

NHS England Specialised
Services Consultation Guide
– February 2014



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Contact Details for further information	NHS England National Specialised Services Team Operations Directorate Skipton House 80 London Road SE1 6LH 0207 972 5736

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NHS England Specialised Services Consultation Guide - February 2014

*A guide to NHS England's specialised service
specification consultation for February 2014 –
why we are consulting and how to respond*

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Prepared by NHS England National Specialised Services Team

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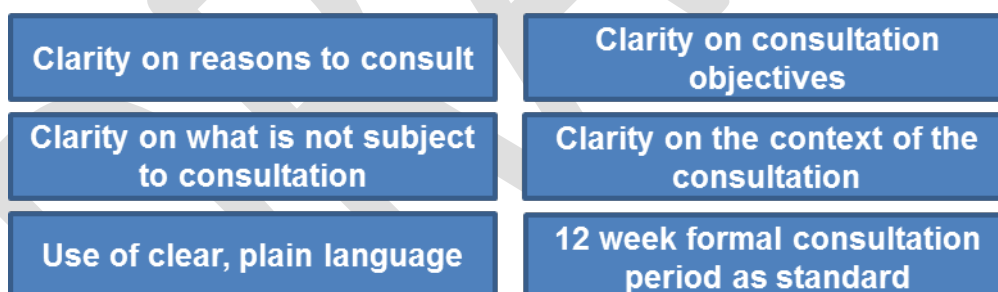
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Introduction

1. This short guidance accompanies NHS England's current consultation on specialised service specifications and clinical commissioning policies. It is aimed at any individual or organisation with an interest in engaging with the development of specialised services.
2. In seeking to achieve consultation best practice, this guidance summarises the objectives, context and reasons for this consultation, as well as outlining the steps which will follow the close of the consultation.

Achieving best practice

3. NHS England is committed to ensuring that all future specialised service consultations comply with best practice, to ensure feedback can be heard more systematically and that best use is made of respondents' time.
4. This year, and in all future consultations on specialised service specifications and clinical commissioning policies, NHS England will seek to comply with the best practice consultation principles issued by the Cabinet Office in 2012. They are available in full here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/60937/Consultation-Principles.pdf. The main elements of the guidance with bearing on NHS England's specialised services consultations are the following:



5. NHS England is also clear that engagement with patients, the public and any interested stakeholders is not limited simply to periods of formal consultation. Throughout its specialised commissioning function, NHS England will seek to remain open, engaged and transparent.

Specialised commissioning

What are specialised services?

6. Specialised healthcare services typically treat patients with rare and complex conditions and are often provided by a small number of specialist centres, covering patient populations of more than one million people.

7. Specialised services cover a range of conditions, including treatments for long-term conditions such as renal (kidney) dialysis services as well as neonatal care, severe burns care and some mental health and children's services.
8. Since April 2013, specialised or 'prescribed' services have been defined as those meeting the four factors set out in the Health and Social Care Act 2012, which are:
 - The number of individuals who require the service;
 - The cost of providing the service or facility;
 - The number of people able to provide the service or facility and
 - The financial implications for Clinical Commissioning Groups if they were required to arrange for provision of the service or facility themselves.
9. The resulting definitions of specialised services can be found in NHS England's Manual for Prescribed Services. This defines precisely the elements of care which fall under NHS England's specialised commissioning responsibility, with other care falling to Clinical Commissioning Groups to commission. The Manual can be found here: <http://www.england.nhs.uk/wp-content/uploads/2012/12/pss-manual.pdf>.
10. NHS England is the sole direct commissioner of NHS specialised services for all patients in England. The ambition of NHS England is to bring equity and excellence to the provision of specialised care and treatment, based on a commissioning approach which is patient-centred and outcome-based, as well as fair, consistent and value for money.
11. NHS England is committed to reducing health inequalities throughout the health service. For specialised services, consultation provides the opportunity to gain information about any potential impact on health inequalities which might arise as a result of new or changed service specifications.
12. NHS England's approach to commissioning specialised services is described in detail in the single operating model, *Securing equity and excellence in commissioning specialised services* (<http://www.england.nhs.uk/wp-content/uploads/2012/11/op-model.pdf>.)
13. Further details of NHS England's specialised commissioning are available on the NHS England website, here: <http://www.england.nhs.uk/ourwork/commissioning/spec-services/>
14. NHS England's planning guidance, *Everyone Counts: Planning for Patients 2014/15 to 2018/19* also sets out some of NHS England's future ambitions for

specialised services. It is available to read here: <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

