

# A guide to specialised commissioning in 2026/27

March 2026 (Version 1.0)



## Executive summary

- Specialised services for people with rare and complex conditions have historically been planned and paid for – or ‘commissioned’ – at a national level by NHS England (NHSE). But in the past few years, NHSE has sought to involve local Integrated Care Boards (ICBs) more in the commissioning of specialised services
- In 2023/24, NHSE worked with ICBs to jointly commission 59 specialised services deemed suitable and ready for greater ICB leadership (known as ‘delegated services’). In 2024/25, 20 ICBs across three English regions took on full commissioning responsibility for these services. In 2025/26, the remaining 22 ICBs across four English regions accepted full commissioning responsibility and the list of delegated services was increased to 70
- In 2026/27, we expect these arrangements to continue largely unchanged. ICBs have full commissioning responsibility for 70 specialised services, while NHSE continues to commission 104 specialised services (known as ‘retained services’, including all highly specialised services). NHSE also remains the accountable commissioner for all specialised services
- The abolition of NHSE has raised new questions about the future of specialised commissioning and planning for what comes next, in 2027/28 and beyond, is well underway. **The Specialised Healthcare Alliance (SHCA) is committed to championing the needs of people affected by rare and complex conditions throughout this process**

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# Introduction

There are over 150 specialised services, which support people with a wide range of rare or complex health conditions, including rare cancers, genetic disorders, or complex medical or surgical conditions.

Over the past few years, the way in which these services are commissioned has changed. NHSE has gradually delegated more responsibility to ICBs, who are now in charge of commissioning 70 specialised services.

To support SHCA members to make sense of the changes to specialised commissioning, in March 2023 we published [A guide to specialised commissioning in 2023/24](#), followed in April 2024 by [A guide to specialised commissioning in 2024/25](#).

This updated guide to specialised commissioning in 2026/27 provides a clear and accessible overview of the current landscape. We also look ahead to the changes on the horizon from 2027/28 onwards, in light of the planned abolition of NHSE, and explain how the SHCA is supporting members to engage in this process.

If you have any questions about this guide or the work of the SHCA, please visit [shca.info](https://shca.info) or email [SHCA@incisivehealth.com](mailto:SHCA@incisivehealth.com). Additional SHCA resources on the delegation of specialised commissioning can be found in **appendix 1**.



## NHS England's vision

Plans to delegate suitable specialised services were first outlined in NHSE's [Roadmap for integrating specialised services within Integrated Care Systems \(ICSs\)](#), published in May 2022. The roadmap argued that delegation would enable more joined-up, patient-centred care and allow resources to be targeted where they can have the greatest impact on outcomes. NHSE commonly uses [four examples](#) to illustrate why change was necessary:



**Renal services:** Before delegation, ICBs commissioned chronic kidney disease and acute kidney injury services, while NHSE was responsible for renal replacement therapy. ICBs were said to have little incentive to prevent or manage these conditions, since NHSE bore the cost of downstream complications.



**Adult critical care:** It used to be the case that ~50% of patients in ICUs at any one time were funded by NHSE as part of a specialised pathway, while the other ~50% were funded by ICBs. This made it difficult for commissioners and providers to take strategic long-term decisions about the future of adult critical care.



**Liver:** Similar to renal services, upstream preventative action and early diagnosis – such as tackling alcohol and obesity – was the responsibility of ICBs and local partners, while NHSE was responsible for treating later stage liver disease. This was not felt to optimise use of resources and outcomes.

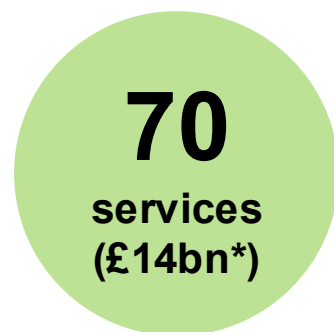


**Mental health:** When specialised mental health services were commissioned by NHSE, and community and acute services were commissioned by ICBs, it was argued that this did not encourage the design of pathways that keep people out of hospital and supported within their local communities.

