

## Specialised Healthcare Alliance

FOR EVERYONE WITH RARE AND COMPLEX CONDITIONS

### **SPECIALISED HEALTHCARE ALLIANCE RESPONSE TO DEPARTMENT OF HEALTH CONSULTATION ON REFRESHING THE MANDATE TO NHS ENGLAND FOR 2014/15**

The Specialised Healthcare Alliance is a coalition of 91 patient-related organisations, supported by 13 corporate members, which campaigns on behalf of people with rare and complex conditions requiring specialised care.

The Alliance welcomes the opportunity to comment on the Department's proposals for refreshing the Mandate. This response addresses the consultation questions with relevance to specialised services and also provides general comments on the strategic direction of the Mandate.

#### **General comments**

First and foremost, the Alliance welcomes the retention of the objectives set out in the first Mandate and particularly the objective for NHS England to monitor and publish evidence of the quality and value for money of the NHS care it directly commissions. NHS England's direct commissioning accounts for approximately £25 billion of NHS spending and includes all specialised services, from complex neurosurgery to renal dialysis. It therefore remains essential that the Mandate requires NHS England to demonstrate its performance on these matters.

More broadly, however, the Alliance would raise concerns on the inclusion of extra targets in the proposed refresh to the Mandate. Alliance members had been supportive of the intention of the first Mandate to set multi-year objectives for NHS England to achieve in its autonomous management of the health service. There are fears that the specific targets included in the refreshed Mandate for particular patient populations or individual conditions, such as vulnerable older peoples' services and specific mental health services, militate against this founding intention. The risk is that requiring NHS England to achieve targets set within the Mandate on a yearly basis will divert resources from non-targeted services and disrupt longer-term service planning. The Alliance would therefore favour retaining the outcomes-focused nature of the first Mandate, which has not yet been adequately tested.

The risk is that a steady accumulation of more detailed targets will see the Mandate metamorphose into the annual planning framework of old.

#### **Direct commissioning objective**

As noted above, the Alliance is pleased to see the maintenance of the objective relating to the quality and value of NHS England's direct commissioning functions in the current Mandate (Section 15, Paragraphs 9.2 and 9.3). This should ensure

that NHS England is accountable for the approximately £12 billion a year it allocates to specialised services, and that its specialised commissioning is robust and sustainable, delivering better care for patients.

It will now be important to see that NHS England delivers against this objective for 2013/14 and beyond. Paragraph 5 pledges the government to publish regular progress updates throughout the year but none has yet been seen by the Alliance in relation to directly commissioned specialised services.

### **Care coordination**

The proposed refresh to the Mandate refers to the need for greater co-ordination of care in the context of the vulnerable older people's plan and a pooled health and social care budget. Members of the Alliance see care co-ordination as vital for people with rare and complex conditions, particularly given the extended care pathways which are often part of specialised services. The Alliance sees great benefit in named care coordinators and would wish to see their increased use in the NHS.

Furthermore, the proposed refresh posits care co-ordination in the context of cost savings. While recognizing the financial pressures on the health service, the Alliance would encourage care co-ordination to be seen as a core part of services which can be instrumental in improving patient outcomes and patient experience.

A further concern is that current wording of the document restricts the ambitions for coordinated care to the, as yet unpublished, vulnerable older people's plan and the pooled health and social care budget. This limits ambition for care coordination in the wider health service and unduly prioritises certain patient populations over others. In line with the NHS Constitution's provisions to leave no-one behind, the Alliance would recommend that improvements to care coordination are required for all NHS patients as an overarching Mandate objective. NHS England should then account to the Department for the way it takes this ambition forward.

### **Competition**

The Alliance recognises the role of competition in the health service and its potential to increase patient choice and standards in some instances. However, owing to low patient numbers and clinical complexity, many specialised services require the concentration of patients in a smaller number of centres to achieve the best clinical outcomes. This can mean constraining competition in some cases. Furthermore, the desire to see a fully level playing field between providers of specialised services may encounter practical difficulties, given that longstanding providers of specialised services will, by their nature, have had a more extensive role in engaging with specialised commissioners.

Overall, the Alliance notes Monitor's continued activity on these issues and would question the need to include such provisions in the refreshed Mandate to NHS England, which would benefit from the retention of a broader, outcomes-based approach, with patient safety as the paramount requirement.

## **Innovation**

The Alliance is pleased to note the importance afforded to innovation in the proposed refresh to the Mandate. Specialised services are a recognised route for innovations to enter into the wider NHS, with broader benefits to society and the economy.

While the Alliance recognises the importance of the 100,000 Genomes project, there are questions over whether such a programme needs to be referenced explicitly in the Mandate to NHS England. Again, a broader indicator, covering the importance of innovation, whether in respect of products and technologies or techniques and service changes, would set a more balanced and ambitious outcome for NHS England to achieve.

Furthermore, while specialised services can play an important role in fostering and attracting innovation and, as a consequence, economic investment and growth, the Alliance sees it as imperative that NHS England's primary objectives are to improve patient care. Benefits to the wider UK economy should be a welcome consequence of this objective, rather than a separate and potentially competing ambition.

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