Specialised Services: provider & commissioner engagement national workshop #1
17th November 2015, The Oval (London)

Event write up for delegates
December 2015
Contents

1. Purpose and format of event
2. Session #1: developing our future direction
3. Session #2: deep dive on collaborative commissioning
4. Session #3: key asks of delegates and future format
5. Annexes
Purpose and format of event

This event was the first of three proposed events to bring providers of specialised health services together with national and regional directors responsible for NHS England specialised service commissioning.

These events are being jointly organised by NHS England and NHS Providers with the aim of providing a ‘safe environment’ for both providers and commissioners to collaborate on national-level strategic issues, ensuring the future direction of specialised service commissioning and provision is both right for patients and enhances value.

The purpose of this first event was to a) focus on the challenges facing and priorities for specialised services, b) set out NHS England progress specifically on the ‘collaborative commissioning’ agenda and explore opportunities for the new collaborative commissioning hubs to collaborate with providers.

A full delegate list is provided in annex A.

61 representatives from specialised service providers were selected by NHS Providers, following an initial EOI covering all member organisations, to ensure a broad representation of the provider sector. Senior representatives (CEOs, Directors of Finance, Directors of strategy, Medical directors, Operational and contracting directors) attended from both large and small provider organisations, covering acute, non-acute and mental health provision across England.

24 participants from NHS England specialised commissioning national and regional teams, including national members of the Senior Management Team, together with NHS England regional specialised commissioning directors and a number of the Programme of Care board leads attended.

The day was broken down into 3 sessions, each with speaker presentations followed by table discussions or pin-board tasks:

- **Session #1**: Common challenges and future direction of travel (Safron Cordery / Richard Jeavons)
- **Session #2**: Deep-dive session on the collaborative commissioning agenda (Alison Tonge)
- **Session #3**: Establishing how we want future engagement to work and key priorities to focus on
Key challenges and future direction of travel

Key messages from presentations

1) **Current financial challenge:** The number of providers in deficit has increased from 25% in 13/14, to 47% in 2014/15.

2) **Quality & access challenge:** Ensuring a balance for patients between access closer to home and the benefits of concentrating specialised provision. Ensuring adequate capacity in some specialised services and managing growing demand. Ensuring we reduce unwarranted variation in standards across the country.

3) **Perception commissioners and providers simply focus on ‘risk transfer’** - need new collaborative model to tackle pressures, transform care delivery and collectively enhance value.

4) **Collectively we need to focus on the triple aim objectives** - Better health and wellbeing for your local population + Better quality of care for patients + Better value for the taxpayer within the available resources.

5) **And the future direction established by the FYFV leads to future approaches centred on:**
   - moving towards place-based commissioning
   - unlocking new models of care provision
   - empowering patients

6) **Learning from acute care collaboration vanguards** can provide lessons for future – there are 13 vanguards which will link together hospitals and MH services to improve clinical and financial viability.

Safron Cordery (NHS providers Director of Strategy & Policy) and Richard Jeavons (NHS England Director of Commissioning Specialised Services) both gave overview presentations on the current challenges and future opportunities from a provider and commissioner perspective.

Their presentation slides can be found in annexes b&c.
What this means for how we work together?

1. **Whole system approach + longer-term focus?** …through multi-year plans + greater collaboration across commissioners and providers

2. **Supporting locally led mixed commissioning and provision models?** …not one standard model across the country to achieve high quality sustainable services

3. **Evolving the commissioner/provider split?** …does not go, but the boundary may change

4. **Greater rigour on data and analytics transparency?** – e.g. per patient costing, patient pathway data – now becomes more vital than ever to identifying and securing value

5. **Look again at leadership support and development?** …more local empowerment and cross-organisation approaches

6. **New National-local partnership & leadership?** …neither “top down” nor purely “bottom up”: combined leadership model that ensures standards / enables flexibility & innovation

Delegates were presented with the following 6 statements following the presentations

They were then asked, on their tables, to discuss the following questions:

- **Are these the right areas to focus on?**
- **What other areas do we need to work together on?**

A summary of the key themes and issues raised during those table discussions are provided in the following 2 slides
1. System has to change to incentivise greater collaboration at national and local levels

There needs to be a ‘commonality of purpose’ between providers, CCGs and NHS England – people will be able to move beyond ‘organisational self-interest’ if they are convinced it will deliver the right service models. Providers are clear that current financial responsibilities create barriers to collaboration – the vanguard sites need to create radical solutions that enable genuine sharing / pooling of risk across pathways and organisations.

“…different agendas, still too many targets, financial pressures all get in the way of transformational change”

“get the right footprint first and then design services within it”

2. Clarity of geography when establishing ‘place based’ approaches

NHS England commissioners in the room were clear that different specialised services require different ‘economies of scale’ (population footprints) for provision to be both financially viable and ensure quality. But providers in the room wanted much greater clarity on what counts as ‘place’ (e.g. CCG, multiple CCGs, co-commissioning with NHSE).

