

LATEST DEVELOPMENTS IN PUBLIC POLICY AND SPECIALISED COMMISSIONING

Those services which are considered specialised are set out in the DH Specialised Services Definition Set. This has 35 definitions and covers areas as diverse as HIV and AIDS to specialist burns services. Specialised services are those services which are rarer and both complex and expensive to treat but cumulatively affect a large population.

Specialised services commissioning is highly complex, involving collaboration between significant numbers of PCTs and across SHA boundaries with a view to maintaining specialist centres and the skills and expertise to run them. Although it accounts for about 10 per cent of overall commissioning budgets, it has related to few performance indicators and been something of an afterthought in the development of policy until recently.

The SHCA therefore welcomes the focus on specialised services in several recent policy documents, which promises to bring specialised services within mainstream policy development.

1. The DH **Planning Framework 2005-08 (National Standards, Local Action)** underlines the need for PCTs to collaborate effectively in delivering specialised services. Specifically, paragraph 15 states that in setting local targets:
“PCTs will need to take into account specialist services which can only be commissioned effectively on a pan-PCT or still broader basis. PCTs, with SHA support, are expected to act collaboratively to secure these services and their improvement.”

This important statement has been built on in subsequent documents and reflects an increasing awareness of the complex needs and vulnerabilities of patients who require specialised services in an increasingly localised system.

2. The DH's strategy for implementing the NHS improvement Plan: **Creating a Patient Led NHS** places specialised services closer to the heart of government policy. This document explicitly recognises that care provided by the NHS ranges along a continuum and a joined up system must involve services at the specialist end of that continuum. The model of the future is:
“a planned network for specialist services ... which has clear clinical standards for involving the specialist centre. These standards will need to cover both how patients move through the system and how knowledge and expertise radiate from the specialist centre to the network.”

The importance of maintaining and supporting structures which can deliver better integration alongside the role of SHAs in strategic planning and managing entry and exit from the provider system.

3. The benefits of a collaborative, multi-agency approach to commissioning and delivering services are also recognised in the **Long term medical conditions NSF**. Whilst the focus of this document is primarily specialist neurological conditions it will apply to other chronic conditions where possible. A network approach is recommended bringing together commissioners and clinical network groups to coordinate the planning, commissioning and provision of services. These networks will be responsive to patients and can introduce new clinical practices quickly.

Networks must incorporate:

“collaborative commissioning to help share costs and reduce both administrative work and the unpredictability of case by case commissioning for low volume, high cost episodes of care. This would allow funding to be equally distributed across the network and help people with highly complex needs to have fair access to specialist services”

It is recommended that collaborative commissioning arrangements follow the guidance set out in **Guidance on Commissioning Arrangements for Specialised Services** (March 2003).

The Healthcare Commission, with its ability to work across organisations and boundaries reflecting has an important role in ensuring these documents are implemented on the ground. In a debate in the House of Lords on 7th April Lord Warner confirmed that **Standards for Better Health** covers the commissioning by PCTs of specialist and mental health services. He continued:

“The Healthcare Commission will be working with primary care trusts in the coming year to develop ways of measuring and assessing commissioning more effectively. The commission is also planning an improvement review into commissioning and, where relevant, it will examine how effectively services are commissioned as part of the review, which will embrace specialist commissioning.”

Other bodies such as the National Leadership Network for Health and Social Care and Strategic Health Authorities also have a crucial role in ensuring that the recognition of complex needs of people who require specialist medical services in these national documents is translated into improvements in services on the ground.

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