

NHS DORSET CCG
CLINICAL SERVICES REVIEW SPECIFICATION

1. REQUIREMENTS OVERVIEW

- 1.1 NHS Dorset Clinical Commissioning Group (CCG) is seeking a provider partner to understand better the enduring needs of people and to support a potential redesign of services in response to peoples' needs for the next decade and beyond.
- 1.2 The successful partner will undertake a review and analysis of demand and supply of healthcare services for the population of Dorset and to produce a report on how to create high quality healthcare services in Dorset consistent with safe standards of care which are affordable as well as clinically and financially sustainable.
- 1.3 Patients, carers and the public should be at the heart of this work, which will be advised by clinical expertise and which will incorporate local, national and international evidenced best practice and outcomes.
- 1.4 The local Trusts are keen to participate in this process and will have an important role in ensuring that envisaged service patterns are clinically and financially viable. This will also offer the opportunity to use the substantial membership of the Trusts as a further way of gauging the views of patients and the public.
- 1.5 The review will form three distinct phases; solution design, public consultation and implementation support. The CCG is seeking proposals for all three phases although it retains the right to seek alternative proposals for the public consultation and implementation support phases should circumstances at the time require further competition.
- 1.6 The solution design phase will answer three interdependent "demand" questions and three interdependent "supply" questions faced by the clinical commissioners of Dorset. These are explained more fully in section 4.
- 1.7 The successful partner will advise how to approach the public consultation of the solution design recommendations and will (if required) support the CCG through the consultation process. However, the CCG retains the right to appoint its own supplier(s) to support the formal process of consultation and should this arise, successful bidders will be expected to work with this (these) supplier(s) and to use the results of the suppliers work in developing and refining the business case(s) and plans for implementation.
- 1.8 The successful partner will develop provisional implementation plans (subject to public consultation) including costed proposals (in the form of a pre-consultation business case) with indicative timescales for the successful partner to support the delivery of each plan as part of the solution design.

These plans and business cases will be revised following public consultation to form (a) pre-implementation business case(s).

- 1.9 It is critical to the success of the review that any solutions recommended be patient centered and supported; clinically owned; affordable and that they improve outcomes and sustain healthy lifestyles.

2. CURRENT SITUATION AND CASE FOR CHANGE

- 2.1 The financial and demographic pressures facing the NHS mean that health and social care services must change fundamentally. We need to do more to support people to manage their own health and care requirements in a way that is personalised and tailored to the individual's own objectives.

- 2.2 National surveys indicate that 88% of people agree that the NHS will face a severe funding problem, two thirds support moving care out of hospital and over a third of people expect their local hospital to provide fewer services over the next ten years.

- 2.3 Other National studies also show:

- There is a need for far greater emphasis on keeping people healthy and well, in order to lead longer, more illness-free lives, preventing rather than treating illness;
- We need to provide the highest quality specialist care;
- Healthcare is changing and we need to keep pace with best practice and standards;
- The health needs of our population are significant and changing;
- These issues will need fundamental changes to how we deliver and use health and care services.

- 2.4 In England, continuing with the current model of care will result in the NHS facing a funding gap of around £30bn (approximately 22% of projected costs), between 2013/14 and 2020/21.

- 2.5 The above figures are compounded by the need for increased efficiency targets; therefore the challenge to the NHS becomes significantly greater. Traditional productivity improvements (e.g. doing more for the same or less), will not be enough to plug the future funding gap.

- 2.6 Dorset health and social care services are facing the same pressures locally, and making small changes to the current system will not be enough. In Dorset the figure for the same period is calculated at around £592m Fundamental transformational change is required.

- 2.7 In line with the NHS " Call to Action", Dorset CCG needs to:

- build a common understanding about the need to renew our vision of local health and care services, particularly to meet the challenges of the future;
- give people an opportunity to tell us how the values that underpin health and care services can be maintained in the face of future pressures;
- gather ideas and potential solutions that inform and enable the CCG and its partners to develop clear, joint commissioning plans for the next 10 years.

