

BOARD PAPER - NHS ENGLAND

Title: Directly Commissioned Services Committee

Clearance:

Lord Victor Adebawale, Non-Executive Director

Dame Barbara Hakin, National Director: Commissioning Operations

Purpose of paper:

To provide an update on discussions and actions following the meeting of the Directly Commissioned Services Committee held on 13 May 2014.

Actions required by the Board:

The Board is asked to:

- note the outcome of discussions and to receive assurance from the Directly Commissioned Services Committee in May 2014; and
- delegate authority to oversight groups to agree a limited set of CPAG recommendations.

Directly Commissioned Services Committee

Summary of Committee discussions

1. The Committee ratified the decision to adopt the clinical commissioning policy *Sofosbuvir for Hepatitis C*. The Committee noted that due to the urgency in the particular cohort of patients the decision had been referred to the Chairman to agree in advance of the Committee meeting.
2. The Committee endorsed the following recommendations made by the Clinical Priorities Advisory Group (CPAG) for formal adoption by NHS England:
 - Specialised services service specification for adoption during 2014/15: *Specialised Pain*
 - Specialised services clinical commissioning policy without need for consultation: *Disease Modifying Therapies for patients with Multiple Sclerosis*
 - Specialised services clinical commissioning policy without need for consultation: *Pulmonary Hypertension. Revision policy for targeted therapies to add Macitentan*
 - Specialised services clinical commissioning policy for consultation: *Bortezomib for the Treatment of Refractory Antibody Mediated Rejection Post Kidney Transplant*
 - Specialised services clinical commissioning policy for consultation: *Eculizumab for the Treatment of Refractory Antibody Mediated Rejection Post Kidney Transplant*
 - Specialised services clinical commissioning policy for consultation: *Non-invasively Lengthened Spinal Rods*
 - A specialised services policy statement for no routine funding be published for *Levodopa-Carbidopa Intestinal Gel (LCIG) for Advanced Parkinson's disease*. A policy for funding to be considered in the annual prioritisation round later in the year.
 - Armed Forces Health clinical commissioning policy without need for consultation: *IVF*.
 - Specialised Service specification for adoption during 2014/15: *Specialised Paediatric Medicine – Allergy*
 - Specialised Service specification for adoption during 2014/15: *Specialised Paediatric Neurosciences – Neuro-disability*
 - Specialised Services clinical commissioning policies for consultation: *Dolutegravir for treatment of HIV-1 in adults and adolescents*
 - To endorse the recommendation not to adopt: *Oncotype DX Clinical Commissioning Policy*. This should be submitted and considered in the prioritisation process later in the year.

3. It was proposed that a single CPAG would continue for all direct commissioning services, but would report through the relevant oversight group.
4. This would mean that the DCSC would receive a perspective on the wider aspects of CPAG recommendations, including operational and financial considerations. In order to avoid delays for patients, DCSC agreed that, where the relevant oversight group agreed with the CPAG recommendation in that there were no financial and operational issues, the oversight group should be able to agree the implementation of the recommendation. These decisions would be reported to the next DCSC.
5. Where the oversight group could not agree the recommendation, it would be brought to DCSC for consideration. As such the Board is asked to agree this delegated authority.
6. The committee received and took assurance from the presentation of the turnaround work programme in relation to specialised services. The Committee noted the actions being taken to control spend in specialised commissioning in future years.
7. The Committee received an update and general overview on each of the five areas that are directly commissioned by NHS England (primary care, specialised services, public health, health and justice and armed forces and their families). Members received assurance on the discharge of NHS England's Direct Commissioning functions.
8. The Committee received an update regarding proposals to commission Proton Beam Therapy in England. The committee sought additional information to assist the Finance and Investment Committee making a final decision in this matter.
9. Members received and approved the annual report of actions taken by the Committee for submission to the Board at its meeting in July 2014.
10. Members approved the proposed criteria, process and timescales for delivering options for potential changes to the General Medical Services contract in 2015/16.
11. The Committee supported proposals for co-commissioning of primary care contracts. Members sought assurance that the work would focus on delivering improvements in patient care and outcomes. Members highlighted potential issues around conflicts of interests in GPs commissioning services where they may be the provider.
12. The Committee noted the actions being taken to further develop the Direct Commissioning Assurance Framework.

