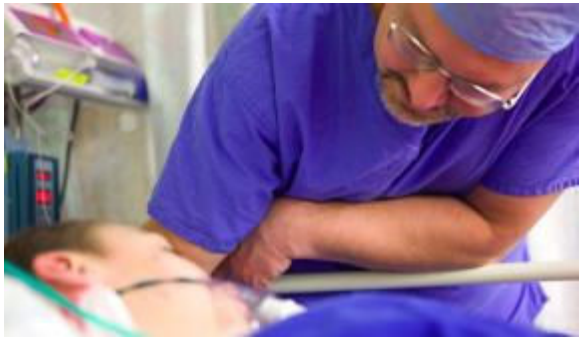
North West Specialised Commissioning Planning and Engagement



Dr Alison Rylands

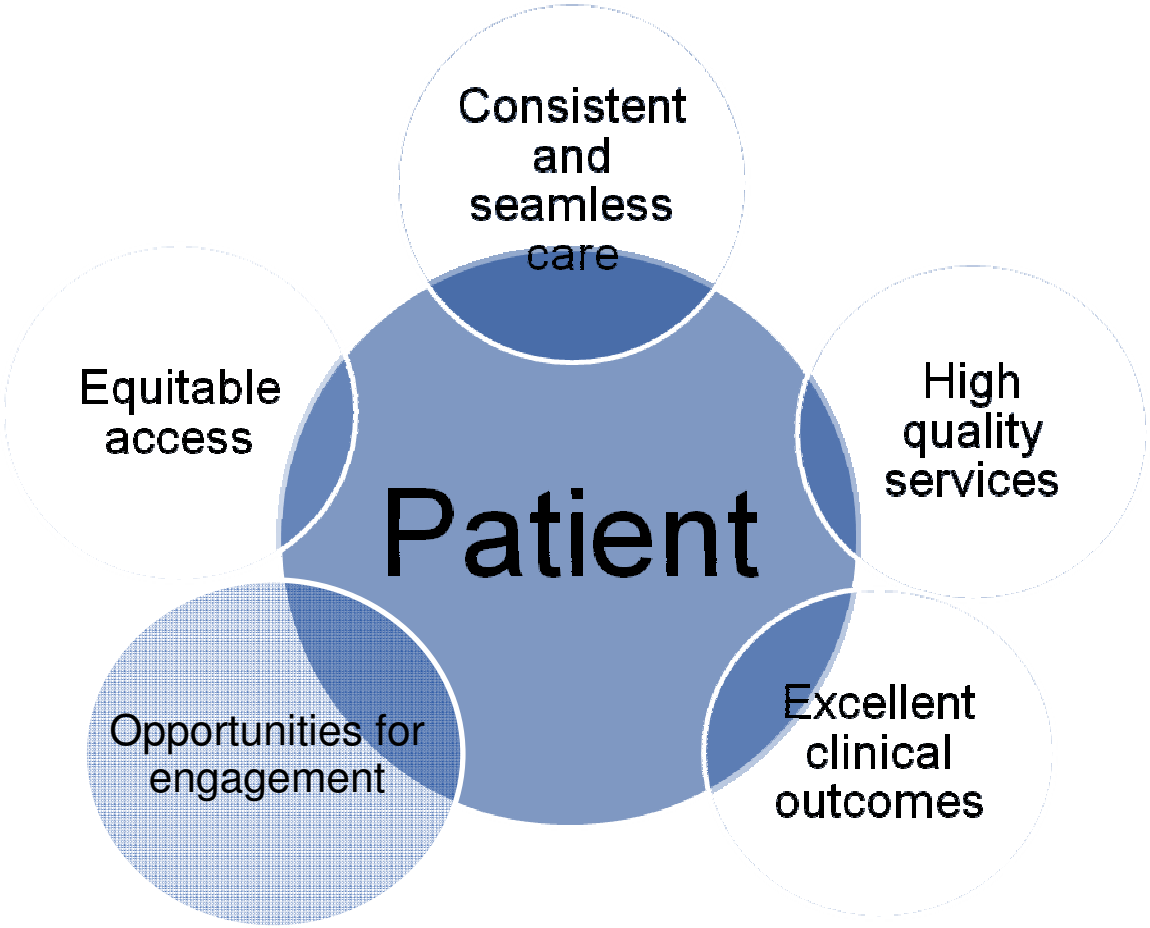
July 2014

THE NHS CONSTITUTION
the NHS belongs to us all

Principles of Commissioning

- Deliver service improvement
- Clinically driven and informed
- A commitment to working in partnership across organisational boundaries
- A focus on outcomes, quality and patient experience rather than outputs
- Decision making based on evidence and best practice
- A strong and empowered patient voice