Service specifications and clinical commissioning policies

15. NHS England commissions providers to deliver specialised healthcare services through contracts managed by ten of its 27 Area Teams. These contracts are underpinned by uniform national service specifications and clinical commissioning policies, which describe the care that NHS England will purchase from providers on behalf of patients.
16. Service specifications set out what is expected from 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.
17. Over a hundred service specifications are in place for 2013/14, covering services such as Neurosciences and Haemophilia.
18. Clinical commissioning policies set out NHS England's position in relation to the commissioning of a particular treatment, describing what will, and will not, be commissioned.
19. A clinical commissioning statement differs from a clinical commissioning policy in that it describes the position to be adopted until such time as a full policy is developed.
20. Many specialised services will be part of a larger patient pathway. This means that the specialised element of care will only be one part of the total care that a patient receives. For example, patients requiring neurosurgery may also call upon routine care and rehabilitation services which are commissioned by other organisations.
21. The contracts that NHS England holds with providers relate only to the specialised elements of care, on the basis of the definitions in the Manual for Prescribed services. The service specifications and clinical commissioning policies therefore also relate exclusively to the specialised elements of care.

Consultation

Why is NHS England consulting?

22. Specialised services are an important part of NHS care, which anyone might have need to call upon. It is essential to ensure that these services are the best that they can be.
23. NHS England's objective is to deliver safe, high quality specialised care, underpinned by consistent and equitable commissioning policies and service

specifications.

24. In conducting a full, public consultation on these documents, NHS England is seeking to ensure that its specialised commissioning is well informed, evidenced and in line with the expectations of patients and the public.
25. As a result of the consultation, NHS England intends to be in a position to consider all feedback before reaching final decisions on policies and specifications, calling upon further advice from its service-specific Clinical Reference Groups as required.

What is being consulted upon?

26. NHS England is consulting upon material changes to existing service specifications and clinical commissioning policies, as well as on any new specifications or policies.
27. NHS England has already consulted publicly on existing service specifications and clinical commissioning policies. We are now consulting on changes to these documents, which are clearly marked in the documents. While we welcome comments on the documents as a whole, particular focus should be on the proposed changes.
28. In some cases, NHS England will make minor or technical amendments to existing documents without issuing these changes for public consultation. However, where an amendment is likely to have a substantial impact, a public consultation will be held.
29. In order to determine whether or not an amendment to an existing document is substantial or not, Clinical Reference Groups test all proposed amendments with their registered stakeholders. Further information about Clinical Reference Group stakeholders, as well as details of how to register, are available here: <http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/crg-reg/>
30. Clinical Reference Group stakeholders are asked how substantive the proposed changes are likely to be and whether, in their view, public consultation on the changes would be required.
31. In deciding whether or not to consult upon such changes, NHS England's Clinical Priorities Advisory Group will consider the views provided by stakeholders alongside recommendations from the relevant Clinical Reference Group and Programme of Care.
32. NHS England seeks views on the content of the consultation documents which, when finalised, will form the basis of contracts with providers of specialised care. Feedback relating to other parts of NHS care should be directed to the responsible commissioner.

How can I make my views known?

33. Responses to the consultation can be made through the online portals at: <https://www.engage.england.nhs.uk/consultation/8be1c4ce> and <https://www.engage.england.nhs.uk/consultation/03c168a3> Comments can also be sent directly to Julie Cunningham at julie.cunningham2@nhs.net
34. Any comments that relate to services or issues outside of the scope of the consultation will be noted and passed on accordingly.

Post-consultation process

NHS England approval

35. Following the public consultation, NHS England will review the feedback received. This will be managed through the five national Programmes of Care, into which each of the service-specific Clinical Reference Groups are grouped. If necessary, Clinical Reference Groups will be asked to provide further advice in the light of consultation feedback to reach a final proposal.
36. Feedback will be grouped into four categories by the Programmes of Care, as follows:
- Feedback which can be incorporated into the draft document immediately to improve its accuracy or clarity
 - Feedback on an issue already considered by the Clinical Reference Group in its development of the draft document which require no further changes
 - Feedback that would result in a more substantial change, requiring careful further consideration by the Clinical Reference Group in its work programme and therefore considered as part of the development of the next iteration of the document
 - Feedback on issues which fall outside the scope of the specification and NHS England's direct commissioning responsibilities
37. Once the Programmes of Care have assessed and incorporated all feedback as required, NHS England's over-arching Clinical Priorities Advisory Group and Directly Commissioned Services Committee will need to approve final service specifications and clinical commissioning policies.
38. Finalised documents will then be published, with six months' notice for providers of NHS specialised services before changes are enacted in contracts.
39. Due to the likely number of responses to the consultation, NHS England will not be able to provide replies to individual submissions.

40. An overarching report of the consultation process, demonstrating how NHS England dealt with feedback received through the consultation, will be published following the release of the final documents, subject to review and approval by the Clinical Priorities Advisory Group.

Future consultations

41. In future, NHS England intends to consult on new and modified service specifications and clinical commissioning policies regularly throughout the year. This is intended to enable a rolling programme of policy development, rather than a single, large tranche of consultation.
42. Further details on future consultations will be released in due course.

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