

Consultation Guide

Investing in Specialised Services



OFFICIAL

NHS England INFORMATION READER BOX

Directorate

Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 02834

Document Purpose	Consultations
Document Name	Investing in specialised services - consultation guide
Author	Specialised Commissioning
Publication Date	27 January 2015
Target Audience	CCG Clinical Leaders, CCG Accountable Officers, CSU Managing Directors, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, NHS England Regional Directors, NHS England Area Directors, NHS Trust Board Chairs, Special HA CEs, Directors of Finance, Allied Health Professionals, Communications Leads, Emergency Care Leads, Directors of Children's Services, NHS Trust CEs,
Additional Circulation List	Other interested organisations including patient groups and associations, regulators, Royal Colleges, Clinical Reference Groups, Health Overview and Scrutiny Committees, Health and Wellbeing Boards, MPs, think tanks, AHSNs, Clinical Senates and trade unions
Description	This is a public consultation document on the proposed principles and processes by which NHS England will make future decisions on investment in specialised services.
Cross Reference	N/A
Superseded Docs (if applicable)	Ethical Framework for Priority Setting and Resource Evaluation NHSCB/CP/01
Action Required	Responses to the consultation should be made as stated in this guide
Timing / Deadlines (if applicable)	This consultation runs for 90 days from 27th Jan 2015
Contact Details for further information	Fraser Woodward Interim Head of Communications and Engagement Specialised Commissioning england.booffice_speccom@nhs.net

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet

Investing in Specialised Services

Consultation Guide

Version number: 1

First published: 27 January 2015

Prepared by: Specialised Commissioning, NHS England

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Introduction

- 1 Before April 2013, commissioning specialised services for the population of England was largely the responsibility of Primary Care Trusts. They acted together in geographical groupings to cover populations of a size more suited for the planning and commissioning of services that typically involve relatively few service providers, relatively small numbers of patients and sometimes unpredictably high costs.
- 2 From April 2013, NHS England became responsible for commissioning specialised services as defined in Schedule 4 to the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing rules) Regulations 2012. Commissioning these services at a national level brought the opportunity to achieve a greater consistency and quality of care, through the implementation of national service specifications and clinical policies.
- 3 NHS England's specialised services portfolio currently costs about £14bn each year, with pressure for substantial growth in activity and costs year on year.
- 4 This consultation document therefore sets out a proposed set of principles which will underpin the future decision making process for investment in specialised services. It also outlines the process that NHS England will use to make these decisions.

Why we are consulting

- 5 NHS England is committed to ensuring all patients have access to consistent high quality, effective, efficient services that represent value for money, meet the needs of our diverse populations and are sustainable in the longer term.
- 6 In conducting a full public consultation, NHS England is seeking to ensure that the principles and process for making decisions on investing in specialised services are well informed, evidence-led and in line with the expectations of patients and the public.
- 7 NHS England seeks to comply with the best practice consultation principles issued by the Cabinet Office in 2012¹.
- 8 NHS England seeks to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.
- 9 NHS England is committed to promoting equality and reducing health inequalities throughout the health service. Consultation provides the opportunity to gain information about any potential impact on health

¹ They are available in full here:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/60937/Consultation-Principles.pdf

inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by NHS England. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

Scope of the consultation

- 10 The principles and process set out in this consultation applies only to the specialised acute and mental health services that are directly commissioned by NHS England.
- 11 Processes for making decisions about the health services that are directly commissioned by Clinical Commissioning Groups² are outside the scope of this consultation. This reflects the separation of commissioning responsibilities across NHS England and Clinical Commissioning Groups. Primary care services, public health services, health and justice services and health services for the armed forces are also outside of the scope of this consultation.

