

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 of the meetings of the Specialised Services Commissioning Committee held on 24 October 2018 and 11 December 2018.
The Board is invited to: <ul style="list-style-type: none">(i) note the work and key decisions of the SSCC

Specialised Services Commissioning Committee Report

Report to the Board from: Specialised Services Commissioning Committee
Committee Chair: Noel Gordon
Date of the committee meeting: 24 October 2018 and 11 December 2018

Matters for the Board's attention

Gender Identity Services

1. The Committee received an update on the development of the strategic approach to gender services over the next ten years. The proposed approach is built on three elements – a Trans Health Service, which provides care for adults who need help in considering their gender identity; Gender Dysphoria Clinics, which can diagnose those individuals with dysphoria and initiate treatment; and a Gender Dysphoria Surgical Service. The Committee supported the overall approach and highlighted that there was a need: a) for people to be able to have an extended conversation about their gender identity and the options available, as well as timely access to surgery for those with a clear need for it; b) to develop a better understanding of the level of demand; and c) to consider how far the service could be commissioned on a whole service basis, so that a single provider would be responsible end to end.

NHS Long Term Plan

2. The Committee received an update on the work underway on the contribution of specialised commissioning, health and justice, and armed forces services to the NHS Long Term Plan. The Committee welcomed the engagement of the specialised commissioning, health and justice and armed services teams in the process and asked that they continue to work with the long term plan team to : a) clarify how specialised services will be embedded in the new system architecture; b) ensure there is an understanding of services for minority groups; c) identify where additional investment is required for specialised services to contribute to health system outcomes and where investment in other parts of the pathway is required; and d) incorporate case study examples of how specialised services can support improvements to outcomes.

Genomics

3. The Committee heard on the progress with implementing the new Genomic Medicine Service, the key elements of which are: a) the procurement of genomic testing services; b) national genomic test directory; c) partnership with Genomics England to deliver informatics platform and whole genome sequencing (WGS); and d) developing the integrated clinical service, as well as providing central oversight of the programme. The Committee discussed a number of items, including the importance of governance of the programme, WGS provision, and the vision for the longer term.

Recommendations for discretionary investment for service developments in 2018/19

4. The Committee was asked to approve which new treatments should be included for routine commissioning as service developments. Recommendations were made by the Specialised Commissioning Oversight Group (SCOG) based on recommendations from the Clinical Priorities Advisory Group (CPAG), and in line with the decision-making framework published by NHS England.

5. The Committee considered and agreed to SCOG's recommendations for the prioritisation of discretionary funding. The Committee also agreed to consider proposed changes to the current published decision-making framework, including the production of a lived experience report and an enhanced role for stakeholders.

NICE's priorities

6. Colleagues from National Institute for Health and Care Excellence (NICE) joined the December meeting to discuss items of shared interest. By way of introduction, they set out for the Committee some of the developments that will have an impact on the way NICE will support the NHS in future, highlighting: NICE's own development as a digital organisation; and recently completed work on an evidence standards framework for digital technology and how this might lead to evaluation of the value of such technology in future.

Innovation landscape

7. The Committee received an update on the landscape review and how it is reflected in plans for supporting innovation in medtech, diagnostics and digital, which would be finalised following publication of the Long Term Plan. The focus of the discussion was on how to improve the pipeline of proven innovations that meet the needs of patients and the NHS, and improving uptake and spread of proven innovations across the NHS.

Horizon scanning for new technologies

8. The Committee received an update on the approach to horizon scanning and reappraisal of new technologies for specialised commissioning through a phased, three year development proposal comprising: a) adaptation of the existing pathway for notification of eligible medicines whilst creating a pathway for notification of eligible non-medicines; b) implementation of a digitally supported enhanced horizon scanning capability; c) formation and implementation of a centralised horizon scanning function; and d) consolidation and improvement of systems to address any remaining identified gaps or development needs.
9. The Committee supported the proposal, and NICE colleagues expressed a willingness to work on it in collaboration with NHS England.

Off-label medication usage

10. The Committee received a proposal on how to undertake research for medicines prescribed outside their licence in specialised services. This proposal includes a process for identifying medicines, supporting phase III clinical trials, enabling the licence to be updated, and undertaking a NICE technology appraisal to assess the clinical and cost-effectiveness of the medicine. It is intended for this work to be carried out in partnership with the Medicines and Healthcare products Regulatory Agency (MHRA), the National Institute for Health Research (NIHR) and NICE.
11. The Committee supported the proposal and agreed that a short-life working group be established to establish the key principles.

Health technology reassessment

12. The Committee heard about the development of a process to identify potential candidates for disinvestment due to clinical or cost ineffectiveness. It is built on five key steps: identification of potential candidates for disinvestment; prioritisation of candidates; evaluation of candidates; decision making; and implementation and monitoring of progress.
13. Work to date has focused on identification of potential candidates for disinvestment, and the next step is for the Specialised Commissioning Clinical Panel to test a process of prioritisation, before proceeding to the evaluation phase.
14. The Committee welcomed the update and endorsed the process, and NICE colleagues expressed support in principle. The Committee also heard that drugs for three indications had been identified for which a referral to NICE could be sought given the consensus on priority. The Committee agreed to seek referrals in these cases, subject to further consideration of whether sufficient evidence already exists.

Items for the Board's information and assurance

15. The Committee assured the following additional items:
 - Meetings of the Patient and Public Voice Assurance Group;
 - The financial position at Month 5 and Month 7, and the latest contract position for 2018/19;
 - The Specialised Commissioning Oversight Group meetings in June, July, October and November 2018;
 - The Health and Justice Oversight Group;
 - The Armed Forces Oversight Group; and
 - The Cancer Drugs Fund Investment Group.
16. The Director of Specialised Services updated the Committee on a number of current issues, including:
 - Recent commercial developments;
 - Ongoing procurement exercises and service developments;
 - Legal challenges;
 - EU exit preparations and contingency planning.

Recommendation

17. The Board is invited to:
 - note the work and key decisions of the SSCC.