

Specialised Commissioning: The New Model of Care

- ❖ A consolidation of the number of providers
Specialised Commissioning holds contracts
with?

- ❖ **Why?**

- ❖ **How?**

- ❖ **Risks?**

- ❖ **Thoughts?**

Changes in Specialised Commissioning Service remodelling, aligning commissioning and pathway changes for acute reconfiguration

South STP Development Day
16th September 2016

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Background and the Challenge:

- Current state is inefficient (Carter) and not sustainable
- We need to deliver an ambitious QIPP (5%) this year to drive our financial recovery
- 2.6-3% QIPP is subsequent years (see next slide)
- Service fragility and fragmentation must be addressed where required
- Services must be compliant with specifications and deliver the best outcomes
- Change will result in better training opportunities
- We must plan for the future and drive required changes collaboratively

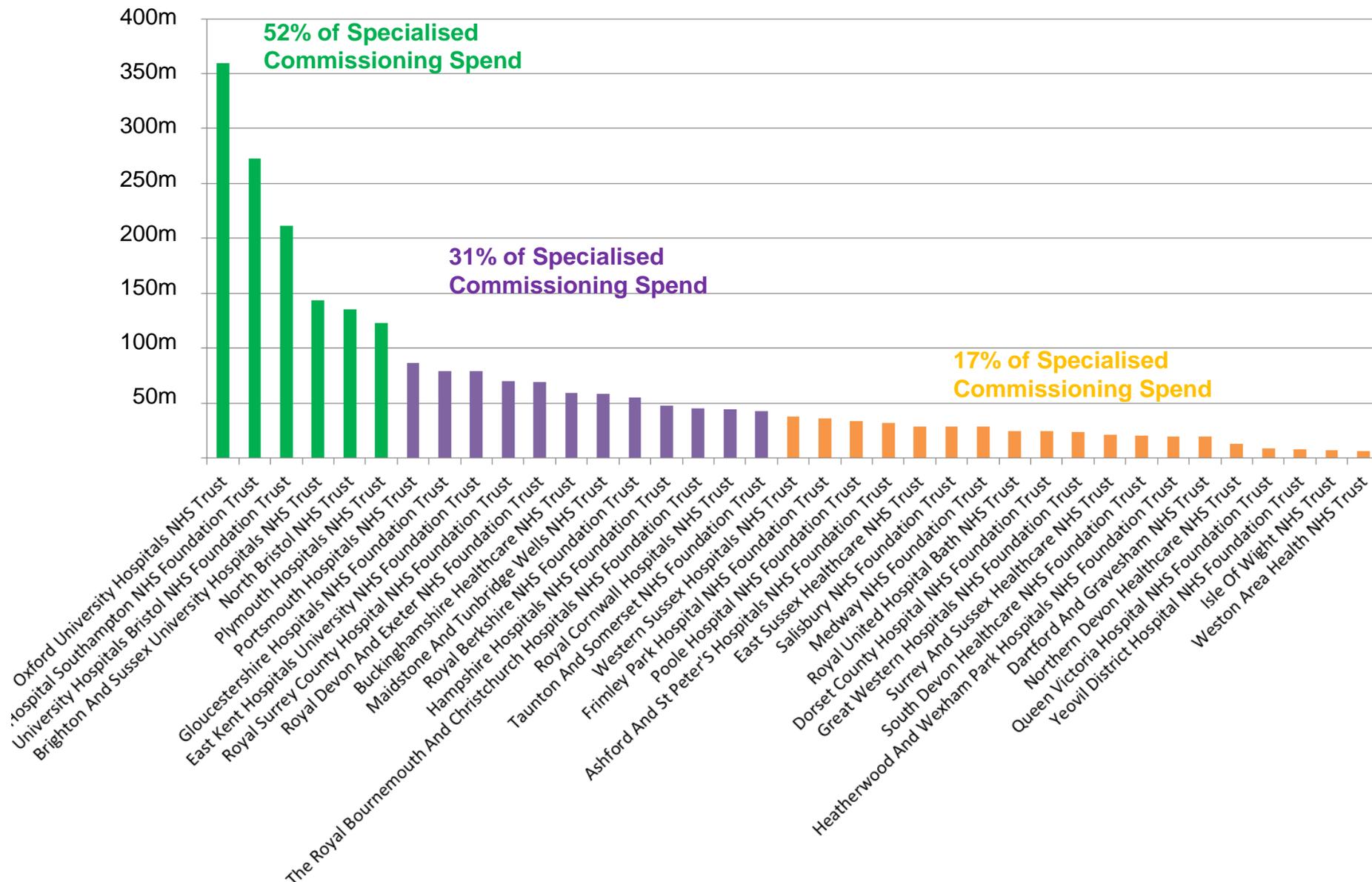
South Region (Specialised) Financial Challenge