Background to the proposals

- 12 In making decisions about which specialised services to commission and for whom, NHS England's current process has three key elements.
- 13 The first element is an ethical framework and set of generic commissioning policies³. These were adopted on an interim basis when NHS England took on responsibility for commissioning specialist services and are now due for review. The ethical framework will be superseded by the principles set out in this consultation document. The generic commissioning policies are currently being reviewed and may be subject to a separate consultation.
- 14 The second element is an advisory structure of service-specific Clinical Reference Groups which develop the service specifications and clinical policies to be applied in commissioning each service.
- 15 The third element is the Clinical Priorities Advisory Group which makes recommendations to NHS England about which treatments and services should be commissioned including priorities for investment.
- 16 Given that the ethical framework and generic policies were adopted on an interim basis and in the light of a year's experience, in April 2014 work commenced on reviewing our approach to ensure that it is transparent in its

² Services that are commissioned by Clinical Commissioning Groups can broadly be described as the majority of services that are delivered in hospitals (such as maternity services; elective care; and urgent and emergency care) and out-of-hours care in general practice. NHS England directly commissions only a small number of services in hospitals – those that are deemed to be 'specialised' services for rarer and more complex conditions

³ The interim ethical framework and generic policies are available at <http://www.england.nhs.uk/commissioning/policies/gp/>

OFFICIAL

criteria and fair in its processes. The work has been shaped with the following in mind:

- a) The duty to take investment decisions that are efficient, effective and economically sound, and enable the commissioning of high quality, safe and sustainable services, within the resources available;
- b) Our commitment to acting with openness and transparency;
- c) The need to make decisions about relative priorities across the whole of the specialised services portfolio; and,
- d) The need to meet the needs of our diverse population and reduce inequalities with the resources available.

17 The work has also sought to build on our commitment to good practice with a focus on:

- a) Clarifying the principles which will underpin commissioning decisions;
- b) Adopting appropriate and transparent procedures;
- c) Determining the point in the process where prioritisation assessment is to occur;
- d) Ensuring timely publication of work plans, decision outcomes, and consultation materials; and,
- e) Developing further the inclusive engagement of patients and the public in the formation of policy proposals.

Proposed principles which underpin decision-making

18 NHS England has developed a set of proposed principles in partnership with individual patients, patient group representatives, clinicians, commissioners and other stakeholders. A workshop in April 2014 distilled a fresh approach and a reference group was formed to guide and challenge the work⁴. A series of patient and public engagement events contributed to developing the content of the proposed principles to underpin decision-making.

19 The proposed principles fall into four categories:

(i) General principles as to prioritisation:

NHS England will:

- a) follow its normal good practice in making prioritisation decisions in a transparent way, documenting the outcomes at all stages of the process;
- b) involve the diversity of stakeholders including the public in the development of proposals and take appropriate account of their views; and,

⁴ More details on the engagement process undertaken so far can be found at <http://www.england.nhs.uk/commissioning/policies/gp/ethical-framework/>

OFFICIAL

- c) take into account all relevant guidance.

(ii) Does the treatment or intervention work?

NHS England will normally only accord priority to treatments or interventions where:

- a) there is adequate and clinically reliable evidence to demonstrate clinical effectiveness;
- b) there is a deliverable and measurable benefit to patients; and,
- c) they offer equal or greater benefit than other forms of care already in NHS use.

NHS England will not confer higher priority to a treatment or intervention solely on the basis it is the only one available.

(iii) Is the treatment or intervention fair and equitable?

NHS England:

- a) may accord priority to treatments or interventions for rare conditions even where there is limited published evidence on clinical effectiveness, recognising that the rarity of the condition may make such data unavailable;
- b) will only prioritise treatments or interventions where these can be offered to all patients within the same patient group (other than for clinical contra-indication).
- c) will accord priority to treatments or interventions that are likely to reduce health inequalities, and will have regard to any relevant broader equality issues.
- d) will take into account evidence of the impact of any prioritisation decisions on the wider health and care system, including societal impact.
- e) will seek to advance parity between mental and physical health.

(iv) Is the treatment or intervention a reasonable cost to the public?

NHS England will:

- a) prioritise those treatments and interventions that demonstrate the greatest value for money; and
- b) only commission for those prioritised treatments and interventions that are affordable within its relevant budget, and those that enable resources to be released for reinvestment.

Proposed process for making decisions

20 In prioritising treatments and interventions for the future financial year, NHS England will observe the following sequence.

- a) **First Order.** Service investment for NICE Technology Appraisals and the appraisals undertaken as part of the Highly Specialised Technologies Programme. The estimated budget impact for NICE recommended treatments in 2015/16 is in the region of £270m. The decision for this first order is non-discretionary; NHS England is required to fund these NICE appraisals even in the absence of any allocated budget capacity.
- b) **Second Order.** There are NHS Constitution delivery requirements which affect specialised services. These include for example the 18-week wait referral to treatment time, and the 14/62-day cancer targets. Most of these requirements are aggregated from local needs analysis building a national investment plan.
- c) **Third Order.** Developments to support national service strategies. These may be pre-existing, such as increasing access to transplantation, or nationally or locally defined strategic change. Consideration is given to what treatments and services are provided, to whom and to what level of quality.
- d) **Fourth Order.** All other specialised services developments.

