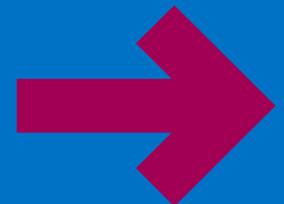


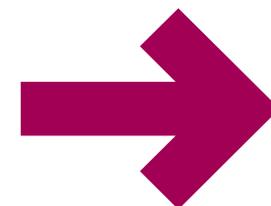
# Commissioning Specialised Services in the Midlands and East

May 2016



# What are specialised services?

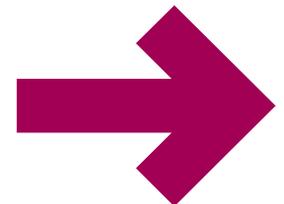
- Complex, rare, high cost services, which are often a catalyst for innovation and pioneering clinical practice
- Over 140 services commissioned by 10 specialised commissioning teams across four regions
- All specialised services are commissioned to consistent national standards
- Policy is set nationally
- Clinical oversight and advice is provided through 42 Clinical Reference Groups organised into 6 national programmes of care:
  - [Internal medicine](#)
  - [Cancer](#)
  - [Mental health](#)
  - [Trauma](#)
  - [Women and children](#)
  - [Blood and infection](#)



<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/>

# What are specialised services?

- Specialised services tend to be for rarer conditions and those more costly to treat. They account for circa 14% of the total NHS budget, spending circa £15 billion per year.
- Four factors determine whether NHS England commissions a service as a prescribed specialised service:
  - The number of individuals who require the service;
  - The cost of providing the service or facility;
  - The number of people able to provide the service or facility;
  - The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for provision of the service or facility themselves.

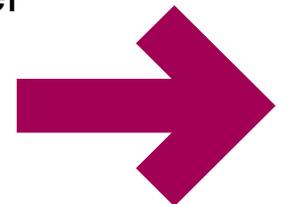


# Specialised Services: The story so far

Specialised services are fundamental to the values of the NHS, supporting people with rare and complex conditions, often at times when they are in greatest need.

The 2012 health and care reforms represented a significant change in the way that specialised services were commissioned. For the first time, we had one national commissioner, able to set standards for access and quality across the country. Specialised services now make up around ~£15bn a year of spending across 146 prescribed specialised services

The change was not easy, but much has been achieved over the last three years. We put in place national standards and service specifications, support by a national clinical architecture and a more consistent approach to prioritisation. We have also put in place national contracts, with better information and stronger financial control.



# Specialised Services: The story so far

Despite progress, we need to go further. Variation in patient outcomes and access to services persists. The split in commissioning responsibility between NHS England and Clinical Commissioning Groups can mean fragmentation of the patient pathway and misalignment of incentives, particularly lack of focus towards prevention. At the same time, financial pressures from demographic change, new technologies, drugs and treatments escalate.

To meet these challenges specialised services must continue and accelerate transformation – with specialised care embedded in patient pathways, more personalised care and a stronger emphasis prevention, whilst ensuring best value from the limited resources available.



# Vision: Future specialised services embedded in the delivery of the Five Year Forward View

The Five Year Forward View set out ambitions for the NHS of a more engaged relationship with patients, carers and citizens to promote wellbeing, prevent ill-health. Our ambitions for specialised services are no different, with specialised care fully integrated within the triple aims for health: better care, better health, better value.



## Improving population health

To ensure specialised services are continuously improving health for all populations by focusing on the outcomes that matter most to patients, ensuring a stronger focus on prevention and connecting the commissioning of specialised services more strongly to the prevention and personalised medicine agendas.



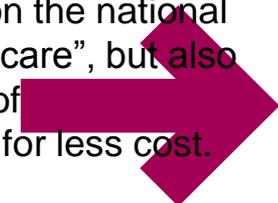
## High quality care system

To integrate specialised services within the pathway, by unlocking new models of provision and enabling more flexibility in how different models can be adapted by different areas, while at the same time spotlighting unwarranted variation between areas and meeting national outcome standards.



## Maximising efficiency

To achieve financial sustainability, by maintaining a tight grip on the national spend and the focus on efficiency programmes, such as “right care”, but also by accelerating and supporting transformation to new models of commissioning and provision that can deliver better outcomes for less cost.



