Position statement:
The future of specialised commissioning

Introduction

- The abolition of NHS England will result in significant changes to the leadership, planning and oversight of specialised services
- While the direction of travel towards the delegation of services to the ICB level is expected to continue, there is uncertainty about how NHS England's remaining responsibilities will be discharged, including the development of national service standards, commissioning of highly specialised services and the oversight and accountability of delivery
- NHS England is in the process of developing proposals for the future, which will hopefully bring some clarity for patients on how the system will function moving forwards
- However, there is no formal consultation process to ensure that the voices of patients and charities are heard as the Department of Health and Social Care considers these proposals
- The SHCA has therefore developed this position statement to set out our perspective on the future, including:
    - Putting patients' priorities at the heart of reform
    - Retaining what has worked well in the current system
    - Improving issues with the current system

Putting patients' priorities at the heart of reform

In recent years, much of the discussion on the future of specialised services has been focussed on structures, categories and responsibilities. At times, it has felt as though the debate has been at risk of losing sight of the end goal, improving the lives of those affected by rare and complex conditions.

Patients' priorities must be at the heart of the new system. It is therefore essential that reorganisation of specialised commissioning focuses on people over process, outcomes over organisations, and transformation over transaction.

Reforms should deliver the care that patients want:

- **High quality** – effective care, delivered in line with best-practice guidelines co-created with the patient community, that improves the health outcomes that matter to individuals
- **Accessible** – patients are able to access the right care at the right time, as close to home as possible
- **Equitable** – standards of care that are consistent across the country, with no 'post-code lotteries' in the services or treatments that are available to patients
- **Holistic** – comprehensive care that meets the various needs of people with rare and complex conditions, including access to services that address both physical and mental health needs
- **Coordinated** – joined-up care across primary, secondary, tertiary and community services, ensuring that patients don't have to tell their story every time they see a new healthcare professional. Patients should be supported consistently across different care settings through a named healthcare professional responsible for their care

Retaining what has worked well in the current system

While the abolition of NHS England provides opportunities to redesign the system, it is important to recognise that there are some elements of the existing approach that work well and help to deliver on the priorities set out above. It will be important for any new arrangements to retain these strengths and build on the progress that NHS England has made over the past decade.

These include:

- **National standards –** the creation of national standards that services must meet, in the form of service specifications and commissioning policies, has been an important step towards minimising unwarranted variation. The recent shift in service specifications away from service organisation towards a focus on outcomes is welcome and should continue in the new system
- **Clinical input and leadership** – the current system has a range of mechanisms to provide clinical input and advice to ensure that services are designed to deliver high quality care, from the leadership provided by National Clinical Directors and Specialty Advisers to the role and structure of Clinical Reference Groups. It will be important that clinical expertise and knowledge is retained and strengthened, through the establishment of similar roles and responsibilities in the new system
- **Clear accountability** – despite the changes to specialised service commissioning over recent years, NHS England has retained ultimate accountability for services. This has been a strength of the system, as it has been clear to the public, politicians, patients and charities where to engage to highlight problems or challenges. It is vital that the new system maintains clear routes of accountability and that decision-takers are accessible and responsive

Improving issues with the current system

There are some areas in which there is an opportunity to improve or strengthen ways of working, to ensure that future commissioning arrangements better deliver on patients' priorities.

- **Coordinated and comprehensive care** – many patients, including those with neurological, rare and complex conditions, experience challenges in their care due to a lack of coordination and barriers in access to comprehensive support, particularly in relation to mental health services. There is a need for the new system to ensure that these gaps are bridged, by setting new expectations and standards for the provision of joined-up, holistic care
- **Patient voice** – while there are some mechanisms that are intended to support patient input into specialised services, such as Patient and Public Voice members of Clinical Reference Groups, the voice of patients and patient organisations is not consistently heard at the national level, while the delegation of services to ICBs has also created challenges in engagement at the local level
- It will be important that new mechanisms are put in place that provide consistency across local areas in strengthening patient involvement, building on the existing infrastructure on PPV involvement in CRGs, to give patients confidence that the system is listening and responding to input and feedback. It is also important that data reporting on patient outcomes is strengthened as part of quality assurance, including through patient reported outcomes measures

- **Transparency** – while the existence of national standards is welcome and should be continued in the new system, there is currently an absence of publicly accessible data on the extent to which these standards are being delivered in practice. NHS England maintains a series of 'Specialised Service Quality Dashboards' (SSQDs), which it uses to measure outcomes and support assurance on the quality of care being delivered. However, the dashboard data is not published, making it difficult for patients to understand how their services are performing and the existence or extent of variations between providers. In addition, the absence of accessible NHS data limits the ability of organisations with shared aims (such as the VCSE) to collaborate effectively with the NHS to deliver comprehensive care, as they lack a common evidence base to guide coordinated action

Our immediate calls to action

The SHCA looks forward to continuing to work with the Department of Health and Social Care and NHS England during the transition period, to ensure that reforms to specialised services deliver for patients. In the short term, we are calling for:

1. **Clear timelines for ongoing work –** the publication of clear timelines for the continuation of NHS England's service specification update programme and the publication of SSQD data to help ensure that, while further reform is ongoing, the highest quality specialised services are delivered in the here and now
2. **Regular and meaningful engagement –** regular touchpoints between the Department of Health and Social Care, NHS England and patient organisations. We welcome the reinitiation of the Specialised Services Stakeholder Forum and hope to see this strengthened as a valuable forum for meaningful discussion and feedback on the future of specialised services
3. **Clear routes for escalating concerns –** greater clarity regarding who patient organisations can contact if they have concerns over a particular specialised service. Especially for services that have been delegated to ICBs, and in light of ongoing ICB clustering, the routes for raising issues or equally ideas for strengthening a particular service at a local level are very unclear

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