

**SPECIALISED HEALTHCARE ALLIANCE – TASKFORCE SURVEY 2014**  
**RESULTS SUMMARY**  
**22<sup>nd</sup> September 2014**

**Background**

From 28<sup>th</sup> July to 11<sup>th</sup> September 2014, the Specialised Healthcare Alliance sought to gather the views of a range of stakeholders about the future scope of specialised commissioning and the subject of co-commissioning with CCGs.

Over 100 respondents took part in the survey, split across the Alliance's patient-related membership (41%), corporate membership (17%) and the Chairs of Clinical Reference Groups (43%), which advise NHS England on service-specific issues. Overall, responses were registered from 48 of the 74 Clinical Reference Groups across all Programmes of Care.

The results of the survey are intended to inform the NHS England in the work of its taskforce on specialised services and development of the Five Year Forward View.

**Key findings**

- 90% of respondents preferred their service to remain part of specialised commissioning – none favoured leaving specialised commissioning.
- 82% of respondents favoured either no change to commissioning responsibilities for their service or for more of their service to be incorporated within specialised commissioning. 9% opted for more commissioning responsibilities to fall to CCGs.
- On the subject of co-commissioning, while respondents were open to collaboration between NHS England and local commissioners, only 15% of respondents would be happy to see this include pooling of budgets.
- 20% of respondents were optimistic that improvements would be made to their service in the coming year, while 40% were pessimistic.
- The shape of the response was broadly replicated in relation to those services flagged up by NHS England as more immediate candidates for devolution to CCGs, such as chemotherapy, HIV, neurosciences, radiotherapy and renal dialysis.

**Commentary**

Three striking conclusions can be drawn from the Specialised Healthcare Alliance's taskforce survey.

Despite the wide range of organisations responding to the survey, respondents were **emphatic in opposing a major reduction in the scope of specialised commissioning**. Given the significant financial, policy and leadership challenges observed in the commissioning of these services in 2013/14, this result is significant in demonstrating the level of concern at devolving specialised commissioning to CCGs.

The Alliance has consistently viewed the new arrangements as sensible in bringing expertise and resource together at national level to commission specialised services efficiently and equitably, avoiding postcode lotteries and mixed standards – a view supported by the survey.

Secondly, as the taskforce considers how and whether specialised services should be co-commissioned with CCGs, the survey's findings bear consideration. First, a significant proportion of respondents were **unclear as to what co-commissioning would involve**, suggesting that the concept required further development and communication. Nevertheless, given a range of options, just 15 respondents were prepared to support co-commissioning if it involved the pooling of budgets between NHS England and CCGs.

This further supports **the retention of national budget-holding** for specialised commissioning, though with effective collaboration between commissioners to increase the integration of services.

Finally, recent difficulties have engendered a significant degree of pessimism about specialised commissioning in the coming year. This needs to be addressed but in the knowledge that support favours a national rather than locally based approach.

NHS England will need to recognise the strength of stakeholder feelings on these issues as it finalises its taskforce recommendations. Above all, this exercise has demonstrated the importance of public engagement to inform policymaking in specialised services. **NHS England must commit to consulting the public** about any significant proposals to change the structures and processes of specialised commissioning.

