

<b>DECISION-MAKER:</b>	HEALTH AND WELL BEING BOARD AND HEALTH AND OVERVIEW SCRUTINY PANEL		
<b>SUBJECT:</b>	NHS ENGLAND SPECIALIST SERVICES CONSULTATION		
<b>DATE OF DECISION:</b>	14 MAY 2014		
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None.			

## BRIEF SUMMARY

A Joint Health and Well Being Board and Health Overview and Scrutiny Panel meeting on 14<sup>th</sup> May will consider a local response to NHS England's consultation on specialist services. The consultation runs until 21 May 2014, focusing on a number of changes to service specifications while also seeking some broader views on the wider implications of these changes. The specifications should be read alongside the operating model called "Securing Equity & Excellence in commissioning specialist services.

The consultation asks 3 questions, each framed around the specifications listed in the consultation:

- In your view, what would be the effect of the proposed changes on the service?
- What further changes, if any, do you think need to be made to this document?
- Are there any other considerations not reflected in the document that you wish to draw to our attention?

## RECOMMENDATIONS:

That the Health and Well Being Board and the Health Overview and Scrutiny Panel are recommended to respond to the general principles of the consultation, and encourage more detailed responses from local organisations, patients, carers, and clinicians on the content of the specifications.

## REASONS FOR REPORT RECOMMENDATIONS

1. The specifications require expert help to understand the ramifications for patients, clinicians, and health and social care commissioners. Patient views are particularly important.
2. Achieving a consensus nationally on service specifications is an important step toward more effective specialist commissioning in future.
3. The new specifications could be used to underpin service reviews with a more systematic and consistent approach.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. No consideration of the consultation.

### DETAIL (Including consultation carried out)

5. NHS England took on responsibility for national specialised services when Primary Care Trust confederations were abolished. The change occurred on 1<sup>st</sup> April 2013. During this first year, and the shadow period leading up to it, more local and varied commissioning arrangements have been re-organised and pulled together in a single national organisation.
6. Specialised services account for approximately 10% of the total NHS budget, with an annual spend of around £11.8bn. The services commissioned via this route are diverse, including highly specialised services such as heart and lung transplantation, paediatric intensive care, renal dialysis and specialised and secure mental health services.
7. One of the first tasks for NHS England has been creation of a single set of specifications for specialised services. This is designed to provide a framework for commissioning to ensure equity and excellence in service provision, by setting out how a single, national system will ensure patients are offered consistent, high quality services across the country. The specifications are supported by more detailed policies. Consultation seeks to collect views on the content of the specifications and information on potential health inequalities.
8. Last year, NHS England developed and consulted on a single, nationally consistent set of commissioning policies and service specifications, (the first ever produced in this format). This is the second iteration of those specifications and the second round of consultation. These specifications include significant changes in the following service areas:
  - Kidney dialysis services – including haemodialysis and peritoneal dialysis, and acute kidney injury. ( x 5 specifications)
  - Adult cardiac surgery x1
  - Complex disability and prosthetics x1
  - Paediatric critical care x4
9. Service specifications set out what is expected from service providers, and define access to a service. They also set out a series of core and developmental standards. Core standards are those that any reasonable provider of a service should be able to demonstrate, whilst developmental standards improve services over a period of time, encouraging them to achieve excellence within a particular field.
10. Changes to specialist service specifications need to be understood better to inform Health and Wellbeing boards and scrutiny committees, both in Southampton and across Wessex, the population covered by the Area Team of the NHS Commissioning Board.
11. The specifications in this consultation cover a small proportion of the 130 different services commissioned by NHS England. The NHS England Specialised Services Consultation Guide is attached at Appendix 1. The specifications should be read alongside their operating model “Securing Equity & Excellence in Commissioning Specialist Services”:  
<http://www.england.nhs.uk/wp-content/uploads/2012/11/op-model.pdf>
12. The renal specifications relate mainly to regional **Kidney dialysis** services provided by Portsmouth Hospitals Trust with linked satellite dialysis units

across Wessex. Home based dialysis is predominantly peritoneal dialysis, but some haemodialysis is also available. Some services are subcontracted via the private sector, but would be subject to the same specification and standards.

**Acute kidney injury** is managed in acute hospital trusts across the Wessex area, with the more complex case-mix in the intensive care or high dependency facilities.

**Adult Cardiac Surgery** and its sub-specialities are based in UHS in Southampton, while some work is sent to London providers, and less complex percutaneous stent and angioplasty interventions can be performed in hospitals across Wessex.

**Complex disability and prosthetics** following limb loss has a specification that is designed to assist rehabilitation. The cross government agreement with the armed forces is designed to give additional support, and special access to modern prosthetics.

**Paediatric intensive care** is arranged in a network configuration across Wessex. Commissioners and providers have worked on developing a network collaboration to provide safer transfers and standards of care. The centre of the paediatric network is based in Southampton where adjacent specialities in paediatrics are on hand.

13. Efforts by commissioners and providers over the last 20 years have gradually centralised cancer, cardiac, and specialised children's services such as neonatal and paediatric intensive care. Each change has taken many years to achieve, but with each consolidation of specialist services, improvements in clinical outcomes, quality and safety have followed.
14. The Wessex based services that are affected by the current changes in specification are well equipped to respond positively, having largely been reformed and centralised effectively over the last decade. The changes do not appear to raise any major questions about local service provision, and are not likely to impact negatively on local commissioners plans and procurement of health and social care.
15. Examples of local specialist services where a common specification may have more significant repercussions might include paediatric heart surgery, or adult vascular services, for example, where protracted reviews involving different levels of service integration have not been possible despite years of consultation. The availability of common national specifications in these areas may afford a new opportunity to gain a consensus on the future service configuration and quality.

## RESOURCE IMPLICATIONS

### Capital/Revenue

16. It is not clear what capital or resource implications could arise from these specifications for the NHS or local authorities. This is an area where further enquiry is needed. Care pathways into and discharges from specialist services do have important impacts on NHS services commissioned by CCGs, and local authorities, who will need to examine the service specifications in some detail before the implications are clear.

### Property/Other

17. None

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

18. These powers apply to NHS England in this instance and are laid out in the revisions to the Health and Social Care Act 2012.

### Other Legal Implications:

19. None immediately obvious. The service specification should not attract legal sanctions directly, but their application in processes of service review, for example, or development of proposals for service reconfiguration, may come under very close legal scrutiny. More legal implications will occur where NHS England translates specifications into more specific clinical policies.

## POLICY FRAMEWORK IMPLICATIONS

20. Commissioning plans and policies developed by integrated commissioning may need to take careful account of any relevant specifications developed by NHS England.

KEY DECISION? NO

WARDS/COMMUNITIES AFFECTED:	All
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### SUPPORTING DOCUMENTATION

#### Appendices

1.	NHS England Specialised Services Consultation Guide
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#### Documents In Members' Rooms

1.	The full set of consultation documents can be found at: <a href="http://www.england.nhs.uk/ourwork/commissioning/spec-services/get-involved/consultations/">http://www.england.nhs.uk/ourwork/commissioning/spec-services/get-involved/consultations/</a>
2.	The operating model can be found at: <a href="http://www.england.nhs.uk/wp-content/uploads/2012/11/op-model.pdf">http://www.england.nhs.uk/wp-content/uploads/2012/11/op-model.pdf</a>

#### Equality Impact Assessment

Does the implications/subject of the report require an Equality Impact	Yes*
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Assessment (EIA) to be carried out? *Yes – this is the responsibility of NHS England	
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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