



SPECIALISED HEALTHCARE ALLIANCE

SUBMISSION TO THE DARZI NHS NEXT STAGE REVIEW

The Specialised Healthcare Alliance (SHCA) is a broad coalition of 41 patient groups, supported by eight corporate members¹. It has been set up to campaign on behalf of people with conditions which require specialised medical care. These conditions tend to be rarer and both complex and expensive to treat. Examples are numerous but include certain cancers, cystic fibrosis, haemophilia, HIV and neurological conditions. Accidents or complications of more common conditions such as diabetes can also trigger the need for specialised services. Cumulatively, specialised services are important to a very large number of people and account for some 10 per cent of expenditure.

We welcome this opportunity to contribute to the NHS Next Stage Review, led by Lord Darzi. We understand that the interim report of this review will inform the Comprehensive Spending Review and our comments in this submission will be reflected in any direct contribution made by the SHCA to that process.

Significant reforms to the structures surrounding the commissioning of specialised services have been introduced as part of the recent Commissioning Framework². This followed a substantial review of specialised commissioning chaired by Sir David Carter on which SHCA was represented. The SHCA strongly supports the conclusions of the Carter Review and we were therefore delighted when these proposals were largely adopted by the government. The Alliance believes the new structures, properly implemented, pave the way for a marked improvement in the provision of medical care to many vulnerable people.

In particular, the establishment of 10 new Specialised Commissioning Groups (SCGs), which have clear responsibility for determining the commissioning arrangements for all the services in the National Definition Set is viewed as an important advance. Allied with adequate pooled budgets, these groups should ensure robust and consistent arrangements across the country and provide patients, clinicians and other stakeholders with a vital source of accountability.

The SHCA understands the desirability of ensuring the NHS is more responsive to local needs and is accountable to local communities. However, we would caution that devolution can unfairly disadvantage patients with specialised conditions who inevitably will be smaller in number and therefore have less of a

¹ For a full list of members see our website www.shca.info

² *Health Reform in England : Update and Commissioning Framework* , July 2006

voice locally. The new commissioning arrangements for specialised services should provide a degree of protection for patients with specialised medical conditions as commissioning will take place across a number of PCTs. However, if they are to be successful it is essential that the new Specialised Commissioning Groups are allocated sufficient resources from PCTs to commission effectively. Going forward, it would be helpful if wider policy developments recognised the need for centralised or regional planning for specialised services.

The Specialised Healthcare Alliance recognises that the NHS operates within cash limits and that difficult decisions regarding priorities and the allocation of resources will always need to be made. This issue is particularly acute for many specialised conditions which can be expensive to treat. Nevertheless, the Alliance would point out that the standard and availability of specialised services is fundamental to a properly functioning, integrated National Health Service.

In addition to the ethical case, ensuring patients receive access to high standards of treatment for rarer conditions can have wider benefits. The SHCA is concerned that too often in the NHS a tendency to silo budgeting means decisions about whether to fund treatment are made without considering wider costs, such as palliative care, social services and lost employment arising from a failure to fund.

The new Specialised Commissioning Groups, aided by bodies such as NICE, should enable well informed commissioners and clinical staff to establish priorities on a rigorous basis with patient-led involvement. However, a wider debate about how the NHS will rise to the future challenges posed by giving those with specialised medical conditions equal access to treatment as those with more common conditions would be welcome.

Reshaping services could potentially free up resources to meet future needs in addition to significantly improving patient care. The new Specialised Commissioning Groups have the ability to designate specialised service providers. This provides a real opportunity to implement service reconfigurations with strong patient, clinician and public input. SHCA members are aware of the need for reconfiguration and would be supportive of such proposals at regional and national level providing they result in improved patient care with savings re-invested accordingly.

Conclusion

In summary, the Specialised Healthcare Alliance, and its members, would appreciate the opportunity to contribute to this important review as it develops. At this early stage, our key points are:

1. New structures for specialised commissioning have recently been implemented. The Alliance is strongly supportive of these new arrangements and believes they should be supported and given the opportunity to operate effectively;

2. Provision of services for those with rarer or more complex conditions must not be weakened by the shift towards greater local accountability for the generality of health services;
3. Whilst some specialised services can be expensive to treat, the standard and availability of specialised services is fundamental to a properly functioning, integrated National Health Service. The suggestion that local people and their needs are somehow in conflict with specialised services should be anathema;
4. Reconfiguration of the provision of many specialised services may be necessary to develop the quality and safety of some services. The Alliance and its members can be important allies in the process, particularly in terms of communicating the need to re-shape services to local users. However, it is essential that the decision making process fully involves patients and their advocates and that any cost savings are directed back into patient care.

One of the NHS's most precious strengths is its ability to provide the highest standards of treatment for people unfortunate enough to suffer from rarer and more complex conditions. We hope the review recognises this and that the standard and availability of such services is recognised as a key criterion by which the NHS will be judged.

SHCA
27.9.07