Assuming that the South achieves financial balance in 2016/17, there is a do-nothing gap between rising cost and available funding of **£443m** by 2020/21. This will require cash-releasing QIPP of 2.6%-3% each year.

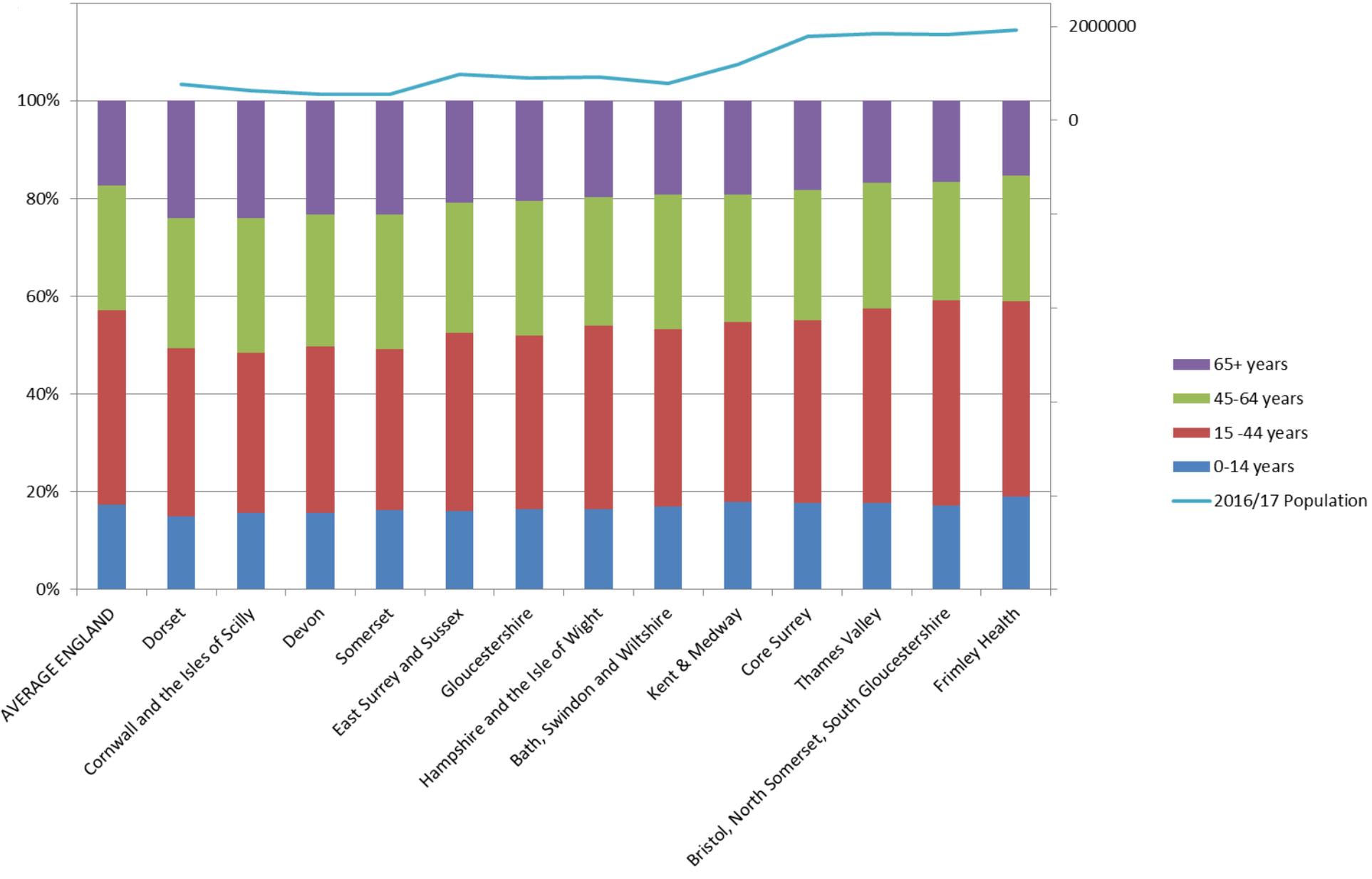
South Region	2017/18	2018/19	2019/20	2020/21	Cumulative
	£'000	£'000	£'000	£'000	£'000
Cumulative (Gap)	(105)	(100)	(111)	(127)	(443)
QIPP as % of allocation	-2.86%	-2.60%	-2.77%	-3.00%	