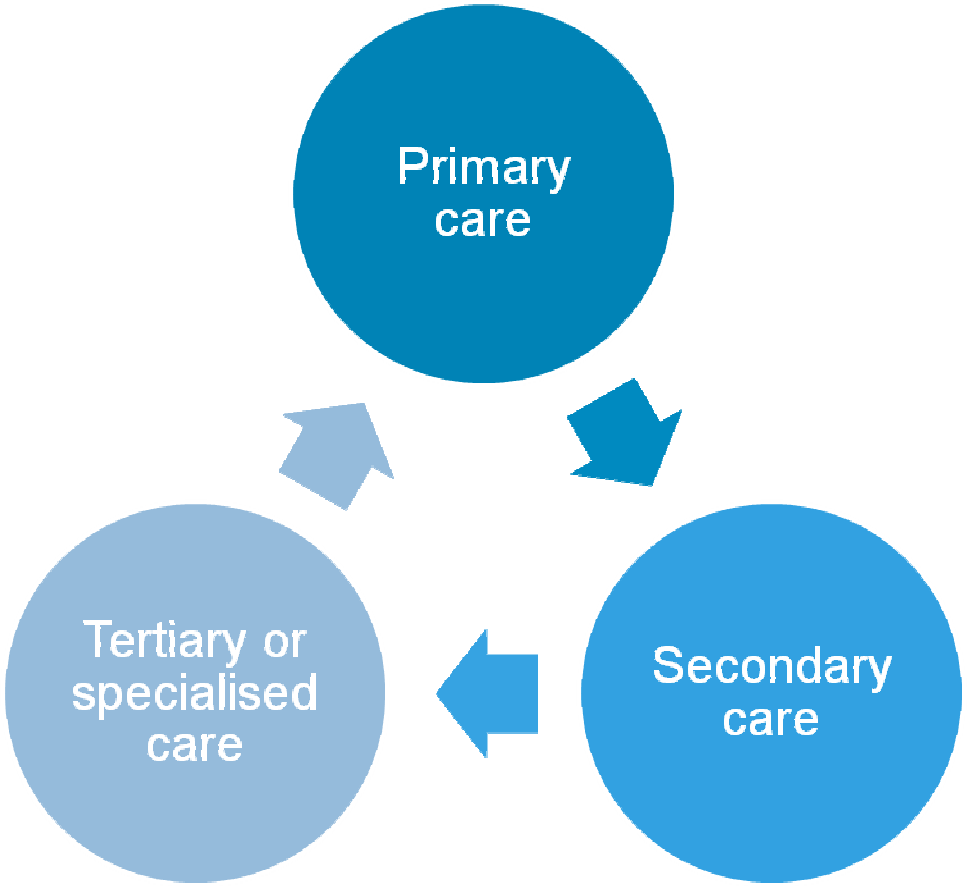
Patient Centred Commissioning



Commissioning across pathways of care

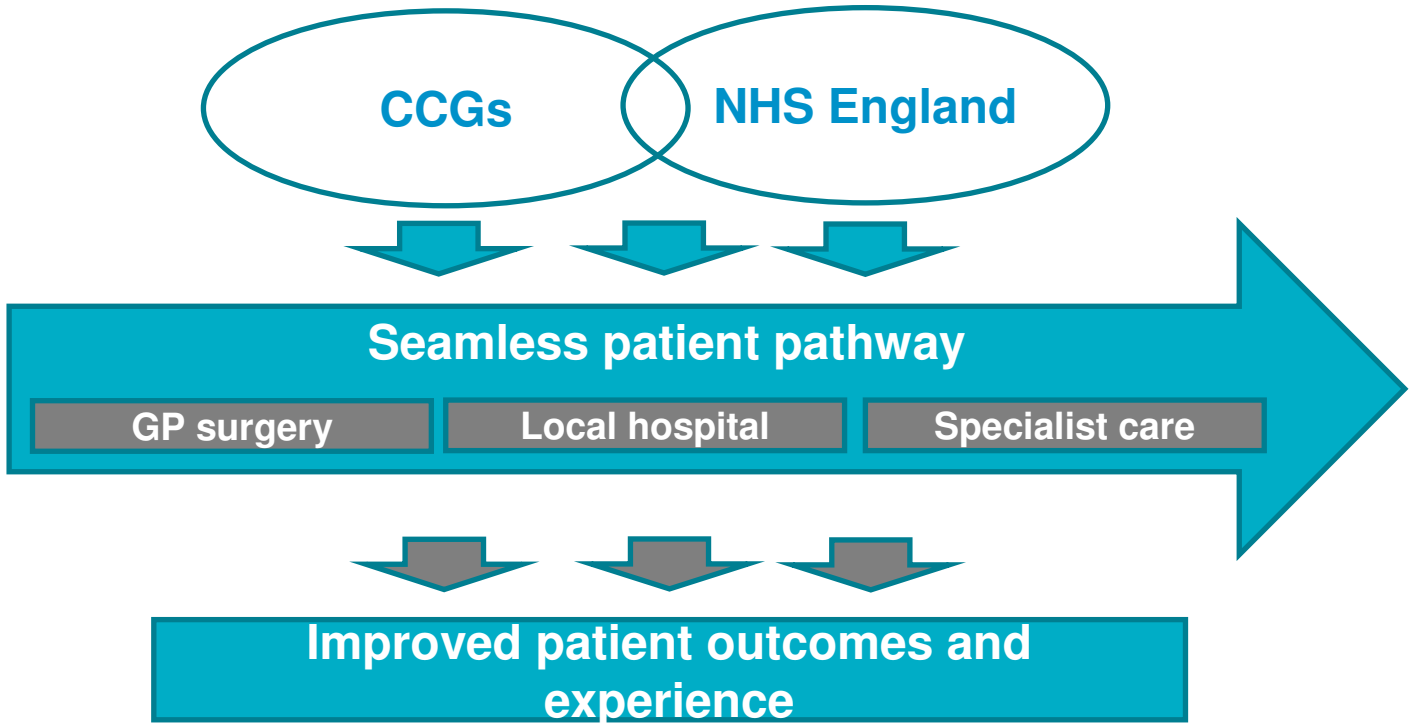
6 Rights of good care

RIGHT patient
RIGHT place
RIGHT time
RIGHT care
RIGHT clinician
RIGHT price



Integration is vital

Clinical Commissioning Groups (CCGs) are **critical** to the ambition **to achieve world-class patient outcomes** and **experience** in specialised services. Strong working relationships and shared decision-making are important.



