Introduction to Specialised Commissioning 2016

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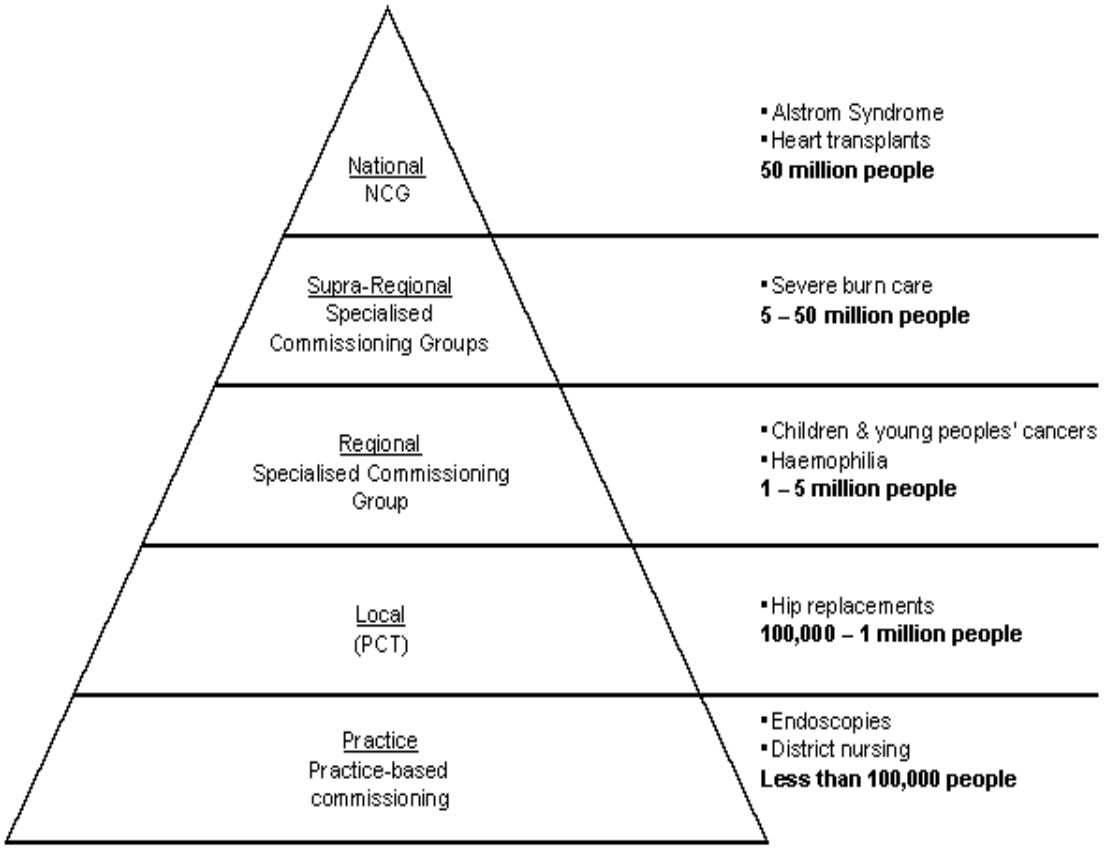
- What are specialised services?
- How are they commissioned?
- What are the benefits and potential pitfalls of commissioning them that way?

- How are patients and the public involved in the work of the Spec Comm Team?
- Who are the South West Team?
- What are Spec Comms current governance arrangements?

What is specialised commissioning?

- Planning, funding, procuring, and performance monitoring specialised services
- Specialised Services = less common illnesses, conditions, treatments or services
- Specialised Commissioning teams established in 2008 following:
  - Lord Carter's review of the *commissioning* arrangements for *specialised* services in 2006
  - Lord Darzi's (2008) vision for delivering a world leading NHS (World Class Commissioning)

How rare do things need to be?



How do I know what is ‘specialised’?

- Specialised services now cost~£15bn a year across 146 specialised (‘prescribed’) services that are commissioned by 10 specialised commissioning ‘hubs’ across England.

- The list of specialised services is under constant review. Each services comes under one of six ‘Programmes of Care’:

    - Internal medicine – digestion, renal, hepatobiliary and circulatory system
    - Cancer
    - Mental health
    - Trauma – traumatic injury, orthopaedics, head and neck and rehabilitation
    - Women and children – women and children, congenital and inherited diseases
    - Blood and infection – infection, immunity and haematology

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

How are they commissioned? (1)

To be most safe and cost effective specialised services need to be planned and commissioned using populations of at least 1 million, which is larger than the populations served by most Local Authorities and Clinical Commissioning Groups, with many of the rarer conditions needing much larger planning populations than this. Consequently, specialised services are not provided in every hospital and tend to be found only in larger ones, which perhaps provide a range of specialised services. It is for these reasons that specialised services are commissioned on behalf of people who live in many different localities, both within and outside of the South West of England.