# The Challenges for Specialised Commissioning

## NHS in England

- Inequalities in health
- Ageing population
- Growing population with chronic conditions
- Financial challenge
- Workforce pressures
- Some specialist services being spread too thinly



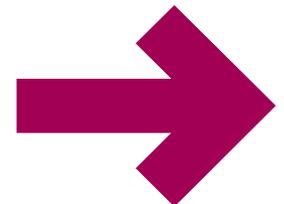
## Specialised Services

- Growth in demand and cost
- New technologies and treatments, including drugs and devices (80+ over the next three years)
- Impact of policy changes
- New models of delivery
- Clinical engagement
- Requirement for greater integration and single systems



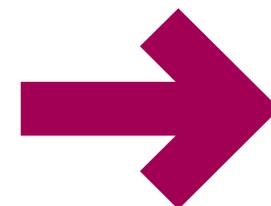
# Direction of Travel

- Development of National Strategy – contributing to the Five Year Forward View
  - Fewer, larger providers for some specialised elements of care
  - Hub and Spoke networks
  - New commissioning models – e.g. co-commissioning, Lead provider
  - Increased emphasis on performance and quality monitoring
  - Managed entrance of new drug and interventions



# Top ten services

	Spend 2014/15	Spend growth
1 Chemotherapy	1,541,083,165	13%
2 High Cost Drugs (excl. antifungal / transplant)	433,815,763	11%
3 Rare Cancers	600,387,070	6%
4 Cardiac surgery	708,088,623	6%
5 Neurology	543,524,409	9%
6 Neonatal Intensive Care	709,799,068	6%
7 Paediatric Intensive Care	247,887,013	7%
8 Renal Transplantation	112,213,899	9%
9 Hepatology & Pancreatic	109,606,650	9%
10 Neurosurgery	530,402,892	7%

