

JEWELS IN THE NHS CROWN? – THE NEXT FIVE YEARS FOR SPECIALISED SERVICES

The NHS attracts such strong public support because of its ability to provide truly comprehensive medical care free at the point of delivery, from stitching a simple cut to the most complex neurosurgery.

The Specialised Healthcare Alliance was established in 2003 because of concerns about the capacity of individual Primary Care Trusts (PCTs) to commission specialised services. By their nature, specialised services need to be planned and delivered at regional or even national level. Although attention often focuses on issues like GP opening hours, local people need specialised services too.

The SHCA therefore welcomed the Carter Report on specialised commissioning in 2006. Good progress has been made towards implementing its key recommendations. But more needs to be done in the next five years.

The Alliance's top priorities are:

1. **Accountability** – in a taxpayer-funded health service ultimate accountability resides with the Department of Health through Ministers to Parliament. Individual Ministers are currently assigned responsibility for a whole range of issues. Specialised services are conspicuous by their absence, despite affecting a large number of people and accounting for 10 per cent of NHS expenditure. This needs to change after the next General Election with **a particular Minister having responsibility for specialised services**;
2. **Building on Carter** – the NHS can be better at changing policy than changing practice, sometimes losing interest once the initial novelty has worn off. Although exceptionally well received, the danger is that the same thing will happen to the Carter reforms. It is essential that **these are renewed for the changed circumstances facing the NHS, including designation of providers and robust pooling of budgets to pay for services**;
3. **Regulatory oversight** – the planning and procurement of specialised services is undertaken by regional Specialised Commissioning Groups on behalf of their constituent PCTs. **The Care Quality Commission needs to take an active interest in Specialised Commissioning Groups** given their importance to the wider NHS and to review particular patient pathways in more detail;
4. **Ethical consistency** – whether the result of a road accident or a rare genetic condition, specialised care often involves great clinical severity and high cost. Funding decisions can be difficult in a cash constrained environment but the public wishes to help wherever humanly possible. This needs to be reflected in **an ethical framework applied consistently across the NHS**.

Autumn 2009

ARMA-Arthritis Care-BAPEN-Behcet's Syndrome Society-Bliss-Bowel Cancer UK-British Liver Trust-British Paediatric Rheumatology Group-British Polio Fellowship-British Society for Rheumatology-Child's Liver Disease Foundation-CLIMB-Children's Heart Federation-Contact a Family-Cystic Fibrosis Trust-GBSSG-Haemophilia Society-Hepatitis B Foundation UK-Kidney Alliance-Limbless Association-Lymphoma Association-Macmillan Cancer Support-MS Society-MS Trust-Muscular Dystrophy Campaign-National AIDS Trust-National Kidney Federation-National Voices-Neurofibromatosis Association-National Rheumatoid Arthritis Society-Niemann Pick Association-Parkinson's Disease Society-PINNT-Primary Immunodeficiency Association-Progressive Supranuclear Palsy Association-Pulmonary Hypertension Association-Rarer Cancers Forum-Rare Disorders Alliance-Scleroderma Society-Sickle Cell Society-Sign-Speakability-Spinal Injuries Association-Terrence Higgins Trust