21 The Cancer Drugs Fund currently remains outside these arrangements.

22 From the work done since April 2014 to review our current process and practice, we have identified the need to test and develop treatments and interventions that might be commissioned typically using five stages:

- a) **Scanning:** coordinated at a Clinical Reference Group level. There are two published outputs from this stage – the list of potential clinical policies that are identified as ‘Not being routinely commissioned’ and the list of potential service specifications for commissioning.
- b) **Planning:** where the National Programmes of Care, who coordinate the work of the CRGs into strategic groupings such as cancer, consider the proposals and select the ones that most fit the programme’s strategic priorities. This will create an Annual Work Programme.
- c) **Building the clinical case:** where the Clinical Reference Group works with stakeholders, including patients and the public, to define the clinical proposal. An independent review of clinical evidence will usually be commissioned. Finally, a Clinical Appraisal Panel will form a view whether a clinical case is made.
- d) **Impact analysis and consultation:** where NHS England will develop, using the defined clinical criteria, a service impact analysis and hence a financial impact analysis. This will result in a final policy or service

OFFICIAL

specification that can be considered for commissioning. The scale and duration of consultation will then be defined.

- e) **Governance:** where the Clinical Priorities Advisory Group assures the Board that the process has been completed and recommends a priority order of commissioning. The NHS England Board approves the prioritisation. Commissioning against the priorities will be overseen by the Specialised Commissioning Committee⁵.

23 Embedded within the process are a number of places where decisions will be made. Each of these will be defined as 'Decision Making Events' and detail the elements such as who makes the decision, how the decision is made, and how the decisions are communicated.

24 One of the components under consideration to aid decision-making is the formation of a scorecard methodology. As part of the process for developing a prioritisation framework for specialised commissioning, NHS England will explore in 2015 the extent to which a 'scorecard' would be an appropriate tool to deploy in the proposed prioritisation process. If as a result of this further work a scorecard is considered ready for inclusion in the decision making processes in future years, then a specific consultation will be undertaken before introduction. The prototype scorecard developed and tested earlier this year will not be used in the 2015/16 commissioning round.

Consultation questions

25 NHS England would like to hear your views on the following questions, which can be answered via the online survey:

- a) The Principles

Q1. Do you have any comments on the principles (listed in paragraph 19 above) that we have proposed to underpin the process for making investment decisions about specialised services?

Q2. Are there any other principles that you think NHS England should adopt as part of its process for making investment decisions about specialised services?

- b) The Process

Q3. Do you have any comments on the proposed process (described above in paragraphs 20 – 24) for making investment decisions about specialised services?

Q4. Are there any additional stages in the process that we should consider introducing?

⁵ A sub-committee of the NHS England Board

OFFICIAL

Q5. Are there any additional stages in the process, where engagement with patients and the public should take place?

- c) Reducing inequalities

Q6. Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the principles and process that we have described?

- d) Other

Q7. Are there any other considerations that you think we should take into account when developing the principles and process for investing in specialised services?

- e) Service reviews

Q8. As well as hearing your views on which treatments and services NHS England should prioritise for investment, we are also keen to hear your views on NHS England's rolling programme of service reviews on how specialised services are delivered. If you have any views on which services should be prioritised for a service review in 2015/16, please tell us.

- f) Declaration

Before completing the survey you must declare any financial or other interests in any specialised services. For example, if you are responding on behalf of a voluntary organisation and your organisation received any funding within the last two years (including sponsorship or grants) from companies that manufacture drugs or treatments used in the treatment of specialised services, you must declare this. If you are a commercial supplier to the NHS of specialised services this should also be specified.

Collating feedback and next steps

26 The consultation is open to everyone and will run for three months from the date of issue.

27 All feedback received via the online consultation will be collated and summarised and a report of the consultation findings will be considered by the Specialised Commissioning Committee and the NHS England Board.

28 NHS England will publish a report outlining the key themes of the consultation findings on its website.