Forward View for Specialised Services: Strategic Framework

May 2016

Director of Specialised Commissioning
Introduction: Specialised services are central to patient care in the NHS

- Specialised services are central to the NHS, supporting people with rare and complex conditions, often at times when they are in greatest need. Specialised services are also a catalyst for innovation, supporting pioneering clinical practice and research in the NHS.

- The 2012 health and care reforms represented a significant change in the way that specialised services were commissioned. For the first time, we had one national commissioner, able to set standards for access and quality across the country. Specialised services now make up ~£15bn a year of spending across 146 different services.

- The change was not easy, but much has been achieved over the last three years. We have established national standards and service specifications, supported by a national clinical architecture, strong patient involvement and a more consistent approach to prioritisation. We have also put in place national contracts with better information and stronger financial control.

- Despite progress, we need to go further. Unwarranted variation in patient outcomes and access to services persists. The split in commissioning responsibility between NHS England and Clinical Commissioning Groups can mean fragmentation in the pathway and misalignment of incentives with underinvestment in prevention. At the same time, there are continuing financial pressures from demographic change, from new drugs and technologies.

- To meet these challenges and in line with the ambitions of the Five Year Forward View, we need to see a transformation in the way specialised services are commissioned and provided. High quality specialised care needs to be embedded in the patient pathway, with more personalisation and a stronger emphasis on prevention, whilst ensuring best value for the public.
Vision: Future specialised services embedded in the delivery of the Five Year Forward View

- The Five Year Forward View set out ambitions for the NHS of a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health. Our ambitions for specialised services are no different, and fully integrated with the triple aims:

  Improving population health

  To ensure specialised services are continuously improving health for all relevant populations, by focusing on the outcomes that matter most to patients, ensuring a stronger focus on prevention and connecting the commissioning of specialised services more strongly to prevention and personalised medicine.

  High quality care system

  To integrate specialised services within the pathway, by unlocking new models of provision and enabling more flexibility in how different models can be adapted to local needs, while at the same time addressing unwarranted variation between areas and meeting national outcomes standards.

  Maximising Value

  To maintain financial sustainability, by in the immediate term maintaining a tight grip on the national spend and maintaining the focus on efficiency programmes, but also by accelerating and supporting transformation to new models of commissioning and provision that can deliver better outcomes for less including stopping treatments and processes no longer of value. Each clinician and patient needs to understand the need to drive value: ensuring we enhance and maintain outcomes and experience whilst mindful of the cost.
**Strategic Framework**: Place-based care, enabled by national level support and strong financial control

- Achieving the ambitions for specialised services will require collaboration at a local level to agree priorities and deliver service change, but will also need national level support and financial control that enables change. The strategic framework sets out eight priorities as a focus for testing and engagement over the next 3-6 months.

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<thead>
<tr>
<th>Delivering place &amp; population based care</th>
<th>Providing national level support</th>
<th>Ensuring financial sustainability and value for money</th>
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<tbody>
<tr>
<td><strong>1. Person focus</strong>: specialised services better connected to total place-based spend and integrated pathways for patients</td>
<td><strong>4. National clinical leadership</strong>: supporting place and population based systems of care to deliver good outcomes, value and realistic ambition for the future</td>
<td><strong>8. Maintaining financial control</strong>: to enable trade-offs locally and nationally, through driving technical efficiency, transformational change and controlling new pressures.</td>
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<td><strong>2. Provider configuration</strong>: national, regional and local provider landscape design to meet local population needs</td>
<td><strong>5. Better information</strong>: on patient outcomes, cost/value and quality enabling and informing change</td>
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<td><strong>3. Collaborative commissioning</strong>: more joined up commissioning across pathways focused on value. Using new and different commissioning/contracting models meeting the needs of the local population; bringing providers and commissioners together in joint endeavour</td>
<td><strong>6. Mainstreaming treatments</strong>: increasing innovation and take up through more systemic use of research and development</td>
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<td><strong>7. Proactive management of pipeline for innovation</strong>: for new drugs and technologies, whilst stopping those of limited value</td>
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Delivering place & population based care

Providing national level support

Ensuring financial sustainability and value for money
# Strategic Framework: Locally-agreed clinical and service priorities

## Person focused
- 44 Sustainability and Transformation Planning (STP) footprints with 10 Collaborative Commissioning Hubs to identify service priorities and the appropriate level of planning
- Use person-based resource allocations to plan collective NHS spending i.e. how to pool core CCG spending and specialised funding
- Ensure strong patient and clinician voice in proposed changes

## Provider configuration
- NHS England and STP footprints to collaborate on future provider landscape to deliver service priorities within collective NHS spending for pathways
- Support for and testing of greater plurality in provision of specialised services, based on local and regional priorities
- Learning from ‘vanguard areas’ - some areas choose to adopt franchise, network or chain models of provision, while others may plan consolidation into single centres