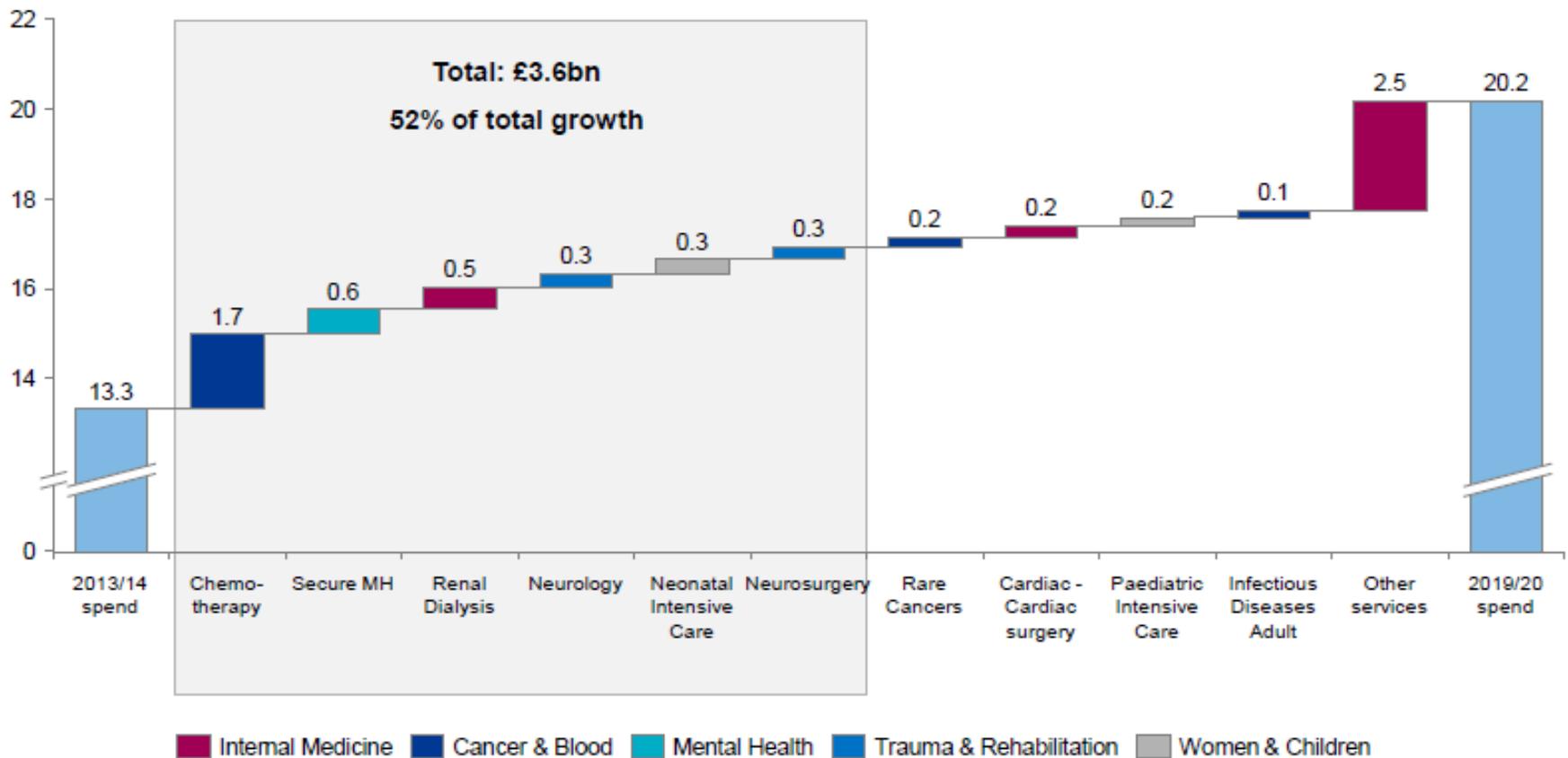


# What is driving growth?

Six services account for ~50% spend growth to 2019/20

Eng

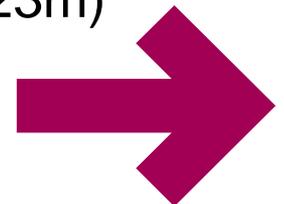
Total spend on specialised services (nominal) £m



# Midlands and East - Key Facts



- £3.7 Billion Budget
- Population 17 Million
- 61 CCGs
- 72 Trusts
- 81 Contracts
  
- 17 STPs aligned to 3 specialised commissioning hubs
  
- **Top 4 contracts by value £M:**
  - University Hospital Birmingham FT (£350m)
  - Nottingham University Hospitals Trust (£264m)
  - Cambridge University Hospitals FT (£253m)
  - University Hospitals Leicester (£223m)



