Specialised Healthcare Alliance
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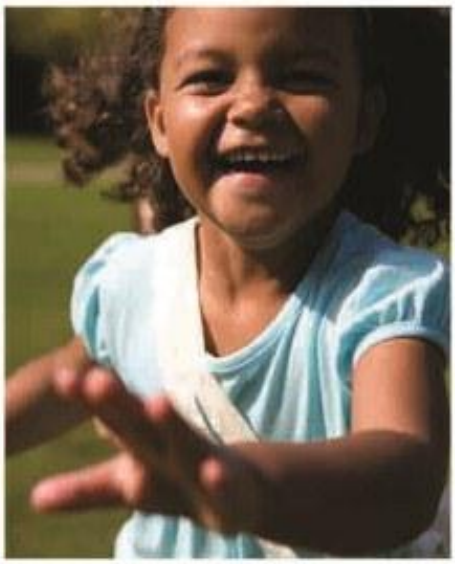
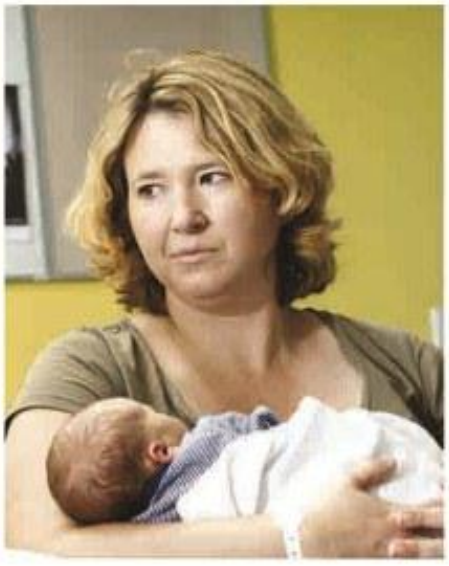
NHS England

Specialised services five year strategy:

Briefing for written submissions





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SPECIALISED SERVICES FIVE YEAR STRATEGY
BRIEFING FOR WRITTEN SUBMISSIONS

This briefing is intended to support individuals and organisations to make a written submission to the specialised services strategy scoping process. Written submissions should be sent to dorothy.chen@shca.info by no later than Friday 13th December 2013.

Challenges and opportunities for specialised services

The five-year strategy for specialised services is being developed following a period of significant change in the structures of specialised commissioning. Until 31st March 2013, specialised commissioning was fragmented across a range of NHS organisations, including regional Specialised Commissioning Groups, a National Specialised Commissioning Team and all local Primary Care Trusts, which remained ultimately responsible for the specialised healthcare of their populations. From 1st April 2013, under the terms of the Health and Social Care Act 2012, NHS England became the sole direct commissioner of specialised services.

With a consolidated budget of approximately £11.8billion, NHS England is in a strong position to set a course for the future of specialised services. Within the overarching Call to Action, which opened a public debate about the future shape of the NHS, the five-year strategy for specialised services provides a vital opportunity to engage with patients, the public, NHS organisations and others, to articulate a clear vision for the future.

In doing so, the achievements of the past and the challenges of the future must be recognised. Assessing these in 2006, the Carter Report provided a series of recommendations for the future development of specialised services which served to guide many of the changes of the last seven years. The Carter Report recommended the pooling of budgets for specialised commissioning in Specialised Commissioning Groups, designation of specialised service providers, closer involvement of patients and the public in specialised commissioning and more robust governance across the board.

These and many other recommendations of the Carter Report have been met or exceeded in the seven years since its publication. As the sole commissioner of specialised services, NHS England has pooled resources at a national level, aligning these with commissioning expertise. Specialised service specifications and clinical commissioning policies are developed by multi-disciplinary Clinical Reference Groups and consulted upon publicly before coming into force. Across England, under a single commissioner, consistency in service standards is being brought

about, with uniform access across the country and an end to the previous 'postcode lottery' under different local or regional commissioning bodies.

Yet significant challenges remain for the future direction of specialised services, as well as for many of the other recommendations made in the Carter Report. Carter recommended greater integration of care, so that specialised and non-specialised care could be provided seamlessly to patients; he urged closer alignment between the commissioning and payment systems to ensure incentives to providers pulled in the same direction; he recommended stronger commissioner accountability and clearer service-level costing information. On these fronts, more progress needs to be made.