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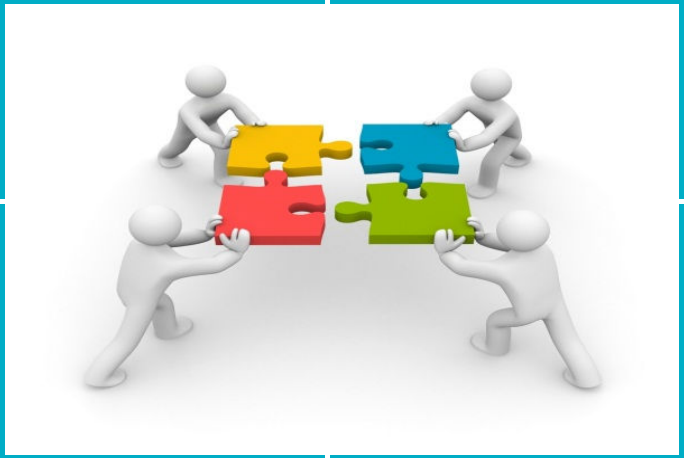
Guiding principles for planning

NHS England

Driver is improvement in clinical outcomes and patient experience

Plans must address variations in access and outcomes



Fundamental importance of system alignment

Open and transparent approach to planning approach

What are Specialised Services?

NHS England

Highly specialised

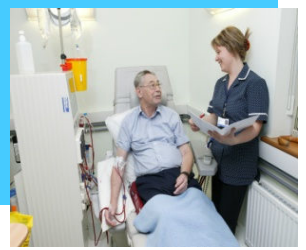
- Rare conditions
- Very low patient numbers
- Very few hospitals
- Examples:
- *Heart and lung transplantation*
- *Treatment of rare eye conditions*

Specialised services (1)

- Episodic specialised services
- Examples:
- *Paediatric and Neonatal Intensive care*
- *Severe burn care*

Specialised services (2)

- 'Pathway' specialised services
- Long term conditions
- Examples:
- *Kidney care*
- *Mental health*
- *Cardiac care*
- *Cancer services*