# National Programmes of Care

## National Commissioning Intentions 2016/2017 for Specialised Services

Internal Medicine	Cancer	Mental Health	Trauma	Women and Children	Blood and Infection
<p>Service Reviews:</p> <ul style="list-style-type: none"> <li>Intestinal Failure</li> </ul> <p>CQUIN – developing a few high impact CQUINs that can support improvement across a range of services including increasing patient engagement in service change and self-management.</p> <p>Developing Payment approaches to best support patient care:</p> <ul style="list-style-type: none"> <li>Complex Invasive Cardiology</li> <li>Intestinal Failure</li> <li>Renal Transplant</li> </ul> <p>Co-Commissioning opportunities:</p> <ul style="list-style-type: none"> <li>Complex Invasive Cardiology</li> <li>Specialised Rheumatology</li> <li>Renal Dialysis</li> <li>Specialised Endocrinology</li> </ul>	<p>Service Reviews:</p> <ul style="list-style-type: none"> <li>Stereotactic Radiosurgery / Radiotherapy</li> <li>PET-CT</li> </ul> <p>CQUIN – to focus on improving cancer outcomes.</p> <p>Implementing the Cancer Taskforce Strategy.</p> <p>Chemotherapy Algorithms – introduce a suite of algorithms reflecting best clinical evidence which will set out the chemotherapy treatments.</p> <p>Radiotherapy – publish a clinical commissioning policy statement to enable rapid implementation of changes in clinical practice.</p>	<p>Service Reviews:</p> <ul style="list-style-type: none"> <li>CAMHS Tier 4</li> <li>Medium and low secure Mental Health Services</li> </ul> <p>Collaborative commissioning:</p> <ul style="list-style-type: none"> <li>Children’s Services</li> <li>Perinatal Services</li> <li>Offender Personality Disorder programme</li> <li>Adult Secure Services</li> <li>Transforming Care</li> </ul> <p>Developing Payment approaches to best support patient care for adult secure services.</p>	<p>Service Reviews:</p> <ul style="list-style-type: none"> <li>Hyperbaric Oxygen Treatment</li> <li>Paediatric Burns</li> <li>Spinal Cord Injury</li> <li>Prosthetics</li> </ul> <p>Service Transformation and Collaborative pathway management:</p> <ul style="list-style-type: none"> <li>Adult Critical Care</li> <li>Spinal Transformation Project</li> </ul> <p>Complex Rehabilitation commissioning.</p>	<p>Service Reviews:</p> <ul style="list-style-type: none"> <li>Genomic Laboratory Services</li> <li>Congenital Heart Disease</li> <li>Paediatric surgery and Paediatric Intensive Care</li> </ul> <p>Collaborative Commissioning:</p> <ul style="list-style-type: none"> <li>Vanguard to pilot joint working between CRGs and CCGs through complex obstetrics</li> </ul> <p>Developing Payment approaches to best support patient care.</p>	<p>Service Reviews:</p> <ul style="list-style-type: none"> <li>Haemoglobinopathy</li> <li>Specialised Infectious Diseases</li> </ul> <p>CQUIN:</p> <ul style="list-style-type: none"> <li>Promoting greater patient engagement, peer support and self-management</li> <li>Identifying and addressing variation in high cost drug usage</li> </ul> <p>Co-Commissioning opportunities:</p> <ul style="list-style-type: none"> <li>Haemoglobinopathy</li> <li>Hepatitis C</li> <li>HIV</li> <li>Infectious Diseases</li> </ul> <p>Review commissioning of high consequence infectious diseases with a view to ensuring preparedness arrangements for existing and emerging / new diseases.</p>

