know
- policies which cover all ages and all children's policies should include a section on transition to adult services
- where appropriate, all policies should include relevant Blueteq information
- the glossary and abbreviations section should be in alphabetical order

Naming a document

A standard approach to naming a document allows them to be found more easily, therefore it is important that consistency is maintained when naming a document. All working documents should include 'DRAFT' in the title until the final version is created, then the word 'FINAL' should be included.

When saving a document for the first time, the following information should be used:

- Policy number
- Short title
- Version number

For example:

- CP/SS/PPSXXX Name of Policy v0.1 DRAFT
- CP/SS/PPSXXX Name of Policy v1.0 FINAL

Version Control

Version control is the process by which different drafts and versions of a document are managed. It tracks a series of draft documents, finishing in a final version. Using version numbers provides an audit trail for the revision and update of policy documents.

When drafting a new policy, version control clearly identifies the development status of the document, and allows a return to previous versions.

Version control is achieved by adding a version number in the file name of a document. The initial draft of a policy should be numbered v0.1, and each draft is then numbered sequentially from v0.1 v0.2, v0.3 until a final version has been completed. This final draft would then be numbered v1.0.

If more revisions are to be made to the draft document then the number will increase by 0.1, for example. v1.1, v1.2. Subsequent final version numbers then increase by 1.0, for example v1.2 final document will become v2.0, and draft document v2.5 would become v3.0.

In addition to adding the version number to the end of the file name, it should also be displayed within the document.

Templates

Using a template allows for consistency when producing NWJCC documents and folders. Templates ensure all NWJCC clinical documents and folders are unified in appearance and content.

Templates are available on the shared drive for:

- Clinical policy folder template structure
- Commissioning Policy
- Service Specification

- Policy Position Statement
- Policy Position Statement (National Institute for Health and Care Excellence (NICE) and All Wales Medicines Strategy Group (AWMSG) approved)
- Not Commissioned Statement
- Consultation template letters, proformas

Style and Format

All policies should be written in the approved NWJCC style and format:

- All text must be in Verdana font:
 - The main heading is Verdana font 26
 - Main body of the document is Verdana 12
 - Footnotes within the document are Verdana 10
 - Footers and headers are Verdana 12.
- All policies need to be written on the latest version of the appropriate policy template. Each template will include some sections that are mandatory and therefore must be completed.
- Click ¶ (show/hide) to show paragraph marks and other hidden formatting symbols

Track changes

Track changes is an editing command that should be used for keeping track of any amendments made to a policy.

Using track changes allows multiple people to make revisions without losing the context of the original document. Using this function allows the reader to see exactly what was changed and they can then decide whether or not to accept or reject these amendments.

When making any changes to a policy a new copy should be saved, with the appropriate file name. Older versions should then be moved to the older versions folder and only the current version should remain in the current draft version folder. This is the responsibility of all staff involved in the development of the policy.

Policy Update section

All updated published policies should include a Policy Update section on the information page. This should detail any major changes to the policy since last publication. These should include changes to the patient pathway, designated provider, prescribing changes such as treatments added or withdrawn and changes to legislation.

Appendix v: Tips for using plain English

The following are tips on using plain English within policy documents.

When wording a policy use person-centred language. Be respectful, empathetic and inclusive. Person-centred, gender neutral language reflects good manners and sensitivity, not political correctness.

Avoid labelling people, describe what a person has, not what a person is. Diseases are treated, not people. Diseases, not people, respond to treatment. Conditions, not people, are monitored. People are not unsuitable for treatments: treatments are unsuitable for them. People have diseases, they do not suffer from them.

Be accurate when using age in a policy:

- babies: 1 year and under
- children: up to 12
- young people (teenagers): between 12 and 17
- adults: 18 and over
- older people: 65 and over.

Use gender-neutral language where possible. This means using 'people', 'they' and 'them' instead of 'women', 'men' and 'his' or 'her'.

Abbreviations and acronyms

The first time you use an abbreviation or acronym explain it in full on each page. Then refer to it by initials.

Do not use full stops in abbreviations: NICE, not N.I.C.E

Do not use an acronym if you're not going to use it again later in the text.

Active voice

Use the active rather than passive voice. This will help write concise, clear content.

Ampersand

Use 'and' rather than '&', unless it's a department's logo image or a company's name.

Brackets

Use (round brackets), not [square brackets].