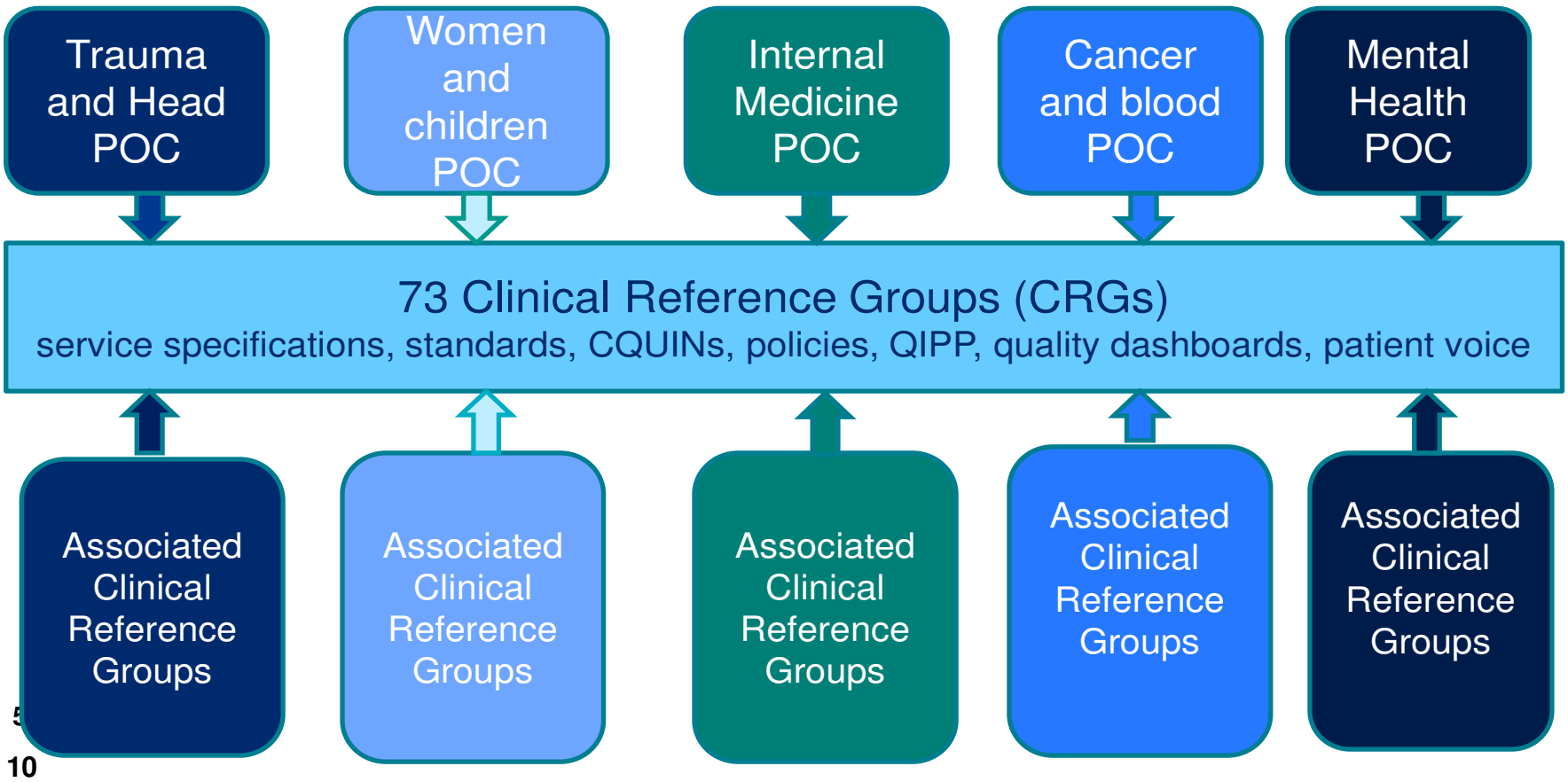
Current commissioning arrangements

- NHS England – responsible for directly commissioning specialised services; screening; military health; offender health; and primary care
  - 27 Area Teams
    - 10 Area Teams responsible for specialised services (Cheshire, Warrington & Wirral for the NW)
- Clinical Commissioning Groups (>200)
  - Responsible for commissioning secondary care
- Public health services now commissioned by local authorities

What this actually means

- Single commissioning approach
- One contract (NHS England)
- Single service specification per service (128+)
- Consistent commissioning policies (>40)
- One set of quality standards/dashboards (20)
- National QIPP Plan (Quality, Innovation, Prevention & Productivity)
- One set of CQUIN indicators (quality markers)
- 75+ Clinical Reference Groups
- Single decision making process (including Individual Funding Requests)

National consistency in ‘prescribed’ specialised services



Decision making

- 75+ CRGs
  - Consider relevant service developments
- Four IFR Panels (North; Midlands; South; and London)
- Clinical Priorities Advisory Group
  - Make recommendations to NHS England Board
- Rare Diseases Advisory Group
  - Make recommendations to NHS England Board
- Commissioning through Evaluation Programme e.g.
  - Selective Dorsal Rhizotomy
  - Mitraclip
  - Foramen ovale closure

National context (2014/15 and beyond)

- Five-year strategy for specialised services being developed – aligned with CCG Strategic Plans e.g. *Healthy Liverpool*
- Planning guidance (Dec 2013)
  - Centres of Excellence (fewer than currently; not necessarily the 15-30 mentioned in the guidance)
  - Co-dependencies/responsiveness – which services need to be provided very close to or on the same site?
  - Planning bundles – consider related services together
  - **Financial sustainability (Taskforce)**

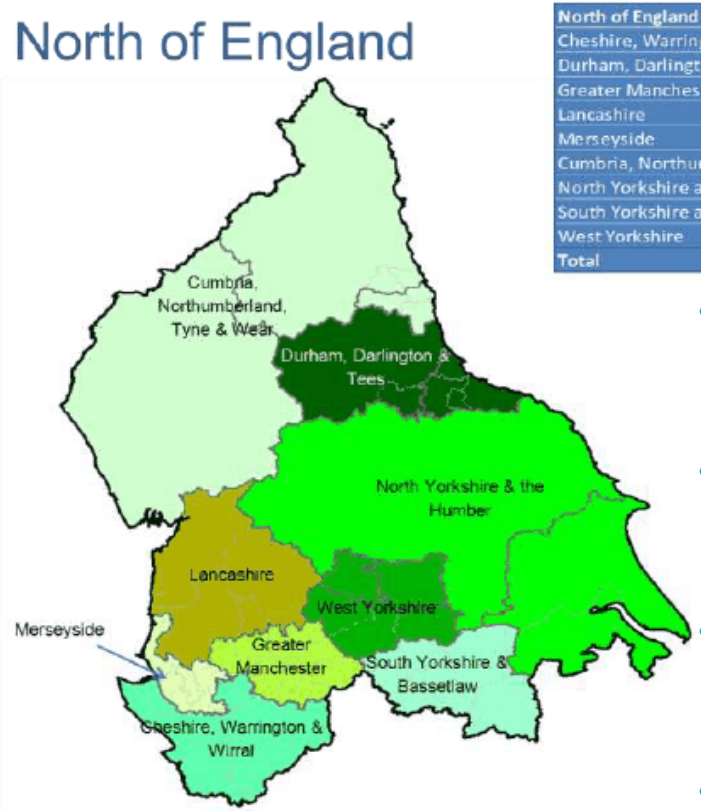
Taskforce workstreams

- ***Strategic projects*** – ensuring continuation of complex programmes e.g. proton beam therapy
- ***Strategy*** – development of a financially sustainability strategy; **consideration being given to the range of specialised services and whether commissioning models should change**
- ***Clinically driven change*** – ensuring clinical benefit alongside efficiency improvements
- ***Analytics*** – ensuring good data and intelligence are available to support specialised commissioning

Taskforce workstreams

- ***Operational leadership*** – responsible for QIPP programme and developing future shape of specialised commissioning infrastructure
- ***Commercial & technical delivery*** – ensuring market management through robust procurement and contracting
- ***Financial control*** – ensuring financial leadership and focus across all specialised commissioning programmes

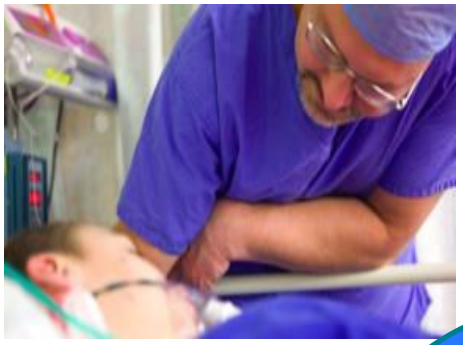
How are specialised services currently commissioned?



