

WELSH HEALTH CIRCULAR



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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Issue Date: October 2007
Status: Guidance

Title: An Ethical Framework for commissioning Health Services to achieve the Healthcare Standards for Wales

For Action by: Chief Executives of Local Health Boards; Chief Executives of NHS Trusts; Health Commission Wales

Action required : Please see paragraph 2

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	Business Service Centres across Wales

An Ethical Framework for Commissioning Health Services to achieve the Healthcare Standards for Wales

Dear Colleague

Purpose

1. I have pleasure in enclosing a copy of the *Ethical Framework for Commissioning Health Services to Achieve the Healthcare Standards for Wales*.

Action

2. Chief Executives are asked to ensure that the Ethical Framework is made known to all appropriate staff within their organisation.

Background

3. In May 2005, the Welsh Assembly Government launched *Healthcare Standards for Wales*, which established a common framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. *Healthcare Standards for Wales* is used by Healthcare Inspectorate Wales (HIW) as part of their processes for assessing the quality, safety and effectiveness of healthcare providers and commissioners across Wales.

Ethical Framework

4. The Ethical Framework (Attached) is intended to aid all commissioners of health services in Wales by setting out the ethical principles that should underpin their decisions and help to ensure that local, regional and national patterns of service delivery are developed to consistently achieve the Healthcare Standards for Wales.

5. WHC 2007(23), issued in March 2007, provided commissioning guidance to the NHS in Wales, and the Ethical Framework should be used in conjunction with that guidance.

6. The Ethical Framework was developed by the Ethics Sub-Committee of the Advisory Board for Healthcare Standards. This Committee was established in November 2005 to provide advice to the Assembly Minister for Health and Social Services on medical ethical issues, including social value judgements, religious and legal issues. Its membership is drawn from a wide range of organisations including LHBs, NHS Trusts, Higher Education Institutes and Community Health Councils. The Chair is Professor Richard Williams.

7. Based around the fundamental principle of equal concern and respect, the Framework sets out and explains 6 substantive and procedural principles:

- treating populations and particular people with concern and respect;
- minimising the harm that an illness or disease could cause;
- fairness;
- working together;
- keeping things in proportion; and
- flexibility.

8. The National Leadership and Innovation Agency for Healthcare (NLIAH) is organising skills development workshops to help commissioners in prioritisation and decision making, ethical frameworks and the supporting suite of policies. Further information on these workshops will be issued by NLIAH shortly.

Useful links:

- Healthcare Standards for Wales and supporting documentation: <http://www.hiw.org.uk/page.cfm?orgid=477&pid=15775>
- NHS Commissioning Guidance: [http://www.wales.nhs.uk/documents/WHC\(2007\)023.pdf](http://www.wales.nhs.uk/documents/WHC(2007)023.pdf)
- NLIAH: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=484>

Further information

9. For further information, please contact Carl Eley, Head of Healthcare Standards, Quality, Standards and Safety Improvement Directorate, Department for Health and Social Services, Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ. Tel: 029 2082 6842. E-mail: carl.eley@wales.gsi.gov.uk

Yours sincerely

Wendy Chatham

Director of Quality, Standards and Safety Improvement Directorate
Health and Social Care Department

1. Introduction

- 1.1. This guidance describes the purposes of the ethical framework for commissioning and shows how it relates to delivering the healthcare standards for Wales and certain legislation. It presents a summary of the ethical principles and the values-based principles of good decision-making that Welsh Assembly Government wishes commissioners in NHS Wales to adopt and offers information on using them. Training may be required to apply these principles in practice.

