

# NHS LONDON Alignment toolkit

## Examples of service developments/initiatives/projects

Title	Decision Support Service
Lead library	<a href="http://www.westminster-pct.nhs.uk/healthy/library.htm">http://www.westminster-pct.nhs.uk/healthy/library.htm</a>
Summary of the service	<p>The Decision Support Service (DSS) provides a framework for requests to Public Health for decision-making support from colleagues in the PCT, many of which will be related to commissioning. The decision support service will dovetail with work around the Joint Strategic Needs Assessment and brings together the expertise of the Public Health Information &amp; Resource Unit, the Health Intelligence, Involving People, and Equality and Diversity teams, as well as advice from health inequalities and clinical governance specialists. The Service is led by a Consultant in Public Health Medicine and will also call upon external specialist advice from a health economist as necessary.</p>
Partner organisations	<p><a href="#">Public Health Action &amp; Support Team (PHAST)</a> (for specialist advice from a health economist as necessary)</p>
Key Audiences;	Commissioners in the Service Development and Public Health directorates.
Description of the service	<p>A standardised report is produced in response to each agreed request and includes:</p> <ul style="list-style-type: none"> <li>• Summary of evidence of effectiveness and cost-effectiveness from literature (PHIRU, with support from PHAST as necessary)</li> <li>• Summary of relevant national policy and guidance (PHIRU)</li> <li>• Data on population need</li> <li>• Impact / input from involving people</li> <li>• Consideration of ethnicity and diversity of the population and hence impact on equality</li> <li>• Suggestions for evaluation methods to assess progress and outcomes of the projects / decisions once implemented.</li> </ul> <p>Findings are presented in a systematic report within an agreed timeframe. If a commissioner makes a request either for a quick scoping project or for a more in-depth review, they will know at the outset approximately when they can expect to receive results.</p>
Customer involvement	Yes - the requester attends one of the DSS's regular meetings to clarify his or her requirements.
Benefits of the service for the	Previously evidence has been provided to support commissioning decisions on an ad hoc basis. Westminster PCT's Commissioning

<b>customer</b>	<p>Strategy Plan (CSP) aims to concentrate efforts on the prevention and treatment of those diseases which have the biggest impact on residents in Westminster and to reduce health inequalities taking a short, medium and long term approach. The introduction of the DSS aims to bring together the necessary skills and knowledge to achieve this and better understand the impacts of plans.</p> <p>A further benefit is in terms of forward-planning for the Public Health directorate. The DSS provides an opportunity to streamline requests for support to commissioning decisions and allows an assessment to be made of the likely resources required to complete a piece of work before it is undertaken. While the DSS will not review all incoming and self-generated work for the public health department, it may account for a substantial proportion of the workload, which could result in better and more systematic deployment of resources.</p>		
<b>Benefits for the library/libraries</b>	<p>A visible and direct involvement in the decision-making processes of the PCT and a systematic extension of PHIRU's literature review and critical appraisal skills.</p>		
<b>Evaluation:</b>	<p>The evaluation will be formative and prospective, and will shape the nature of the DSS in the future. Evaluation will seek stakeholder opinion on the service, look at inputs required for completing each type of report and review the process from request to result to iron out any aspects not working well.</p>		
<b>Marketing</b>	<p>N/A</p>		
<b>Collaborative working:</b>	<p>Should avoid duplication but also allow better and systematic sharing of knowledge; however the process is time-consuming and there is a risk that the other elements and purposes of the PHIRU service may not receive their due.</p>		
<b>Funding streams</b>	<p>This is being met from a redirection of existing capacity, with a small sum for ad hoc specialist advice from a health economist.</p>		
<b>Start date</b>	<p>May 2008</p>	<b>End date</b>	<p>Ongoing</p>
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