# Emerging Priorities - 2016/17

Specialised Commissioning service reviews and procurements anticipated or planned in 2016/17.  
(Excludes 'business as usual,' collaborative commissioning, STPs, and national policy decisions.)

Hub	Mental Health	Blood & Infection	Cancer	Internal Medicine	Trauma	Women's & Children's
<b>National (requires regional and local implementation)</b>	<ul style="list-style-type: none"> <li>CAMHS Tier 4</li> <li>Medium &amp; Low Secure</li> <li>Gender</li> <li>Perinatal</li> <li>Transforming Care (TC)</li> </ul>		<ul style="list-style-type: none"> <li>Stereotactic Radiosurgery Procurement (SRP)</li> </ul>	<ul style="list-style-type: none"> <li>Intestinal Failure (IF)</li> <li>Congenital Heart Disease (CHD)</li> </ul>	<ul style="list-style-type: none"> <li>Spinal Review</li> </ul>	<ul style="list-style-type: none"> <li>Paediatric Burns</li> <li>Paediatric Epilepsy Surgery</li> </ul>
<b>East of England</b>	<ul style="list-style-type: none"> <li>CAMHS Tier 4</li> <li>Perinatal</li> <li>TC</li> </ul>	<ul style="list-style-type: none"> <li>Hep C ODN</li> <li>HIV Essex procurement</li> </ul>	<ul style="list-style-type: none"> <li>SRP</li> <li>Essex Urology</li> <li>Gynaecological Cancer Herts</li> <li>Radiotherapy Review Herts</li> <li>PET CT South Essex</li> </ul>	<ul style="list-style-type: none"> <li>Vascular Stocktake</li> <li>IF</li> <li>CHD</li> </ul>	<ul style="list-style-type: none"> <li>Neuro Rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Neonatal Critical Care</li> <li>HDU PIC Transfer Service</li> <li>Specialised Paediatric Capacity</li> </ul>
<b>West Midlands</b>	<ul style="list-style-type: none"> <li>Procurement of CAMHS Tier 4</li> <li>TC</li> </ul>	<ul style="list-style-type: none"> <li>HIV</li> </ul>	<ul style="list-style-type: none"> <li>SRP</li> <li>HPB</li> <li>Skin</li> <li>Head and Neck</li> <li>Radio Pharmacology</li> </ul>	<ul style="list-style-type: none"> <li>Vascular Stocktake</li> <li>IF</li> <li>CHD</li> <li>Complex Invasive Cardiology: ICD</li> </ul>	<ul style="list-style-type: none"> <li>Specialist Rehab Review</li> <li>Neuro Rehab</li> </ul>	<ul style="list-style-type: none"> <li>Neonatal Review</li> <li>Spinal Surgery</li> <li>Specialist Ear</li> <li>Single Transport Service</li> </ul>
<b>East Midlands</b>	<ul style="list-style-type: none"> <li>CAMHS Tier 4</li> <li>TC</li> <li>Gender</li> <li>High Secure</li> <li>Perinatal</li> </ul>		<ul style="list-style-type: none"> <li>SRP</li> <li>Upper GI</li> </ul>	<ul style="list-style-type: none"> <li>Vascular Stocktake</li> <li>IF</li> <li>CHD</li> </ul>	<ul style="list-style-type: none"> <li>Rehabilitation Review</li> </ul>	<ul style="list-style-type: none"> <li>Single Transport Service PIC/NIC</li> <li>Neonatal Capacity Review</li> </ul>