2. The Purposes of this Framework

Core purposes

- 2.1. This framework is intended to assist all commissioners of health services in Wales to ensure that local, regional and national patterns of service delivery are developed to achieve consistently the *Healthcare Standards for Wales* by setting out the ethical principles that should underpin their decisions. It is consistent with the requirements of the NHS Commissioning Guidance in WHC (2007) 023 in which paragraph 2.13 summarises the contents of this guidance.
- 2.2. The Ethics Committee of the Healthcare Standards Advisory Board has shown how similar ethical principles are highly relevant to the work of people who are responsible for developing government policies, to people delivering services and to professional clinical and managerial practice. The Welsh Assembly Government's aspiration is that the three processes of policymaking, commissioning and providing services will become better integrated as a result of the people involved working to a common framework of values and ethical principles.
- 2.3. The Welsh Assembly Government wishes each commissioning agency to build the ethical principles herein into its wider approach to decision-making so that each is able to cope with multiple criteria including those that relate to balancing commissioning decisions made for populations with those made for particular people in pursuit of a civil and virtuous society in Wales. This is because the ethical framework is not intended to be on its own and separated from wider policy on commissioning. It is a method for commissioners, who work within finite resources, to arrive at robust decisions.

Commissioning skills

- 2.4. WHC (2007) 023 sets out proposals to improve the skills that are required to support commissioning. This guidance concerns one of those skill areas; the capability for working with values, ethics and principles. The values-related decision-making skills required by capable commissioners include the abilities to:
 - work with and apply ethical principles;
 - work with diversity of individual, agency and institutional values;
 - handle well the psychological, cognitive and emotional aspects of ethical behaviour and dilemmas;
 - assess and make decisions about human, actuarial and financial costs and benefits; and
 - apply these skills creatively to finding solutions to fresh challenges that arise with developing evidence, changing preferences and different people's perceptions and circumstances.
- 2.5. Welsh Assembly Government recognises that training is required for commissioners to apply an ethical framework. Therefore, it is commissioning NLI AH to develop training for commissioners that enables them to acquire values-related decision-making skills and, specifically, the capabilities for using this framework.

3. Healthcare Standards for All

The Healthcare Standards for Wales

- 3.1. The *Healthcare Standards for Wales* are intended to guide delivery of the improved quality of assessment, care and intervention, including treatment, which the people of Wales have a reasonable right to expect. Those standards should be taken into account by all agencies and people who commission and provide healthcare, no matter what the setting.
- 3.2. The healthcare standards provide a solid base on which organisations can build and achieve the challenging expectations for patient care, set out in the Welsh Assembly Government's strategy *Designed for Life*, that was published in parallel with the *Healthcare Standards for Wales*.
- 3.3. When Welsh Assembly Government published the standards in 2005, it took an iterative stance on their implementation; it did not expect that all healthcare organisations would be fully compliant with all of the standards immediately. It required, and continues to require, achievement of the standards to be part of an annual operational planning process and performance agreement with the Department for Health and Social Services in the Welsh Assembly Government. In this process, each organisation is required to conduct self-assessment, and then describe clearly how and by when it will be compliant. This developmental approach is re-stated in WHC (2007) 023.
- 3.4. The principles in this framework are to be included in the criteria that each healthcare organisation uses in its annual planning processes and its self-assessments. This applies to commissioning agencies, as well as providers of healthcare. These ethical principles are also intended as one tool whereby healthcare agencies can review their progress.
- 3.5. The *Healthcare Standards for Wales* are used as a framework by Healthcare Inspectorate Wales (HIW), which has responsibility for assessing the quality, safety and effectiveness of health and healthcare provided in Wales

Values-based and evidence-informed practice

- 3.6. A combined values-based and evidence-informed approach is identified as underpinning the intentions, development and application of the *Healthcare Standards for Wales*. This ethical framework is intended to assist commissioners to deliver that combined approach.

Evidence-informed practice

- 3.7. Evidence-informed practice (EIP) requires practitioners to integrate best research evidence with clinical expertise and knowledge of patients' values. "When these three elements are integrated, clinicians and patients form a diagnostic and therapeutic alliance, which optimises clinical outcomes and quality of life" (Sackett, 2000). EIP applies similarly to commissioning.

