

NHS ENGLAND – BOARD PAPER**Title:**

Specialised Services Commissioning Committee (SSCC) Report

Lead Director:

Noel Gordon – Non-Executive Director and Chair of the SSCC

Purpose of Paper:

To update the Board on SSCC business

The Board invited to:

- (i) To note the work and key decisions of the SSCC
- (ii) To take a verbal update on any additional issues and decisions taken by the SSCC on the 27 September

Specialised Services Commissioning Committee Report

Report to the Board from: Specialised Services Commissioning Committee
Committee Chair: Noel Gordon
Date of the committee meeting: Tuesday, 27 September 2016

Committee meetings

1. The last Committee meeting was held on 27 September 2016 (a verbal update to the Board on this meeting will accompany this paper).

Strategy and Reform

2. On 8 August 2016, NHS England, with involvement from NHS Clinical Commissioners and NHS Providers, held a national engagement event with stakeholders to test our new strategic framework for specialised services. We received positive and constructive feedback on the framework from stakeholders, and are now focused on implementation of the framework's revised three key elements:
 - a. Delivering place and population based approaches;
 - b. Ensuring clinically consistent quality and improved outcomes; and
 - c. Ensuring financial sustainability and improved value.
3. The NHS planning guidance signalled a clear intent to align investment in specialised services with local health economy sustainability and transformation planning, and our ambition to animate the next contracting round with new place and population based models of commissioning for specialised services.
4. Our 2017/18 Commissioning Intentions for Specialised Services will open up new opportunities for both local health system leaders and providers to develop place and population based models of commissioning within the next contracting round. To support the development and implementation of place and population based approaches NHS England Specialised Commissioning intends to:
 - a. Work with STPs to design collaborative commissioning arrangements for specialised services that could:
 - i. benefit from being planned on a place based STP or multiple STP footprint with NHS England; and
 - ii. are services within our priority areas (ie Cancer, Learning Disability or Mental Health).
 - b. Work directly with groups of providers who come forward to NHS England with care-collaboration proposals (ie chains, franchises, networks) for a specialised service (or multiple services) that NHS England could then contract with directly to cover a whole regional or national population footprint.
5. The collaborative commissioning programme (overseen jointly by NHS England and NHS Clinical Commissioners) has been reshaped and reframed to align better with the STPs and other programmes moving towards place and population based care, such as devolution. The programme is overseeing work to i) develop the national policy framework for collaborative commissioning, and ii) support transition and

implementation. This includes working with four STP exemplar areas to identify what practical support they may need to make collaborative commissioning work in 2017/18 for their priority service areas. We are aligning work on the legal and governance options available for place-based commissioning for specialised services with those being developed through the Devolution programme.

6. A new working group between NHS England and NHS Digital has now been established, with the first meeting held on 5 September 2016. This group will focus on identifying how information flows on patient outcomes and use of business intelligence can be enhanced to both support better commissioning and enable new contracting models that incentivise value rather volume.
7. NHS England will be undertaking national service reviews into paediatric surgery and paediatric intensive care (PIC), including paediatric transfer and Extracorporeal Membrane Oxygenation (ECMO). In order to ensure alignment with the commissioning cycle, these will be undertaken over a 12 month period with the aim of commencing implementation by our next statutory commissioning intentions publication. Given the interdependencies between these areas, the reviews will be undertaken in parallel. The PIC review will aim to optimise the use of PIC beds and to establish a cohesively commissioned pathway for children requiring basic, intermediate and advanced critical care. It will also address the pressures created by balancing complex elective and emergency cases, and seasonal pressures. The surgery review will focus specifically on specialist paediatric surgery. The interdependencies of ECMO and Paediatric Transfer will also be addressed to ensure a coherent approach.
8. The reform of our Clinical Reference Groups (CRGs) is now almost complete with 41 of 42 chairs in place and the majority of clinical and patient and public voice members appointed. The new CRGs have been greeted positively and are now stepping up to play their role in delivering and advising on NHS priorities to ensure we get the best possible value from the NHS money invested in specialised services by commissioners

Assurance

9. The committee took updates on the (i) month 4 financial position, (ii) Specialised Commissioning Oversight Group, (iii) Patient and Public Voice Assurance Group, and (iv) Cancer Drugs Fund Investment Group.

Live issues

10. On 12 July the Public Accounts Committee (PAC) published six conclusions and recommendations on NHS Specialised Services following the publication of the NAO report and subsequent hearings. The Government response to the PAC (known as a 'Treasury Minute') is expected to be laid before Parliament in October. NHS England are now working with departmental officials to inform the response.
11. A small number of live legal issues are progressing on investment decisions on Hepatitis C, Sodium Oxybate and PReP. The Court of Appeal is considering how expansive are NHS England's commissioning powers in the context of Pre-Exposure Prophylactics (PrEP). The appeal hearing took place on the 15 September 2016.

12. Should we be found to have these extra powers, PrEP will be played into the 're-run' our clinical prioritisation process in early November. From the original CPAG process, nine of the 22 treatments are now being commissioned, the remaining treatments will be decided upon subsequent to the appeal decision.

13. On Hepatitis C, the Board will wish to note the recent legal ruling to refuse permission to the Hepatitis C Trust to challenge NHS England's decision on how to implement the NICE guidance on new Hepatitis C treatments. The Judge ruled that our current approach is a legitimate way of giving effect to the NICE guidance that treatments must be available for patients with qualifying conditions to prioritise treatment for people with the highest unmet clinical need.

Author **Gareth Arthur, Head of Strategy and Policy (Specialised Services)**