3 SCOPE OF THE REVIEW

- 3.1 The scope of the review will include core clinical services commissioned by NHS Dorset CCG and to take account of the whole patient pathway including (as appropriate / agreed) co-commissioned services; e.g. primary care, specialist commissioned services and public health.
- 3.2 Core services are currently defined as: elective, maternity and paediatrics, long term conditions, specialties, urgent care, primary and community health, community hospitals, services for older people and older people with mental health. Interdependencies with mental health, learning disabilities and social service need to be considered where appropriate.
- 3.3 Pathway analysis and redesign should incorporate all relevant aspects of in-hospital care and out-of-hospital care and therefore includes outpatient, non-elective and community services.
- 3.4 There will a strong emphasis on the need to optimise the integration of services to offer patients seamless transitions from service to service.
- 3.5 The review may recommend the reconfiguration of services and impact of this on travel times for patients and transport arrangements will be an important factor in the review.
- 3.6 The scope will include patient flows into and out of the county and services delivered on the borders of Dorset and will include providers from all market sectors.
- 3.7 Partners are invited to put forward proposals on how they would work with the CCG to:
 - develop recommendations for improved, sustainable services for people, supporting the CCG up to and including an appropriate pre-consultation business case;
 - implement a suitable process of consultation, including support from appropriate polling and communications specialists;
 - Subject to the outcome of that consultation, develop a revised,

pre-implementation business case, make appropriate revisions to the implementation plans and provide ongoing support by way of project management support; subject matter expertise or strategic advice as required through the period of the implementation;

- Wherever possible the successful partner will support the CCG in developing in house skills and capabilities to enable the CCG to become self sufficient in developing and implementing the CSR.

4 What the CCG expects from partners

4.1 The basis of the review will be to involve, engage and consult with patients, the public, provider organisations and other stakeholders to address some of the fundamental questions around the demand on, and supply of health services across the county in order to identify recommendations that will support sustainable services for people over the next 5 to 10 years.

4.2 The successful partner will draw on examples of best practice local, nationally and internationally, explore all models and assist the process to build clinical consensus to support the development of the most suitable alternative service models for Dorset.

4.3 Several principles have been identified that will be critical to the success of this review:

- Putting People first: the review should provide proposals that lead directly to improved outcomes, reduced health inequalities and more efficient and high quality models of care;
- Change must be clinically led: Underpinned by a clear, clinical evidence-base. Clinicians, in secondary, community and primary care, have a key role in building support within the local clinical community on the case for change;
- Local people and clinicians must feel that they own the solutions which are developed;
- Each proposal or recommendation should be tailored to local circumstances;
- Commissioners will take a lead role in the design and development of proposals and will be responsible for decision making in line with their regulatory duties and must decide how best to secure services that meet peoples' needs including whether to use choice and competition;
- Local authorities are essential stakeholders; through Health & Wellbeing Boards, joint Health & Wellbeing Strategies, Health Overview Scrutiny Committees and the integration agenda (Better Together programme) and should be involved, engaged and consulted accordingly;
- Similarly, effective partnership working between commissioners and existing health and social care providers will underpin the acceptability

of the review and the likely success of subsequent implementation of plans and strategies that arise from the review;

- Wherever possible, the successful partners will use existing evidence and reviews, including recent Acute Service Reviews, merger plans and other documents, to ensure minimal duplication in reaching the review outcomes;
- The review will seek to encourage providers to deliver services in more innovative, higher quality and more sustainable ways by encouraging co-production between commissioners and providers.

4.4 Phase 1: Support for Solution Development (including pre-consultation business case):

- This stage of the review will seek to answer 6 key questions, starting from the perspective of peoples' future needs. The first set of questions seeks to establish the level of future demand for services in the areas in scope of the study. The second three questions seek to establish the level and nature of "supply" of services required to respond to patient's needs;
- We expect that each question constitutes a workstream. Demand and supply workstreams will be progressed in parallel, in line with the envisaged timeline set out in the next section;
- Recommendations should be tested to ensure that they pass internal and external assurance. This may involve, for example, the use of peer reviews from NHS England as well as challenge from external clinical experts;
- Throughout this phase it is expected that there will be a significant requirement for communications with stakeholders. Partners should reflect this in their responses and ensure that they have factored in support for the CCG's own communications team aimed at helping with communications with: patients and the public; local stakeholder bodies including local authorities, health and well being boards and Healthwatch; the media and MPs;
- One of the first public communication documents will be a case for change, which will need to be developed with appropriate evidence that builds a robust argument for change based on a comprehensive set of perspectives and which should be written in simple, plain language that will involve and engage stakeholders;
- There will be a range of outputs from each of the supply and demand questions that will support the work to reach conclusions in other workstreams. These are detailed in section 6 – "Methodology";
- A set of recommendations will be taken to the CCG governing body, following which a pre-consultation business case will be developed together with plans and resource estimates for the consultation phase of the study;
- It is important that partners consider the sensitive nature of this work

when responding and reflect in their proposals the importance of adhering to principles that will stand up to outside scrutiny and a potential judicial review and that will be compliant with choice, procurement and competition issues;

- In particular it is expected that proposals will meet the Government's "Four Tests".