Values-based practice

- 3.8. The emerging discipline of values-based practice (VBP) consists of a body of knowledge and reasoning and communication skills. A brief summary is at Annex A. Recently, its origins in clinical practice have been extended into commissioning services and policymaking. VBP applies equally to commissioning.
- 3.9. VBP works within a framework of shared values that are defined by ethics and law and it puts decision-making with service users, professionals and managers of services, and commissioners. A core premise is that all decisions rest on values and on facts. In parallel with democratisation of knowledge and policy that is empowering patients and their full and effective participation in decision-making, scientific progress is creating more options and that requires more decisions to be made. This brings into play the full diversity of human values in all areas of healthcare.
- 3.10. VBP recognises that values are noticed only when they are diverse or conflicting. They are likely to be problematic when there are disagreements or dissatisfactions about priorities afforded to particular people or groups of people about allocating finite finance and resources. Nonetheless, a diversity of values is always present whether there are agreed or conflicting opinions. VBP aids commissioners and practitioners to resolve conflicting values and opinions by processes that are designed to support a balance of legitimately different perspectives. Communication skills (e.g. listening to a range of different stakeholders and exploring their values, coming to a balance of views in situations of conflict, etc) have a substantive role in decision-making through VBP.

4. Legislation

- 4.1. This guidance takes into account the requirements of other legislation that applies to Wales. In particular, it recognises that section 77 of the Government of Wales Act 2006 lays a duty on the Welsh Ministers to "... make appropriate arrangements with a view to securing that its functions are exercised with due regard to the principle that there should be equality of opportunity for all people ...". This guidance is intended to assist public sector funded healthcare commissioning bodies to demonstrate that they have afforded the populations that they serve equality of opportunity.
- 4.2. The Mental Capacity Act 2005 sets out tests for ascertaining whether or not particular people have the capacity to make lawful decisions about many matters including their healthcare. It also sets out actions that may be taken to secure consent and contributions to decision-making and protections for people when they lack capacity to consent. The Mental Health Act 1983 defines the circumstances in which people may be compelled to accept assessment and treatment for mental disorders for which they have not given their consent and the procedures to be adopted.
- 4.3. The guidance in this document is framed to sit alongside the Mental Capacity and Mental Health Acts and their associated Codes of Practice. The guidance herein has also been developed with the requirements in mind of the Human Rights Act 1998. It does not and cannot replace or change any of them, but is intended to assist commissioners to demonstrate that they have adopted decision-making processes in which ethical matters that are raised by the requirements of those Acts have been considered systematically.

5. Ethical Principles

- 5.1. The core terms are:
 - value: a principle, standard or quality considered worthwhile or desirable;
 - principle: a standard, especially of good behaviour; and
 - ethic: a set of principles of right conduct; a theory or system of moral values.
- 5.2. Research has led to better understanding that judgments about actions (which include commissioners' decisions) involve a complex set of evaluative and thinking processes that includes applying principles, assessing benefits, risks and costs, and taking into account the diversity of values that are involved to each decision, often in settings in which the people involved have strong emotional commitments and preferences. Ethics is an important conceptual and practical component of the values that inform and underpin the principles and emotional responses that affect the ways in which we evaluate needs and the benefits, risks and costs of the various options.
- 5.3. Commissioners make decisions about what services are to be made available to particular populations of people and decisions about allocating resources to the healthcare plans for particular people, including people who may, arguably, be in exceptional circumstances. Research shows that the matters that should be considered when deciding whether or not a particular intervention is ethically appropriate in meeting a particular person's needs overlap with but are also different to the matters for consideration when deciding how finite finance and other resources are applied to the best benefit of populations. The ethical principles used by clinicians in the former circumstances are useful to commissioners, but, on their own, do not offer a sufficient framework for weighing decisions made for particular people against those made for populations or for balancing commissioners' allocation of limited resources to competing priorities. This framework is intended to assist the staff of commissioning organisations to meet their obligations.

6. The Ethical Framework for Wales

The principles

- 6.1. This framework is composed of three types of principle:
 - a fundamental ethical principle
 - six substantive ethical principles; and
 - the values-based principle of good decision-making which consists of eight qualities.

