

## High-quality care for all: raising standards and tackling variation

### Webinar summary

#### Introduction

On 27 March 2023, the Specialised Healthcare Alliance (SHCA) hosted a webinar for patient organisations, system leaders and providers to explore the opportunities and challenges arising from the delegation of suitable specialised services from NHS England (NHSE) to Integrated Care Boards (ICBs). The webinar was organised in collaboration with NHS Providers, NHS Confederation, The Shelford Group and The Federation of Specialist Hospitals.

Chaired by Lord Sharkey (Chair, SHCA), the expert panel consisted of Georgina Carr (Chief Executive, Neurological Alliance), Fiona Loud (Policy Director, Kidney Care UK) and Matthew Shaw (Chief Executive, Great Ormond Street Hospital). Their discussion covered the following topics, with a more detailed thematic summary of each provided below:

- Opportunities presented by greater integration
- Maintaining a focus on patient outcomes
- Local expertise and bandwidth challenges
- Need for clear oversight and assurance arrangements
- The importance of data to inform decision making
- Providing clear avenues for public, patient and provider involvement

#### Key topics of discussion

##### **Opportunities presented by greater integration**

- Given the fact that patients in need of specialised services also receive care from many different healthcare professionals across primary, secondary and tertiary care, speakers felt that the principle of integration is a good one – it has the potential to allow for greater efficiency in the provision of joined-up care, notwithstanding the challenges explored below
- There is no doubt that some specialised services make sense to be commissioned at a more local level, but there was some uncertainty regarding the suitability of services with smaller patient populations

*Key takeaway: Speakers expressed support for NHSE's ambition for greater joined up care, highlighting the importance of ensuring that all patients' needs across primary, secondary and tertiary care are met holistically.*

##### **Maintaining a focus on patient outcomes**

- Integration is an opportunity for specialised services, but the focus must always be on patient outcomes to ensure that the reforms are successful – currently, there appears to be more focus on structural change and processes

- There is agreement that some specialised services will benefit from localised commissioning but, out of the 59 services currently up for delegation, the clinical case for delegation is unclear in the vast majority of cases, i.e. the rationale for how delegation will improve patient outcomes
- There was discussion of how service specifications could help ensure a greater focus on patient outcomes, and it was agreed that these must be updated and developed at pace for relevant services prior to full delegation from April 2024
- Disparities in outcomes/performance should be the primary concern, rather than differences in the design of care, which may be warranted depending on local circumstances. Using patient outcomes as a measure of success will be helpful moving forward

*Key takeaway: There must be a clear clinical case for change for all specialised services that are delegated to ICBs, clearly setting out how delegation will drive an improvement in patient outcomes and experience. Furthermore, patient outcomes and experience need to be accurately measured to support performance monitoring.*

### **Local expertise and bandwidth challenges**

- There were concerns that ICBs will find it challenging to commission high-quality specialised services for all because of the number of competing priorities they face, i.e. record waiting times and the workforce crisis. This is especially a concern for smaller patient populations who risk falling off local radars
- Specialised commissioning expertise is also limited to a relatively small cohort of people and it is currently unclear how this will be embedded/shared with ICBs
- Speakers flagged the importance of utilising Clinical Reference Group (CRG) expertise during the transition year and beyond, as this will be critical for ensuring system leaders understand what specialised services are/are not, and how best to meet patients' complex needs
- It is also important that CRGs collaborate and share expertise with each other at the national level, to ensure that patients with multi-morbidities receive quality care

*Key takeaway: It is vital to protect existing specialised commissioning expertise within NHSE and at provider level and put in place effective collaborative working arrangements with ICBs following delegation to ensure that they have access to national, regional and local expertise.*

### **Need for clear oversight and assurance arrangements**

- Concerns were raised about the lack of clarity on oversight and assurance arrangements that explain the responsibilities of the NHSE national team, NHS regional teams, ICBs and providers, and how performance will be measured
- There is an opportunity in the coming transition year to decide where different responsibilities are best placed – the final arrangements must be shared publicly so that the approach to oversight and assurance is transparent
- In terms of how success of the reforms will be measured, there was discussion around the need for clear (patient outcomes-focused) baseline measures to enable comparisons throughout the transition and in the first years of delegation

*Key takeaway: NHSE should publish detailed oversight and assurance arrangements that clearly explain the different responsibilities of the NHSE national team, NHSE regional teams, ICBs and providers, and the steps that will be taken if poor performance is identified.*

### **The importance of data to inform decision-making**

- There needs to be more data collected and it must be done more consistently, so NHSE, ICBs, clinicians, government, patient groups and patients are able to understand what is working well and what is not working well – this will allow those areas that are underperforming to be supported to improve outcomes
- For example, outpatient coding is currently not done consistently enough across different centres, creating regional disparities in data quality
- There is also an opportunity to place a greater emphasis on the value of patient data (such as patient-reported outcome measures and/or patient-reported experience measures) to generate actionable insights

*Key takeaway: To understand the impact of reforms, the right data must be collected and published in a timely and accessible manner, including a greater focus on patient reported experience.*

### **Clear avenues for patient, public and provider involvement**

- In terms of how providers and patient organisations can engage with local decision makers, there are significant concerns from organisations, whose resources are already stretched, that engaging with 42 ICB footprints will prove challenging
- Some providers are worried about this from a contracting and financial flows perspective, i.e. some Trusts receive limited income from their local ICB, meaning that the majority comes from out-of-area referrals
- It was raised that the creation of nine joint committees may help facilitate effective patient and public involvement, but some of these committees are not yet fully established or functional – the transition year will be crucial for ensuring joint committees are functioning effectively
- Furthermore, ICBs should have a responsibility to work closely with the relevant system partners to proactively engage with patients and patient organisations to ensure their meaningful involvement in decision making for specialised services throughout delegation and beyond
- More generally, two-way communication is key to collaborative working. This is especially important to consider when engaging with patients as sometimes discussions between policymakers and patients can be too technical
- NHSE and ICBs must also reassure patients and patient organisations that there will be consistency in the years ahead, as there is some anxiety that political change (with the upcoming general election) may bring further changes to specialised commissioning policy

*Key takeaway: NHSE and ICBs should ensure that there are clear avenues for patients, members of the public and providers to meaningfully engage in decision making about specialised services.*

## Next steps

There is support for NHSE's ambition for greater joined up care, and agreement that local commissioning of some specialised services has the potential to provide several benefits. However, there remains concern about how variation in care might be exacerbated with the move to full delegation. To help combat this risk, speakers discussed the need to: maintain a focus on patient outcomes throughout the delegation period and beyond; protect specialised commissioning expertise to ensure ICBs are equipped to deliver specialised services; develop clearer accountability frameworks across NHSE and ICBs; set out clear avenues to support greater patient and public involvement; and collect meaningful and timely data to show what is/is not working.

As a next step, the SHCA secretariat will share the webinar write-up with NHSE and we will continue to engage with them during the transition year, alongside our partners at NHS Providers, NHS Confederation, The Shelford Group and The Federation of Specialist Hospitals.

The next two webinars are on the following topics:

- **Local leadership:** *"Local leadership: How trust and ICB leaders can collaborate to improving specialised services"* (28 April 2023)
- **Research and innovation:** *"Working together to deliver excellence in research and innovation"* (date TBC)