“establish an environment where providers are required to collaborate”

3. Need for an ‘honest and open conversation’ with the public

Provider representatives flagged that they want to see national / public engagement (led by NHS England) on the future scope of NHS services. Both a clarity on priorities and transparency of resources are required to better manage patient expectations (e.g. accessing new and expensive therapies is not affordable for patients). Questions were raised around the role of commissioners and do they know what is really important to patients and how the role of commissioning can support patients better (e.g. working with providers to invest in patient self-management).

“Need to change the conversation with patients to being about value and stopping some care that does not add value and not just keep doing”

4. Ensuring new models can demonstrate financial sustainability

While there was general consensus that a more integrated approach to commissioning and provision could ‘add value’ providers were less clear on how new models of care would address current and future issues with financial sustainability.

“Serious conversations about the models and the money (not just pay less)”

5. Capability and capacity of CCGs to commission specialised services

Points raised around CCGs already having significant agendas already and not having the capacity to do specialised commissioning. There is also significant variation between CCGs performance on both quality assurance and ensuring access to services. Activity plans need to be more aligned between commissioners and providers, so that we are starting from a place where appropriate levels of care can be commissioned.

6. Utilise potential of Provider networks

Strong support for bringing back provider networks and nurturing inter-provider relationships (and important to note that these will be different for each health economy). But questions raised around how to create wins for smaller providers if services are concentrated or led by larger specialist providers – without something in it for their engagement, co-operation will be a challenge.
7. Clinical leadership and responsibility

New models of clinical care requires ongoing engagement with clinicians who are fully informed/aware of NHSE strategy and priorities and supported in their implementation. There is a need for a clear feedback loop that enables clinicians to review the outcomes of clinical decision-making in their organisations and beyond.

“Ensuring clinical leadership established in developing / implementing new arrangements”

9. Give permission for people to try things

Questions around how to engage more widely in local health economy (e.g. with social care providers) and importance of creating safe space / time for people to collaborate – this requires specific investment in change management capacity (e.g. additional time on top of the day-to-day workings)

“Providers / commissioners / local authorities all-round the table genuinely wanting to solve issues”

8. Importance of system leadership

Providers and commissioners were clear that a dedicated ‘system leader’ is needed to push through changes at local level as currently CCGs have many different priorities and trusts have financial challenges. In some areas, this might be a provider but more often this will need to be NHSE when it comes to specialised services.

“Need to lead from the front – you cannot expect solutions to come from just those elements of local systems who are prepared to talk to each other”

10. Challenge of co-morbidities

Significant challenges of co-morbidities and the new models of Accountable Care Organisations (ACOs) – might develop a great system of cancer care but no good if co-morbidities are managed badly

Further reading:

During the presentations and table discussions a number of discussion documents were referenced by delegates. Links to 3 of these can be found below:


Key messages from presentation

1) Two-pronged approach to service reform: ‘Transformed commissioning’ (removing barriers to place based accountability for whole systems and pathways) and ‘transformed delivery’ (enable new delivery model for specialised with lead providers and peer partners)

2) We need to develop new ‘network capabilities’ and operating environment: e.g. Consolidations, quality and outcome measures, system incentives

3) Three main reform areas north region strategy focused on - reduce duplicated specialist centres, create accountable networks, accredit the pathway models

4) North developing a new approach for commissioning / networking around ‘care bundles’ – inter-dependent services grouped into 8 bundles, that provide a focus for future contracting / discussions on provider landscape

5) Co-production needs collaboration from all parties: e.g. Clinicians leading the design, providers working together to implement the new model,

6) Four levels of collaboration to consider (see next slide)
Collaborative commissioning discussion (i/ii)

Four levels of collaboration

Level 1: National or Regional
- Services commissioned centrally for whole of country

Level 2: Sub Regional
- Services commissioned by NHS England in collaboration with CCGs

Level 3: Health Economy
- Services commissioned by CCGs in collaboration with LAs/CAs and other CCGs

Level 4: CCG or Groups of CCGs
- Services commissioned by CCGs for their population, or in collaboration with other CCGs

Delegates were presented with these four levels of collaboration. They were then asked, on their tables, to discuss the following questions:

- What are the biggest opportunities for specialised services provided by the new collaborative arrangements?
- What are the main barriers to service transformation?
- How should NHS England and local commissioners CCGs be engaging with providers on this agenda?

A summary of the key themes and issues raised during those table discussions are provided on the following slide.
What are the biggest opportunities for specialised services provided by the new collaborative arrangements?

- Going back to the correct footprint
- Provides a useful planning framework and enables a conversation about how to plan services at a the local level / across whole pathway
- Provides a potential route to tackle demand-side for specialised services
- There is a clear case in many specialised services that good and effective provision of local services supports the provision of high quality specialised services.

*Collaborative provision complemented by collaborative commissioning*

What are the main barriers to service transformation?