The fundamental ethical principle: equal concern and respect

- 6.2. The fundamental principle that should inform our response is equal concern and respect. This principle describes an NHS that provides equality of opportunities and which is based on responding equitably (i.e. according to their needs) of particular people and groups of people. It means that:
- everyone matters equally (that does not mean that everyone should be treated identically);
 - the interests of each person are the concern of all of us, and of society;
 - the harm that might be suffered by every person or group of people matters, and so minimising the harm that circumstances, conditions, disorders, diseases and ill health might cause is of central concern; and
 - commissioners' responses to the needs of whole populations, to groups of people and to particular people must be considered and balanced in the knowledge of the profile of personal, family, and societal circumstances and the preferences of the population, client group or person with whom they are engaged.
- 6.3. There are substantial challenges for policymakers, commissioners and service providers in delivering this fundamental principle. Many commissioning decisions relate to blocks of services that are intended for populations and groups of people. Commissioners also commission packages of care for particular people. They also deal with claims that, given their circumstances and the features of their cases, certain people's needs are exceptional to decisions that have been made for groups of people.
- 6.4. The implications of this fundamental principle are that the health of populations has to be balanced with responding to the rights, needs and expectations of groups and of particular people. The public health reality of interdependence or incommensurability (i.e. that decisions made about providing services for one patient or group affects the entire community) applies fully to commissioning.
- 6.5. Given the finite resources available to them, there are often tensions for commissioners in achieving equal concern and respect between the good of the communities that they serve and the rights, needs and wishes of different people. There are, too, tensions inherent in balancing the requirements of the same and different client groups for a variety of different healthcare interventions within each community and, also, in balancing those considerations with the requirements of particular people. All of these situations should be considered against evidence relating to need, affordability, cost effectiveness, incommensurability and service quality and the range of values afforded to each of these matters when commissioners endeavour to resolve the tensions that they face.
- 6.6. Therefore, when commissioners endeavour to balance their decisions, they should gather evidence concerning the quality of the services upon which they are deciding. In this regard, Maxwell's dimensions of health care quality remain relevant. The *Healthcare Standards for Wales* set 32 standards in four domains, and the Welsh Assembly Government's Healthcare Quality Improvement Plan, has established system level measures of quality under five domains. These qualities are summarised in Table 1.

Table 1: Domains and Measures of Quality

Maxwell's Dimensions of Health Care Quality (in the wording from the original paper)	Domains in the <i>Healthcare Standards for Wales</i>	Measures of Quality in <i>Healthcare Quality Improvement Plan</i>
Access to services	Patients' experiences	Patients' experiences
Effectiveness (for individual patients)	Clinical outcomes	Effectiveness
Equity (fairness)	Healthcare governance	Safety
Relevance to need (for the whole community)	Public health	Timeliness
Efficiency and economy		Efficiency
Social acceptability		

The substantive ethical principles

- 6.7. This framework provides six substantive principles as headings for considering how to best achieve equal concern and respect in decision-making and priority setting. These ethical principles relate to how commissioners interpret, apply, balance and prioritise the *Healthcare Standards for Wales*, the measures of quality in *Designed to Deliver* and Maxwell's dimensions. Annex B maps the ethical principles onto the healthcare standards.

- 6.8. The Assembly Government's position is that, in addition to obtaining evidence guided by the domains and measures of quality, commissioners should apply the six substantive and principles and the principle of good decision-making that are summarised below. They should, for example, be able to argue how and why they have: gathered information about and the criteria against which they have considered matters relating to balancing respect for populations (relevance to needs that spring from risk of harm and safety) and respect for particular people (need related to harm and effectiveness) with fairness (equity); given particular preference to people of certain ages; favoured identifiable patients over non-identifiable people (public health) or vice versa; and given priority or not to people from certain high-risk communities or patient groups.
- 6.9. The substantive principles are:

Treating populations and particular people with respect

Treating populations and particular people with respect means that:

- the people who are involved (public, patients and staff) should have the opportunity to express their views on matters that affect them;
- people's personal choices about their assessment, interventions offered to them and their care should be respected as much as is possible; and
- when particular people are not able to decide, the people who have to decide for them should take decisions based on wide considerations of the best interests of the person rather than solely their health needs.

