

**Wiltshire Council**

**Health and Wellbeing Board**

**20 March 2014**

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**NHS England Five Year Commissioning Plan for Specialised Services**

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**Executive Summary**

NHS England is currently producing a 5 Year Commissioning Plan for Specialised Services. This paper outlines its likely scope and timetable for production.

**Proposal(s)**

It is recommended that the Board receives an update from NHS England on progress producing the Strategy and asks individual Board members and the Health Select Committee to contribute towards its development during the forthcoming public consultation.

**Reason for Proposal**

The production of a 5 year Commissioning Plan for Specialised Services is highly desirable to ensure that locally commissioned services join seamlessly with Specialised Services commissioned by NHS England and there is strategic with the Wiltshire CCG Commissioning Plan and that of the Wiltshire Health & Wellbeing Strategy.

The timeframe for the production of the 5 year is by June 2015 after which there will be a period of consultation to ensure views of stakeholders including patients and the public are sought and reflected, where appropriate, into the final Commissioning plan.

**Debra Elliott**

**Director of Commissioning**

**Bath & NE Somerset, Gloucestershire, Swindon and Wiltshire Area Team**

**NHS England**

**NHS England Five Year Strategy for Specialised Services**

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**Purpose of Report**

1. NHS England is currently producing a five year commissioning strategy for specialised services. This paper outlines its likely scope and timetable for production.

**Background**

2. NHS England is responsible for direct commissioning in a range of settings, which amount to £26bn nationally (or 20% of the NHS budget). The value of Wiltshire based contracts in each of these settings is shown in brackets below, where available:
  - **Primary Care** – GPs (£61.1m), optometry (£3.5m), pharmacists (£11.4m) and dentists in primary, community and hospital settings (£11.8m).
  - **Public Health** –national screening (£13.1m) and immunisation, family health and the Healthy Child (0-5 year olds) programme until Oct. 2015 (will transition to councils).
  - **Offender Health** - Prisons, secure accommodation, custody suites.
  - **Sexual Assault Referral Services** (to transition from the police)
  - **Armed Forces** – secondary healthcare for service personnel and families, prosthetics, mental health for veterans service (led by the local area team on behalf of the south of the country).
  - **Specialised Services** – where services need to be commissioned on the basis of larger populations e.g. children’s heart surgery.
3. The five-year strategy for specialised services is being developed following a period of significant change in the structures of specialised commissioning. Until 31st March 2013, specialised commissioning was fragmented across a range of NHS organisations, including regional Specialised Commissioning Groups, a National Specialised Commissioning Team and all local Primary Care Trusts, which remained ultimately responsible for the specialised healthcare of their populations. From 1st April 2013, under the terms of the Health and Social Care Act 2012, NHS England became the sole direct commissioner of specialised services.
4. Across England, NHS ‘specialised’ health services cost about £12 billion a year, which is approximately 10 per cent of the total NHS budget. However, they are not the ones that most people think of when they think about what happens in their local hospital. ‘Specialised’ services generally

involve complex procedures that only a few people have the skills and experience to perform or services that use specialised, expensive equipment that the NHS simply could not afford to put into every local hospital. Very often the people who need specialist services are relatively few in numbers, such as very premature babies or people with rare cancers or genetic conditions.

5. NHS England is now in a strong position to set a course for the future of specialised services. Within the overarching Call to Action, which opened a public debate about the future shape of the NHS (and which the Board discussed in November), the five-year strategy for specialised services provides a vital opportunity to engage with patients, the public, NHS organisations and others, to articulate a clear vision for the future.
6. Progress has been made in recent years on pooling budgets for specialised commissioning and ending a 'postcode lottery' on specialised services which had existed across the country - before April, NHS commissioning looked very different as commissioning policies and service specifications varied across England. However, significant challenges remain for the future direction of specialised services. These include greater integration of care, so that specialised and non-specialised care can be provided seamlessly to patients; closer alignment between the commissioning and payment systems to ensure incentives to providers pulled in the same direction; and stronger commissioner accountability and clearer service-level costing information.
7. The likelihood of flat funding for the health service in the next five years, set against increasing demand and cost inflation means that specialised services need to be transformed to deliver the greatest quality, value and outcomes possible. Specialised services, like other NHS services, face both a funding and a quality gap. In some areas outcomes lag behind international peers: in several types of cancer, for example, survival rates are not as good as those of other countries. The five-year strategy for specialised services provides the opportunity to articulate a vision to ensure that future development of specialised services is undertaken strategically and focused on the needs of patients.
8. The delivery of specialised services involves the whole health system. NHS England is the direct commissioner for the majority of the services, but Clinical Commissioning Groups and local authorities are also responsible for commissioning parts of the pathway, and delivering, elements of care. Many of the conditions treated in specialised services are highly debilitating, life-long and demand the advice of experts, as well as responsive access to care locally when needed.
9. Accordingly, NHS England want to hear from as many people as possible over the coming months about their views on the future direction of specialised services. A consultation event was held in Chippenham on 13 February and verbal feedback on this can be provided on request.. Tweetchats have also been held on the topic with a wide range of contributors. The draft strategy is due out in the new few months and there will be a three month full public consultation on it before producing the final version in the late summer.

10. Development of the strategy will be split into two parts: the overall mission and vision which sets out the direction of the strategy for 2014/15 – 2018/19, and service-level planning, which will set priorities for individual services. Service-specific engagement will be carried out separately to develop priorities for individual services, alongside the overarching strategy.
11. The strategy is likely to cover themes such as:
  - Accountability – how outcomes will be measured
  - Money – including tariff payments and understanding cost drivers
  - Integration – with CCG commissioned services and considering prevention
  - Quality and safety
  - Innovation

### **Main Considerations**

12. Since it took over responsibility for commissioning specialised services in April, the ambition of NHS England is to bring equity and excellence to the provision of specialised care and treatment no matter where a person lives. To achieve this clinical experts, patients carers and members of the public have all worked together to develop a single set of national service specifications and commissioning policies for specialised services for the whole of England. NHS England's specialised commissioning teams are now working to ensure the services in their areas comply with these.
13. Currently there are around 130 specialised services (some commissioned by NHS England on a South West basis and other highly specialised services nationally), but the list is regularly reviewed against specific criteria to ensure they are still relevant. Some will be removed as the price of delivering a service reduces or the number of people needing a service rises enough to enable the service to be safely delivered from a larger number of hospitals. Similarly, as new innovations and techniques become available these may get added.
14. NHS England now know which specialised services are compliant with the service specifications, which are not and what they need to do to be compliant and will be publishing this information very soon, together with proposals on how the local impact of these developments will be assessed. An update on this will be provided at the meeting.
15. In the meantime, further information on specialised commissioning can be found [online](#).

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