- Lack of transformation funding to double-run services while pathway changes happen
- Lack of people within providers to manage transition / service re-design
- Complex specialities may not fit neatly into simple geographical boundaries
- Competitive tendering does not support collaborative relationships
- Pace of change – a lot of change will take time
- Poor data and evidence
- Regulators still focus on individual organisations
- Distrust between some commissioners
- Lack of capabilities and capacity within some organisations.

How should NHS England and local commissioners CCGs be engaging with providers on this agenda?

- Structures are not presently there – providers can’t sit down with all the relevant commissioners at the same time. Needs to be united and concerted effort led by national and local commissioners.
- Needs clarity and timeline – what is going to happen and when

“Let’s do the planning now – align ambition with detail”

“Examples from the past where case for change is compelling but still not happened”
Purpose & format

Session #1

Session #2

Session #3

Annexes

Key asks and future engagement format

Wayne Bartlett-Syree (NHS England national head of planning and delivery for specialised commissioning) presented some initial principles to guide future engagement, before delegates were asked to submit their ideas for / questions they want answering at future engagement events.

Wayne’s presentation slides can be found in annex e

Delegates were asked to write down their key asks / issues on post-it notes and pin them up on one of four themed ‘sticky walls’:

1. Place-based commissioning
2. Unlocking new models of care
3. Empowering patients
4. Future format for engagement event

The following two slides list the key questions delegates posted on the first three walls, as well as suggestions posted on wall four.

Some principles:

1. It’s good to talk…
2. …and we do need to work at it

National level engagement & collaboration between commissioners & providers on future direction of travel

When there are inherent tensions between commissioners & providers, we need to prioritise good engagement & dialogue

We want to develop a good dialogue on national level strategic issues
**Key asks from delegates**

1) **Place-based commissioning**
   - Provide a clear methodology within which place based commissioning can thrive
   - How do we ensure clinical leadership in place based commissioning?
   - Understanding rapidly the levels of collaboration for each region downwards
   - Need for regional engagement events
   - Can we plan the timelines and understand the next steps
   - Clarity about risk sharing between commissioners
   - How are LAs and esp. social care engaged in this process?
   - Specific work programmes so providers can respond
   - What is place based commissioning v appropriate commissioning?
   - What is a good example of this?
   - Sorting out the rule of collaboration vs completion
   - Define a “place”
   - What is the NHS England plan?
   - How to address the issues about poor transport networks / links?
   - How do we know if we’ve added value?
   - What are CCG plans for place based?
   - How do we know this will address financial sustainability?

2) **Unlocking new models of care**
   - How do we shift the dynamic away from hospital based metrics to focus on community?
   - Access to start up / seed funding for transformation
   - How does specialised commissioning fit in / exploit vanguard model?
   - What are the benefits of chains + networks, and how to release them?
   - New model vanguard for collaboration on specialised
   - Framework for sharing developments & outcomes
   - Accountability and work on new contracts
   - How is tariff going to change to incentivise? (e.g. no incentive for remote consultations)
   - Develop capability and capacity of the people
   - Sharing learning from vanguards
   - How are best practice models in specialised services going to be shared?
   - Not writing specifications that simply add inputs to the status quo
   - How is information going to be made more widely accessible to enable planning?
   - Are timelines realistic to effectively design new care models which add value?
   - How do we verify quality & outcomes evidence with new models of care?
   - Links to new models of care team

3) **Empowering patients**
   - Identifying patient aims and objectives
   - Ensuring patient engagement / input is considered as part of future arrangements
   - How to make patient voice representative? (not same individual or groups all the time)
   - Have patient representation in future events
   - Ensure have diverse PPV to avoid single voice reps
   - How do you commission / provide patient self-management / prevention?
   - How to focus on patient’s personal responsibilities to health & wellbeing?
   - How are patients’ expectations to be managed? (e.g. accessing new and expensive therapies is not affordable for all patients)
   - How to consult on service changes? (requires early engagement of other service commissioners)
   - Invite patients and patient representatives to our events
   - Find out what is important to patients. How can commissioning support them better?
4) Delegate suggestions on future format for engagement events

- Look at mixing priorities and commissioners from **different geographical patches** and discuss specific pathways
- Travel around the country please
- **Vanguard examples** of collaborative commissioning
- **Actions circulated** based on the feedback received, so attendees can see what is done with their suggestions
- Need **monitor** to be in the room
- Need honest discussion around using **contract levers** + under which terms would fines be suspended?
- Consistency and **fit with regional events and engagement**
- Future events should have more preparation beforehand – i.e. **more info beforehand** so sessions can be more focussed with proper debate and discussion on important issues
- **Workshops about all POC transformation plans** at regional and national level
- **ACC + new models of care learning**
- If these events are to get a sense of consensus, pick some solutions / options and draw a **smaller group of attendees** to really think them through into workable concepts
- **Involve CCGs** and indeed Local Authorities for whole pathway discussions
- Case study – warts and all – of a **successful provider led / managed network**
- More case studies of **how good relationships locally have worked** in detail
- Transformation **deep dives into the service bundles**
- Could **providers or CCGs present a topic** or lead topic discussion?
- **Learning networks** on cardiac devices / Vasc / cancer transformation / spinal
- **Worked examples of Alison’s model** across a clinical service (i.e. what would it look like?)
Annexes