Figures as circulated to STPs by Geoff Shone on 31st August in line with 1.1.5 of the of the national guidance issued to support the September submission

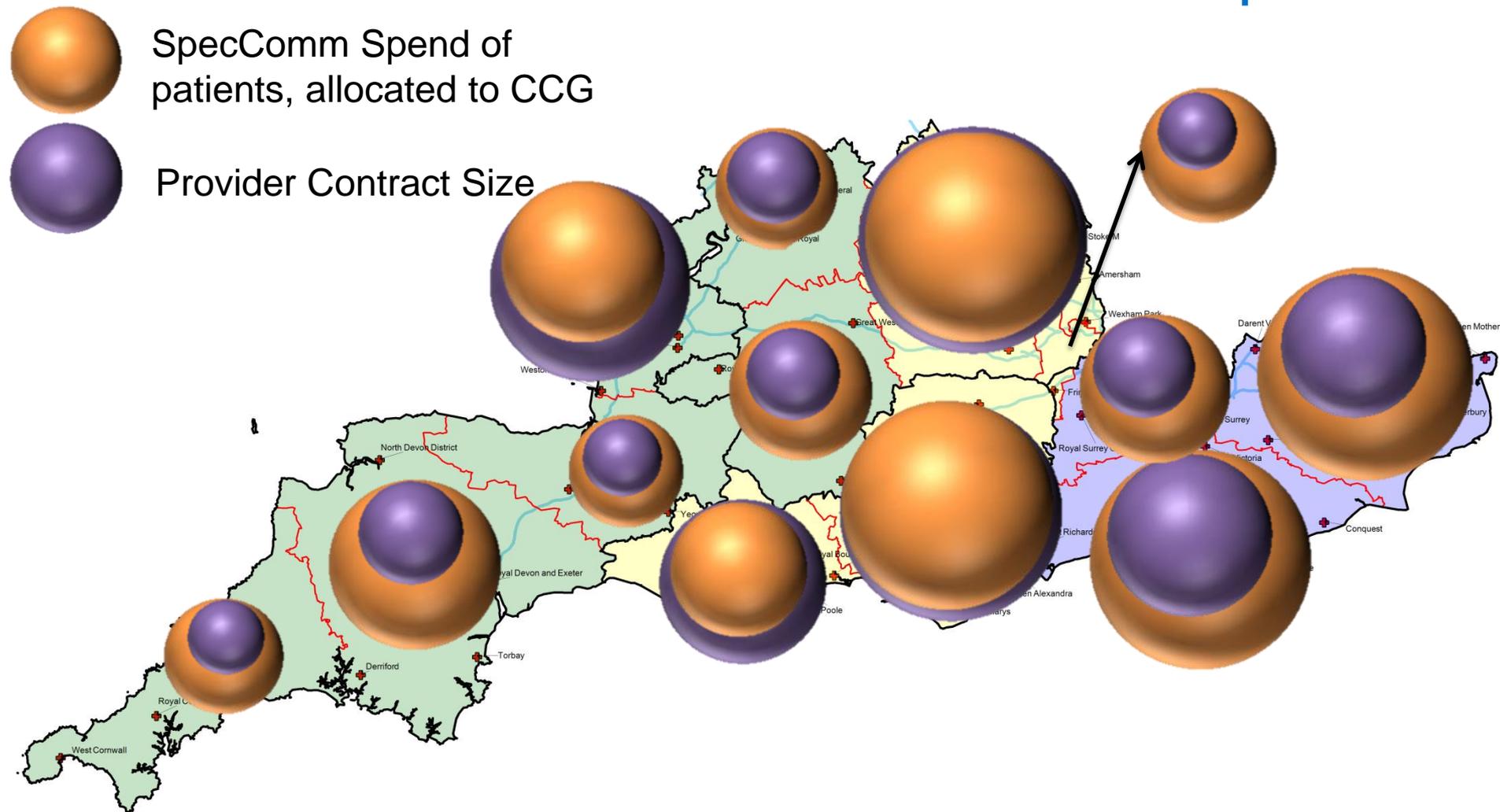
15/16 Spend at Specialised Providers (excluding single service providers)