## **DETAILED BREAKDOWN**

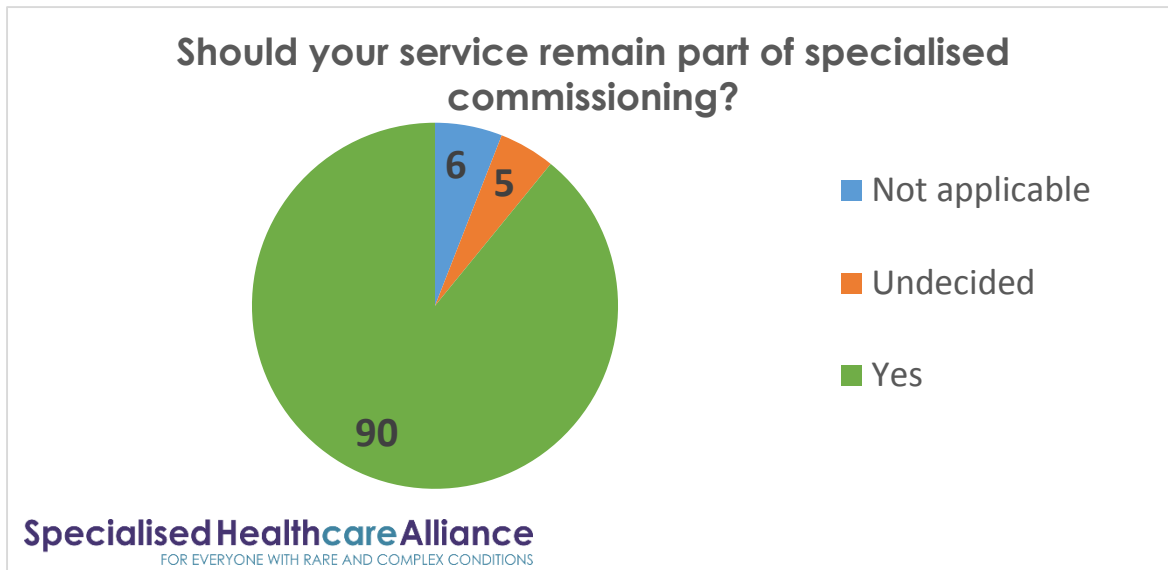
The poll asked nine questions covering a range of issues, including consideration of the scope of specialised services, the prospect of co-commissioning and perceptions around service improvements. Findings from these questions are set out below.

### **Scope of specialised services**

#### **Question 5: Should your service remain part of specialised commissioning?**

- A. Yes
- B. No
- C. Not applicable
- D. Undecided

Of the 101 respondents who answered this question, none answered no. Just five were undecided, with the question not applicable to a further 6.



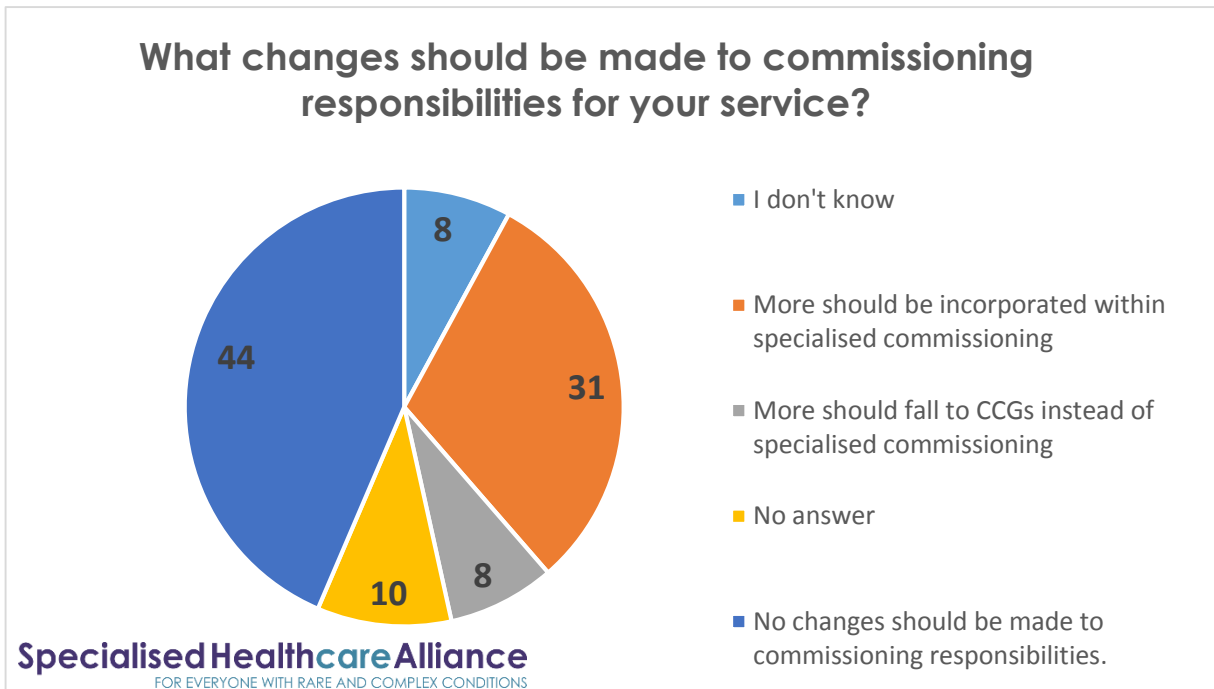
This result is particularly striking given the composition of the survey respondents. In response to the question “To what extent was your service specialised prior to April 2013?”; 18% noted that their service was not previously part of specialised commissioning, while 29% said more of their service now falls within specialised. Within this group, the reluctance to see services move out of specialised commissioning shows the value stakeholders attach to national commissioning by NHS England, despite the challenges observed in 2013/14.