- Annex A: Delegate list
- Annex B: Safron’s slides
- Annex C: Richard’s slides
- Annex D: Alison’s slides
- Annex E: Wayne’s slides
- Annex F: Analysis of event feedback forms
### Annex A: Delegate list (i/v)

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<thead>
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<td>Alison Tonge</td>
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<tr>
<td>Amanda Pritchard</td>
<td>Guys and St. Thomas's</td>
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<tr>
<td>Andy Leary</td>
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<td>Andy Styring</td>
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<tr>
<td>Angela Dolan</td>
<td>West London Mental Health Trust</td>
<td>Deputy Director of High Secure Services</td>
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<td>Angela Dragone</td>
<td>The Newcastle upon Tyne Hospitals NHS Foundation Trust</td>
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<td>Ann Jarvis</td>
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<td>Anthony Prudhoe</td>
<td>NHS England</td>
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<tr>
<td>Ben Monks</td>
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<td>Calum Meiklejohn</td>
<td>Avon &amp; Wiltshire Mental Health Partnership NHS Trust</td>
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<td>Carl Beet</td>
<td>Birmingham and Solihull Mental Health NHS Foundation Trust</td>
<td>Deputy Director ICT &amp; Organisational Planning</td>
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<tr>
<td>Caroline Mabbott</td>
<td>Sheffield Teaching Hospitals NHS Trust</td>
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<td>Catherine Kinane</td>
<td>Kent &amp; medway NHS and Social Care Prtshp Trust</td>
<td>Medical Director</td>
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<td>Cathy Edwards</td>
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<td>Operational Delivery Director - spec com (national)</td>
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<td>Ceri Owen-Bradley</td>
<td>The Royal Marsden NHS FT</td>
<td>Associate Director Contracts</td>
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<td>Claire Foreman</td>
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## Annex A: Delegate list (ii/v)

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<td>Craig Cook</td>
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<td>David Williams</td>
<td>Buckinghamshire Healthcare NHS Trust</td>
<td>Director of Strategy and Business Development</td>
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<tr>
<td>Denise Cook</td>
<td>South Essex Partnership Trust</td>
<td>Director of Secure Services</td>
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<tr>
<td>Dr Berry</td>
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<td>Dr Ian Abbs</td>
<td>Guys and St. Thomas's</td>
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<td>Dr Robert Bates</td>
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### Annex A: Delegate list (iii/v)

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<td>James Palmer</td>
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# Annex A: Delegate list (iv/v)

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<td>Richard Jeavons</td>
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<td>Richard Jenkins</td>
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<tr>
<td>Roger Spencer</td>
<td>The Christie</td>
<td>CEO</td>
</tr>
<tr>
<td>Saffron Cordery</td>
<td>NHS Providers</td>
<td>Director of Policy and Strategy</td>
</tr>
<tr>
<td>Sara Geater</td>
<td>NHS England</td>
<td>Senior Engagement Manager - spec com (national)</td>
</tr>
<tr>
<td>Sarah Brampton</td>
<td>Devon Partnership Trust</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Sewa Singh</td>
<td>Doncaster &amp; Bassetlaw Hospitals NHS Foundation Trust</td>
<td>Vascular Surgeon &amp; Medical Director</td>
</tr>
<tr>
<td>Stephen Hepworth</td>
<td>Ashford and ST Peter's NHS FT</td>
<td>Acting Commercial Director</td>
</tr>
</tbody>
</table>
## Annex A: Delegate list (v/v)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Bolam</td>
<td>St George’s</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Steve Sylvester</td>
<td>NHS England</td>
<td>Mental Health POC lead - Medical Directorate (National)</td>
</tr>
<tr>
<td>Steven Davies</td>
<td>Moorfields Eye Hospital NHS Foundation Trust</td>
<td>NHS Finance Director</td>
</tr>
<tr>
<td>Susan Rollason</td>
<td>University Hospitals Coventry &amp; Warwickshire NHS Trust</td>
<td>Deputy Chief Finance Officer.</td>
</tr>
<tr>
<td>Tom Mullen</td>
<td>Leeds and York Partnership NHS Foundation Trust</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>Tom Thornber</td>
<td>North Staffordshire Combined Healthcare NHS Trust</td>
<td>Director of Strategy and Development</td>
</tr>
<tr>
<td>Tracey Clarke</td>
<td>Rotherham Doncaster and South Humber NHS FT</td>
<td>Service Director Mental Health Services &amp; Service Director Children’s and Community Services</td>
</tr>
<tr>
<td>Victoria Barie</td>
<td>NHS England</td>
<td>Head of Contracting - Spec com (national)</td>
</tr>
<tr>
<td>Wayne Bartlett-Syree</td>
<td>NHS England</td>
<td>Head of planning &amp; delivery</td>
</tr>
<tr>
<td>Will Huxter</td>
<td>NHS England</td>
<td>London region spec com director</td>
</tr>
</tbody>
</table>
Annex B: Safron’s presentation slides (i/ii)