# 2016/17 in the East of England... slide 1/3

Service	What this involves	Size of Service	Timescale
<b>CAMHS Tier 4</b>	A review of current capacity and care closer to home for some young people that require mental health care as inpatients.		September 2016
<b>Perinatal</b>	A new Mother and Baby Unit for Anglia covering Cambridge, Norfolk and Suffolk; Extra beds for Essex, Bedfordshire and Hertfordshire.		March 2017
<b>Transforming Care</b>	We have set out a clear programme of work with other national partners, in Transforming care for people with learning disabilities – next steps, to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.	Circa 102 patients	Five year Programme
<b>Essex HIV Services</b>	Re procurement of HIV element of services following Local Authority procurement of sexual health services.	Small numbers	September 2016
<b>Stereotactic Radiosurgery Procurement</b>	Procurement of new equipment and pathway for patients attending Mount Vernon Cancer Centre.		June 2016

# 2016/17 in the East of England... slide 2/3

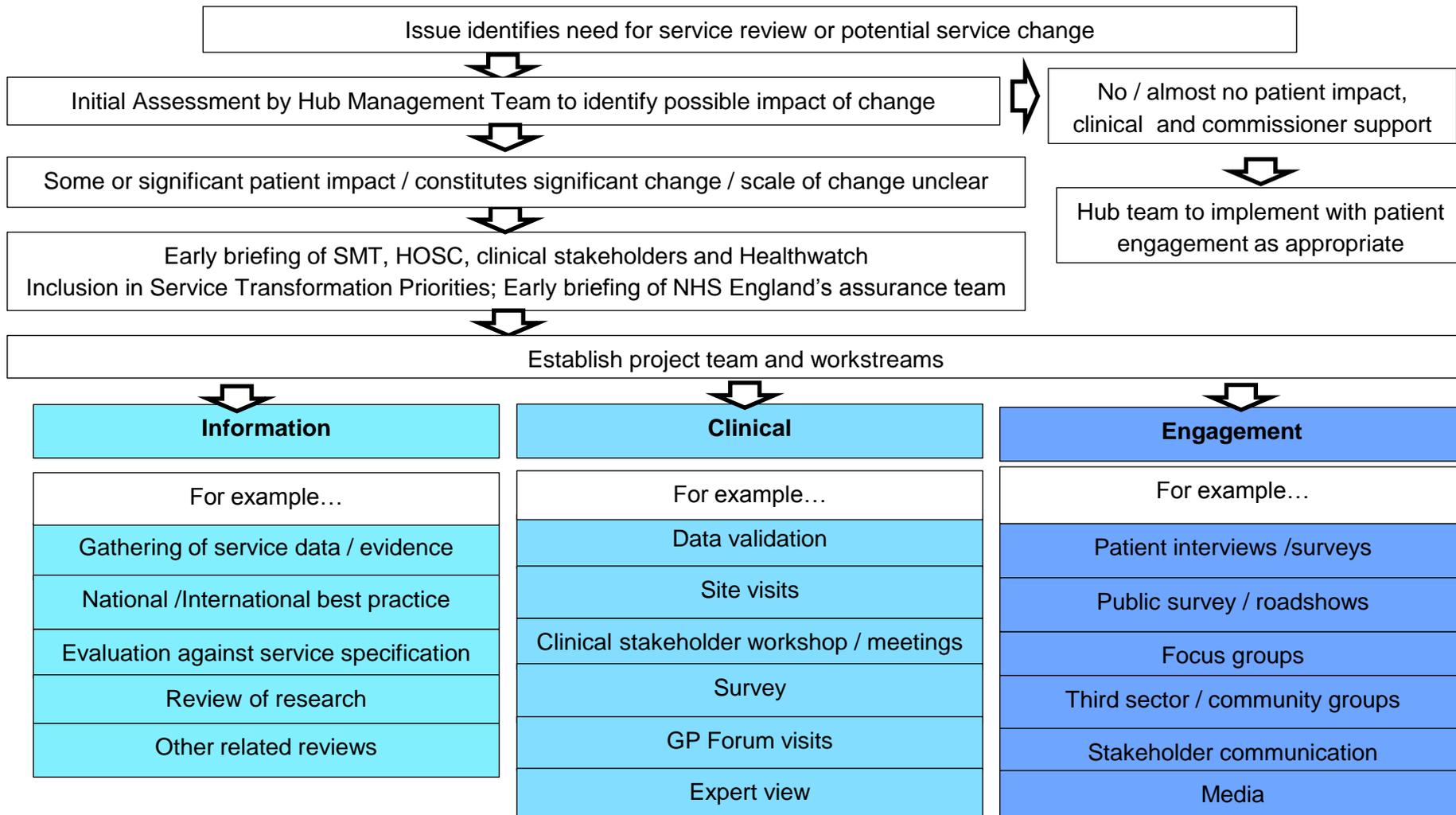
Service	What this involves	Size of Service	Timescale
<b>Essex Urology</b>	Creating single specialised urological surgical unit to comply with national standards (currently Colchester and Southend hospitals provide this service but neither treats enough patients to meet the national standards).	150 operations. Patients will require inpatient stay but remainder of diagnosis and treatment will be at local hospital.	Early engagement complete, both trusts have put in proposals which will be evaluated in June 2016. Further public engagement prior to final decision in December 2016.
<b>Radiotherapy Review Herts</b>	Understanding the current capacity and needs for the next 10 years.		September 2016
<b>PET CT South Essex</b>	Moving from mobile to fixed site scanner and increasing capacity. Decision required over location – Basildon (hosts current service) or Southend	1,200 scans per year. One hour visit as part of diagnostic pathway.	Engagement complete end May. 209 public surveys, 40 patient surveys (conducted during patient appointments), 19 clinician surveys, 4 Clinicians meetings, 7 roadshows, 4 community group meetings over 3+ months. Decision expected July 2016. Implementation Dec 2016.
<b>Vascular Stocktake</b>	Regional review of vascular services against national standards may have implications for configuration of service in East of England		Preparations beginning for engagement October 2016. Decision expected March 2017.
<b>Intestinal Failure</b>	National procurement has revealed less activity than anticipated. May need some local engagement	104 patients within the East of England. Any change likely to affect maximum 15 patients	Outcome of procurement June. Implementation follows 6-12 months