This principle means that there should be the widest possible involvement of the public, patients and staff in planning and commissioning services. People's choices about their treatment and care are very important. However, this does not mean that people are free to choose interventions, which staff who care for them believe are unlikely to work or are not suitable for them. Also, for a variety of reasons, it may not be possible for public healthcare systems to provide all of the interventions that people would like and from which they might benefit.

This principle means keeping populations informed, as much as possible, of: the situation; what is happening; and what is going to happen in commissioning and delivering services. Communication is required at a number of different levels that include keeping the public as a whole informed, when commissioning packages of care, through to discussing with practitioners how best to intervene with a particular person's health problems when considering exceptional cases.

Minimising the harm that an illness or health condition could cause

'Harm' is a broad concept and this principle covers the physical, psychological, social, developmental and economic harm with which disorders, diseases and ill health may be associated. Examples of actions relevant to minimising harm include those that: save lives; support the health service in saving lives; actions that are intended to ensure benefits through minimising impairments to particular people or groups of people; and actions that are intended to ensure benefits through minimising detriments to society.

All harm arising from personal circumstances, conditions, disorders, and diseases may not be preventable or ill health treatable. This principle means that, within realistic limitations that relate to the evidence, commissioners have obligations to take steps to:

- assist other services with a view to stopping preventable disorders and illnesses reaching the population;
- try to minimise the spread of disease and ill health;
- minimise the risk of complications if someone is ill;
- learn from experience both at home and abroad about the best way to intervene with particular diseases, illnesses and conditions and to treat people who are ill; and
- minimise the disruption to society caused by particular illnesses and conditions.

When making their decisions, commissioners are faced with balancing evidence about the harm that might fall upon particular people from particular risks with the range of risks faced by populations.

Fairness

The principle of fairness means that:

- everyone matters;
- people with an equal chance of benefiting from health or social care resources should have an equal chance of receiving them; and
- it is not unfair to ask people who can gain the same benefit from a service at a later date to wait in order to give priority to people who, objectively, cannot wait.

There should be good reasons to treat some people or groups of people differently from others and decision-makers must be prepared to explain how they have made particular decisions. The principles of minimising harm and fairness are equally important. So, when commissioners consider particular decisions, a first question might be, 'How could harm be minimised'? Then, it is necessary to ask, 'would it be fair to do this'? or 'could the same outcome be achieved in a fairer way'?

Working together

Working together means that:

- people and organisations work together to design, plan and commission health and social care services;
- the staff of commissioning agencies help one another;
- the staff of commissioning agencies work co-operatively with the staff of provider agencies;
- commissioners take responsibility for their behaviour and the consequences of their decisions; and
- commissioners share information that will help others.

Keeping things in proportion

Keeping things in proportion means that:

- those people who are responsible for providing information neither exaggerate nor minimise situations and give other people the most accurate information that they can; and
- decisions on actions proposed or taken by commissioners to assess, treat and care for particular patients and groups of people or protect the public from harm are proportionate to the relevant risk and to the benefits that can be gained from those actions.

Flexibility

The principle of flexibility means that plans and commissioning decisions are reviewed and adapted or changed as new information becomes available and as the circumstances change.

7. Good Decision-making

7.1. Commissioning must be fair. This means that commissioners' processes for decision-making are fair and overtly orientated to providing equality of opportunities for the populations for which they are responsible. Good decision-making describes the way in which the fundamental and substantial principles are applied to commissioning decisions and priority setting.

7.2. The principles of good decision-making are:

A. Openness and transparency

Openness and transparency are different but related qualities. Openness refers to decision-making processes being open to scrutiny and transparency means making open to scrutiny the evidence and arguments on which decisions are based. Openness and transparency are important to ensure public and professional confidence in the decisions that commissioning agencies make. The public, patients and the professions are more likely to believe that decisions are fair if the processes used are overt and evidently transparent.

This means that those people who make commissioning decisions:

- consult the people who are concerned as much as possible in the time available;
- are open about what decisions are required and who is responsible for making them; and
- are as open as possible about what decisions have been made and why and how they were made.