13. The committee ratified the minutes of the previous meeting held on 28 January 2014. These minutes are attached.

Actions required by Board Members

14. The Board is asked to:
- note the outcome of discussions and to receive assurance from the Directly Commissioned Services Committee in May 2014; and
 - delegate authority to oversight groups to agree CPAG recommendations.

Lord Victor Adebawale
Non-Executive Director
May 2014

Dame Barbara Hakin
National Director:
Commissioning Operations

NHS England

Minutes of the Directly Commissioned Services Committee meeting held on 28 January 2014

Present

- Professor Sir Malcolm Grant (chair)
- Dame Barbara Hakin – Interim Chief Operating Officer/Deputy Chief Executive
- Sir Bruce Keogh – National Medical Director
- Mr Paul Baumann – Chief Financial Officer
- Ms Rosamond Roughton – Interim National Director: Commissioning Development
- Mr Richard Barker – Regional Director (North)
- Ms Ann Sutton – Director of Commissioning (Corporate)
- Dr Vicky Pleydell – CCG representative
- Ms Jo-Anne Wass – National Director: Human Resources

Apologies

- Sir David Nicholson – Chief Executive
- Ms Jane Cummings – Chief Nursing Officer
- Lord Victor Adebawale – Non-Executive Director
- Mr Bill McCarthy – National Director: Policy
- Mr Tim Kelsey – National Director: Patients and Information
- Dr David Geddes – Head of Primary Care Commissioning
- Mr Ciaran Devane – Non-executive Director

In attendance

- Ms Kate Davies – Head of Public Health, Offender Health and Armed Forces Health
- Dr Anne Rainsberry – Regional Director, London (for item 7)
- Mr Ben Dyson – Director of Commissioning Policy and Primary Care
- Mr Giles Wilmore – deputising for Tim Kelsey
- Ms Pia Clinton-Tarestad – Interim Head, Specialised Commissioning
- Mr James Palmer - Clinical Director, Specialist Commissioning
- Dr Mike Bewick – Deputy Medical Director
- Ms Linda White – Corporate Governance Senior Manager
- Ms Meri Leak – Corporate Governance Support Officer

The Chair welcomed members to the third meeting of this committee.

Item

- 1 **Apologies for Absence**
Declarations of interest in matters on the agenda
The Chair acknowledged apologies. There were no declarations of interest in matters on the agenda.
- 2 **Minutes of the previous meeting**
The minutes of the last meeting were agreed as a true and correct record of the discussion.
- 3 **Matters arising**
There were no matters arising
- 4 **Co-option of Ciaran Devane and Joanne Wass.**
The Chair introduced this paper, outlining how the Directly Commissioned Services Committee would provide oversight of the Primary Care Support Services project. The paper proposed that Ciarán Devane as non-executive director with oversight of the project and Jo- Anne Wass, National Director: HR and OD, were co-opted to this Committee to reflect the significant change management and potential impact on staff.

The Chair suggested a task and finish group should be established, , reporting back to the DCSC (suggesting Jo-Anne Wass, Ciaran Devane, Barbara Hakin, Paul Baumann and Ann Sutton).
The Committee noted the specific PCS oversight arrangements and agreed the co-option of two additional members for a time limited period.
- 5 **Terms of reference for the Clinical Priorities Advisory Group**
Dame Barbara Hakin introduced this paper, seeking the committee's approval of the revised terms of reference to CPAG.

The committee agreed that the Chair of CPAG was responsible for ensuring that a good balance and range of expertise was available in their meetings. It was noted that as CPAG is an advisory group, all decisions need to be ratified through this Committee.
The committee agreed the revised terms of reference for the CPAG.
- 6 **Recommendations from the Clinical Priorities Advisory Group meetings held on 27 November 2013 and 8 January 2014.**
The Chair requested that future reports include confirmation of attendance at each meeting.
ACTION: Mr James Palmer
Mr James Palmer presented the recommendations from the CPAG meetings and asked that the committee endorse the recommendations of CPAG for formal adoption by NHS England of the following policies and specifications:
Specialised Services - Services specifications:

- Home Haemodialysis
- In-centre Haemodialysis
- Peritoneal Dialysis
- Acute Kidney Injury
- Assessment and preparation for renal replacement therapy
- Cardiac surgery
- Adult Critical care extra corporeal membrane oxygenation (ECMO)
- Adult Critical care
- Prosthetics
- Cochlear Implants
- Kidney Transplantation
- Gynaecological Cancers
- Specialised maternity specification insert
- Paediatric Critical Care Level 2
- Paediatric Critical care Level 3
- Paediatric Critical Care Transport
- Neonatal Critical Care
- Neonatal Critical Care Transport
- Paediatric Long Term Ventilation
- Oesophageal and Gastric Cancer

Specialised Services – Clinical Commissioning Policy:

- Pre- Genetic Diagnostic Implantation

Transparency in approach:

- CPAG progress to transparency

Commissioning approach proposal:

- Ethical considerations in the commissioning policies for Justice and Armed Forces

Consultation approach:

- Consultation guidance and the programme for consultations
- Stakeholder involvement

Service changes – funding proposal:

- UK Genetics testing

The committee held a general discussion around genetic testing, competition or competence and consultations. They debated the publication of CPAG minutes, and agreed that the advisory group should publish their own minutes following DCSC meetings.

Members approved the revisions and endorsed the recommendations of CPAG for formal adoption by NHS England. Members also approved

the revisions to the policy on Pre-implantation Genetic Diagnosis and agreed to adopt the policy from 1 April 2014.

7

Proposal for strengthening the governance arrangements for Public Health.

Dame Barbara Hakin introduced this paper, describing the considerable progress made by the Public Health Oversight Group for the commissioning and delivery of public health services across the Area Teams for NHS England.

Dr Anne Rainsberry continued the presentation, describing the proposed initial phase of development, establishing a series of Delivery Groups with Area Team Director Leads focussing on six areas: Screening; Immunisations; 0-5 Healthy Child; Sexual Assault Referral Centres; Public Health in Secure and Detained settings, and Children Health Information System.

The Delivery Groups would report into the Public Health oversight group, giving them assurance that appropriate delivery capability and governance is in place and that Public Health outcomes and targets are delivering to plan.

The next meeting of the Public Health Oversight Group on 20 March 2014 will focus on the forward plan, programme of work and resources.

The committee debated the need for clarity around roles and responsibilities. Dr Anne Rainsberry stated that discussions clarifying NHS England responsibility for delivery and Public Health England responsibility for policy are progressing.

The committee noted and received assurance from the approach being taken.

8

8.1 Specialised Services action plan

Ms Ann Sutton introduced this paper, updating the committee on the actions taken to implement the recommendations from the Specialised Commissioning Stocktake Paper. Ms Sutton summarised the key deliverables and confirmed that the plan is fully developed and resourced for this year. The focus is both on the current issues and getting ready for 2014/15. The Committee acknowledged the need for consistent data collection, analysis and monitoring within each Area Team.

The committee noted the actions taken to implement the recommendations from the Specialised Commissioning Stocktake

Paper.8.2 Specialised Services financial update

Mr Paul Baumann presented the Specialised Services financial update. It was noted that in month 8 there had been a £68m improvement, this included risk adjustment. Mr Baumann alerted the Committee that the position for period 9 showed a worsening position. The Committee were advised that there had been a full year forecast deficit of £(108)m, this was now indicated to be £(172) in month 9. Mr Baumann reported that demand for specialised services continued to be higher than forecast. He assured the Committee that work was underway to try to stabilise the position to prevent a higher deficit.

Mr Baumann reported that the Board had ratified the overall planning process for 2014/15 and beyond. It was noted that the allocation for specialised services had been set at a national level. Within the allocations paper,

consideration had been given to what level of efficiency could be delivered. These discussions had yet to conclude.

The committee were advised that the Cancer Drug Fund was currently forecasting a £(40)m deficit for 2013/14. A long term plan would need to be agreed to maintain a balanced position. Sir Bruce Keogh reported that he was working with NICE to find a long term solution to the Cancer Drug Fund.

The Committee debated how services are identified as specialised services. It was agreed that a further discussion would take place outside the meeting.

ACTION: Mr James Palmer and Ms Pia Clinton-Tarestad

The committee noted the financial position on Specialised Services and the actions being taken.

