

NHSCB8/11/12/7

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Formal public consultation on clinical policies for specifications for specialised services

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Purpose of Paper:

- To introduce the Board to the future arrangements for specialised commissioning.
- To ask the Board to endorse the proposed consultation process for service specifications and clinical policies for specialised services.

Key Issues and Recommendations:

- Only those specifications and policies that have been positively assured will be considered ready for public consultation.
- At the NHS Commissioning Board Executive Team meeting held on 11 October 2012 the outlined approach was discussed and endorsed, subject to Board approval.
- The Board is asked to endorse the proposed consultation process for service specifications and clinical policies for specialised services.

Actions Required by Board Members:

- To endorse the proposed consultation process for service specifications and clinical policies for specialised services.

Formal public consultation on clinical policies for specifications for specialised services

Executive summary

1. Specialised commissioning has been carried out by a number of different organisations and therefore service specifications and policies are different across the country. From April 2013 the Health and Social Care Act redefines specialised services as 'prescribed' services (a list of services that the NHS Commissioning Board (NHS CB) will be responsible for commissioning as set out in the Health and Social Care Act 2012) and these will now all be commissioned nationally by the NHS CB. The specifications and commissioning policies will therefore need to be the same across the country.
2. In total 132 service specifications and 51 commissioning policies have been developed.
3. These specifications and policies have been reviewed by three separate but linked assurance arrangements, a patient and public engagement assurance group, a finance assurance group and a clinical assurance group.
4. The NHS CB is asked to support this process of consultation and to acknowledge the potential risks involved.

Links to the Board's mission statement

5. The proposals in this paper have a direct link to each of the four components of the mission statement
 - a. **Why we exist:** the paper addresses ways in which the NHS CB can ensure equitable access to specialised services across the country. It will do this on a fair and equal basis, within available resources.
 - b. **How we work:** developing clear and consistent expectations around access to specialised services and explicit service standards has a direct impact on patient and public safety. Asking interested stakeholders to shape policy and specifications and to give feedback on proposals is integral to our intention to co-design the new system.
 - c. **What we do:** the paper asks the Board to agree the first public discussion with stakeholders about what we propose to commission for 2013/14.
 - d. **Our success:** the paper describes the next stage aligning equitable access to a range of specialised services across the country. Our success will be measured through ensuring we get excellent clinical and patient engagement in the process and that we can measure access to services across the country.

Context

6. Specialised services are those services that require a planning population of at least one million people as they are services that affect relatively small numbers of people and range from very rare services such as heart and lung transplants to more common services such as renal dialysis. These services are not provided in every local hospital and they require concentration of clinical expertise in a smaller number of centres to ensure high quality care.
7. Prior to the Health and Social Care Act specialised services were commissioned on a regional basis by specialised commissioning groups and on a national basis (for highly specialised services) by the national specialised commissioning team. The Health and Social Care Act however redefines specialised services as 'prescribed' services (a list of services that the NHS CB will be responsible for commissioning as set out in the Health and Social Care Act 2012) and these will now all be commissioned nationally by the NHS CB.
8. The Health and Social Care Act sets out four factors that should be taken into consideration when determining which specialised services should be commissioned by the NHS CB:
 - the number of individuals who require the provision of the service or facility;
 - the cost of providing the service or facility;
 - the number of persons able to provide the service or facility; and
 - the financial implications for CCGs if they were required to arrange for the provision of the service or facility.

Rationale

9. It is estimated that around £12 billion is spent on commissioning for specialised conditions and currently this commissioning is being done in a number of different ways across the country.
10. Work has begun to standardise commissioning for specialised services with a single operating model being developed across the country as part of establishing the NHS CB. The next important step is in standardising what services we commission across the country.
11. During 2011/12 and 2012/13, the Department of Health commissioned a piece of work to test whether the services previously described as specialised services through a national specialised services definition set met the four factors listed in paragraph 8. The work was undertaken by a Clinical Advisory Group for prescribed services. This is a multi-disciplinary committee that includes GP and senior hospital doctor membership.

12. The Clinical Advisory Group, which published its recommendations in September 2012, concluded that virtually all those services currently commissioned by specialised commissioning groups and the national specialised commissioning team should be commissioned by the NHS CB. The Clinical Advisory Group drew on advice from the 60 Clinical Reference Groups which also involved patient and public representatives.
13. The work carried out by the Clinical Advisory Group supported by the Clinical Reference Groups has included developing a definition and description of each specialised service (the scope), and the production of service specifications with the testing of these against the scope to ensure alignment.
14. The specifications and policies for specialised commissioning meet the principles and values of the NHS Constitution.
15. The specialised service transition team have put a process in place that brings expert clinicians, expert patients and commissioners together to start the process of describing these specifications and policies for next year. A risk assessment of the entire portfolio of specialised services identified a number of areas that need either the national adoption of an existing policy or specification or the development of a new one. In total 132 service specifications and 51 commissioning policies have been developed.
16. These policies and specifications have been reviewed by three separate but linked assurance arrangements, a patient and public engagement assurance group, a finance assurance group and a clinical assurance group. The role of the assurance groups is intended to ensure that we have engaged appropriately, that the policies are clinically effective and the affordability of a specific specification or policy has been considered. Once the policies and specifications have been signed off through the separate assurance processes, they will be ready for the first stage of public consultation, as proposals for commissioning criteria for next year.
17. The proposed approach was endorsed at the NHS CB Executive Team meeting held on 11 October 2012.
18. It is important that we formally share our proposals at an early stage as it is our stated intent to engage stakeholders in all our business and planning processes and also because in this first year of planning new national contracts we need to test the provider readiness to meet those proposed service standards and access criteria.
19. Once we have feedback from the first consultation process we can start to develop the service and contract portfolio for contracts in 2013/14. We will then undertake a full clinical prioritisation and affordability process (involving all directorates of the NHS CB) going out for final consultation in December 2012 so that we are transparent about what will be included in 2013/14 contracts and stakeholders can comment on our intentions.

Risks

20. Although there has already been wide stakeholder engagement it is important that this is very thoroughly tested as part of the consultation process and if necessary to re-evaluate our intentions in the light of stakeholder feedback prior to developing our final plans for 2013/14.
21. Stakeholders may not feel that a consultation period of 4 weeks is sufficient. This is mitigated by the involvement of expert patients and clinicians in the entire process to date and by the proposed second period of consultation in December.

Next Steps

22. A communications plan is in development to manage the risks and to ensure that all comments received through the consultation process can be considered in planning our final service portfolio for 2013/14.
23. A full equality impact assessment will be undertaken for each of the policies and specification once the public consultation process is complete.

Recommendation

24. The Board is asked to endorse the proposed consultation process for service specifications and clinical policies for specialised services.

Ian Dalton

Chief Operating Officer/Deputy Chief Executive

October 2012