## Delegation arrangements

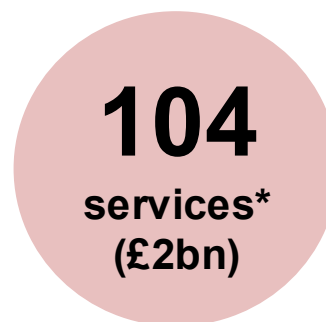
There are now two categories of specialised service: (1) 'delegated services', which have been deemed suitable for local ICB commissioning and (2) 'retained services', which continue to be commissioned nationally by NHSE.

In December 2024, the NHSE Board [approved](#) the final list of delegated services for 2025/26. These remain unchanged going into 2026/27:



### Delegated

suitable for greater  
ICB leadership



### Retained

commissioned  
nationally by NHSE\*\*

The [full list of delegated services](#) includes (but is not limited to) most specialist cancer services, most specialist renal services and most specialist neurosciences services for adults. The service suitability and readiness criteria that NHSE used to decide which services could be delegated can be found in **appendix 2**.

\*Figures exclude budgets for high-cost drugs, devices and other national programmes that continue to be held centrally.

\*\*Includes all 79 highly specialised services, which are usually provided to no more than 500 patients per year and are typically delivered through a very small number of centres. Please also note that the total number of delegated services and retained services does not add to 154 because some services have been split into multiple 'service lines'.



## Clinical leadership

Regardless of delegation status, in 2026/27 NHSE will remain the accountable commissioner for all specialised services and continues to be responsible for developing national standards, service specifications and clinical access policies.

The development of national standards continues to be supported by clinical leaders via [more than 50 Clinical Reference Groups](#) (CRGs). Each CRG operates according to one of three models:

### Transform

CRGs responsible for major NHSE priority areas, comprising a fully constituted group led by a National Clinical Director (NCD) or National Speciality Adviser (NSA)

### Lead and inform

CRGs responsible for delivering a formal work programme, comprising a fully constituted group led by an NSA

### Respond and advise

CRGs responsible for providing ad-hoc advice to NHSE and ICBs, consisting of a National Clinical Lead and network of advisers (ie not a fully constituted group)

Working with CRGs, NHSE has been reviewing all service specifications, with a focus on *what* the key service components should be to maximise quality and outcomes, while giving ICBs freedom and flexibility to decide *how* services are delivered. Some updated service specifications have been published, [Specialised neurology services \(adults\)](#), but the wider review programme is progressing more slowly than anticipated in light of the planned abolition of NHSE.



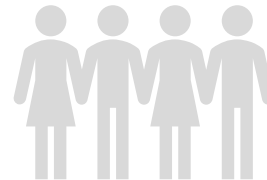
## Financial framework

About [£25 bn is spent on specialised services](#) every year in England (more than 10% of the total NHS budget). In recent years, NHSE has changed the way specialised services are funded, with the aim of making it easier to join up patient pathways, help address health inequalities and give ICBs more flexibility over how they use their budget to meet the needs of their local population:



### 2022/23: Host provider basis (regional)

Funding was allocated to NHSE regional teams according to where a service was provided and based on historical levels of spend



### 2023/24: Population basis (regional)\*

Funding was allocated to NHS regional teams according to local population needs, but still based on historical levels of spend



### 2024/25 onwards: Population basis (local)\*

Since 2024/25, funding has been allocated to ICBs according to local population needs and based on the “*gradual and cautious*” application of a new needs-based weighted formula

\*Excludes: (1) Specialised mental health, learning disability and autism services, as NHSE determined that the formula needed more testing and review before it could be introduced for these services (2) retained services, which have continued to be funded on a host provider basis, and (3) high-cost drugs and devices, the funds for which continue to be held centrally.