Furthermore, such challenges must now be met in a more difficult financial environment. The likelihood of flat funding for the health service in the next five years, set against increasing demand and cost inflation means that specialised services need to be transformed to deliver the greatest quality, value and outcomes possible. The five-year strategy for specialised services provides the opportunity to articulate this vision, refreshing Carter's priorities and developing new recommendations to ensure that future development of specialised services is undertaken strategically and focused on the needs of patients.

Scoping the five-year strategy for specialised services

A draft mission and vision for the future of specialised services will be put to a 12 week public consultation during spring 2014. In order to meet this timeframe, the scope of the overall strategy will need to be determined by the end of December 2013. To this end, an event is being held in London to bring together different stakeholders to discuss the strategy's scope, and written submissions are being invited from all individuals and organisations with an interest in the strategy.

Submissions may cover any themes or topics for inclusion within the scope, but should not relate to individual specialised services or groups of services, eg 'a strategy for cancer services'. Service-specific engagement will be carried out separately to develop priorities for individual services, alongside the overarching strategy. Overarching issues relating to condition areas, such as the need to make sure the strategy has effective provisions for highly specialised services or specialised mental health services, would fall within the scoping exercise, while specific recommendations for particular types of highly specialised or mental health service would not.

The publication of the UK Strategy for Rare Diseases will also contribute to the contents of the strategy. The UK Strategy for Rare Diseases encompasses a wide range of conditions, including but not limited to those covered by highly specialised services, and the recommendations of the UK Strategy that relate to NHS England's

responsibilities for specialised commissioning will automatically form part of the scope of the five-year strategy for specialised services.

This briefing sets out our initial thinking on five suggested themes which could inform the scope of the strategy, recognising that some of the issues overlap. We would welcome comments on the merits or otherwise of these themes, and on any matter not covered which might usefully form part of the strategy.

THEMES FOR THE SPECIALISED SERVICES FIVE-YEAR STRATEGY

General principles

A number of core principles would cut across the themes of the strategy. For example, a commitment to including patients and the public in every stage of specialised commissioning, from policy development through to implementation and monitoring. The strategy might assess how the experiences of patients using specialised services can contribute to defining good outcomes, or how individual patients' views are captured and reflected in policy development.

Further, efficiency and value will need to run through all specialised commissioning. The strategy might suggest how NHS England could use its position as sole direct commissioner of specialised health services to drive efficiencies from providers and suppliers, work with local commissioners and assure the public that specialised commissioning secures the highest outcomes for the resource allocated.

The strategy might also elaborate upon an ethical approach to decision-making in specialised services, setting core principles to be applied through prioritisation and service reconfigurations in future. This could form part of the vision of the future of specialised commissioning, with a clear description of best practice in developing services and driving change in the NHS.

Themes for inclusion in the strategy might include:

Accountability

The strategy might make an assessment on the quality or outcomes requirements used as the benchmark for holding NHS England to account.

Within this topic, the strategy might also evaluate the present extent of transparency across NHS England's specialised commissioning. This could look at flagship transparency projects being led by the Patients and Information directorate insofar as they relate to specialised services, as well as how transparent the routine business and decision-making process of NHS England is. In addition to an assessment and recommendations on transparency, the strategy might also judge

how accessible the information produced by NHS England is, and make recommendations for key areas of improvement to boost public understanding and engagement with specialised services.

In examining accountability, the strategy might also assess where responsibility for different aspects of specialised commissioning lies, as well as how overall responsibility for service quality is taken. Where possible, the strategy might look at how responsibility could be shared with patients and the public, along with local organisations, alongside strong accountability mechanisms for responsible individuals and groups within NHS England itself.

Money

The strategy could look at how money flows through specialised services to identify problems, perverse incentives or confusion and to make clear recommendations for the future. These recommendations could focus on the need to ensure clear and rigorous definition of the scope of specialised services, with consistency across the Manual, service specifications and Information Rules. It might examine clinical coding and how well aligned coding is with the contractual requirements of commissioners, making an assessment on whether commissioners' intentions are being accurately translated into action by providers.

