

A vital part of the NHS is under threat as a result of top-down proposals by NHS England to change the way in which specialised services are planned and paid for. These services include cancer, all children's services, cystic fibrosis, eating disorders, haemophilia, neurological conditions, spinal injuries and many more.

Ministers need to act now to provide clear assurances for the future

What are Specialised Services?

- Specialised services are those which cannot sensibly be planned and managed at a local level, given the rarity or complexity of the condition involved.
- They range from more common services such as HIV, Cystic Fibrosis and haemophilia through to the rarest inherited conditions. Any of us could at some point require specialised services, such as those for spinal injuries, severe burns or cancers.
- The NHS budget for specialised services is £14.6billion for 2015/16.

How are specialised services currently commissioned?

All specialised services are currently planned and managed (commissioned) nationally for all patients in England by NHS England.

National commissioning means that there are:

National Service Specifications

which describe what standards patients can expect, wherever they live in the country. As sole commissioner NHS England could be judicially challenged if standards vary significantly between different regions.

National Access Policies

for treatments – either all eligible patients in England get access or no patients get access, except in exceptional cases.

Expert advisory groups

called Clinical Reference Groups, which bring together expert clinicians, patients, carers, commissioners and others. The national policies are based on the advice of these groups.

National accountability

It is clear to patients and the public that NHS England is fully responsible for the standards of specialised care – Parliament can hold it to account for its performance.

Why?

In the past, local funding of specialised services led to variable access and quality

Specialised commissioning – from past to present

Before April 2013, local Primary Care Trusts were responsible for funding specialised services. Sometimes they pooled responsibility for some services in regional Specialised Commissioning Groups.

This led to **variation, inefficiency and weak planning of services.**

Health Select Committee – Report on Commissioning - March 2010

NHS England Specialised Services Compliance Report (unpublished) – March 2014

Worryingly, the evidence which we received indicates that many **PCTs are still disengaged** from specialised commissioning.

Furthermore, there is a danger that the **low priority** many PCTs give to it will mean that **funding for specialised commissioning will be disproportionately cut** in the coming period of financial restraint.

In addition, **specialised commissioning is weakened** by the fact that, as a pooled responsibility between PCTs, it sits in a “limbo”, where **it is not properly regulated, performance managed, scrutinised or held to account.**”

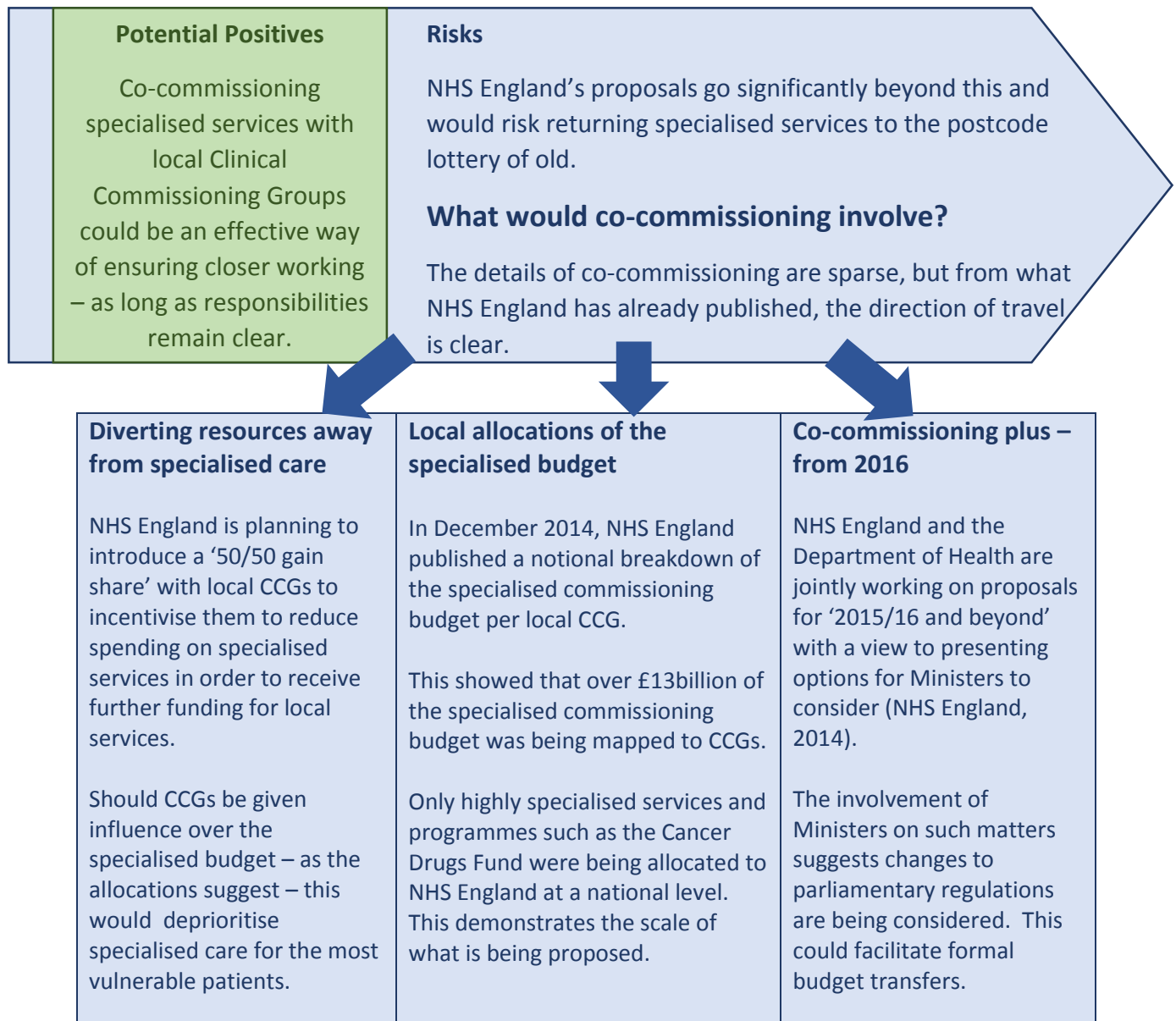
The development of this set of new national specifications and policies, for our services, is a **significant achievement** given that **there was limited national consistency prior** to the establishment of NHS England.