# 2016/17 in the East of England... slide 3/3

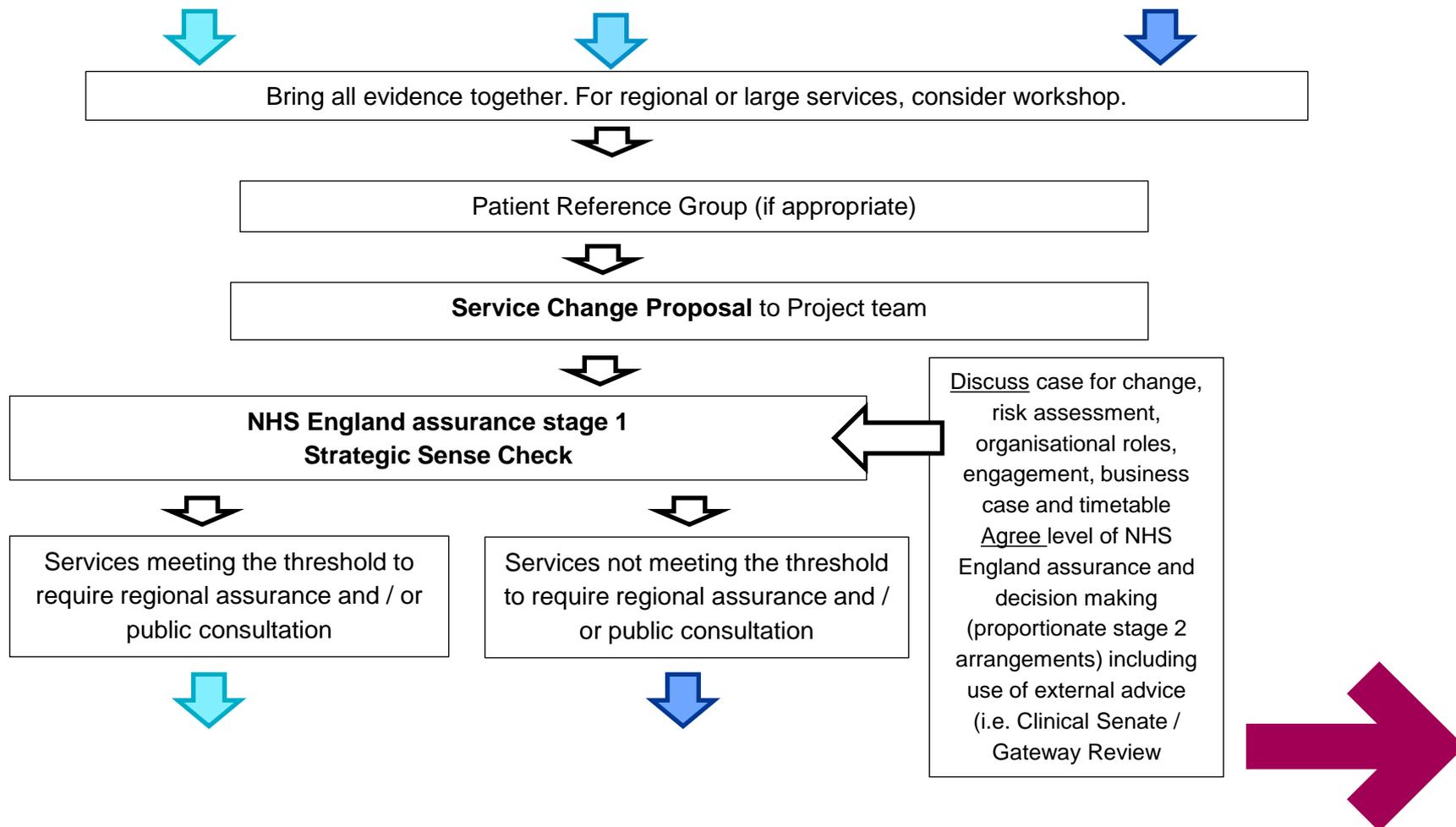
Service	What this involves	Size of Service	Timescale
CHD	National Review of current patient pathways no changes expected for the East of England.		National work stream
Neuro Rehabilitation	Stock take of current patient pathways and capacity; working with CCGs.	To be determined	
Neonatal Critical Care	Scoping against the national template with a view about sustainability and staffing.		National Workstream
HDU PIC Transfer Service	Stocktake of current services and review of required capacity.		October 2016
Specialised Paediatric Capacity	Scoping of current capacity and 10 common patient pathways.		Work underway currently working with CUH to review current and future capacity.
Medium & Low Secure	Re-procurement of services		September 2016
Gender	Reduction in waiting lists for gender reassignment services.		
Spinal Review	Review of current pathway flows and capacity		National Timeline
Paediatric Burns	No change		National Timeline
Paediatric Epilepsy Surgery	No change as we don't have this service in the East of England. Currently patients access this from one of the national centres.	Small numbers of children and young people.	National Timeline