North of England	Popn (1,000s)	CCGs	HWBs
Cheshire, Warrington and Wirral	1195	6	4
Durham, Darlington and Tees	1167	5	6
Greater Manchester	2636	12	10
Lancashire	1424	8	3
Merseyside	1170	6	5
Cumbria, Northumberland, Tyne and Wear	1910	8	7
North Yorkshire and Humber	1690	8	6
South Yorkshire and Bassetlaw	1427	5	4
West Yorkshire	2235	10	5
Total	**14853**	**68**	**50**

- NHS England commissions a range of services including specialised services.
- There are 10 Area Teams (ATs) across England responsible for commissioning specialised services
- Cheshire Warrington and Wirral AT commission specialised services across the North West.
- The budget is £1.8 billion; contracts with 42 providers
- There are 32 CCGs, 22 OSCs and Health & Well Being Boards in the North West

Why is change needed in specialised services?



Too many providers

Move towards 7 day working

Some hospitals don't have enough specialist staff

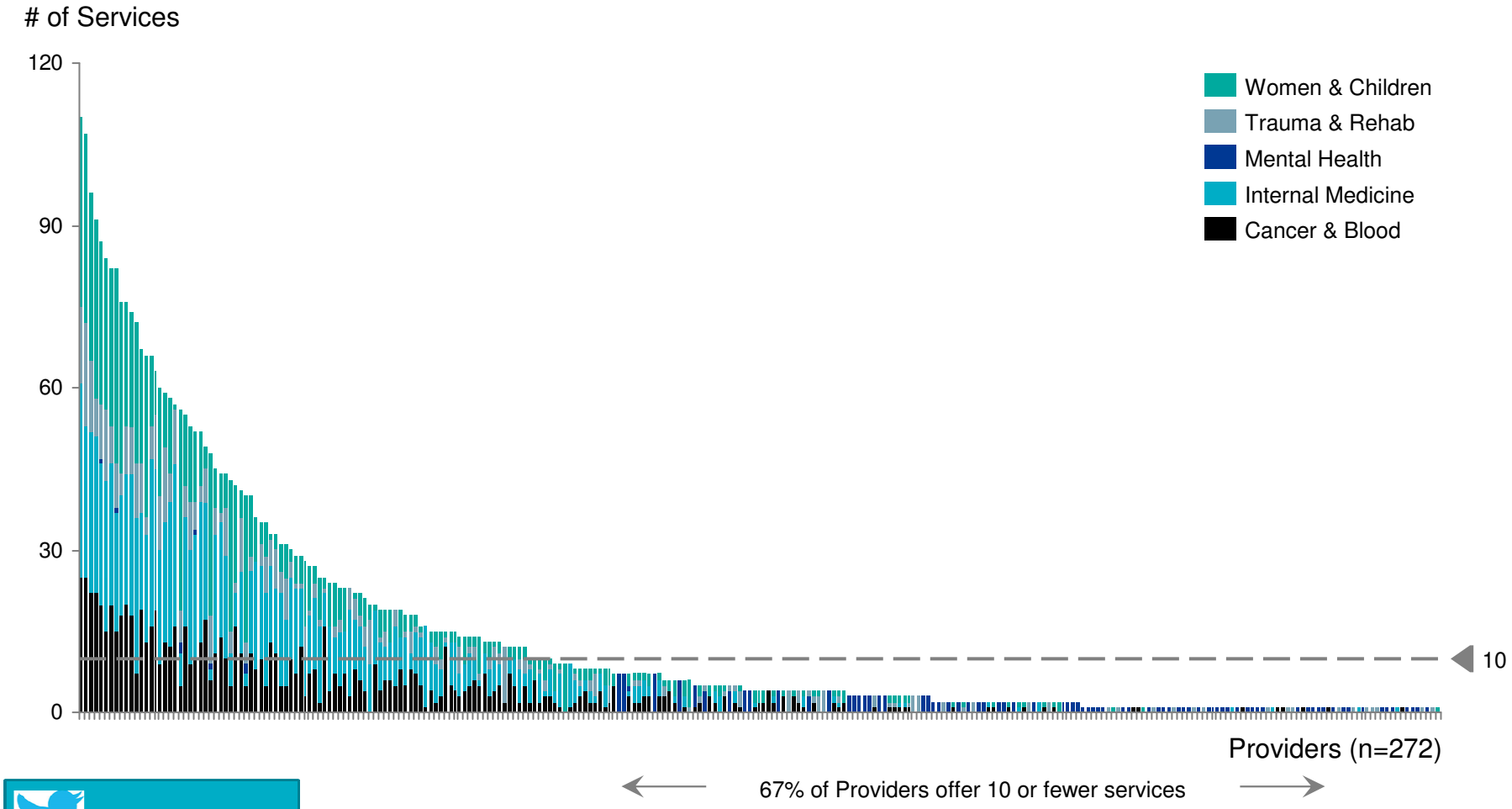
Too much variation in quality and outcomes