## Patient and public involvement

NHSE has previously [stated](#) that it will “ensure continued involvement of people and communities in specialised commissioning.” This currently includes the following:

### **Patient and Public Voice Assurance Group (PPVAG)**

The PPVAG advises NHSE on how to effectively engage with patients and the public on specialised services

### **Representation on wider NHSE groups**

Patients are represented on CRGs, the Clinical Priorities Advisory Group (CPAG) and the Rare Disease Advisory Group (RDAG)

### **Specialised Services Stakeholder Forum**

The Forum provides an opportunity for patient groups to learn about and shape specialised commissioning policy

### **ICB engagement**

ICBs have a statutory duty to involve patients, carers and the public in decisions about NHS services, although no specific guidance exists for specialised services

For more information on how to get involved, please visit [NHSE's website](#). One of the easiest things you can do is become a registered stakeholder. This means you will receive updates on the work of specific CRGs, including invitations to take part in consultations.



## Oversight and assurance

While ICBs are *responsible* for commissioning delegated services, NHSE currently remains *accountable* for ensuring that statutory requirements are met, and therefore requires *assurance* from ICBs that they are meeting core commissioning requirements.



To this end, back in 2024/25, NHSE regional teams developed assurance guidance\* to ensure that ICBs are clear on their role in discharging responsibilities in line with national standards. Included in this guidance is a list of ten assurance requirements that ICBs must meet, which sit alongside their general commissioning requirements (see **appendix 3** for the full list).

At a national level, NHSE monitors the overall stability and sustainability of specialised commissioning through the Delegated Commissioning Group (DCG). The role of the DCG is to assess the implications of any major specialised commissioning actions across a multi-regional / England-wide footprint. The DCG is chaired by the National Director of Specialised Commissioning at NHSE. More details on oversight are set out in the [NHS Oversight Framework](#), which the assurance guidance is aligned with. For individual services, performance is monitored through [Specialised Services Quality Dashboards](#) (SSQDs), measuring outcomes against an agreed set of key performance indicators. The data from these dashboards is not publicly available.



\*The assurance guidance document is currently held on the internal NHS online platform 'FutureNHS'.



## What comes next?

In March 2025, the Prime Minister announced his intention to abolish NHSE and merge its functions with the Department of Health and Social Care (DHSC). NHSE's Executive subsequently commissioned a review of all direct commissioning functions – including specialised commissioning – to determine where accountability and responsibility should sit in future, and how these functions can most effectively be supported. A [letter](#) summarising the outcomes of the review was published in March 2026.

After NHSE is abolished and subject to legislation, the letter explains that:

- All highly specialised services, high secure mental health services and a small number of other services will be commissioned by DHSC
- High-cost tariff excluded drugs and devices will continue to be reimbursed nationally
- When services are delegated, full accountability – on top of existing responsibility – will transfer from NHSE to ICBs. 11 services are set to be added to the existing list of 70 delegated services\*
- DHSC will maintain a framework of standards, service specifications and clinical commissioning policies

Seven Offices for Pan-ICB Commissioning (OPICs) will also be established (one per NHS region). ICBs should identify, no later than the end of April 2026, one ICB to host the OPIC for their region from April 2027. OPICs will support a variety of complex commissioning functions, including specialised services, screening and vaccination services, and health and justice services.

\*The 11 services are listed in the letter annex.

## ? 'Known unknowns'

There remain a number of important unanswered questions regarding what comes next, which the SHCA continues to seek clarity on:

When accountability for specialised services is delegated from NHSE to ICBs, what will this look like in practice? Isn't there risk that ICBs will be 'marking their own homework'?

NHSE has previously said it would look at publishing data from SSQDs to improve transparency and accountability. When will this happen?

Once NHSE is abolished, will existing clinical leadership and patient involvement infrastructures be retained and ideally strengthened?



# What to expect from the SHCA in 2026

Download  
[here](#)

In 2025, the SHCA worked with Genetic Alliance UK and The Neurological Alliance to pen a [joint position statement](#) setting out our shared vision for the future of specialised commissioning. We have three priorities:

- Putting patients' priorities at the heart of reform
- Retaining what has worked well in the current system
- Improving issues with the current system

The position statement has already supported constructive discussions with NHSE, and we plan to update it following the publication of the NHS Bill.

