

Commissioning and adoption stage

Commissioning in the NHS guide

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The commissioning of services in the NHS changed with the introduction of integrated care systems (ICSs). ICSs are formed of an integrated care board (ICB) and an integrated care partnership (ICP).

The ICP is a joint committee formed of stakeholders in health and social care and includes NHS organisations, social care providers, voluntary and community organisations and other local authorities, the police and fire services. The ICP develops the long-term plan for the ICS.

The ICB is responsible for planning health services, managing the NHS budget and coordinating with NHS providers in their area to deliver their agreed joint 5-year plan. The ICB holds the statutory responsibility for the commissioning of health services which were previously within the remit of clinical commissioning groups (CCGs) and some of those which were previously commissioned by NHS England (NHSE). ICBs inherited their responsibility for primary medical services from CCGs, but have also gained responsibility for pharmaceutical, general ophthalmic and dental services.

NHSE retains some funding for certain areas, including the majority of specialised commissioning, which covers pioneering procedures and new treatments, and Section 7A public health services, which include screening and immunisation initiatives. The National Screening Committee (NSC) advises ministers across the UK on all aspects of screening programmes in addition to providing oversight for current screening programmes. The NSC advises on the introduction of new programmes alongside any modification or withdrawal of current screening programmes, weighting the costs and benefits of each programme.

The NHS Payment Scheme (NHSPS) is the set of pricing rules which determines the amount payable by commissioners to the providers of NHS care to provide the best value to their patients.

Who pays?

It is vital to understand who the key decision makers are for your innovation, and who will pay for and commission your innovation. While an ICB or NHSE may be responsible for an area of care, other entities such as GPs, primary care networks or NHS trusts may purchase independently.

It is not enough to create a product that simply makes patients better. Your innovation will need to:

- be something that clinicians are willing to accommodate in their clinical practice
- work for the whole organisation
- be something that someone is willing to pay for

Often the people paying for an innovation are different to those who deliver care. The evidence needed to make a decision about the uptake of innovation into the NHS is different depending on the part of the NHS the person works in. Healthcare professionals will support the uptake of an innovation if they can see the benefits that it can bring to patients and staff. Those commissioning the innovation also need to weigh this against how cost-effective it will be for their organisation and the wider NHS. The Clinical Priorities Advisory Group (CPAG) makes recommendations on what innovations NHSE should consider commissioning. Find out more about [how CPAG advises NHSE](#).

It may be the case that your innovation provides value to one part of the NHS, but the costs fall on another department. For example, providing a solution in a GP surgery which reduces the patient numbers in a hospital. GPs and hospitals have different budgets and stakeholders and therefore funding for an innovation across multiple care settings is likely to require the support of an ICB.

Health economics evidence is valuable in demonstrating the benefits which your innovation brings to NHS organisations. When making the case for commissioning, you will need to demonstrate that your innovation is cost-effective for the NHS, detail its impact on budgets and how it improves patient outcomes. More information on getting this evidence right and budget impact models is available in the [Development section](#).