B. Inclusiveness

Everyone who is involved in or affected by commissioning decisions should have the opportunity to be involved in contributing information, evidence and opinions. However, some people may find it harder than others to communicate or to gain access to services. Therefore, everyone who is involved in designing, planning and commissioning services should think about how to ensure that the full range of people who are involved can express their views and that patients have fair opportunities to have their needs met for the assessments, interventions and care that they require.

This means that those people who make commissioning decisions:

- involve other people to the greatest extent possible in all matters relating to designing, planning and delivering health services;
- take into account all of the views that are relevant;
- ensure that particular groups of people are not excluded from becoming involved; and
- take into account any disproportionate impact of their decisions on particular groups of people.

C. Accountability

This means that those people who make commissioning decisions can be held to account for the decisions they do or don't make and for which they are legitimately responsible.

D. Reasonableness

This means that commissioning decisions are:

- rational;
- not arbitrary;
- based on appropriate evidence;
- based on full evaluation of the fundamental and substantive principles and the principle of good decision-making;
- the result of processes that are appropriate to the matters under consideration taking into account how quickly each decision has to be made and the circumstances in which each decision is made; and
- practical (i.e. what is decided should have a reasonable chance of working).

E. Effectiveness and Efficiency

This means that commissioners take full account of evidence that is available at the time as to the effectiveness of each of the options in respect of the benefits and risks that may accrue to particular people or groups of people. They should also consider the relative costs and cost effectiveness of the options that are available to them when prioritising use of financial and other resources.

F. Exercising a duty of care

Managers of services, including commissioners have a duty of care for the staff who deliver services as well as the population that they serve. This means that they should be able to show how they have weighed any risks to and demands on staff and the actions they propose to mitigate those risks (e.g. exposure to violence) with other factors. If the staff of services are asked to take unusual increased risks, or face increased burdens, their employers and the commissioners have a duty to support them in doing so and to ensure that the risks and burdens are minimised as far as possible. On certain occasions, the staff of the health services may face very heavy burdens; in those situations, it is particularly important for commissioners and employers to ensure that steps are taken to minimise those burdens.

G. Lawful decisions-making

Commissioners must also recognise that their decisions must be lawful. This means that commissioners must give due regard rights and entitlements that are given in law.

H. Appeal

The principle of good decision-making also means that all commissioning decisions should be testable and open to challenge. This means that there should be mechanisms for appeal built into all commissioning processes that also meet the ethical and decision-making principles in this framework.

8. Using the Ethical Principles

- 8.1. When a particular decision is made, commissioners have to weigh principles that are based on egalitarian values with those that reflect the utility of the results of their decisions. This means that they should consider each of the ethical and decision-making principles in this framework. Commissioners' decisions must also be lawful. Together, these principles mean that, when looking retrospectively, whether or not an earlier decision was ethically appropriate or lawful has to be judged relative to the situation that existed at the time it was made, rather than by reference to facts that only become apparent at a later stage or after changes in the law.

- 8.2. Welsh Assembly Government's intention is that commissioners should use the principles in this framework to test their decisions and to ascertain that they have adequately considered the ethical matters that pertain to them to achieve a reasoned and reasonable balance between different client groups' and different people's needs, preferences and interests in their pursuit of contributing to a society that is civil and virtuous.
- 8.3. Recurrently, there are tensions between the principles. They may occur, for example:
- within and / or between the principles;
 - in weighing different sorts of harm, health gain and risk, and the prospects of harm, health gain or risk for particular people or for groups of people; and
 - in trying to minimise harm and, also, to be fair, for example.

Therefore, the principles in this framework are identified alphabetically rather than being numbered in order to avoid any possibility that readers might take numbers to imply their ranking in order of importance.