Session #1 – 10:45

Addressing challenges and opportunities

Saffron Cordery (NHS providers Director of Strategy & Policy)

Considerations for quality and access

- Supporting some of our most vulnerable patient groups including those with complex or rare conditions
- Ensuring local, community based services complement specialised provision which may be provided in a different location (highlighting importance of co-commissioning)
- Ensuring a balance for patients between access closer to home and the benefits of concentrating specialised provision
- Ensuring adequate capacity in some specialised services and managing growing demand (e.g. CAMHS beds?)
- Ensuring we reduce unwarranted variation in standards across the country
- Implications for provider workforce, skills mix, recruitment and retention (including the impact specialised care may have on their overall business model)
- Opportunity of new technologies, drugs and devices.

The provision of specialised services

Acute and specialist provision
- 10 Tier 1 providers: 50% of specialised spend with contact values > £190m
- 37 Tier 2: 30%
- 63 Tier 3: 16%
- 98 Tier 4: 4%

Mental health specialist provision
- 10 Tier 1 providers: 50% of specialised spend with contract values > £60m
- 19 Tier 2: 30%
- 21 Tier 3: 15%
- 33 Tier 4: 5%

The current financial challenge: Specialised services a key part of a wider context

Number of providers in deficit

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>FT</td>
<td>Trust</td>
<td>FT</td>
<td>Trust</td>
<td>FT</td>
<td>Trust</td>
<td>FT</td>
<td>Trust</td>
<td>FT</td>
<td>Trust</td>
<td>FT</td>
</tr>
<tr>
<td>48</td>
<td>38</td>
<td>39</td>
<td>40</td>
<td>86</td>
<td>81</td>
<td>78</td>
<td>77</td>
<td>118</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of providers in deficit has increased from 25% in 13/14, to 47% in 2014/15. At the end of quarter 1, there were just under 80% of providers in deficit, with around 66% forecasting an end of year deficit position.
Annex B: Safron’s presentation slides (ii/ii)

Deficits spreading across the provider sector

<table>
<thead>
<tr>
<th>Trust type</th>
<th>Number of providers</th>
<th>Number of providers in deficit</th>
<th>Net position</th>
<th>Proportion of providers in deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>138</td>
<td>132</td>
<td>-£912m</td>
<td>10%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>10</td>
<td>8</td>
<td>-£74m</td>
<td>80%</td>
</tr>
<tr>
<td>Community</td>
<td>19</td>
<td>9</td>
<td>-£120</td>
<td>47%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>57</td>
<td>33</td>
<td>2.1m</td>
<td>54%</td>
</tr>
<tr>
<td>Specialist</td>
<td>17</td>
<td>10</td>
<td>-£11m</td>
<td>59%</td>
</tr>
<tr>
<td>All</td>
<td>241</td>
<td>190</td>
<td>-£930m</td>
<td>79%</td>
</tr>
</tbody>
</table>

- The net deficit for the sector at Q1 was £930m in deficit, compared to £822m at the end of 2014/15 and £467m at the same point last year.
- The mental health sector was the only sector reporting a surplus at the end of Q1, but is still struggling with underinvestment in both their services, as well as data and information infrastructure.

Declining profit margins in the FT sector

- The average EBITDA margin for FTs in Q1 was 0.9% (compared to 3.4% last year).
- Acute providers are particularly affected, reporting a -0.3% EBITDA margin.

Themes in member feedback to date

1. Funding pressures are challenging all providers, as well as their partners, and commissioners.
2. More clarity about the future direction of specialised services within the context of the SFEV would be helpful to plan on longer term basis.
3. Efficiency and effectiveness of specialised services depend on good local commissioning e.g., CAMHS tend to be commissioned by CCGs and tier 4 by NHS England.
4. There is a need to build a shared evidence base around the challenges undermining specialised services – demand increasing, costs rising, and/or lack of budget planning?
5. Clearly case for centralisation of some services e.g., stroke services – but need to understand how this will be driven and crucially, what the impact will be on smaller providers’ sustainability where they are able to carry out services safely and effectively.
6. Extensive clinical engagement through CCGs very welcome but sometimes lack of alignment about what is commissioned, what can be provided, and how CCGs are supported nationally.