We are also pleased to share a new digital briefing that provides MPs and Peers with an introduction to specialised services and the key issues they may wish to scrutinise in parliament. SHCA members are welcome to use the briefing in their own engagements.

**Specialised Healthcare Alliance**  
FOR EVERYONE WITH RARE AND COMPLEX CONDITIONS

## -An introduction to specialised services-

The abolition of NHS England (NHSE) creates an uncertain future for services supporting patients with rare and complex conditions. This briefing sets out the key questions requiring urgent clarification from the Government.

### What are specialised services?

**150+**  
Over 150 specialised services<sup>1</sup>

Support people with a range of rare and complex conditions<sup>1</sup>

Covering everything from chemotherapy to hand transplants<sup>1</sup>

### How does specialised commissioning work today?

- Specialised services have historically been commissioned at a national level by NHSE<sup>2</sup>
- Since 2023, NHSE has gradually delegated more responsibility to local Integrated Care Boards (ICBs)<sup>2</sup>
- ICBs now commission 70 'delegated' services, while NHSE commissions just over 100 'retained' services<sup>3</sup>
- For now, NHSE is accountable for all specialised services and responsible for setting national standards<sup>3</sup> – but this is set to change<sup>4</sup>

Click [here](#) to read our full guide to specialised commissioning in 2026/27

### How might the abolition of NHS England affect specialised services?

- In March 2026, NHSE published a letter setting out how specialised commissioning is expected to work after NHSE's functions are merged into the Department of Health and Social Care (DHSC):
  - The most highly specialised services will be commissioned by DHSC<sup>4</sup>
  - DHSC will maintain a framework of standards, service specifications and clinical commissioning policies<sup>4</sup>
  - When services are delegated, full **accountability** – on top of existing **responsibility** – will transfer from NHSE to ICBs<sup>4</sup>
  - Seven Offices for Pan-ICB Commissioning (OPICs) will be established from April 2027 to support ICBs to discharge their commissioning responsibilities, essentially replacing the current role of NHS regions<sup>4</sup>
- Significant questions remain:
  - Will DHSC have the right capacity and capabilities for specialised commissioning?
  - What data and processes will underpin strong accountability?
  - What will happen if ICBs are not meeting national standards?
  - Will NHSE's clinical leadership infrastructure be retained?
  - What mechanisms will drive meaningful patient involvement?

### How can you help?

- Meet with the Specialised Healthcare Alliance (SHCA) to learn more about specialised services
- Table PQs on the outstanding issues listed above
- Ask the Government about its plans for specialised services in a debate

<sup>1</sup>NHS England, *Specialised services*, No date. <sup>2</sup>NHS England, *Readmap for integrating specialised services within Integrated Care Systems*, 2022. <sup>3</sup>NHS England, *Commissioning, integration, delivery of specialised services in primary care*, 2023. <sup>4</sup>NHS England, *Local commissioning update*, 2026. <sup>5</sup>UK Government, *PHI: Growth of the Department of Health and Social Care*, 2024. <sup>6</sup>Specialised Healthcare Alliance, 2025.

The SHCA is a coalition of patient-related groups and corporate supporters with a strong record of campaigning on behalf of people with rare and complex conditions in need of specialised care. If you have any questions about this briefing or the work of the SHCA, please visit [shca.info](#) or email [SHCA@incisivehealth.com](mailto:SHCA@incisivehealth.com)

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NHS England. *Direct commissioning update*. March 2026. Available at: <https://www.england.nhs.uk/long-read/direct-commissioning-update/>

# Acronyms

- **CPAG** = Clinical Priorities Advisory Group
- **CRG** = Clinical Reference Group
- **DCG** = Delegated Commissioning Group
- **DHSC** = Department of Health and Social Care
- **ICB** = Integrated Care Board
- **ICS** = Integrated Care System
- **ICU** = Intensive Care Unit
- **NCD** = National Clinical Director
- **NHSE** = NHS England
- **NSA** = National Speciality Adviser
- **OPIC** = Offices for Pan-ICB Commissioning
- **PPVAG** = Patient and Public Voice Assurance Group
- **RDAG** = Rare Disease Advisory Group
- **SHCA** = Specialised Healthcare Alliance
- **SSQD** = Specialised Services Quality Dashboard

