Specialised Services and the Healthcare Commission

Specialised services are largely encompassed by the National Definition Set and involve large planning populations for the purpose of effective commissioning.

As a result, specialised services were vulnerable to the transfer of responsibility and budgets for commissioning to PCTs in 2002. This is recognised in the DH Planning Framework for 2005/06 – 2007/08, which states that:

> 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.

Although many conditions covered by the National Definition Set are rare, the cumulative number of patients affected is significant. 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.

Most specialised commissioning concerns people with long-term conditions. As such, it falls within the second priority area for the DH's new national targets involving the provision of personalised care plans and more effective management within the community.

The SHCA considers that the Healthcare Commission is uniquely well placed to focus on the experience of patients using specialised services, which frequently traverse organisational boundaries within and between health and social care.

The Alliance would propose that the Commission should assess the delivery of specialised services in four principal ways.

1. **Clinical audits**

   The future programme of clinical audits could usefully comprise individual components of the National Definition Set to ensure that services are being provided and developed in accordance with best practice. Given the scope and diversity of the Definition Set, it is suggested that audits should be conducted at regular intervals taking examples from the following areas:

   - Complex disabilities, including the assessment and provision of equipment;

- Long-term specialised conditions involving ongoing treatment regimes with major patient input;

- Conditions requiring acute treatment eg rare cancers and marrow transplantation.

In addition, audits looking at conditions affecting larger patient populations may have a specialised element eg more severe cases of rheumatoid arthritis in the programme for 2004/05.

2. Ratings

Annual assessment of healthcare organisations should take into account their performance in commissioning specialised services whether individually or collaboratively. Key questions the SHCA would like the Healthcare Commission to address include:

- Where Trusts have publicised the remit and rules of engagement of the collaborative commissioning groups to which they belong?

- Which specialised services covered by the National Definition Set they commission collaboratively?

- Examples of steps taken to involve and assess the clinical and lifestyle needs of service users?

- Whether PBR has had an impact on funding treatments and drugs excluded from its scope?

3. Thematic reviews

Service reviews undertaken by the Healthcare Commission will have potential to include a specialised element in many cases. This would not, however, tackle the totality of arrangements addressing the National Definition Set.

Ministers have established initial priorities but expressed the view that a collaborative approach to commissioning should be in place across all thirty five specialised areas during 2005. At the same time, the SHCA is aware that advance warning can serve to concentrate minds and support change across the NHS. The Alliance would therefore strongly support a thematic review of specialised services covered by the National Definition Set to be announced in 2005 but conducted in the year commencing April 2006.

Meanwhile, the Audit Commission has shown an interest in looking at certain aspects of specialised commissioning, such as approaches to risk sharing. This could usefully inform a wider Healthcare Commission review the following year.

4. Foundation Trusts

While arrangements are in place to scrutinise the impact of Foundation Trusts wishing to withdraw particular specialised services, the SHCA is concerned that decisions to introduce new services could also be detrimental to the viability of existing providers and/or associated clinical networks.

While the Minister of State is alive to these dangers, the Independent Regulator has expressed the view that Foundation Trusts are free to introduce new services providing they can demonstrate demand from PCTs. The SHCA therefore considers that the Healthcare Commission might have a role to play in monitoring such developments and assessing their impact, beginning with the first wave reviews this autumn.

Conclusion

The Healthcare Commission will be an important arbiter of standards in specialised commissioning going forward. The SHCA looks forward to working with the Commission in fulfilling these responsibilities.

SHCA
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