Opportunities: from our perspective

1. Opportunity to shape a delivery plan for specialised commissioning in support of the direction of travel set out in the Five Year Forward View
2. Learning from acute care collaboration vanguards will provide lessons for future – there are 13 vanguards which will link together hospitals and NH services to improve clinical and financial viability. Some relevant vanguards include:
   - Moorfields (Ophthalmology speciality franchise): vanguard looking at identifying best approach to establishing and sustaining a chain of services.
   - The Neuro Network (The Walton Centre, Liverpool) (Neurology and spinal multi-speciality franchise): vanguard looking at enabling patients to have rapid access, locally, to high quality care from a regional specialist centre.
   - Cancer vanguard: Accountable clinical network for cancer looking at improving integration across the entire cancer patient pathway; population budgets also being explored for cancer care.
3. Devolution in several localities, including devolution of specialised service budgets – will have implications for new local models of care.
4. New contracting approaches being considered (will hear more today).
5. Building on strong existing regional relationships and collaboration between NHS England and providers to improve local and national engagement.
6. Offer to co-own and shape agenda with NHS England – beginning with today’s event!
Annex C: Richard’s presentation slides (i/iii)

Session #1

Developing the future direction for specialised services

Richard Jeavons (NHS England Director of Commissioning Specialised Services)

Current context (iii)

<table>
<thead>
<tr>
<th>FYFV</th>
<th>£ challenge</th>
<th>Quality challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Getting serious about prevention</td>
<td>• Deficits</td>
<td>• Service standards &amp; universal access</td>
</tr>
<tr>
<td>• New transformational models of care</td>
<td>• Differential spending growth pressures across portfolio</td>
<td>• Changing population demand</td>
</tr>
<tr>
<td>• Financial sustainability</td>
<td>• CSR2015 settlement will dictate next steps</td>
<td>• Keeping pace with new innovations &amp; technologies</td>
</tr>
</tbody>
</table>

What are we, as system leaders, focused on?

1. Current context
   - FYFV implementation
   - Financial challenge
   - Demand pressures

2. The ‘future direction’
   - Place based approach
   - New models of care
   - Empowering patients

The ‘current context’ - programmes (ii/ii)

Business plan priorities

- Prioritisation framework – Consulted on new framework, consolidated clinical advice and are finalising new clinical policies
- Rolling service reviews – Established service reviews on mental health, drugs and devices, and implementing cancer and CVD reviews
- Collaborative commissioning – established ten hubs, plans for CCG-level budgets and in Devolution in Manchester
- Enhanced data & benchmarking – Commissioning for value packs and business intelligence to support national and (sub) regional commissioning decisions

NOT mutually exclusive: Our common focus is ensuring affordable sustainable high quality services
Annex C: Richard’s presentation slides (ii/iii)

**Purpose & Format**

**Session #1**

**Session #2**

**Session #3**

**Annexes**

---

**Financial pressures**

- Increasing demand & activity
- New technologies & drugs
- Variation in costs (Carter review)

Nominal spend on specialised services by the NHS could increase by ~7.1% per annum between 2013/14 and 2019/20, if pressures on specialised services are not addressed.

**Who absorbs risk?**

- Perception we're stuck in a dynamic where commissioners and providers focus on risk transfer
- Unsustainable; need new collaborative model to tackle pressures, transform care delivery and collectively enhance value

2015/16 — currently commissioning side is on track to balance, while providers running deficits (reversal from situation in 2013/14)

---

**Future direction (ii/iii): moving towards place-based commissioning**

- Joining up the NHS £ at the local level
- Bigger CCG leadership role for collaborative commissioning of specialised services
- Commissioning responsibilities for specialised services sit at the right level (regional/sub-regional, but some anomalies need to sit nationally)
- Differential approaches on the ‘four emerging’ (eg. contracting, delegation, exclusion)

---

**Better health and wellbeing for your local population**

- Better quality of care for patients
- Better value for the taxpayer within the available resources

---

**...and this impacts on the whole system**

- NHS England £ spent on specialised services has to come from other parts of NHS system

<table>
<thead>
<tr>
<th></th>
<th>2013/14 share</th>
<th>2014/15 share</th>
<th>2015/16 share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>of allocation</td>
<td>of allocation</td>
<td>of allocation</td>
</tr>
<tr>
<td>CCs</td>
<td>69.3%</td>
<td>69.3%</td>
<td>68.8%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>12.7%</td>
<td>12.8%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Public Health</td>
<td>3.6%</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Specialised</td>
<td>13.8%</td>
<td>14.0%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Other Direct Commissioning</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>NHS England Internal Budgets</td>
<td>1.5%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Transformation</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Opportunity cost of missing out on enhancing value of whole system for patients & taxpayer?? (eg. investment in prevention vs investment in treatment)
Annex C: Richard’s presentation slides (iii/iii)

Future direction (iii/iii): unlocking new care models

For example:

<table>
<thead>
<tr>
<th>Bigger &quot;whole population&quot; commissioning &amp; provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary MCP contract</td>
</tr>
<tr>
<td>Provision of general practice at scale</td>
</tr>
<tr>
<td>+ wider primary &amp; community team</td>
</tr>
<tr>
<td>+ community-based specialists</td>
</tr>
<tr>
<td>+ provision of hospital services</td>
</tr>
</tbody>
</table>

Specific whole pathway commissioning and provision

- Formation of chains, networks and franchises to commission services that cross whole pathway (e.g. secondary and tertiary cancer services)

- We have current vanguard providers in the room – what are the challenges/opportunities you are currently identifying?
- Do non-vanguard providers of specialised services feel supported to unlock new care models locally (e.g. shift to lead provider models)?