The benefits

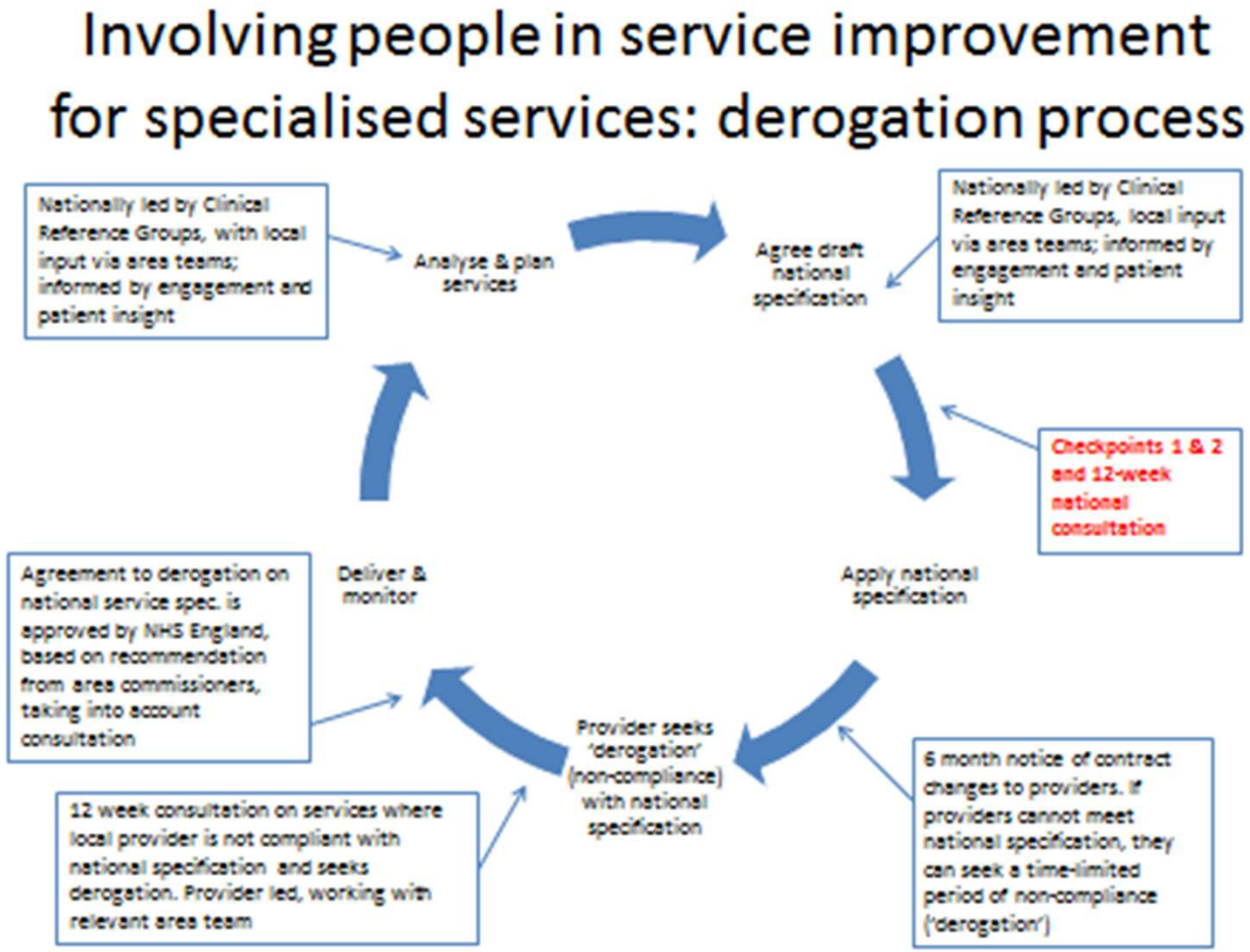
- Achieve the best outcomes for patients & carers by reducing ‘occasional practice’
- Improve the patient/carer experience by concentrating resources in state of the art facilities
- Build clinical competence
- Improve the training of specialist staff
- Ensure cost-effectiveness in provision
- Make the best use of scarce resources [including staff expertise, high-tech equipment, donor organs, etc].
- Support research and innovation
- Enable services to better meet increases in annual demand
- Removes/reduces variation in pricing and service delivery

Challenges

- We can’t please all of the people all of the time – services that move closer to some move further from others
- Limited resources
- Cross-boundary working and the impact on workload and stakeholder engagement
- Geography and infrastructure
- Innovation
- Demand and capacity
- Stakeholder engagement & maintaining momentum on shifting sands

How are they commissioned (2)

How we work with the people we serve



Structure and operating model

New Regional Dir of Spec Commissioning: Kate Shields

Operating Model Design Principles

The South Way:

- One team, and one way of working across the South
- Principle of subsidiarity – local action on local issues

Integrated contract management:

- Integrated contract, finance, clinical, service and business intelligence teams to deliver a multidisciplinary contract management approach.
- Working as a team

