



## ***Specialised Healthcare Alliance***

June 8<sup>th</sup> 2004

### **Associate Parliamentary Health Group Specialised Services Seminar**

**Minister of State for Health: Rt Hon John Hutton MP**  
**the London Specialised Commissioning Group**  
**the Specialised Healthcare Alliance**  
**the Haemophilia Society**

Baroness Julia Cumberlege chaired the meeting and explained that specialised services are services for those conditions which are rarer and more complex to treat, but cumulatively affect a large population.

#### **1. Rt Hon John Hutton MP**

John Hutton addressed the meeting and was available for a short question and answer session. He stressed that specialised services are not a fringe NHS activity but account for 10 per cent of the acute commissioning budget. He conceded that not as much progress had been made in relation to specialised services as he would like and that not all commissioning groups have appropriate strategies or long term plans for all of the 35 services in the National Definition Set. His aspiration is that by this time next year all 35 services in the Definition Set will be covered by all commissioning groups.

The Minister highlighted the importance of the SHAs' performance management role in respect of specialised commissioning as it is through their activities he is able to gain an overview of performance. He stated that if this role is not being fulfilled he will act to remedy the situation. In reply to a question from Dr Richard Taylor MP, the Minister conceded that NHS commissioning needs to be sharper. His view is that the financial flows initiative will improve commissioning practices leading, ultimately, to patients expressing choice and managing the process.

The Minister again expressed the opinion that financial flows would have a significant impact when questioned about the low profile of specialised services and the problems this can create in ensuring optimum service delivery. In the future, priorities will be set out by patients and this will be a greater incentive than any centrally driven decision.

#### **2. John Murray, SHCA: Delivery of results of SHCA Specialised Services Report**

John Murray gave an overview of the results of the SHCA research and set out the SHCA's five key recommendations drawn from the results of the research. These are:

- A DH map of specialised commissioning – to aid commissioners and patients identify who is responsible for commissioning services in different areas of the country.
- More consideration at early stages of policy making as specialised services have often been an afterthought in policy development. This is currently pertinent in regard to initiatives such as Payment by Results and the development of Foundation Trusts.

- Improved data collection as currently it is difficult for commissioning groups to access collective data hindering their strategic planning.
- SHAs to fulfil their assigned monitoring and performance management role in relation to the commissioning of specialised services.
- Improved patient involvement – improved transparency will be a necessary first step in engaging services users.

John Murray then highlighted current policy areas of interest to the SHCA:

- **Priorities and Planning Framework** – it is hoped that the new priorities and planning framework will contain some reference to the need for PCTs to consider the impact of their policies on wider planning populations.
- **Healthcare Standards** – the SHCA would like to see a core standard which relates to commissioning in the Healthcare Standards currently being developed by the DH. In addition the SHCA has highlighted the need to make explicit reference to the Specialised Services National Definition Set in relation to systems of care.
- **Healthcare Commission** – the Commission will be developing a series of more detailed indicators drawn from the themes outlined in the Healthcare Standards. The SHCA hope to work with the Commission with the aim of developing indicators that promote better recognition and provision of specialised services.
- **Payment by Results** – Specialised services do not fit easily within the tariff based system introduced with Payment by Results. The DH is currently examining a number of options as to how specialised services can be incorporated into the new system and is expected to announce its decision in the autumn.
- **Foundation Trusts** – the potential impact of a Trust ceasing to provide a service has been recognised by the DH and safeguards have been built into the system to scrutinise such decisions. However, there appears to be no mechanism which examines the potential impact of a trust entering into the provision of a new service. This could be particularly problematic for specialised services and undermine existing clinical networks which have taken many years to develop.

### **3. Sue McLellan and Caroline Taylor, London Specialised Commissioning Group: Best Practice in Specialised Commissioning**

Sue McLellan gave an overview of the background to the recent changes in specialised services commissioning and warned against viewing the past as a golden era as there were inconsistencies in performance under the old system. For commissioning groups, "commissioning" means more than simply contracting but also strategic planning, monitoring, funding and performance management. She commented that Foundation Trusts were forcing an even more structured approach as it is necessary to have legally binding contracts.

London has very clear structural arrangements with the London SCG planning and/or contracting for 23 of the 35 services in the National Definition Set on a pan-London basis. Recent successes include the Haemophilia Review and the HIV Review which had a degree of patient involvement and enabled the SCG to adopt a more strategic approach to commissioning. In addition, a patient and public involvement reference group has been a mechanism for greater engagement of patients and users.

Sue McLellan identified a number of future challenges for specialised services commissioners:

- Accessing quality services
- Accessing services outside London
- Strategic service planning, which may mean disinvestment in some services in the future to free resources for other areas

- Manpower issues and succession planning – in certain areas large numbers of specialists are nearing retirement age
- Horizon scanning, to ensure that commissioners are aware of new diseases and treatment developments
- Whole system working to ensure that specialised services are viewed as a continuum of care and recognising the need to work alongside other services.
- Payment by Results and the problems of fitting specialised services into a tariff based system.

#### **4. Richard Oakley, Haemophilia Society: The Patient Experience**

Richard Oakley gave an overview of accessing specialised services from a patient's perspective. Mr Oakley suffers from haemophilia but has additionally contracted HIV and hepatitis C as a result of his treatment. He acknowledged that treatment is very expensive and that it has improved in some areas. Nevertheless, he felt he had to fight for treatments and services which according to national guidelines he was entitled to. He particularly mentioned the slow progress of the DH working party overseeing the roll-out of recombinant clotting factors to all haemophilia patients.

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