



**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Health and Well-being and Adult Social Care)**

**Date: 28 March 2014**

**Subject: NHS Specialised Services and consultation on proposed changes to specific service specifications**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**1 Purpose of this report**

- 1.1 The purpose of this report is to provide an opportunity for the Scrutiny Board to explore the process for developing the national Specialised Services Strategy and the potential implications (nationally, regionally and locally) associated with concentrating expertise in a reduced number of centres.
- 1.2 The report also provides the opportunity for the Scrutiny Board to consider and formally respond to consultation around proposed changes to 14 Specialised Service specifications.

**2 Background**

- 2.1 NHS Specialised Services are those services provided in relatively few hospitals, to catchment populations of more than one million people. The number of patients accessing these services is small, and a critical mass of patients is needed in each treatment centre in order to achieve the best outcomes and maintain the clinical competence of NHS staff.
- 2.2 The Health and Social Care Act 2012 set out the following four factors that should be taken into consideration when determining which prescribed specialised services should be directly commissioned by the NHS England:
  - The number of individuals who require the provision of the service or facility;
  - The cost of providing the service or facility;
  - The number of persons able to provide the service or facility; and
  - The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for the provision of the service or facility

- 2.3 During 2011/12 and 2012/13, Ministers commissioned a piece of work to test whether those services that had previously been described as „specialised“ met the four factors. The work was undertaken by the Clinical Advisory Group (CAG), a multi-disciplinary committee that included GP and senior hospital doctor membership. The CAG concluded that virtually all those services previously described as „specialised“ should be commissioned by the NHS England along with some additional services. This included all those highly specialised services currently commissioned on a national basis by the National Specialised Commissioning Team (NSCT).
- 2.4 The CAG drew on advice from policy leads in the Department of Health and from 60 service-specific Clinical Reference Groups (CRGs) when drawing up its recommendations. The 60 CRGs are organised into five Programmes of Care, which are reflected in the NHS CB operating model:
- A. Digestion, renal and hepatobiliary and circulatory system
  - B. Infection, cancer, immunity and haematology
  - C. Secure and specialised mental health
  - D. Traumatic injury, orthopaedics, head and neck and rehabilitation
  - E. Women’s and children’s health, congenital and inherited diseases

### 3 Main issues

- 3.1 Representatives from NHS England and Leeds Teaching Hospitals NHS Trust (LTHT) have been invited to the meeting to contribute to the discussion and assist members in considering the details presented.

#### **Specialised services concentrated in centres of excellence**

- 3.2 Specialised Services tend to be located in specialist hospital Trusts in major towns and cities. Leeds Teaching Hospitals NHS Trust is a significant provider of specialised services, with NHS England commissioning services in excess of £360 million per annum.

- 3.3 In its Planning Guidance – Everyone Counts: Planning For Patients 2014/15 to 2018/19 (Published 20 December 2013), NHS England stated that:

*‘For those who need them, specialised services for less common disorders need to be concentrated in centres of excellence where we know that the highest quality can be delivered. Maximising quality, effectiveness and efficiency means working at volume and connecting actively to research and teaching. Specialised services are currently being delivered out of too many sites, with too much variety in quality and at too high a cost in some places. Through NHS England’s direct commissioning we shall be looking to reduce significantly the number of centres providing NHS specialised services, require standards of care to be applied consistently across England and maximise synergy from research and learning. Our strategy for specialised services is still in the early stages of development, but we can foresee a concentration of expertise in some 15 to 30 centres for most aspects of specialised care. Academic Health Science Networks will play an important role as the focus for many of these.’*

- 3.4 Discussion with NSE England will provide an opportunity for the Scrutiny Board to explore the process for developing the Specialised Services Strategy and the potential implications (nationally, regionally and locally) associated with concentrating

expertise in a reduced number of centres. Discussions will also allow the Scrutiny Board to consider any future involvement and activity in this area.

### **Consultation on specialised services specifications**

- 3.5 On 26 February 2014, NHS England launched a three-month public consultation on changes made to a number of its specialised services specifications. Each service specification defines access to a service and sets out what is expected of providers in terms of the standards required. There are proposed changes to 14 specialised service areas (summarised in Table 1). It should be noted that to minimise the financial impact of reproducing the individual service specifications, these are not appended to this report, but can be accessed from the NHS England website using the following link: <https://www.engage.england.nhs.uk/consultation/8be1c4ce>. Copies of the specifications will be provided to members of the Scrutiny Board.
- 3.6 Consultation will run until 21 Amy 2014.
- 3.7 It should be noted that all 14 service specifications have previously been subject to consultation (in December 2012), however NHS England is now consulting on changes made to those documents. All amendments made are clearly marked on the individual documents and have already been tested with stakeholders who have considered them to be 'substantial' changes, therefore requiring a further period of consultation.
- 3.8 In order to support those who wish to contribute their views to the consultation, NHS England has prepared a guidance document that sets out NHS England's processes for developing specialised services specifications, and the scope of the current consultation i.e. what is being consulted on. This guidance document is appended to this report.
- 3.9 In order to assist eh Scrutiny Board consider the proposed changes to the specifications, representatives from NHS England and LTHT have been invited to attend the Scrutiny Board to provide an outline of:
- A brief explanation of the current service and any technical terms.
  - Where services are currently offered to patients from Yorkshire and the Humber.
  - The national distribution of treatment centres and how many patients per year.
  - Any implications of the proposed changes for Leeds / Yorkshire and the Humber.
  - Any actions (if any) that may be needed.
- 3.10 In considering any formal response to the consultation, members of the Scrutiny Board may wish to consider the following consultation questions posed by NHS England:
- (a) In your view, what would be the effect of the proposed changes on the service?
  - (b) What further changes, if any, do you think need to be made to this document?
  - (c) Are there any other considerations not reflected in the document that you wish to draw to our attention?

**TABLE 1: Summary of 14 specifications/ service areas**

<b>Kidney</b>	<b>Cardiac</b>	<b>Disability / re-ablement</b>	<b>Paediatric</b>	<b>Neonatal</b>	<b>Oncology</b>
<ul style="list-style-type: none"><li>• A06-aki.pdf</li><li>• A06-assess-prep-renal-repl.pdf</li><li>• A06-home-haemodialysis.pdf</li><li>• A06-in-centre-haemodialysis.pdf</li><li>• A06-peritoneal-dialysis(1).pdf</li></ul>	<ul style="list-style-type: none"><li>• A10-adult-cardiac-surg.pdf</li></ul>	<ul style="list-style-type: none"><li>• D01-disability-equip-prosth.pdf</li></ul>	<ul style="list-style-type: none"><li>• E07-paediatric-crit-care-lv2.pdf</li><li>• E07-paediatric-crit-care-lv3.pdf</li><li>• E07-paediatric-crit-care-trans.pdf</li><li>• E07-paediatric-long-term-vent.pdf</li></ul>	<ul style="list-style-type: none"><li>• E08-neonatal-care.pdf</li><li>• E08-neonatal-critical-trans.pdf</li></ul>	<ul style="list-style-type: none"><li>• E10-gestational-trophoblastic.pdf</li></ul>

## **4 Recommendations**

- 4.1 Members of the Scrutiny Board are asked to consider the information presented and:
  - 4.1.1 Agree any specific comments to be included in a formal consultation response to the proposals under consideration.
  - 4.1.2 Identify any specific matters that require further and/or more detailed scrutiny.

## **5 Background papers<sup>1</sup>**

- 5.1 None used

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.