Do not use round brackets to refer to something that could either be singular or plural. Always use the plural instead, as this will cover each possibility.

Bullet points and steps

You can use bullet points to make text easier to read. Make sure that you:

- always use a Lead-in line
- the bullets make sense running on from the Lead-in line
- use lower case at the start of the bullet
- try not to use more than one sentence per bullet
- do not put a semicolon at the end of a bullet
- put a full stop after the last bullet point.

Capitalisation

DO NOT USE BLOCK CAPITALS FOR LARGE AMOUNTS OF TEXT AS IT'S DIFFICULT TO READ.

Data

Treat as a singular noun: The data is stored on a secure server.

Dates

- use upper case for months: January, February
- do not use a comma between the month and year: 4 June 2017
- when space is an issue - in tables or publication titles, for example - you can use truncated months: Jan, Feb
- use the UK format, date, month, year.

Direct Instruction

Give direct instructions and start with a verb, if possible, to keep the action up front and direct.

e.g., etc. and i.e.

Try to avoid using e.g., etc. or i.e. instead try using:

- for e.g. use 'for example' or 'such as' or 'like' or 'including' - whichever works best in the specific context
- etc. can usually be avoided. Try using 'for example' or 'such as' or 'like' or 'including'. Never use etc. at the end of a list starting with these words
- i.e. - used to clarify a sentence – is not always well understood. Try (re)writing sentences to avoid the need to use it. If that is not possible, use an alternative such as 'meaning' or 'that is'.

Hyphenation

Hyphenate:

- re- words starting with e, like re-evaluate
- co-ordinate
- co-operate

Do not hyphenate:

- reuse
- reinvent
- reorder
- reopen
- email

Do not use a hyphen unless it's confusing without it, for example, a little used-car is different from a little-used car.

Italics

Do not use *italics*. Use 'single quotation marks' if referring to a document, scheme or initiative.

Lists

Lists should be bulleted to make them easier to read.

Numbers

Use 'one' unless you're talking about a step, a point in a list or another situation where using the numeral makes more sense: 'in point 1 of the design instructions', Or:

Write all other numbers in numerals (including 2 to 9) except where it's part of a common expression like 'one or two of them' where numerals would look strange.

If a number starts a sentence, write it out in full (Thirty-four, for example) except where it starts a title or subheading.

For numerals over 999 - insert a comma for clarity: 9,000

Ordinal numbers

Spell out first to ninth. After that use 10th, 11th and so on. In tables, use numerals throughout. Avoid ordinals when writing out a date.

References

References should be easy to understand by anyone, not just specialists. If the reference is available online, insert a link as a footnote.

Semicolons

Do not use semicolons as they are often misread. Long sentences using semicolons should be broken up into separate sentences instead.

Sentence length

Do not use long sentences. Check sentences with more than 25 words to see if you can split them to make them clearer.

Spaces

One space after a full stop, not 2.

Words to avoid

Avoid using these words:

- agenda (unless it's for a meeting)
- advancing
- collaborate (use working with)
- combating
- commit/pledge (we need to be more specific - we're either doing something or we're not)
- countering
- deploy (unless it's military or software)
- dialogue (we speak to people)
- disincentivise (and incentivise)
- empower
- facilitate (instead, say something specific about how you're helping)
- focusing
- foster (unless it's children)
- impact (do not use this as a synonym for have an effect on, or influence)
- initiate
- key (unless it unlocks something. A subject/thing is not key - it's probably important)
- land (as a verb only use if you're talking about aircraft)
- leverage (unless in the financial sense)
- liaison
- Must – only use if there is a legal duty to apply a recommendation, or the consequences of not following a recommendation are extremely serious (death).
- overarching
- progress (as a verb - what are you actually doing?)

- promote (unless you're talking about an ad campaign or some other marketing promotion)
- robust
- slimming down (processes do not diet)
- streamline
- strengthening (unless it's strengthening bridges or other structures)
- tackling (unless it's rugby, football or some other sport)
- transforming (what are you actually doing to change it?)
- utilise

Avoid using metaphors – they do not say what you actually mean and lead to slower comprehension of your content. For example:

- drive (you can only drive vehicles, not schemes or people)
- drive out (unless it's cattle)
- going forward (it's unlikely we are giving travel directions)
- in order to (superfluous – do not use it)
- one-stop shop (we are not a retail outlet)
- ring fencing.