Age distribution by STP



16/17 Provider Contract Size vs STP Spend



Our Principles:

- Right care to the right patient in the right place at the right time
- Commissioning 'footprints' determined by sustainable health economies
- Major determinant of footprint size is tiering work based on epidemiology of specific condition.
- Minimise variation in care pathways within and between providers
- High quality care compliant with evidence based and best practice standards
- Eradication of occasional practice
- Clinically led collaboration to create whole system networks of care
- Improved patient experience and reduction of avoidable harm
- Patient and public involvement in service redesign

Population considerations for Commissioning and Operational Delivery

- There are 149 services in the specialised portfolio
- Commissioned and delivered at the:
 - National/regional level?
 - Sub-regional/collaborative hub level?
 - Health economy/STP footprint level?
 - CCG or groups of CCGs level?
- NHS E conducting analysis with results due in September
- Clarity for collaborative commissioning, identify areas for joint working and arrangements
- **What can and what is sensible to change?**
 - **Collaboration / devolution**
 - **Shifts in activity to and from health economies**

National or Regional?

10m+ population, ~20 patients/m & planning 1-4 times
89 service specifications

Sub-regional/collaborative hub?

2.5m-10m population, 20-100 patients/m & planning 10 times
72 service specifications

Health economy/STP footprint?

1.5m-2.5m population, 100+ patients/m & planning 20-30 times
36 service specifications

CCG or groups of CCGs?

Less than 1.5m population & planning 30+ times
7 Service specifications

Systems of Care:

- 6 Macro Systems of Care aligned with Major Trauma Centres but connected to and working with STPs
- We will work collaboratively STPs as potential changes may include:
 - Decommission longstanding derogated services where not aligned with strategic fit
 - Consolidate provision within new provider models
- Our collective plans must take into account :
 - Quality and Equality
 - Growth and change in market share
 - Impact on neighbouring STPs
 - Workforce solutions

Service Change:

- We need to deliver sustainable services, which are high quality and financially viable to meet the financial challenge outlined in 5YFV
- Patient-centred, outcome based commissioning processes
- Coordination between provider organisations
- Harmonise the commissioning approach between NHS E and CCG's will help to maximise the success of new models of care
- Address fragility / sub-optimal services
- A number of STPs wish to repatriate activity to their area / providers in particular from London

Delivery – Risks & Controls:

- Clinical engagement and leadership of transformation & service change
- If providers plan for growth in volume of activity and market share, the STPs across the South will not be sustainable unless there is a commensurate reduction elsewhere.
- Specialised Commissioning will work collaboratively with groups of STPs to manage workflows
- Compliance with specification & NICE TAG

Delivery – Risks and Controls:

- Develop a clear process for change
 - Understand demand and capacity now and in the future
 - Is the proposed future state viable and sustainable?
- Conduct impact assessment of plans to assure high quality care is delivered in the right place, at the right time and is sustainable. Any change must consider:
 - Quality
 - Equality
 - Finance
 - Workforce
- We must transact and contract for change in collaboration with all stakeholders

Work in progress within Specialised Commissioning:

- Resource planning, phasing of work and change management
- Stage 1: Service Definition
- Stage 2: Service/Provider Review
- Stage 3: STP Inputs/Future Configuration

BI Tool:

- In September, NHS England will release a reporting tool presenting to STPs provider spend (from ACM) cut by service line, HRG, POD and CCG (insofar as the data permits)
- We can also provide individual provider contract reports for each STP
- This will be available from the end of September and demonstrations are planned or have been conducted with STP Leads