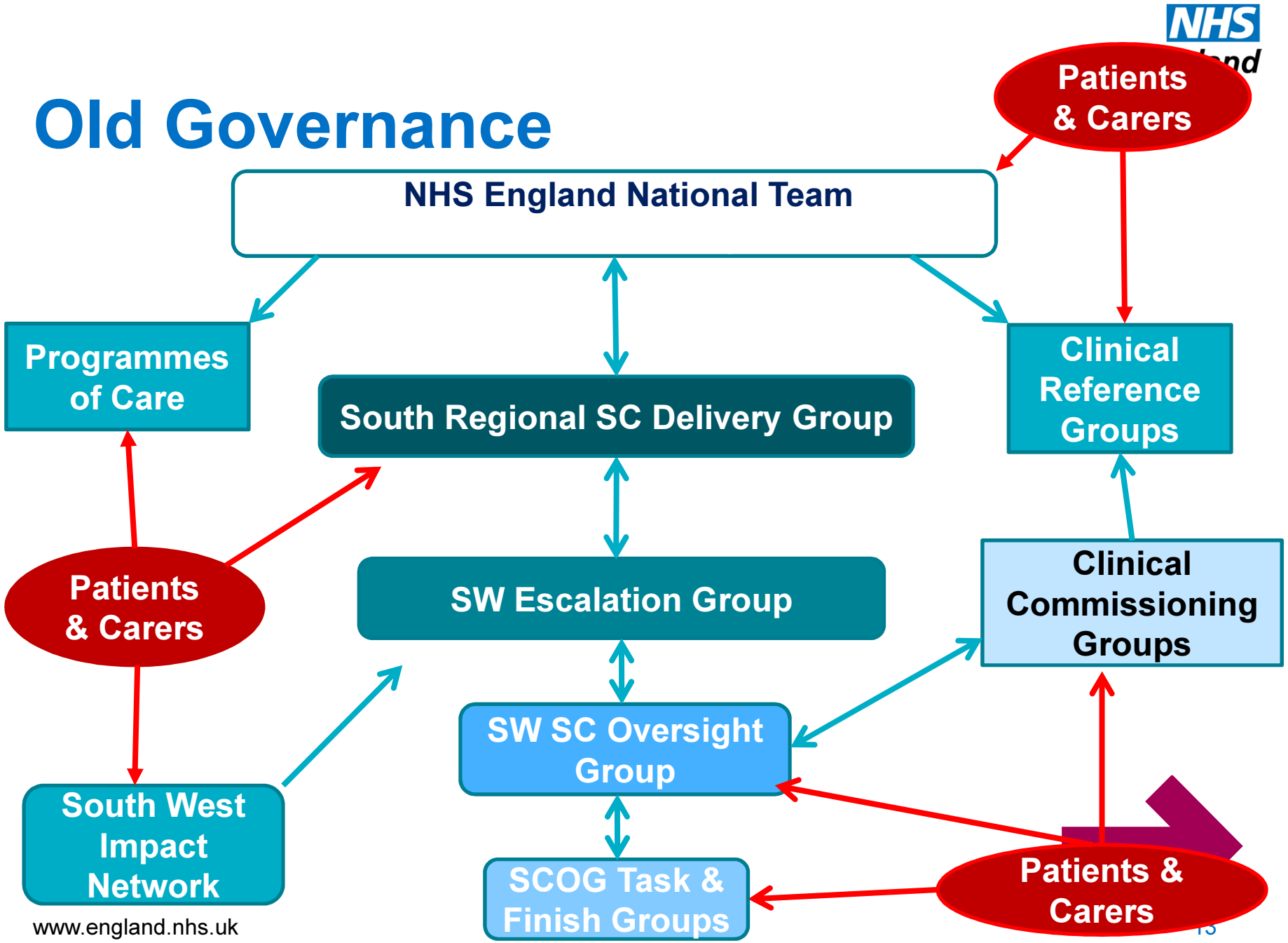
Clear accountability:

- Clear leadership responsibilities and lines of accountability

Better control:

- Increased structure and improved processes to enable greater financial and operational control

Old Governance



New Ways of Working Governance Structure

To support the revised Operating model, a new governance structure has been established.

Key priorities for the next year

- Achieve financial balance – in the right way
- Ensure providers provide compliant care:
  - Clinical audit and adherence to Blueteq
  - Reviewing High Cost Drugs and Devices
- Develop a more consistent South approach to delivery
- Develop ways for specialised commissioning's strategic Direction and Decision-making to be driven by STPs
- Align to National Service Reviews and known 16/17 procurements

SW Collab Commissioning Service Specific Priorities

- CAMHs
- Perinatal Mental Health
- Low/Medium secure
- Rehabilitation – inclusive of Neuro-rehab and Spinal Cord Injury
- Vascular – specifically Devon & Cornwall, and
- STP (unknown at July ‘16) and locality specific (e.g. Devon Success Regime; Cornwall Devolution) priorities

Planned Business (but not as usual)

- Planned national procurements: CAMHS & PET/CT
- Service Spec Compliance: Derogation
- Quality & Safety: Performance Management
- Responding to changes triggered by EU Referendum as necessary
- Supporting and assuring the PPE re: migration of services out of providers (e.g. RNHRD; RDE) and the temporary cessation of provision to address effects of waiting times on patients' (e.g. thoracics, spinal)

Any questions?

Please consider me your first port of call if you have any questions or comments about specialised services.

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