

**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.

**FOR ASSURANCE****The Board is invited to:**

- (i) note the work and key decisions of the SSCC;
- (ii) take a verbal update on any additional issues and decisions taken by the SSCC on 13 December 2017.

## Specialised Services Commissioning Committee Report

**Report to the Board from:** Specialised Services Commissioning Committee  
**Committee Chair:** Noel Gordon  
**Date of the Committee meeting:** 13 December 2017

### Committee meetings

1. This report covers the last Committee meeting, held on 13 December 2017.

### Implementation

#### *Health & Justice commissioning – prison health*

2. The Committee received an outline of the key features and challenges of commissioning healthcare for the residential estate (the collective term used to describe adult prisons, immigration removal centres, secure training colleges, youth offending institutions and secure children's homes), as well as the governance that is currently in place.
3. The following points were made in discussion:
  - The Committee recognised that the delivery of healthcare in the residential estate is taking place within a very different context, and achieving equivalence with services delivered elsewhere is challenging.
  - The Committee considered where there are opportunities to innovate and deliver care in a more effective way.
4. The Committee agreed to initiate a programme of review of the structure, procedures and governance of health and justice commissioning in England, informed by current best practice and the lived experience of patients and former patients from the justice system.

#### *Recommendations for discretionary investment for service developments in 2018/19*

5. The Committee was asked to approve SCOG recommendations on which new treatments should be included for routine commissioning, based on advice from the Clinical Priorities Advisory Group (CPAG), which met on 7 November 2017.
6. The following points were made in discussion:
  - The Committee asked and received reassurance that the clinical benefits of the proposals are clear. The benefits have been clearly shown and tested by both the Clinical Panel and the National Programme of Care.
  - Those treatments not approved at this stage will automatically be entered into the next round of prioritisation next year.
7. The Committee confirmed SCOG's recommendation of funds committed to the November prioritisation round (for introduction from April 2018) and approved recommendations for the prioritisation of discretionary funding.

*Assuring quality of specialised services*

8. The Committee received an overview of the development of quality assurance for specialised services. The new approach uses a quality assurance process underpinned by an annual self-declaration and supported by the Quality Surveillance Information System. It is intended to better identify variation and address areas for improvement.
9. The Committee agreed on the direction of travel and recognised the need to ensure that there is a focus on the clinical outcomes being achieved by patients. The Committee noted the move to a new quality assurance process and supported the expansion of the Specialised Services Quality Dashboards.

*Hepatitis C treatment – sustainable rollout strategy update*

10. The Committee received an update on the progress on developing a multi-year strategic approach to achieve affordable and accelerated hepatitis C elimination, in advance of moving to formal market engagement.
11. The Committee recognised the initial success of the approach, already achieving an over 10% fall in mortality, an over 50% fall in Hepatitis C related transplant requirements, an increase in effective and equitable delivery and an over 40% year on year reduction in cost per patient from September 2017.
12. The Committee noted the progress to date and agreed to the identified next steps, including proceeding to formal market engagement.

*National Proton Beam Therapy (PBT) Programme*

13. The Committee received an update on the latest position in relation to the funding of the National Proton Beam Therapy (PBT) Programme.

**Assurance**

14. The Committee took updates on:
  - the November 2017 meeting of the Patient and Public Voice Assurance Group, which considered: methods for determining product selection for High-Cost Tariff-Excluded Devices in specialised services; children's and young people's cancer services; and the Implementation Plan for the UK Strategy for Rare Diseases;
  - the 2017/18 financial planning position at Month 7, including potential risks and associated mitigations to the delivery of an overall balanced plan, and the latest position on provider contracts;
  - the Specialised Commissioning Oversight Group meetings in October and November 2017, including updates on clinical priorities, service reviews and Clinical Priorities Advisory Group recommendations, service procurements, PPVAG Assurance Framework, and the Implementation Plan for the UK Strategy for Rare Diseases;
  - The Cancer Drugs Fund Investment Group.

## **Live issues**

15. The Pre-exposure prophylaxis (PrEP) trial has gone live. At the time of the meeting, 53 clinics had been opened, and over 2400 participants were enrolled on 8 December.
16. In relation to genomics governance, the Life Sciences Industry Sector Deal has been published and the Government has set out its ambition to retain the world leading position of the UK in genomics. There is a commitment for the UK to sequence an additional 50,000 genomes from cancer patients with tumours with major unmet need. NHS England has published its plans for its research strategy, reiterating plans to continue to invest in building the infrastructure for genomics.