## Appendix 1 | Additional SHCA resources

**Specialised Healthcare Alliance**  
FOR EVERYONE WITH RARE AND COMPLEX CONDITIONS

### Specialised commissioning delegation

Learnings from the first six months, and lessons for the future

**Introduction**


In April 2024, Integrated Care Boards (ICBs) in the East of England, North West and Midlands took on new responsibilities for commissioning specialised services – a role previously held by NHS England (NHSE). From April 2025, all other ICB across the country will also take on these responsibilities.

The Specialised Healthcare Alliance (SHCA) has been speaking with stakeholders from across the system, including charities and ICB commissioners, to find out how delegation is impacting the delivery of services and shaping patient experience, and identify opportunities to continue making progress in 2025 and beyond.

We hope the learnings, conclusions and recommendations of our listening exercise can be used to help the remaining ICBs prepare for April 2025, as well as supporting NHSE regional and national teams to facilitate a smooth transition towards nationwide delegation of specialised commissioning.

**Background**

There are over 150 specialised services, which support people with a wide range of rare or complex health conditions, including rare cancers, genetic disorders, or complex medical or surgical conditions. Historically, these services have been commissioned at a national level by NHSE, but for some time NHSE has been working towards the delegation of commissioning responsibility to ICBs across England.



In April 2023, NHSE and ICBs began jointly commissioning 59 specialised services deemed 'suitable' for delegation through nine statutory joint committees (comprised of NHSE regional teams and ICBs) covering the entire population of England.

Since April 2024, further progress has been made through the full delegation of commissioning responsibility for suitable specialised services to ICBs in the East of England, North West and Midlands. Following recent NHSE [board approval](#) on 5 December 2024, the remaining ICBs in London, North East & Yorkshire, South West and South East are due to take on this increased level of responsibility from April 2025. 11 services have been added to the initial list of 59 services deemed 'suitable' for delegation, bringing the total to 70. This leaves 104 services that will remain commissioned at the national level by NHSE, including all highly specialised services.

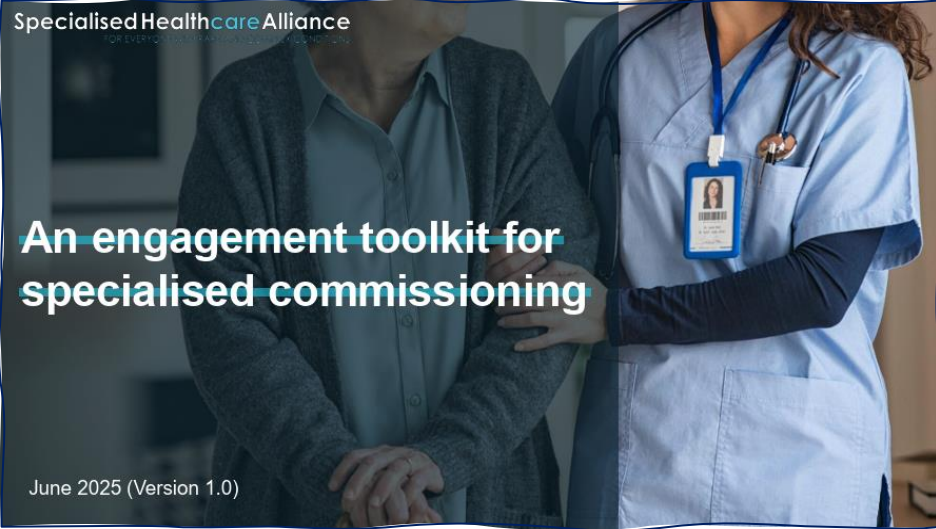
Although commissioning responsibility will be delegated to ICBs for 70 specialised services, accountability will remain with NHSE – meaning that national standards, service specifications and clinical commissioning responsibilities will continue to be set at the national level – to ensure national oversight.