- 8.4. In a circumstance in which there is tension, commissioners have to make judgments about which solution accords best with the fundamental principle of equal concern and respect and provides the best balance between all of the principles in the particular circumstances. This is not easy because there are no absolute right answers to many decisions. Sometimes, use of the substantive principles may indicate that more than one possible decision is ethically justifiable and that each accords with the fundamental principle of equal concern and respect. This framework is not intended to provide solutions to the difficult decisions that commissioners must make. Its purpose is to provide a scheme that can be applied to ensuring that the ethical dimensions of each decision have been considered and the arguments that they might pose have been resolved in ways that are overt, reasonable and defensible in all the circumstances.
- 8.5. Additionally, while this framework is neither a checklist nor a measure of compliance, its use as a focus for deliberation and reasoning should enable commissioners to document systematically their decision-making. Thereby, they can provide evidence that they have employed an overt process and considered an appropriate range of factors in, for example, any redress. Using and recording processes according to a framework can also help commissioners to learn from experience and respond more effectively in similar situations in the future. Therefore, it is important that records are kept of decisions made together with detail about the manner in which they are made and the ethical and evidential justification for them.

9. Summary

- 9.1. This framework is intended to help commissioners to think about and use the ethical principles and assessments that are involved in their work and about how they put their decisions into practice within the specific context of each one.
- 9.2. The framework assists commissioners to achieve values-based commissioning. It is a strategic tool but it is not a toolkit, a checklist or a compliance tool. It is a summary of matters for commissioners to consider as part of an ethical process for making decisions.

**Annex A:
To An Ethical Framework for Commissioning Health Services to Achieve the Healthcare Standards for Wales**

The Ten Principles of Values-based Practice (VBP) (abridged after Fulford, 2004)

Theory: evidence and values

1. All decisions rest on values as well as on facts.
2. Values are noticed only when they are diverse or conflicting and are therefore likely to be problematic.
3. In opening up choices, scientific progress is increasingly bringing the full diversity of human values into play in all areas of healthcare.

Policy: patient-centred and multi-disciplinary

4. VBP's first call for information is the perspective of the particular patient or patients concerned in a given decision. This complements the relatively perspective-free approach of Evidence-Based Practice (EBP).
5. Conflicts of values are resolved primarily by processes designed to support a balance of legitimately different perspectives.

Skills: awareness, knowledge, reasoning, communication

6. Awareness of values can be developed through careful attention to language use in context.
7. Knowledge of different values is available from a wide range of both empirical sources (e.g. service users' narratives, surveys, literary and other textual sources) and philosophical sources (e.g. phenomenology, hermeneutics etc).
8. Ethical reasoning is used primarily to explore differences in values rather than to determine what is right.
9. Communication skills (e.g. listening to patients and exploring their values with them, coming to a balance of views in situations of conflict, etc) have a substantive role in decision-making.

Partnership: between users and providers

10. VBP works within a framework of shared values defined by ethics and law and puts decision-making back where it belongs (i.e. with service users and professionals working in partnership with managers of services and commissioners).

**Annex B:
To An Ethical Framework for Commissioning Health Services to Achieve the Healthcare Standards for
Wales**

Integrating the Ethical Principles, Healthcare Standards and Clinical Governance Themes

Ethical Principles (numbers in parenthesis refer to Standard numbers)	Standards Domain	Standard Number	Clinical Governance Theme	
Treating people with concern and respect (4, 6, 8, 9, 10)	Patients' experience	1 to 10	Patients' experience	
Inclusiveness (1, 2, 7)				
Proportionality (3)				
Fairness (4)				
Flexibility				
Minimising harm (12, 14, 16, 17)	Clinical outcomes	11 to 13	Processes for quality improvement	
Proportionality (3)				
Flexibility (11, 16, 18)				
Working together (15, 24, 25)	Healthcare governance	14 to 19	Staff focus	
Reciprocity (20, 23)		20 to 24		
Minimising harm (17, 21, 22, 25)		25 to 26	Use of information	
Good decision-making (25, 26, 27, 28)				Openness and transparency
				Inclusiveness
				Accountability
		Reasonableness		
Equal concern and respect (13)	27 to 28	Leadership, strategy and planning		
Working together				
Good decision-making (28)				
Minimising harm (30, 31)	Public health	29 to 32		
Fairness (29)				
Working together (29, 31, 32)				