Previously there was inequitable access to services of variable quality in many parts of the country – described by some as a ‘**postcode lottery**’.

The development of this set of new national standards and policies is **only the beginning of what will be a continuous drive for improvement** across all of the services NHS England commissions.”

However – since May 2014 – NHS England has u-turned and is seeking to relinquish its position as sole commissioner of specialised services

CO-COMMISSIONING



NHS England’s Principles for Co-commissioning

November 2014

One of NHS England’s guiding principles for co-commissioning is to:

“move towards population accountability and lay the groundwork for ‘place based’ or population budgets and clearer accountability”

This shows that devolution of the specialised budget is the aim of co-commissioning. Place-based budgets would usher in variation across the country and forgo the advantages of national commissioning.

What will the future look like?

If NHS England shares commissioning responsibilities with CCGs:

- ! **National Service Specifications** would become guidance and rapidly become ignored
- ! **National Access Policies** would be replaced with patients receiving different standards and access to treatments and services in different parts of the country – a return of the ‘postcode lottery’
- ! **Clinical Reference Groups** would provide advice on whole patient pathways – which CCGs would again be free to ignore
- ! Specialised services would be deprioritised by local commissioners, owing to their rarity, complexity and cost



NHS must end IVF 'postcode lottery' – watchdog says

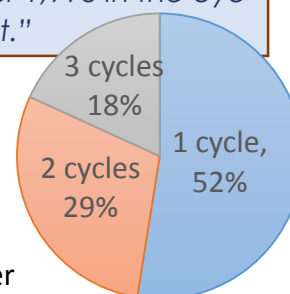
"It is unacceptable that parts of England are choosing to ignore Nice recommendations for treating infertility," claims Nice

IVF provides a salutary warning of the risks of returning to local influence in commissioning specialised services. Currently 80% of CCGs provide less than the three cycles of IVF recommended by NICE guidance.

One GP member of a CCG said: "It might benefit two of my patients. I couldn't look the other 1,998 in the eye if I voted in favour of it."

NICE recommends **3** cycles of IVF for women under 40-years ...

... but fewer than 1 in 5 CCGs funds 3 IVF cycles



Assurances required:

- That NHS England will continue to be the sole budget holder for all specialised services, in 2015/16 and beyond
- That national service specifications will remain in force across England, with no variation from core standards permitted
- That patients, the public and key stakeholders will be consulted before drawing up plans for changes to current commissioning structures

The Specialised Healthcare Alliance is a coalition of over 100 patient-related organisations, supported by 15 corporate members, which campaigns on behalf of people with rare and complex conditions. The SHCA was established in 2003 and focuses on the overarching policies and structures of specialised care, without involving itself in individual therapy areas.

1 NHS England, Next Steps on Specialised Commissioning, November 2014, www.england.nhs.uk/wp-content/uploads/2014/10/item7a-board-1114.pdf [accessed 08 January 2015]

2 NHS England Accountability Meeting – July 2014, www.gov.uk/government/uploads/system/uploads/attachment_data/file/352335/July_Minutes.pdf [accessed 08 January 2015]

3 NHS England, Specialised Services Mapped to CCGs, December 2014, www.england.nhs.uk/wp-content/uploads/2014/12/annx-d-spec-serv.pdf [accessed 08 January 2015]

4 NHS England, Allocations Board Paper, December 2014, <http://www.england.nhs.uk/wp-content/uploads/2013/12/bm-item7.pdf>, [accessed 08 January 2015]