4.5 Phase 2: Support for Public Consultation:

- Partners are expected to set out how they would support the CCG in conducting an appropriate process of consultation with the relevant staff, patients and the public;
- The CCG expects to need support in designing and conducting the process of consultation, ensuring that appropriate resources are available from the partners to support an effective communications campaign as well as public polling and analysis;
- In line with NHS England guidance on planning and delivering service change for people, it is expected that multiple channels of communication will be used and that an effective communication strategy will be developed and deployed to stimulate dialogue with the CCG's communities;
- Material should contain specific, relevant and clear information on how the proposals will impact stakeholders and set out ways for users to respond;
- The output from the consultation should be used to revise the recommendations in the pre-consultation business case, to develop (a) pre-implementation business case(s), and to develop a set of prioritised plans for implementation;
- Please note that the CCG reserves the right to appoint its own suppliers to support the formal process of consultation and should this arise, successful bidders will be expected to work with this supplier and to use the findings of the suppliers work in developing and refining the business case(s) and plans for implementation.

4.6 The outcome from this stage should be:

- a set of recommendations on which the CCG can act to make their statutory decisions relating to future service configuration;
- an appropriate audit trail of evidence that due process has been followed through consultation that will pass scrutiny with outside stakeholders;
- The successful partner will be responsible for analysing the feedback from the public consultation and revising the pre-consultation

business case to form a pre-implementation business case which reflects learnings from the consultation process;

- A set of plans that clearly set out the steps required to implement the changes and costed recommendations on the levels and nature of support required to support the CCG through the implementation stage;

4.7 Phase 3: Support for Implementation:

- The CCG expects that it may require support in establishing and then providing appropriate project management processes and resources to support the successful delivery of the programme. However, wherever possible, the successful partner should support the CCG in developing and deploying its own capabilities and resources to enable implementation of the recommendations;
- In addition, the CCG may require additional subject matter support or strategic advice to ensure that issues are resolved to enable implementation of the recommendations;
- At this early stage it isn't possible to be more specific about the requirement, so partners will need to outline the principles of how they would support the CCG in this regard.

5 TIMESCALES

- 5.1 Currently the CCGs expectation that we will get to a pre-consultation business case within six months of the launch date. This is therefore anticipated for March 2015 or earlier if possible.

6. METHODOLOGY TO DELIVER THE DESIGN PHASE OF THE REVIEW

6.1 Workstream 1: What are peoples' needs?

This is the first workstream on the demand side of the review. It consists of three components:

- Considerable involvement, engagement and consultation with local people (alongside and on behalf of CCGs) through new and existing channels to understand their views and build trust. The successful partner should consider the role of local councillors, Members of Parliament, health watch, trust governors, GPs, patient associations, local media, opinion polls, focus groups and so forth. Involvement, engagement and consultation should be meaningful – debating trade-offs that commissioners face and informing criteria by which different future configurations will be judged. It is envisaged that peoples' views and the process taken to understand them will constitute a significant element of the second published output of the review

(under workstream 2). Through this process, the successful partner should also develop a series of overarching 'patient need criteria' under which preferences can be grouped (e.g. access, quality, setting of care, affordability) and against which proposed service delivery options developed in workstreams 2 and 3 can be assessed;

- Baselineing patient volumes, morbidity and other relevant variables to model demand. The model should forecast demand over a ten year time horizon according to different scenarios with varying implications for the future needs of the populations. The model should be easy to use and update. The model should be transparent in its nature, understood and generally agreed by stakeholders. The successful partner's review team will provide an assessment of patient need at the level of individual medical conditions through an independent assessment of need, in consultation with expert clinicians and patient focus groups. Wherever possible, the review team will use existing CCG data with support from the CCGs business intelligence team and may draw on the work undertaken to date on patient need and demand growth in the area including CCG strategy documents;
- Agreeing with the CCG what scope of needs should be the focus of the remainder of the review. Because the scope of the review is broad it is necessary to focus effort. As a minimum the scope is expected to include the majority of the services currently provided and any other services which have material clinical or operational and economic links or dependencies to those services e.g. social care.