9 **Primary Care Support Services Programme – verbal update**

Ms Sutton said that as this item had been discussed at the Board meeting on 24 January that there was no separate report on this occasion. Dame Barbara informed the committee that a briefing note on the outcome of the Board meeting would be circulated.

10 **Directly Commissioned Services Update and Assurance Report (including risk register)**

Ms Sutton introduced this paper, providing the Committee with a general overview and update on each of the five areas that are directly commissioned by NHS England.

Ms Sutton drew the Committee's attention to the following general aspects

- NHS Ways of Working – the Committee noted that an action plan to meet the recommendations was being developed
- It had been agreed that this Committee would retain oversight of the Direct Commissioning assurance framework. A report would be brought to the next meeting;
ACTION: Dr Sarah Pinto-Duschinsky
- Some progress was being made towards improved matrix working. It was noted that clear business plan priorities will aim to strengthen this further
- The risk register was attached to the report for information. Ms Sutton confirmed that the register had not changed since the last report.

Specialised Commissioning

It was noted that contracts for 2014/15 were being negotiated with progress being made towards the implementation of common service specifications.

Mr Richard Barker commented that some of the smaller providers may fall out of the market as the bar on specifications is raised. The Committee acknowledged that it may be a challenge for some providers to keep on top of quality of service and we would need to monitor this closely.

It was noted that the approach to value based commissioning would not be pursued at this time.

Primary Care Commissioning

Ms Rosamond Roughton updated the committee on the progress with Call to

Action and the strategy development.

In the general primary care update it was noted that progress is being made on collaboration between Area Teams and CCGs in planning priorities for the coming year.

There remain a number of services where there are potential resource constraints including remediation and premises reimbursement. Plans to mitigate these risks are being developed.

The rising activity in relation to secondary care dental services and the plan to address this was noted.

Public Health Section 7a Commissioning

In addition to the discussion noted in item 7 the priority to continue to consistently implement the service specifications and to improve public health outcomes through improved performance was noted.

Dame Barbara informed the committee that we are close to agreeing our roll-out of the Childhood Flu immunisation programme. It was noted that the trajectories agreed would reflect the volume of immunisation that NHS England can confidently deliver.

Health and Justice Commissioning

While Health and Justice is not a specific part of the Call to Action the oversight group is clear that the strategic priorities need to be better articulated and work has started on this.

The work programme of the Oversight Group is currently being expanded to take account of the additional NHS England responsibilities in this area from April 2014. These include commissioning healthcare in police custody suites,, immigration and removal centres, secure facilities for children and the liaison and diversion services.

Armed Forces and their Families Commissioning

It was confirmed that the single operating model for commissioning these services across England is fully in place with good progress being made on the immediate priorities

The Committee noted this report and received assurance on the discharge of our Direct Commissioning functions.

11 **Prime Ministers Challenge Fund for General Practice (for information only)**

Ms Rosamond Roughton updated the committee on the access to the Prime Minister's fund of £50m to support this pilot programme and confirmed that there has already been considerable interest.

Committee Members noted:

- **the work underway to secure the pilot sites; and**
- **the arrangements that are being put in place to support them and share innovation with wider primary care service providers.**

12

Primary Care dental Contracts 2014/15

This paper was presented by Mr Ben Dyson who drew the committee's attention to the current proposals for 2014/15, taking into account the discussions with Department of Health (DH) and the British Dental Association (BDA). The group discussed the proposed changes to primary care dental contracts and how these are designed to improve oral health.

The committee discussed progressing this as an action by correspondence and agreed that due to the fast pace of the discussions, this would be sensible.

The Committee

- **Provided a steer in relation to proposed changes to NHS dental contracts for 2014/15**
- **Noted progress in the development of new dental contractual arrangements and agreed to accept actions by correspondence**

13

Note of decision made out of Committee: Liaison and Diversion Services – transfer to NHS England from 1 April 2014.

It was noted that to enable the Chairman to report the outcome of this decision to the NHS England Board on the 24th January 2014, a decision was required out of Committee.

Dame Barbara updated the Committee on progress with Liaison and Diversion services and confirmed that approval (subject to a number of caveats) was given outside of Committee that NHS England should take lead responsibility from 1st April 2014. Dame Barbara then briefly described how an extension to current services is to be piloted and then rolled out.

AOB

There were no items of further business to discuss

Date of next meeting

Scheduled for 13 May 2014.