



SHCA Response to Healthcare Commission Corporate Plan 2004-08

The Specialised Healthcare Alliance is a coalition of twenty six patient groups supported by five corporate members. 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 but cumulatively affect a large population. For example, it is estimated that there are 200,000 people with chronic liver disease, 85,000 with multiple sclerosis, 50,000 with HIV and 37,500 with end stage renal failure. In addition, conditions such as diabetes and rheumatoid arthritis can trigger the need for specialised treatment.

Specialised services commissioning is highly complex, involving collaboration between significant numbers of PCTs and across StHA boundaries with a view to maintaining specialist centres and the skills and expertise to run them. Although it accounts for about 10% of overall commissioning budgets, it relates to few performance indicators and can be something of an afterthought in the development of policy. This, combined with the budgetary pressures facing PCTs, makes the range and provision of specialised services especially vulnerable.

Guiding principles

The SHCA therefore welcomes the creation of the Healthcare Commission with its ability to work across organisations and boundaries reflecting the patient journey. The large planning populations involved in specialised services necessitate sophisticated collaboration of a kind which can only be delivered by a truly national health service. The Healthcare Commission's ability to improve the availability, access, quality and effectiveness of specialised healthcare will be a significant determinant of its success.

Goals

Turning to the Commission's strategic goals, the SHCA strongly supports the need for patients, those who commission care on their behalf and providers to have access to the best possible information (Goal 1). Research commissioned by the Alliance has shown that there is a dearth of collective data concerning collaborative commissioning since contracts and the associated information generally remain with individual PCTs. The Commission can play a constructive role in promoting the availability of suitably aggregated data from the NHS-Wide Clearing Service to facilitate planning and performance management.

Similarly, in respect of Goal 2 concerning complaints, the SHCA research discovered a lack of transparency in the commissioning of specialised services with just over a third of PCTs reporting user involvement. The position in specialised services is therefore likely to prove an exemplar of people's ability to complain about services commissioned by more than one organisation.

The development of a proportionate and coordinated regime of assessment targeted under Goal 3 poses a challenge in relation to specialised services. In particular, the Specialised Services National Definition Set and accompanying guidance was only recently published and is not yet fully understood by Trusts. Scope for problems to arise in setting local priorities would, however, be considerably diminished by the development of suitable indicators – see below.

Programme of work 2004/2005

The SHCA welcomes the Commission's intention to engage with stakeholders and looks forward to developing a strong and constructive relationship.

A copy of the Alliance's response to the DH's consultation on standards is attached as an Appendix. This urges the need to make explicit reference to the Specialised Services National Definition Set in relation to systems of care, which we hope would meet with the Commission's support.

The SHCA would appreciate the opportunity to work with the Healthcare Commission in developing indicators which promote better recognition and provision of specialised services going forward. The Alliance sees scope to advance standards in specialised commissioning through the development of suitable briefing material for Trusts and reviewers prior to inspections.

The programme of clinical audits may also present opportunities to explore aspects of specialised commissioning in relation to eg rheumatoid arthritis.

More strategically, we would see commissioning of specialised services as an area for assessment meeting many of your criteria for selection. In particular, the scale of expenditure is substantial, the approach to commissioning has been radically affected by shifting the balance of power and, most importantly, the Healthcare Commission's remit enables such assessment for the first time.

We greatly look forward to working with the Commission in developing its ambitious programme and delivering successful results, not least in the field of specialised healthcare.