[www.shca.info](http://www.shca.info)  
[learn@shca.info](mailto:learn@shca.info)

1

SHCA, [Specialised commissioning delegation](#) (2024)

**Specialised Healthcare Alliance**  
FOR EVERYONE WITH RARE AND COMPLEX CONDITIONS



### An engagement toolkit for specialised commissioning

June 2025 (Version 1.0)

SHCA, [An engagement toolkit for specialised commissioning](#) (2025)

**Specialised Healthcare Alliance**  
FOR EVERYONE WITH RARE AND COMPLEX CONDITIONS

**THE NEUROLOGICAL ALLIANCE**

**GENETIC ALLIANCE™**

**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

SHCA, [Position statement: The future of specialised commissioning](#) (2025)

# Appendix 2 | Service suitability and readiness criteria

Service suitability for increased ICS leadership				Service readiness for increased ICS leadership			
Co-dependent services	Financial risk and volatility		Number of providers	Patient and clinical benefit	Future horizon scan	Suitability of the provider landscape	Adequate supporting commissioning infrastructure
Determined through clinical and NPoC engagement	19/20 total outturn £m	19/20 outturn activity	Number of providers 20/21 taken from NHS England Specialised Commissioning financial tiering analysis	Potential to bring improvements to the quality of care delivered?	Any disruptive technologies in the pipeline which could potentially alter the current service delivery model?	Is the service associated with significant % of out-of-area-flows?	Appropriate governance infrastructure in place?
	Provider income volatility			Opportunities to address pathway fragmentation concerns?	Would any innovative treatments in the pipeline require national commissioning at first?	Would delegating the service to an ICS risk destabilising the current service delivery model?	Robust information sharing infrastructure in place (one version of the truth)?
	Year-on-year % patient volume and financial volatilities			Opportunities to reduce health inequalities?	Is there a risk any treatment delivery would be significantly impacted as a result of therapies in the pipeline?	Would delegating the service to an ICS negatively impact any provider network arrangements?	Adequate commissioning capacity and capability available to manage the service?
		Potential impact on patient outcomes					

## Appendix 3 | List of assurance requirements for ICBs

No	Domain	Requirement
1	General	Compliance with the terms and conditions of the delegation agreement/joint working agreement, including exercise of the delegated/joint functions.
2		Delivering on the agreed 2024/25 financial plan or with appropriately approved variations.
3		Identify and monitor early warning signs, manage quality and safety risks, and drive continual improvement as per the National Quality Board (NQB) guidance.
4	<b>Domain 1: Compliance with mandated guidance issued by NHS England</b>	<p>Understanding of and compliance with mandated guidance as set out in the delegation agreement/joint working agreement.</p> <p>Including, National Standards:</p> <ul style="list-style-type: none"> <li>NICE Guidance</li> <li>National Specifications</li> <li>Clinical Commissioning Policies</li> </ul> <p>And commissioning operating procedures/guidance:</p> <ul style="list-style-type: none"> <li>The Prescribed Specialised Services Manual</li> <li>Commissioning Change Management Business Rules</li> <li>Cashflow Standard Operating Procedure</li> <li>Finance and Accounting Standard Operating Procedure</li> <li>Provider Collaborative Guidance</li> </ul>

No	Domain	Requirement
5	<b>Domain 2: Service provision and planning</b>	Improve the quality of delegated/jointly commissioned services, including ensuring equitable patient access and outcomes.
6		Deliver sustainable and effective commissioning of high-cost drugs and other interventions for delegated/jointly commissioned services including driving value for money.
7		Assess whole patient pathways associated with delegated/jointly commissioned services and transform services to improve population health and address health inequalities.
8		Effective and timely commissioning of services across appropriate ICB/multi-ICB geographic footprints.
9	<b>Domain 3: Contracting</b>	Provider selection, procurement and contracting of delegated/jointly commissioned specialised services in accordance with national guidance and regulations.
10	<b>Domain 4: Provider compliance and performance</b>	Ensure provider compliance and performance, including adherence to National Standards (including National Specifications and NICE Guidance) or improvement plans to move towards future compliance in place.