Some Providers are doing too little activity

Some providers are not meeting core quality standards

272 providers offer ~200 specialised services today

Services are grouped across 5 Programmes of Care



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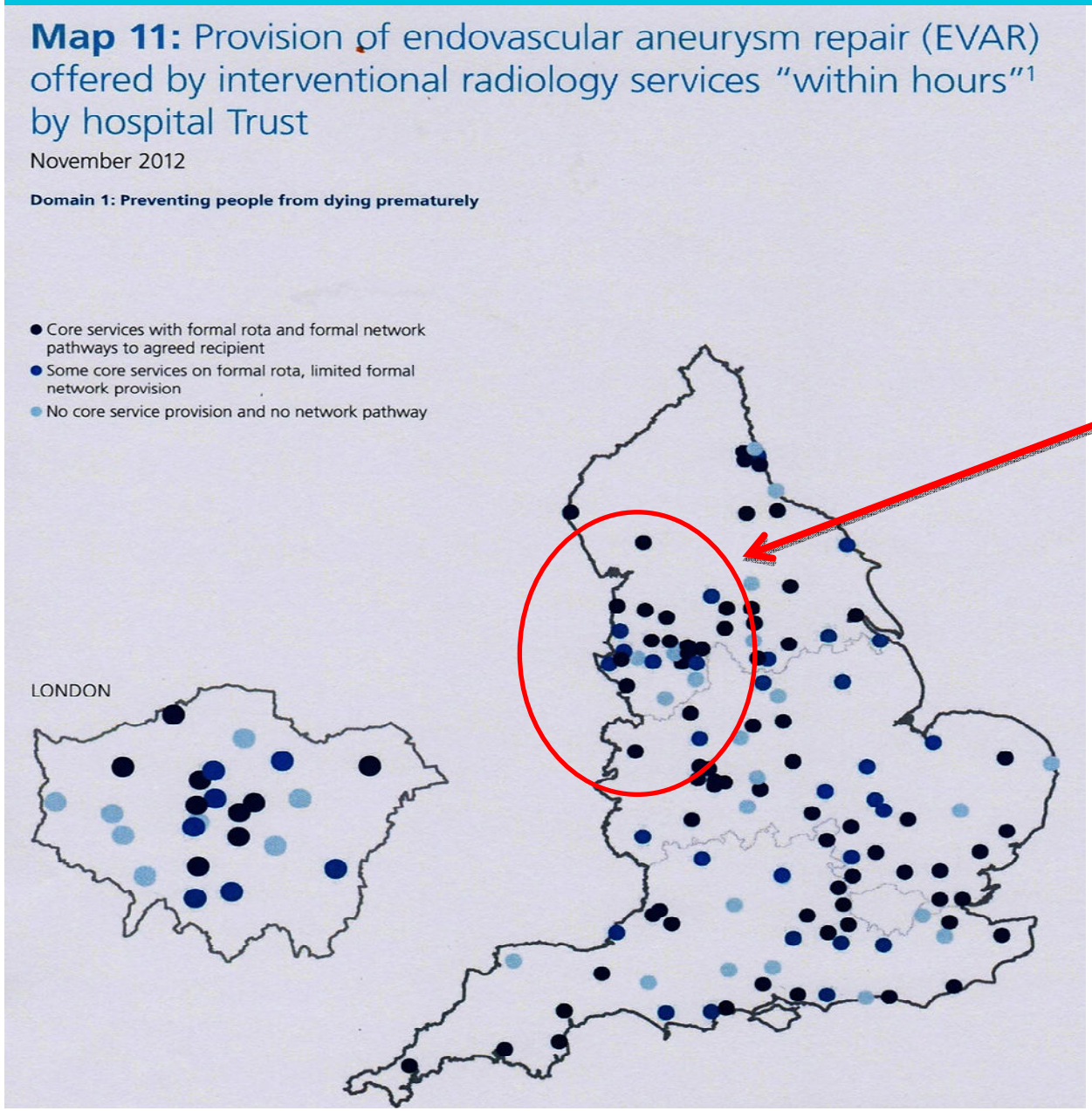
Source: NHS England Provider database

How will these challenges be addressed?

National Planning Guidance '*Everyone Counts'* – foresees a concentration of expertise fewer Centres of Excellence

Concentration of expertise does not mean concentration of service delivery – access is a core factor

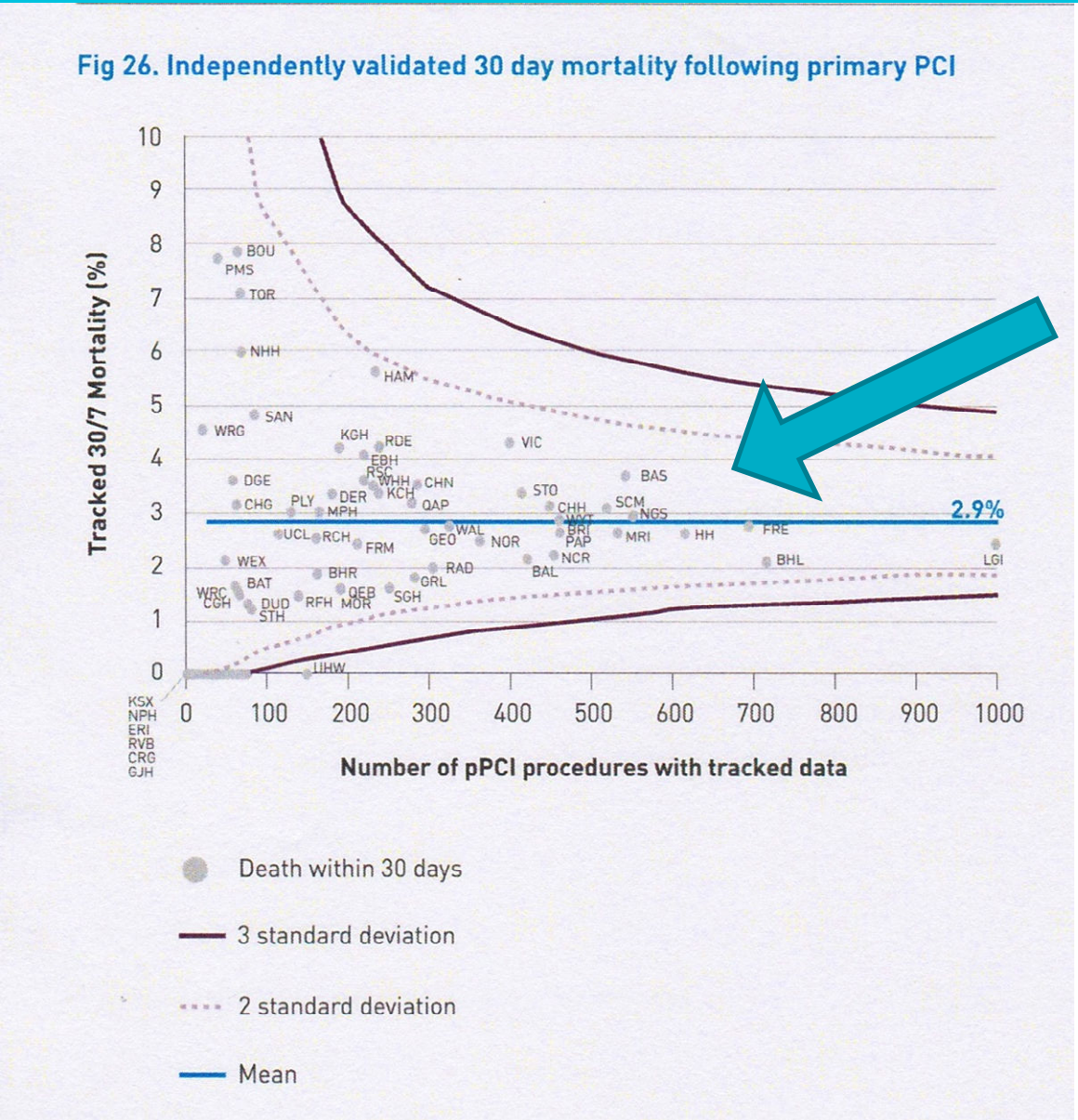
Significant national variation in vascular procedures



