

SPECIALISED HEALTHCARE ALLIANCE RESPONSE TO THE DEPARTMENT OF HEALTH'S CONSULTATION ON THE GOVERNMENT'S MANDATE TO NHS ENGLAND TO 2020 NOVEMBER 2015

The Specialised Healthcare Alliance (SHCA) is a coalition of 116 patient organisations, supported by 17 corporate members, which campaigns on behalf of people with rare and complex conditions requiring specialised care.

The SHCA was established in 2003 and focuses exclusively on the overarching policies and structures of specialised care and does not address individual therapeutic issues.

The Alliance welcomes the opportunity to comment on the Department's proposals for the new Mandate. This response provides general comments on the strategic direction of the Mandate and the need to consider NHS specialised healthcare, before turning to the relevant consultation questions.

Executive Summary

- **The Mandate needs to include an objective relating explicitly to NHS England's commissioning of specialised healthcare – this is currently absent from the consultation document and in consequence a vital area of care for patients costing £14.7 billion is overlooked**
- **With devolution arrangements likely to change structures of accountability across the health service, it is vital that the Mandate reflects government policy in protecting national service specifications for specialised care in the years ahead**
- **Although the SHCA welcomes the consultation document's provisions on improving outcomes and reducing health inequalities, the Mandate must be clear that this applies across all patient populations, from the smallest to the largest**
- **The Mandate's particular focus on financial considerations must not create an environment in which the pursuit of clinical excellence is secondary to the need to make savings, which would be a false economy given the costs of poor quality care.**

General comments

Specialised services are those for relatively smaller patient populations and, in the context of overarching policy documents such as the Mandate to NHS England, specialised care is often overlooked. The Alliance is concerned that the current proposals omit mention of specialised care, particularly given the need explicitly to hold NHS England to account for its commissioning of £14.7 billion of specialised services.

While recognising the Department's likely desire to avoid the addition of further objectives, the Alliance would see the inclusion of an objective relating explicitly to specialised care as vital in addressing a clear omission from the current consultation document.

Responses to consultation questions

1. Do you agree with our aims for the Mandate to NHS England?

While recognising the Department's desire to set a multi-year Mandate, this increases the importance of ensuring that the document is comprehensive and fit for purpose. The Alliance has some concerns on this score.

While the consultation document notes that, "as leader of the commissioning system, NHS England has a central role to play", the document does not propose the inclusion of an objective relating to NHS England's substantial direct commissioning responsibilities.

In the 2015/16 Mandate, the Department of Health stated that it would "hold NHS England to account for the quality of its direct commissioning". The Alliance would see it as important that, at the very least, this objective is retained, if not significantly strengthened.

2. Is there anything else we should be considering in producing the Mandate to NHS England?

In addition to the need to include an objective relating directly to NHS England's direct commissioning responsibilities, it will also be important for the Mandate to reflect the ongoing devolution of responsibilities to Greater Manchester and elsewhere.

The Cities and Local Government Devolution Bill, subject to the will of Parliament, will enable substantial changes to be made to commissioner and other responsibilities in the NHS in future. More immediately, Greater Manchester will be taking up devolved responsibilities from April 2016, the point at which the new Mandate will take force.

Given the need to ensure that clear lines of accountability are retained irrespective of devolution arrangements, and the risk of ambiguity which devolution can cause, it will be important for the Mandate to set a clear expectation in this regard.

While the consultation document expresses a desire to see NHS England working closely with CCGs, the potential for specialised commissioning responsibilities to be devolved to a regional or more local level is not considered.

The Alliance would therefore recommend that a specific objective is included to ensure the maintenance and improvement of national service specifications for specialised commissioning.

Such a move would be in accordance with current government policy. During the parliamentary debates on the Cities and Local Government Devolution Bill, Alistair Burt, Minister for Community and Care, stated that "NHS England will remain accountable for the delivery of specialised services." The Minister also stated the following:

"National service standards that [NHS England] sets for the provision of [specialised] services will continue to be required. Although there is provision in the Bill to devolve

certain specialised services, the control, security and safeguards of the NHS remain.”

To this end, the Alliance proposes the following objective for inclusion within the Mandate:

“An **objective** for NHS England is to ensure that variation in the quality of, and access to, specialised healthcare is minimised through delivery of its national service specifications.”

The risk is that, without such an objective, local variation will return for specialised care, in contravention of the intentions of the Health and Social Care Act 2012 and the wishes of the specialised patient community. This would be accompanied by a loss of efficiency in the commissioning of these services.

Separately, the Alliance would also see merit in strengthening the Mandate's requirements in respect of transparency across NHS England's work.

3. What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

The Alliance welcomes the new Mandate's overarching ambition to “improve, and reduce inequalities in, physical and mental health outcomes for all.” Nevertheless, it is vitally important to the Alliance that 'all really means all', and that this overarching ambition applies equally to smaller and larger patient populations.

The Mandate must therefore be clear that these objectives apply equally to the £14.7billion of specialised care which is commissioned by NHS England. This care forms a vital component of local services and should be subject to similar quality requirements.

4. What views do you have on our priorities for the health and care system?

Although the Alliance recognises the need for efficiency savings in the NHS, this must not be given precedence over issues of clinical or care quality. In the Mandate consultation document, five separate paragraphs (3.14, 3.15, 3.16, 3.22 and 3.23) concern the need for efficiency savings and financial balance, more than those covering research, innovation, growth and creating a safer NHS. The Alliance is concerned that, if the Department of Health seeks to prioritise budgetary matters in the Mandate, NHS England's focus will move away from the pursuit of clinical quality and the desire to maximise patient outcomes.

Consequently, it is vital that any financial objectives include specific measures designed to secure care quality for all patients. The consultation document states that the Department of Health proposes

“to set an objective for NHS England to support the NHS to maintain and, where possible, improve timely access to quality services for all patients, while playing its part in achieving financial balance across the NHS.”

In order to prioritise care quality and patient safety, this objective should state that all budgetary decisions must firmly take into account the potential impact upon patients of all population sizes. Furthermore this will complement the government's ambition that efficiency savings “will never compromise the safety or quality of service”, as stated in paragraph 3.10, and would be more aligned with the ambitions of the Minister for Life Sciences' Accelerated Access Review.

SHCA
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