Another area in which consistency is important is in the payment system, most notably the national tariff. Any issues in this area would need to be co-ordinated with the joint work being undertaken on the payment system by NHS England and Monitor.

As part of this work, the strategy could consider how well specialised services are currently costed. It might look at where financial oversight and support is used within the commissioning system, and whether this should be extended, changed or peeled back. This might touch upon the use of analytics or registries and how and whether increased usage in future could support more informed commissioning.

The strategy might seek to determine the root causes of main drivers of cost in specialised services, or to develop proposals for how NHS England could better take account of these. Understanding the cost drivers which lead to growth in spend will be crucial for five-year planning in specialised services and might usefully fall within the scope of the strategy, linked with provisions on more granular costing and better databases and analytics.

Integration

Ensuring that patients experience care seamlessly is a high priority for the health service. For specialised services, which are commissioned separately from other

health services, this represents a particular challenge. The strategy could examine how well this is working in practice, as well as any measures that could be taken to improve integration across care pathways. It might consider the ways in which closer integration could remove perverse incentives from the treatment pathway and 'cost shunting' between CCGs and NHS England, as well as how different organisations could contribute to ensuring greater integration of care.

In particular, there could be an opportunity for the strategy to place an emphasis on measures to prevent the development of ill health or complications requiring specialised services. This could include recommendations on providing earlier treatment locally to prevent incurring greater costs in specialised care. Such savings in the specialised budget would then release greater resource for non-specialised care to continue prevention work. The strategy could develop recommendations on these fronts.

The strategy could also examine integration in the context of networked care, ensuring that delivery of care can be as close to a patient's home as possible, balanced against the need for specialist expertise. Shared care arrangements between providers might therefore fall within the scope of the strategy, as would integration between specialised care providers and other local care providers, including community care.

This work could touch upon care plans and care coordination as a means of ensuring greater integration of care from the patient's perspective. The strategy could make recommendations on the desirability and feasibility of introducing these across specialised services.

Quality and safety

The strategy could consider quality and safety in specialised services in a number of ways. An assessment of how quality is defined and measured could be included within the scope of the strategy, as well as an examination of how patient safety is accounted for and achieved within specialised services.

This work could have broader relevance within the strategy, with the potential to describe clear guidance on quality and safety requirements for any proposed service reconfigurations. It could also serve to help assess the existing quality of services and any potential reconfiguration requirements. As a result of the challenges arising from NHS England's delivery of national service specifications, the strategy might consider processes and principles for any resulting service reconfigurations.

A core part of the assessment of quality in specialised services might relate back to the level of integration of care, as well as to the availability and accuracy of early diagnosis or screening for rarer conditions. The extent and future demand for

national clinical databases might also be considered in this context, to demonstrate measurement and assessment of quality and safety throughout specialised services. The strategy might assess whether such information should or could be available to patients and the public in some form, to enable more informed decision-making and patient choice in specialised services.

Innovation

The strategy might encompass innovation issues on a number of fronts. It could look at how well NHS England scans the horizon for upcoming innovation, including new products, services and clinical techniques. This might include assessment of how proactively and comprehensively innovation is detected, as well as how well it is adopted and diffused through specialised services to patients who could benefit.

Within this work, the strategy might also provide a judgment on how transparent NHS England's processes for finding and approving innovation are, and what, if anything, could be done to improve them. The strategy might also take a view on how transparently NHS England sets its criteria for determining whether innovation is funded, and what steps might need to be taken in future on this score. This transparency assessment might also take a broader view of the processes for spotting and taking up innovation in specialised services.

A further aspect of innovation that the strategy could consider relates to research. An evaluation of how well aligned NHS England is with academic research on innovative products and techniques, as well as its integration with other research-led organisations internally and externally to the NHS. This might also look at NHS England's approach to clinical trials and the criteria it uses to assess the potential of innovations early in the pipeline. It could investigate how local innovation can be escalated and rolled out at national level and how well unmet need is identified and articulated to relevant stakeholders to guide future innovation. This might include assessment of how well NHS England links with NICE.

The strategy could also develop principles around the reinvestment of savings gained from innovation, or the assessment of how costs and savings are calculated over the longer term to inform commissioning decisions. It could develop proposals on how and where savings need to be generated, as well as expectations for how such savings are then reinvested.