Patients across the North West receive variable access to this treatment

Consolidation of vascular services has already been achieved in Merseyside. National work is underway to identify other services where the evidence shows centralising expertise improves outcomes e.g. cancer surgery

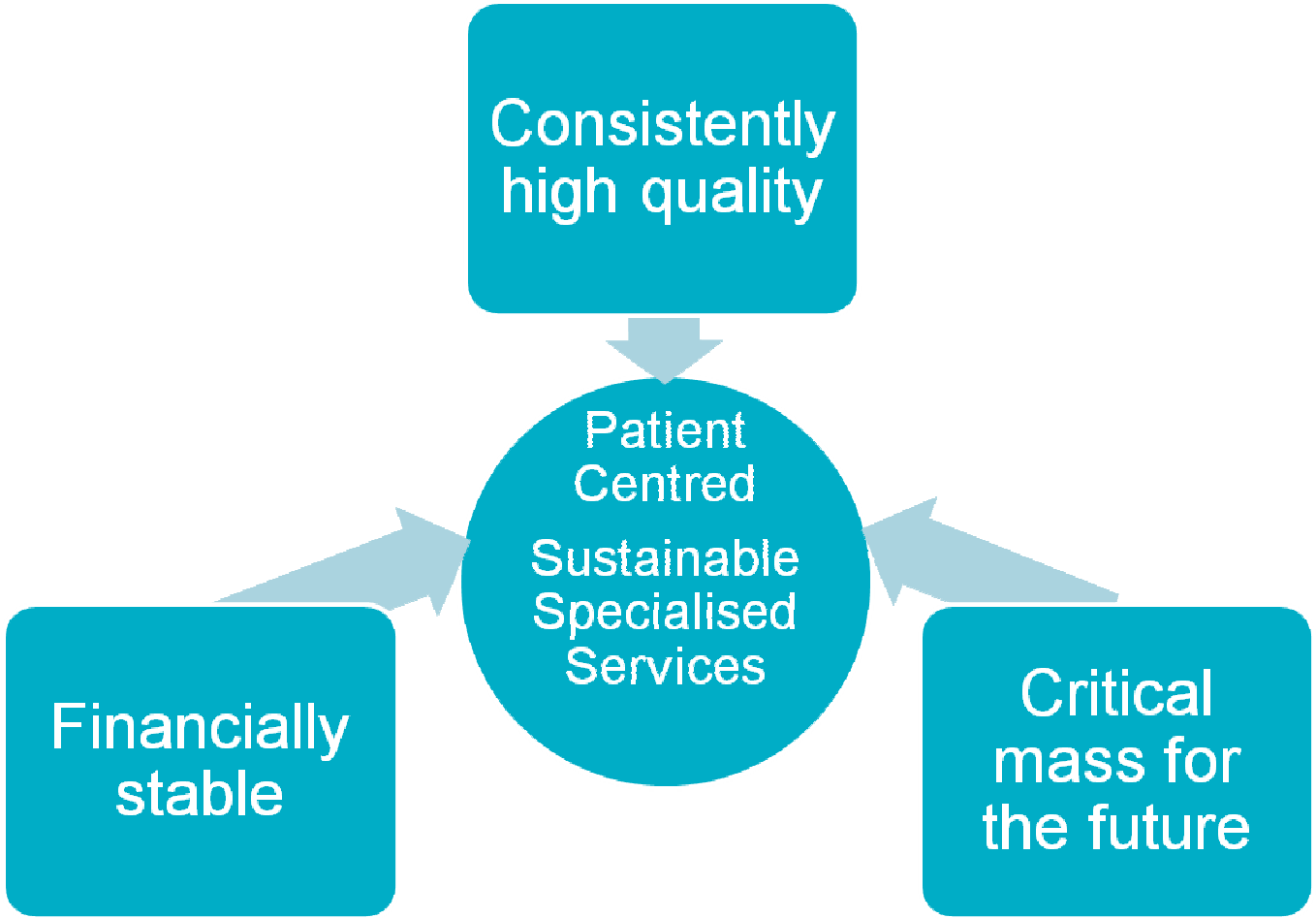
Significant variation in mortality rates in cardiac care



The higher the number of procedures undertaken by a provider, the lower the mortality rate

CWW AT and the Cardiac Network will be undertaking a review of cardiac services across the NW to ensure they are meeting national standards and that providers are undertaking appropriate levels of activity. Models of care will also be considered.