Future direction (iii/iii): Empowering patients

- Putting patients at the heart of specialised service design & delivery:
  - Greater patient empowerment: patients are empowered to choose healthcare providers and receive care in the setting of their choice
  - Greater choice for patients to navigate their own healthcare journey

- Personalisation of service by and for the service user:
  - Greater transparency: patients are empowered to choose healthcare providers and receive care in the setting of their choice
  - Greater choice for patients to navigate their own healthcare journey

What this means for how we work together?

1. Whole system approach + longer-term focus... through multi-year plans + greater collaboration across commissioners and providers
2. Supporting locally led mixed commissioning and provision models... not one standard model across the country to achieve high quality sustainable services
3. Evolving the commissioner/provider split... does not go, but the boundary may change
4. Greater rigour on data and analytics transparency? - e.g. per patient costing, patient pathway data – now becomes more vital than ever to identifying and securing value
5. Look again at leadership support and development?… more local empowerment and cross-organisation approaches
6. New National-local partnership & leadership?… neither "top down" nor purely "bottom up"; combined leadership model that ensures standards enables flexibility & innovation

Questions - 5mins

Table discussions - 30mins
Collaborative commissioning of specialised services

Chair: Alison Tonge (NHS England Regional Director for Specialised Commissioning North)

Purpose & format
Session #1
Session #2
Session #3
Annexes

Six principles to guide collaborative commissioning

1. To improve pathway integrity for patients — help ensure that specialised care is not commissioned independently from the rest
2. To enable better allocation or investment decisions — Giving CCGs and their partners ability to invest in upstream or more effective services
3. To move towards population accountability — To lay the groundwork for “place based” or population budgets and clearer accountability
4. To improve financial incentives over the longer term — Avoiding specialised care where appropriate and reducing unwarranted variation
5. To ensure providers can effectively be held to account — Ensuring clearer links between service commissioners, referrers and providers
6. To focus NHS England on services that are truly specialised — Helping improve focus and quality of specialised commissioning

The triple aim

Better health and wellbeing for your local population

Better quality of care for patients

Better value for the taxpayer within the available resources

i.e. implementing the Forward View

The Northern approach...
Annex D: Alison's presentation slides (ii/v)
Annex D: Alison’s presentation slides (iii/v)

Three main reform areas to drive service change

Three reform areas...
- Specialist Centres – reduce duplicated services to ensure high quality sustainable specialist teams
- Create accountable networks – network the pre and post specialist care teams within a single accountable structure to the specialist centre
- Pathways – accredit the pathways, models, quality measurement and audit with clinical governance that leads to best care and best value treatment

Three functions...
- Workforce better managed across tiers of care
- Clinical infrastructure shared across networks
- Patients receive right care

Example: Mental Health Care Bundle

Care bundles as Strategic Delivery Networks and Commissioning Approach

- Cardio-Respiratory Care Bundle
- Maternity & Children Care Bundle
- Mental Health Care Bundle
- Internal Medicine Care Bundle
- Blood & Infection Care Bundle
- Lower GI & Pelvis Care Bundle
- Trauma, Neuro & Imaging Bundle
- Cancer Care Bundle

Co-production and collaboration needs engagement from all parties

Clinicians leading the design

- Enable core business through
  - Funding
  - Quality Measurement
  - Accountability

Providers working together to implement the new model

Commissioning the new model
Annex D: Alison’s presentation slides (iv/v)

Four levels of collaboration

1. National or Regional
   - Services commissioned centrally for whole of country

2. Sub Regional
   - Services commissioned by NHS England in collaboration with CCGs
   - Services commissioned by CCGs in collaboration with LAs/CSAs and other CCGs

3. Health Economy
   - Services commissioned by CCGs for their population, or in collaboration with other CCGs

4. CCG or Groups of CCGs

Example: North scenario (to be tested)

- National services – 1-4 contracts nationally (only 1 contract in North region)
- North East
- Newcastle
- 3 contracts
- North West
- Manchester
- Liverpool
- Yorks/Humber
- Leeds
- Sheffield
- Level 1: 89
- Level 2: 72
- Level 3: 36
- Newcastle South Tees
- Manchester
- Liverpool
- Lancs
- Hull
- Leeds
- Sheffield