Workstream 1 Output	
Output	Date required
Demand Model of Future Health Needs	Month 3
Findings from Focus Groups	Throughout

6.2 **Workstream 2 How are the services currently provided?**

- The first component is to develop an understanding of the current state of provision for the services in the scope of this review and to develop a commissioner and provider service baseline.
- This will be followed by the development and publication of patient friendly materials explaining the breadth of health service provision in Dorset as part of the case for change. This will be the first published output of the review.
- Alongside the service baseline the CCG may require a financial baseline and a workforce baseline review undertaken for both the commissioner and key stakeholders. Partners are asked to cost these elements of the review separately and the CCG will make an independent decision whether these analysis are required.

Workstream 2 Output	
Output	Date expected
Map of current service provision and supporting public materials	Month 2
Commissioner and Provider Financial Baseline	Month 3

6.3 Workstream 3: What services can meet those needs?

This workstream consists of two components:

- A thorough clinical involvement, engagement and consultation programme (alongside and on behalf of CCG) to understand their views, contribute to service design and build trust. The successful partner should consider the role of the academic institutions, Royal Colleges, commissioner service standards, British Medical Association, medical directors of local providers and so forth. Engagement should be meaningful – recognising the need for granular analysis that can lead to radical innovation, for example through the use of skill mix to enable efficient delivery of new technology.
- Helping CCGs to identify commissioner requested services (CRS) in accordance with National guidance.

Workstream 3 Output	
Output	Date expected
Defined Models of Care	Month 2
Draft Commissioning Strategy	Month 3
Final Commissioning Strategy	Month 5

6.4 Workstream 4: How should those services be configured?

- In this workstream, commissioners will be supported to determine how to combine and where to locate the services identified in line with service standards in workstream 2.
- This support will include the development of a financial model, to test various service configuration options (given the implications of scale and scope) against peoples' interests and preferences which will take into consideration the total cost of services to the system.
- The work should be informed by the availability of potential suppliers, identified in workstream 5, and will constitute the third published output of the review – a service specification) for use in the last component of workstream 5.
- The successful partner will be required to include a baseline or 'counter-factual' scenario.

- The successful partner will be expected to demonstrate to the CCG and its partners that they have explored innovative models of service delivery, for example through clinical networks or approaches adopted in other sectors and explicitly in relation to out of hospital, primary care and community services and community hospitals. The successful partner should not propose a pre-conceived solutions including work previously undertaken in Dorset.
- The model should be provided to the CCG at the end of the workstream in a format capable of being edited by the CCG together with user support documentation, the underlying data and a description of all assumptions and their basis.

Workstream 4 Output	
Output	Date expected
Long list of service options	Month 2
Short list of service options	Month 3
Future Service Financial Model	Month 4
Recommended re-configuration model	Month 6

6.5 Workstream 5: Who is willing to meet the potential future pattern of provision?

This workstream consists of five sequential components:

- Identifying the full range of prospective providers for the proposed service configuration for Dorset. The successful partner will need to create a process to arrive at a defensible and manageable list of prospective providers for more detailed commercial conversations in later phases of this review. The successful partner will be expected to demonstrate to the CCG that they have proactively talked with out of area providers, and to both NHS and non-NHS providers (including voluntary and tertiary providers) and explain whether, if not relevant in Dorset, these providers may play a role in future studies.
- Identifying the most appropriate commercial conditions under which prospective providers could supply services in Dorset. National payment, contracting and regulatory systems may impose barriers as well as enable the entry of new providers. The successful partner will report specific barriers and enablers to national partners and support related discussions.
- Involvement, engagement and consultation with prospective providers to help establish the types of services and service configurations which are in peoples' best interests. This will inform workstreams 2 and 3.
- Providing an assessment of the operational viability of incumbent providers and making a recommendation to the CCG to inform related decisions (for example, through modelling the circumstances in which providers would be

operationally viable in the future).

- Evidenced, but non-binding, written submissions from prospective providers to commissioners about their ability and willingness to deliver the preferred future set of services.