Developing the vision for specialised care

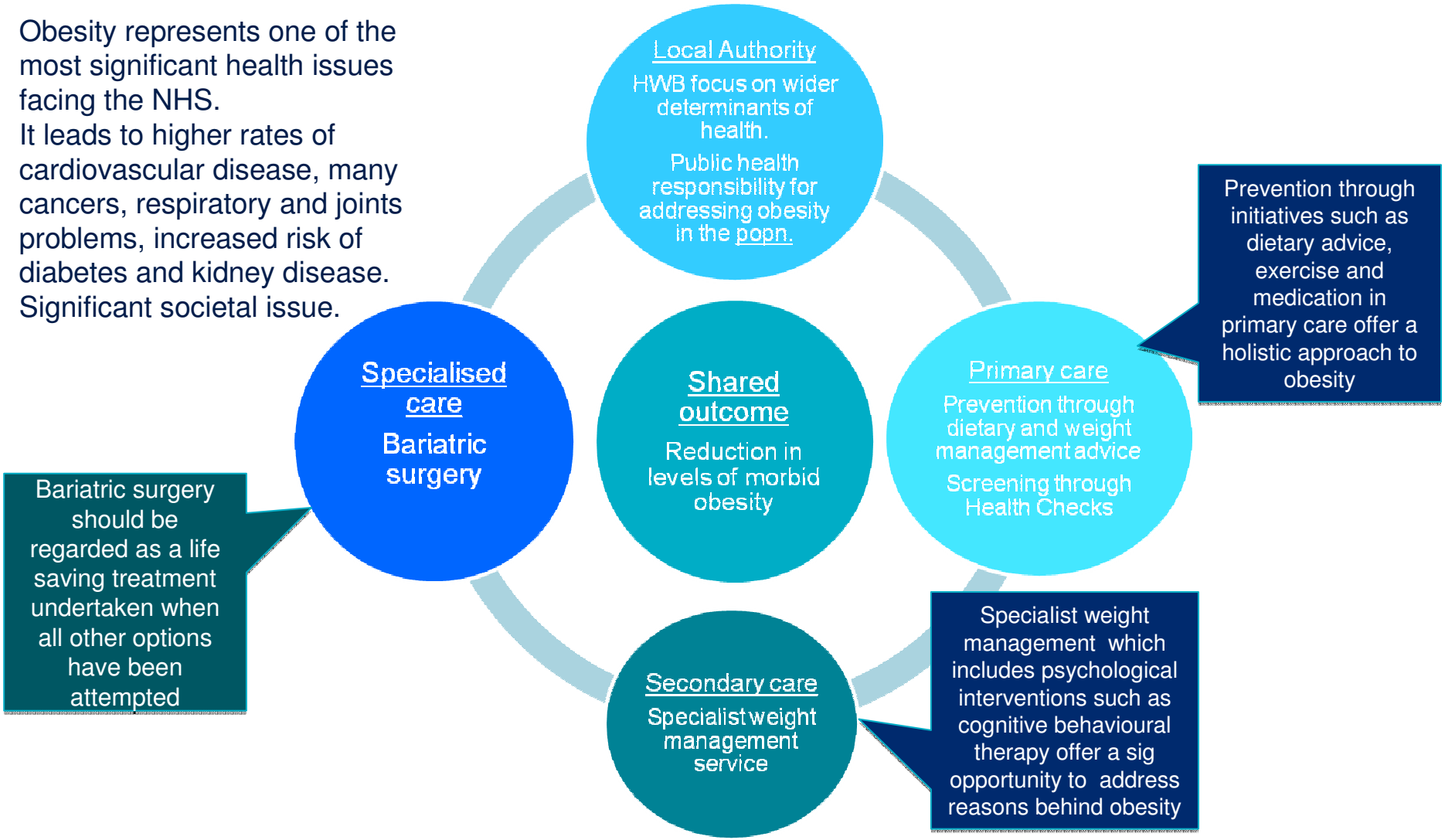


Summary

- The majority of specialised services form part of a pathway of care
- Early management of chronic disease pathways will significantly impact upon demand for specialised services
- Co-commissioning partnerships along pathways of care are therefore fundamentally important to securing improved outcomes for patients and effective use of resources
- Consideration also being given to moving commissioning responsibility for some services completely to CCGs
- In the interim, work is underway to identify those services where co-commissioning is the best approach

Commissioning integrated care across the obesity patient pathway

Obesity represents one of the most significant health issues facing the NHS.
It leads to higher rates of cardiovascular disease, many cancers, respiratory and joints problems, increased risk of diabetes and kidney disease.
Significant societal issue.



Some questions for consideration

- How should we engage and communicate?
- How can national imperatives be progressed locally?
- Links between Health Watch and ‘OSCs’?
- How should we address cross boundary issues?
- How do we strengthen our ongoing partnership working?