Five factors to determine what to commission at which level

Example: Severe Asthma

- Patient Numbers
  - Score: 2.67

- Provision
  - Score: 2.67

- Financial Risk
  - Score: 2.50

- Specification
  - Score: 2.67

- Strategy
  - Score: 2.14

Higher score indicates higher population level

New collaborative infrastructure with local commissioners

- Putting in place new framework i.e. national standards delivered via new collaborative commissioning arrangements and care models
- Developing CCG-based specialised services allocations, as part of wider ambition for place-based budgets
- Sharing benchmarking information on access, cost and clinical outcomes
- Shared governance arrangements with CCGs – including risk sharing, contracting and procurement
- Developing new patient and stakeholder engagement models

Three Tests: NHS Clinical Commissioners

- Capacity and capability
  - Finance
- Expectations on income
Annex D: Alison’s presentation slides (v/v)

Opportunities for service redesign and transformation

- Priorities from the collaborative hubs:
  - CAMHS
  - Morbid Obesity
  - Renal
  - Vascular
  - Cancer surgery
  - Radiotherapy
  - Spinal surgery
  - Complex and neuro rehabilitation
  - Neonatal
  - HIV networks

Questions for further discussion

1. What are the biggest opportunities for specialised services provided by the new collaborative arrangements?
2. What are the main barriers to service transformation?
3. How should NHS England and local commissioners CCGs be engaging with providers on this agenda?

- Q&A (10mins)
- Table discussion (30mins)
- Plenary feedback (15mins)
Annex E: Wayne’s presentation slides

Session #3 – 14:15

Priorities and future engagement

Wayne Bartlett-Syree (NHS England Head of planning and delivery, Specialised Commissioning)

Some principles....

1. It’s good to talk...
2. ...and we do need to work at it

Final feedback and close

Richard Jeavons (NHS England Director of Commissioning Specialised Services)
Annex F: Feedback (i/iii)

Q1. How would you rate the event content?

- Excellent: 4%
- Good: 69%
- Fair: 27%
- Poor: 0%
- No response: 0%

Q2. How would you rate delivery of the content?

- Excellent: 12%
- Good: 69%
- Fair: 19%
- Poor: 0%
- No response: 0%

Q3. Was the program beneficial to you?

- Yes: 85%
- No: 8%
- No response: 8%

Q4. How would you rate the registration process for the event?

- Excellent: 31%
- Good: 65%
- Fair: 4%
- Poor: 0%
- No response: 0%

Q5. How would you rate the venue?

- Excellent: 31%
- Good: 65%
- Fair: 4%
- Poor: 0%
- No response: 0%

Q6. How would you rate the event overall?

- Excellent: 8%
- Good: 65%
- Fair: 23%
- Poor: 0%
- No response: 4%

N=26. Some totals may not sum to 100% due to rounding.
Q.7 What did you like best about this event?

- Opportunity to start conversation
- Networking
- The event involved commissioners and providers
- Optimism
- Open sharing of thinking and genuine approach to engagement …make sure we don’t lose momentum
- That it happened
- Opportunity to hear from other providers and commissioners
- Recognition of needing to work together
- Meeting colleagues and sharing experience
- Thinking about the collaborating better
- Sharing of thinking / options for future
- Representatives on table
- Some understanding of what is happening (but need more information about what the changes are)
- Opportunity to meet key players
- Presentation by Alison Tonge and table discussions
- Understanding other regions – next steps (more required)
- Table discussions / opportunity to network
- Networking with other providers
- General consensus of agreement of priorities in the room
- Working through themes – working together
- Open approach. New ideas
- Discussions / sharing experience.
- Openness to difficult approach
- Opportunity to share views with other provider colleagues
- Meetup, discussion.
- Northern option presentation
- Good to have wide NHSE representatives

Q.8 What did you want less of at this event?

- Some of the known context setting
- Specific ideas a bit lacking
- Generic ideas which need reality checks
- Vagueness
- Focus on process. Not enough on strategy
- Some questions were too abstract – focus on specific tasks / issues
- Process. We need more examples of what has worked
- Theory and questions – more solutions and possible answers
- Not enough detail
- More clarity – re: future and the CSR
- Like to have seen a worked example of alison’s model

N=26
Q.9 How could this event be improved?

• More examples of what is happening in practice
• More specifics
• Do regionally
• Bring local commissioners into discussion about future shape of commissioning / decisions
• More content
• Speciality and national policy balance. Involve broader range of stakeholders
• Focusing on strategy
• CCGs
• More imported examples of collaborative commissioning
• Links into regional events
• More practical solutions
• Should have had CCG and patient engagement
• It would have been useful had the event been after the Spending Review
• Inform: more information and less questions
• Involve patient representatives, CCG representatives.
  Practical examples of new models of working / transformational projects
• Engage CCGs, carers and patients
• Other stakeholders (i.e. CCGs / local commissioning staff)
• More practical examples.
• Right people in the room
• Disseminate to regions / areas?
• More clarity on future direction of travel
• Focussed events on particular pathways to identify real change

N=26