**Question 6: What changes should be made to commissioning responsibilities for your service?**

- A. More should be incorporated within specialised commissioning
- B. More should fall to CCGs instead of specialised commissioning
- C. No changes should be made to commissioning responsibilities.
- D. I don't know.

Of the 91 respondents who answered this question, 44 (48%) wanted no changes to be made to commissioning responsibilities, while 31 (34%) wanted more of their service to be incorporated within specialised commissioning. Together, these two groups represent 82% of the respondents, demonstrating a strong majority in favour of continued national commissioning of specialised services, rather than devolving responsibility to CCGs.

8 respondents (9%) took the contrary view and would have preferred more of their service to fall to CCGs instead of specialised commissioning. This shows that there is not a rooted objection to change, where the circumstances are right.



## Co-commissioning

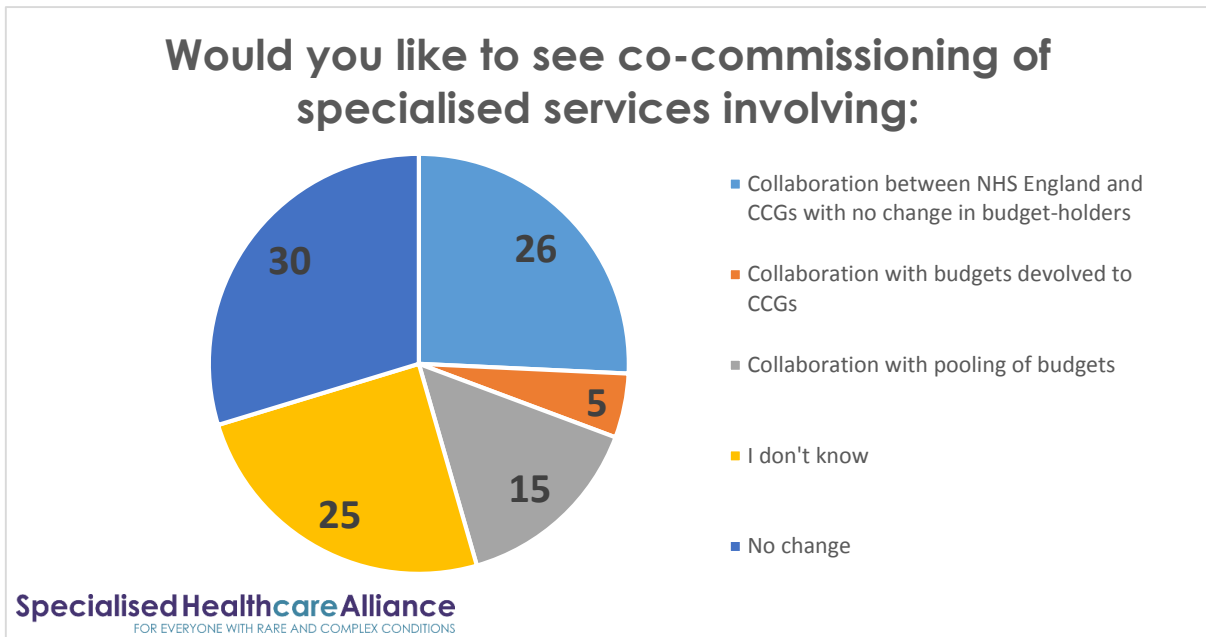
### **Question 7: Would you like to see co-commissioning of specialised services involving:**

- A. Collaboration between NHS England and CCGs with no change in budget-holders
- B. Collaboration with pooling of budgets
- C. Collaboration with budgets devolved to CCGs
- D. No change
- E. I don't know

Of the 101 respondents who answered this question, 30 wanted no change to the current commissioning arrangements, while 26 would like to see more collaboration between NHS England and CCGs with no change in budget-holders. Together, these two groups account for 55% of total respondents.

Of the rest, 15 respondents wished to see collaboration with pooling of budgets between NHS England and CCGs, with just 5 favouring collaboration with budgets devolved to CCGs.

It is worth noting that 25 respondents indicated that they did not know whether they would like to see co-commissioning of specialised services. This may be a result of the lack of clarity around what co-commissioning could mean for individual services. Notably, a higher proportion of patient organisations didn't know what to answer, as compared with CRG Chairs, perhaps reflecting ongoing weaknesses in NHS England's communication with external stakeholders.



