

Parliamentary briefing

Westminster Hall debate: National commissioning of NHS specialised services

Thursday 15th January 2015

Key points

- This briefing aims to inform MPs on the positive role that CCGs can play in collaboratively commissioning specialised services but also to highlight that any transfer of specialised services must be done in a planned, safe and managed way to ensure the safety of patients and the sustainability of CCGs.
- NHSCC represents the views of over 85% of all CCGs, and on behalf of our membership we have recently submitted a [response](#) to the Department of Health consultation on the transfer of two specific specialised services – renal dialysis and morbid obesity services.
- NHSCC has long been calling for the joining up commissioning pathways for specialised services to ensure patients get the best possible care is crucial and CCGs are ideally placed, as system leaders, to support the integration of services and necessary improvements in pathways – (see our [Manifesto for Change from May 2014](#))
- We believe that CCGs must be involved in national decision-making on the relative priority of spend in relation to specialised services as well as spend on acute, primary care and community services.
- We know that NHS England currently commissions 147 specialised services. They plan to develop collaborative commissioning arrangements that involve CCGs for a large range of services that are considered to be less specialised and available throughout the country. This work will start in April 2015 and develop alongside more placed based commissioning arrangements based on population needs from April 2016. Under these arrangements NHS England are proposing to retain their overall commissioning responsibilities and financial responsibilities. NHS England also plan to retain the commissioning responsibilities for highly specialised services for rare diseases.
- The NHS England plans for specialised commissioning also involve the potential transfer or devolvement of commissioning responsibilities for some services currently classified as specialised services to CCGs. Four of those services NHS England are proposing to hand over in April 2015 – wheelchair commissioning, neurology outpatient services, renal dialysis and morbid obesity.
- NHSCC is clear that the transfer of any commissioning responsibilities for specialised services to CCGs must be for the purpose of improving pathways of care for patients. We are also clear that CCGs must be

given resources to support any extra responsibilities to ensure scarce but expert specialised commissioning staff can be shifted at the same time to support any new responsibilities.

- It is also vital that we are assured that any transfer of services is not simply moving financial risk from part of the commissioning system to another.
- The Department of Health consultation which closed on Friday 9th, about the transfer of renal dialysis and morbid obesity services to CCGs highlights some of the concerns that our members have about the wider specialised service transfer plans.
- In our response to the DH we raised a number of risks and issues, and highlighted that any transfer needs to be done in a managed, safe, planned in accordance with their strategic needs, and done in a timely manner.
- What is clear from the proposals to transfer renal dialysis and morbid obesity is that there is very little local information or data to support CCGs to agree the transfer or manage the risks to ensure they do not compromise their financial stability and that of their wider commissioning functions, and this is something that must be addressed in the wider context of plans to take forward collaborative commissioning.
- NHS England will still be responsible for commissioning specialised services, although under the collaborative commissioning arrangements CCGs will be invited to become more involved in discussions about specialised services in their areas. This is something that NHSCC are actively engaging with NHS England on to ensure our members have the right level of engagement and involvement in the lead up to any planned transfer of services.
- There is no evidence to show that co-commissioning or collaborative commissioning would result in poorer access to specialised services overall. It is entirely possible that new models of specialised care will be developed as NHS England teams, who will be commissioning specialised services, work collaboratively with CCGs to identify local population needs and commission services differently and more effectively.
- You can read our [full response to the DH consultation on the proposed transfer of renal dialysis and morbid obesity to CCGs by April 2015 here](#).