## Commissioning reform
- Change in relationship between NHS commissioners and provider – with joint responsibility and new contracting models e.g. lead provider for whole pathway including specialised element, multi-year contracts
- New payment models to be considered e.g. link money to improvements in the outcomes of whole or targeted populations
- A range of options for commissioning responsibility available i.e. influencing, partnering, delegating and devolving
Strategic Framework: Ensuring national support supports local delivery

**Clinical expertise**
- 6 National Programme of Care Boards and 42 Clinical Reference Groups to focus on improving outcomes
- New focus to establish outcome measures that are viable within resource envelopes, supported by existing and improved outcome dashboards and data
- Begin with cancer and mental health services, linked to national programmes plus local priorities

**Better information**
- Systemic approach on data collection to enable tracking of population outcomes, and greater transparency on the value of services
- New programme to develop high quality business intelligence functions, enabling future contract and payment models to be linked to quantifiable changes in population outcomes

**Mainstreaming**
- Research and development to focus more on rapidly evolving existing specialised drugs or devices into affordable mainstream routine treatments
- Greater demands on the registries we directly fund to release and make better use of data they collect
- Enhance links to research to better enable future improvements in care and delivery

**Innovation pipeline**
- Explore with NICE and Department of Health how to support innovation and improved value
- Trialling ‘alternative reimbursement models’ for drugs and devices that better share risk between providers and/or industry
## Strategic Framework: Financial control signals clear direction for implementing service transformation

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<thead>
<tr>
<th>New treatments</th>
<th>Control of 2016/17 spending</th>
<th>2017/18 contracting round</th>
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<tr>
<td>• Clearer process for prioritisation of new treatments that enables greater ‘flow’ of treatments through specialised pipeline and opportunities for new treatments delivering value for money</td>
<td>• Ensuring 2016/7 specialised spend does not exceed £15.66bn through managing new treatments and contract round negotiations</td>
<td>• Efficiency saving for specialised services i.e. living within the reduced uplift</td>
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<td>• Application of ‘managed access’ principles, for example, as adopted by the new CDF, to other programmes to ensure investment is available for trialling new treatments</td>
<td>• Tight contracting management between NHS England commissioners and providers – holding providers to agreements on agreed activity and spend</td>
<td>• New commissioning, contracting and payment model options for specialised portfolio</td>
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<td>• National outcome standards enabling rapid transition to new locally designed sustainable models</td>
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Next Steps: Inviting local STP footprints to collaborate with NHS England on Specialised planning

• NHS England regional and area teams will be working with and across STP footprints to support their June submissions, setting out clear expectations for five year specialised service planning. NHS England will support work to identify which services are most appropriately planned at a national, regional and sub-regional level.

• As part of our ‘Commissioning Intentions’ publication at the end of September we intend to set out the collective approach and ‘spectrum’ of models that STP partners and NHS England will be using over the next five years to move to place and population based commissioning and provision.

Expectations for STP submissions on Specialised Service planning

• **Agree service priorities** – priorities for local populations over the next five years agreed between NHS England and STP footprints

• **Level of planning** – appropriate level of planning identified for services, including implications for other STPs where services cover a larger population footprint

• **Provider configuration** – set out provider model and configuration required to deliver shared STP and NHS England priorities sustainably

• **New contracting models or payment models** – identify potential commissioning arrangements that STP partners may want to develop and deploy locally

• **Governance model** – agree future arrangements for enhancing collaboration and potentially pooling budgets, including extent of proposed delegation and devolution
## Next Steps: Local collaboration supported by a programme of national support

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<th>Q1 16/17</th>
<th>Q2 16/17</th>
<th>Q3 16/17</th>
<th>Q4 16/17</th>
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<tr>
<td><strong>Local Collaboration</strong></td>
<td><strong>National Support</strong></td>
<td><strong>Financial Sustainability</strong></td>
<td><strong>Key events</strong></td>
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<td>• STP footprints and NHS England identify priorities for service change, and design stress-test provider configurations</td>
<td>• Refresh Clinical Reference Groups, including roles and responsibilities</td>
<td>• Building business intelligence systems to support place-based care, including financial reporting at CCG level for specialised services</td>
<td>Jun 16: STP plans submitted</td>
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<td>• STP and hub plans signed off, inclusive of proposed provider configurations and new contracting models</td>
<td>• Collaborative Commissioning programme to develop legal and governance framework, and options for pooling budgets</td>
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<td>• Scoping programme to improve data and outcome information, to support locally-based commissioning and provide benchmarking information</td>
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<td>• Options for stream-lining pathway for new treatments, including building on Cancer Drugs Fund and accelerated access review</td>
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