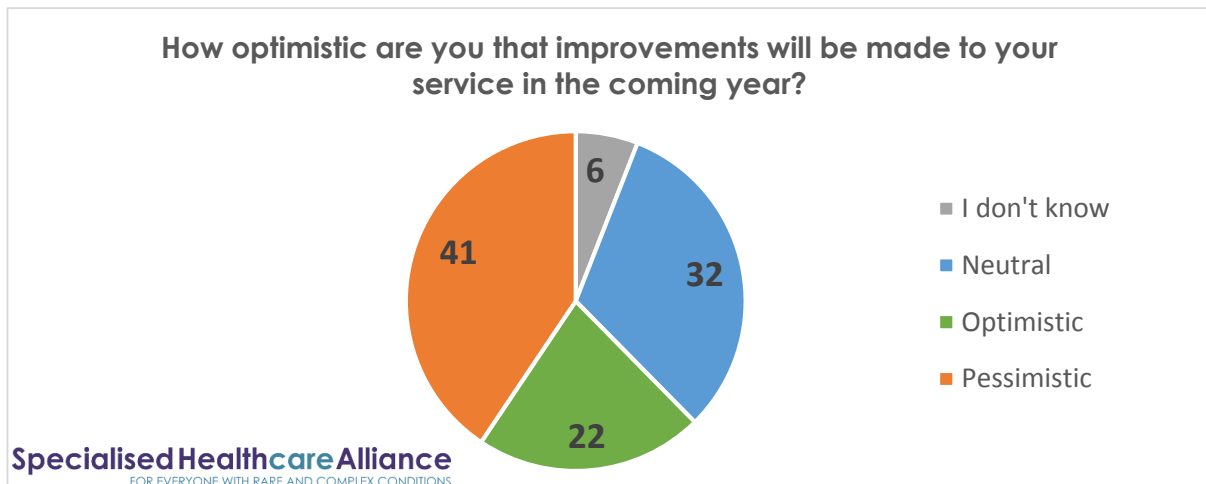
### Confidence in service improvement

**Question 8:** How optimistic are you that improvements will be made to your service in the coming year?

- A. Optimistic
- B. Neutral
- C. Pessimistic
- D. I don't know

Of the 101 respondents who answered this question, 41 were pessimistic that improvements would be made to their service in the coming year. 22 were optimistic that improvements would be made, while a third retained neutral.

While both CRG Chairs and patient organisations were consistent in their outlook, with roughly 50% pessimistic, 25% optimistic and 25% neutral, the breakdown of the 17 commercial responses showed greater neutrality and lower optimism – just one respondent was optimistic for the year ahead.



**APPENDIX: SHCA SURVEY – QUESTIONS IN FULL**

1. Please name the service your answers relate to:
  
2. Are you responding on behalf of a:
  - A. a patient organisation
  - B. a Clinical Reference Group
  - C. Other (Please specify)
  
3. How much of your service is currently commissioned as a specialised service?
  - A. All of it
  - B. Most of it
  - C. Some of it
  - D. None of it
  - E. I don't know
  
4. To what extent was your service specialised prior to April 2013?
  - A. It has always fallen entirely within specialised commissioning
  - B. More of the service now falls within specialised commissioning
  - C. Less of the service now falls within specialised commissioning
  - D. The service was not previously part of specialised commissioning.
  - E. I don't know
  
5. Should your service remain part of specialised commissioning?
  - A. Yes
  - B. No
  - C. Not applicable
  - D. Undecided (please provide more information in the box below)
  
6. What changes should be made to commissioning responsibilities for your service?
  - A. More should be incorporated within specialised commissioning
  - B. More should fall to CCGs instead of specialised commissioning
  - C. No changes should be made to commissioning responsibilities.
  - D. I don't know.

If you would like to, please provide more information in the box below:

7. Would you like to see co-commissioning of specialised services involving:
  - A. Collaboration between NHS England and CCGs with no change in budget-holders
  - B. Collaboration with pooling of budgets
  - C. Collaboration with budgets devolved to CCGs

8. How optimistic are you that improvements will be made to your service in the coming year?

- A. Optimistic
- B. Neutral
- C. Pessimistic
- D. I don't know

9. Thinking about your service, what is your main concern for the year to come?