The process must take into consideration the requirements and CCG duties under the Procurement, patient choice and competition framework.

Workstream 5 Output	
Output	Date expected
Provider engagement strategy	Month 2
Long list of service providers	Month 3
Shortlist criteria	Month 5
Shortlist of providers	Month 5
Assessment of operational viability of incumbent providers	Month 5
Submissions from EOI's from potential providers	Month 6

6.6 Workstream 6: How should the move to future services be managed?

This workstream consists of three components:

- Consensus building with all stakeholders culminating in a published report by the CCG setting out the preferred future configuration of services and the implementation process. CCG members should be supported to decide their preferred future configuration of services, including establishing to their satisfaction that their proposals are in peoples' best interests and consistent with competition requirements.
- Supporting the future configuration report the CCG will require a pre-consultation business case and a proposal to manage any public consultation, supported by the successful partner.
- Accompanying the future configuration report the CCG will require fully worked up indicative implementation plans, subject to involvement, engagement and consultation, including costed proposals for the successful partner to support the delivery of each plan.

Workstream 6 Output	
Output	Date expected
Draft report	Month 5
Future configuration model for the CCG Governing Body	Month 5
Proposed implementation plan	Month 6
Pre-consultation Business case	Month 6

7 STAKEHOLDER INVOLVEMENT, ENGAGEMENT AND CONSULTATION

- Throughout the review, the successful partners will be required to support the CCG in raising awareness of the review and to gather input from stakeholders to support developing recommendations.
- This should support development of suitable evaluation criteria to support recommendations to and then decisions of the commissioners.

7.1 Key Stakeholders and their roles

- The review will require extensive and effective communication. An overview of key stakeholders and demographics is provided in the background stakeholder analysis, which accompanies this document, to assist suppliers in formulating a communications strategy.
- A full communication plan will be required and the successful partner will agree with the CCG how the management of communications and involvement, engagement and consultation with stakeholders is coordinated.

7.2 Engaging with stakeholders

- The successful partner's review team will need to obtain the confidence and support of all relevant appropriate organisations, to arrive at an agreed solution for the local health economy. The successful partner will need to demonstrate that the proposed review team has sufficient stakeholder involvement, engagement and consultation experience and expertise to obtain and maintain the confidence of all relevant appropriate organisations so as to arrive at an agreed solution for the local health economy.
- The review team will be responsible for all day-to-day local communications, within the framework of key messages agreed by the CCG, and will be expected to provide regular updates, including briefing for key stakeholders, for the CCG communications.
- This includes proactive and reactive media engagement and daily monitoring, analysis of tone and reporting of local media and interest group reaction.
- The successful partner will identify an appropriate external panel of experts to provide critical review and assurance of the proposals developed through this CSR.

The CCG will provide the following limited communications input:

- Background stakeholder analysis;

- An overall strategic steer on the stakeholder involvement, engagement and consultation approach for the review;
- Advice to the review team ahead of local discussions with key stakeholders or media appearances by members of the review team; and
- Direct engagement with key stakeholders by the CCG senior team at key stages to brief them on the overall progress of the review.

7.3 Key stakeholders

These include:

- Patients and Carers: patients, carers and the public will be at the heart of this work;
- Local patient groups including the relevant Health Watch, Health and Wellbeing Boards and Overview and Scrutiny Committees: key to understanding local and cross-cutting issues and helping to bring local support for implementation plans;
- Other local commissioners: proposals will involve or impact other local CCGs outside of Dorset, as well as commissioners of primary care, specialist services and social care;
- Local NHS providers are likely to be key to the solution as well as relevant specialist providers and providers of Mental Health, Social Care and Community Services. A range of private sector providers will also be relevant;
- Local providers: the solution is likely to involve other provider organisations e.g. through clinical networks. Successful involvement, engagement and consultation with other providers means building a shared understanding of the clinical, managerial and financial opportunities and agreement on implementation steps from those who are a party to the solution;
- Clinicians: the work will need major input from clinical experts to help ensure that patient care is the first priority and to ensure that anticipated clinical or technological developments and opportunities in the relevant specialties are recognised. Local clinicians are likely to be affected by the changes. Their broad support will be an important part of building consensus;
- NHS England/Monitor: given the political sensitivity associated with clinical reconfiguration, NHS England may need to brief the Secretary of State and his representatives.