# Approach to communications and engagement...1/3

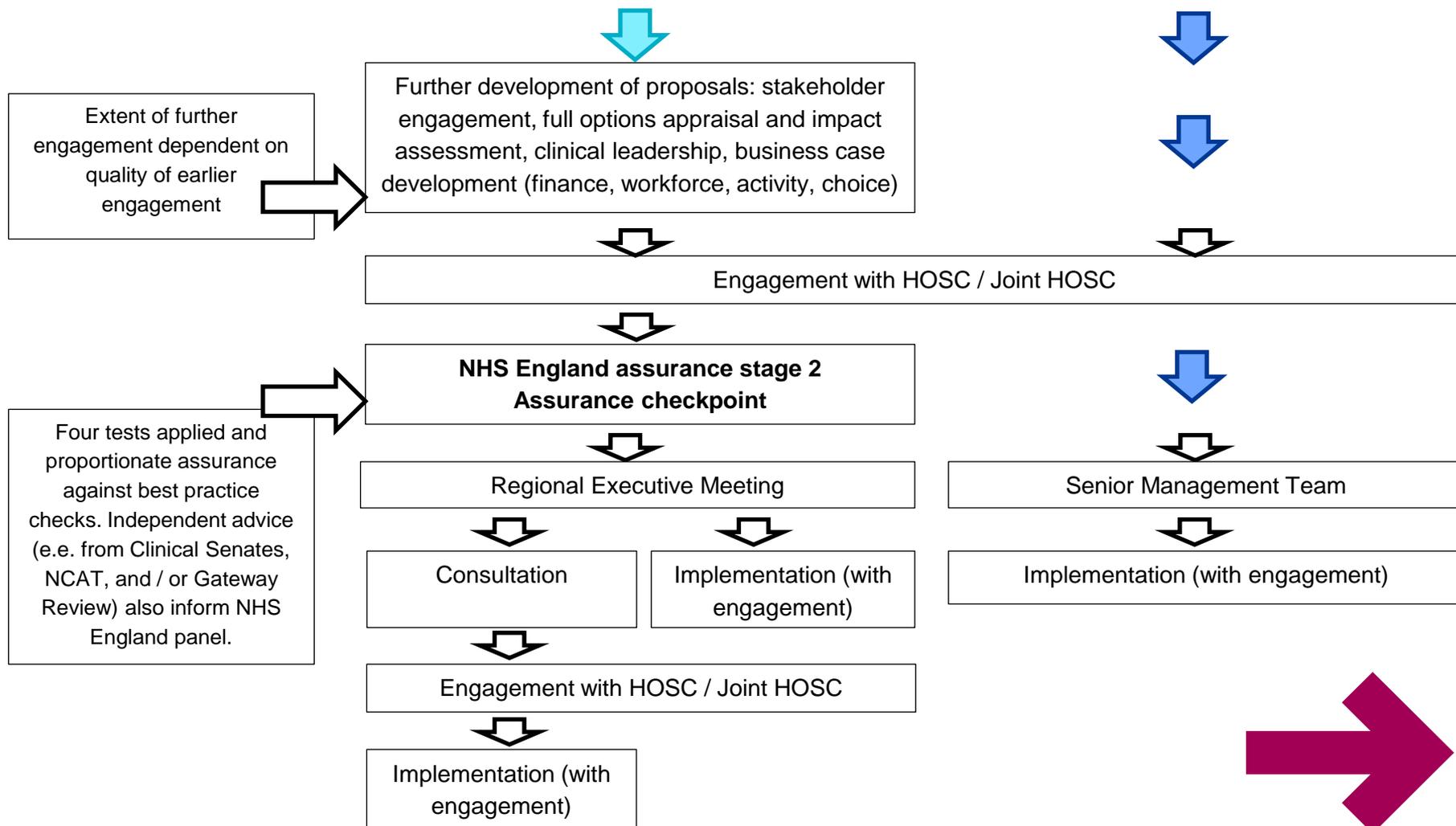
*DRAFT Communications and Involvement Approach to complex service change. Aligned to NHS England Assurance*



# Approach to communications and engagement



# Approach to communications and engagement



# Midlands and East – Who's Who

- **Specialised Commissioning Senior Management Team**
  - Catherine O'Connell, Regional Director
  - Alison Taylor, Director of Finance
  - Geraldine Linehan, Clinical Director
  - Pol Toner, Nurse Director
  - Ruth Ashmore, Assistant Director, East of England
  - Christine Richardson, Assistant Director, East Midlands
  - Simon Collings, Assistant Director, West Midlands
  - Jessamy Kinghorn, Head of Communications and Engagement
  - Chantelle Heanue, Business Manager