Workstream 7 Output	
Output	Date expected
Case for change	Month 3

Models of Care Evaluation Criteria	Month 4
Shortlisted models of Care	Month 4
Pre-consultation Business Case	Month 6
Consultation plans	Month 6
Final Board Report	Month 6

8. PROCEED WITH CONSULTATION

- 8.1 The successful partner should produce the final report for the CCG Governing Body and be available to support the agreement and prioritising of the proposed service configuration prior to proceeding with public consultation.
- 8.2 The successful partner will advise how to approach the public consultation in line with section 4.7 above of the solution design recommendations and will support the CCG through the consultation process. A fully costed plan to support the public consultation will seek to ensure that the CCG meets its duties to consult on any proposed service changes and ensure that any the consultation process is robust and defensible against external challenge.

Consultation Output	
Output	Date expected
Communication and Engagement Strategy	TBC
Recommendations of service change	TBC
Consultation evidence base and audit trail	TBC
Revised business case (pre implementation business case)	TBC
Implementation plans and costs	TBC

9. IMPLEMENTATION

- 9.1 The CCG will reserve the right to engage the successful partner to undertake specific projects within the implementation plan or choose to undertake projects through its own resource of select alternative support.
- 9.2 The successful partner will be expected to produce a costed implementation plan which will take the CCG through the implementation of agreed service changes following thorough public consultation in line with section 4.7 above.
- 9.3 The plan will be broken down into appropriate projects and will include the successful partners role to facilitate and support the delivery of proposed changes.
- 9.4 The plan will take into consideration implications of the TUPE regulations
- 9.5 The CCG will reserve the right to engage the successful partner to undertake specific projects within the implementation plan or choose to undertake projects

through its own resource of select alternative support.

Implementation	
Output	Date required
Implementation plans	TBC

10 THE REVIEW TEAM

10.1 As a minimum the review team will contain the following critical skills / experience:

- Strategic thinking;
- Involvement, engagement and consultation;
- Communications strategy and delivery;
- Economic and financial modelling;
- Competition and procurement law;
- Clinical pathway design;
- Review management;
- Public Consultation experience; and
- Project management support for delivering service change.

10.2 The CCG recognises that all required skills may not be found within one organisation; therefore we welcome bids from consortia and/or sub-contractors (to be decided and managed by the primary contractor). However in these cases we will also require the successful partner to demonstrate experience of managing aspects of the review delivered by a consortium or through sub-contractors.

11. SUMMARY OF EXPECTED REVIEW OUTPUTS

11.1 The following table is a list of expected outcome summarising the points made in the preceding paragraphs. Please note that if partners feel other outputs would be required for a successful outcome for this project they should advise accordingly.

Workstream 1	
Output	Date required
Demand Model of Future Health Needs	Month 3
Findings from Focus Groups	Throughout
Workstream 2	
Output	Date expected
Map of current service provision and associated public documents	Month 2

Commissioner and Provider Financial Baseline	Month 3
Workstream 3	
Output	Date expected
Defined Models of Care	Month 2
Draft Commissioning Strategy	Month 3
Final Commissioning Strategy	Month 5
Workstream 4	
Output	Date expected
Long list of service options	Month 2
Short list of service options	Month 3
Future Service Financial Model	Month 4
Recommended re-configuration model	Month 6
Workstream 5	
Output	Date expected
Provider engagement strategy	Month 2
Long list of service providers	Month 3
Shortlist criteria	Month 5
Shortlist of providers	Month 5
Assessment of operational viability of incumbent providers	Month 5
Submissions from EOI's from potential providers	Month 6
Workstream 6	
Output	Date expected
Draft report	Month 5
Future configuration model for the CCG Governing Body	Month 5
Proposed implementation plan	Month 6
Pre-consultation Business case	Month 6
Final Report	Month 6
Workstream 7	
Output	Date expected
Case for change	Month 3
Models of Care Evaluation Criteria	Month 4
Shortlisted models of Care	Month 4
Consultation plans	Month 6
Final Board Report	Month 6
Consultation	
Output	Date expected
Communication and Engagement Strategy	TBC
Recommendations of service change	TBC
Consultation evidence base and audit trail	TBC
Revised business case (pre implementation business	TBC
Implementation plans and costs	TBC