NHS England

Improving Value for Patients from Specialised Care

Commissioning Intentions 2016/2017 for Prescribed Specialised Services

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Improving Value for Patients from Specialised Care

Commissioning Intentions 2016/2017 for Prescribed Specialised Services

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Contents

1 Executive summary

Our commissioning intentions for 2016/17 outline the strategic interventions we are planning to improve the way we commission, review and transform specialised services. They both respond to the Five Year Forward View and build on the progress already made to deliver sustainably consistent care standards across the country within inevitably constrained funding growth.

The **scope of services** in 2016/17 will reflect changes agreed by Ministers, and the new mandatory Information Rules tool will provide a consistent base for all contracts.

We intend to **strengthen the way we commission** by rapidly building on the 10 co-commissioning oversight groups established across England. We will tier the specialised service portfolio to enable further collaborative commissioning engagement of CCGs around key geographies and place-based planning, whilst ensuring consistent national standards apply.

We will be reviewing and reshaping specialised services provision through a published **Strategic Services Review** Programme to ensure we commission cost effective treatments from the most capable providers. The review programme will provide opportunities for **new models of care** development and will complement our work with vanguards.

Our **clinically driven change** agenda is centred on working with partners to implement the findings of the **national taskforces. '**Commissioning for Value' and 'Right Care' data developed with Public Health England will be targeted at reducing unnecessary variation, and evidence based assurance of optimal care delivery will be underpinned by the continued roll out of clinical utilisation review technology.

The **single operating model** will be applied to all contracts in 2016/17. NHS England will normally only hold one NHS Standard Contract with any provider and use mandated formats for activity and local price plans. Prior approval should be sought for any specialised services activity not commissioned via a signed contract. NHS England will only make payment where treatment complies with relevant published policies. NHS England will not make payments above mandatory tariffs.

We will be continuing with the **Contracting for Excluded Drugs and Devices** measures introduced in recent years to help ensure that providers and commissioners can jointly deliver best value, including national changes to the tariff-excluded high cost devices supply chain.

In light of the current service efficiency and sustainability challenges for specialised services a **collaborative process for resolving significant local service issues** will be mandatory before any service expansion/development plans or service termination notices will be considered by the Commissioner.

We will continue work with providers to support the **Reforming the Payment System** process. This will involve opportunities for year of care and pathway currencies, and implementing the expected adoption of HRG4+ and the associated revisions to specialist top ups.

2 Purpose

1. These intentions provide notice to healthcare providers and partners about changes and planned developments in commissioning and delivery of prescribed specialised services. The aim is to enable providers to make early preparations and focus engagement with commissioners and clinical service leads for the 2016/17 planning process.

3 Context

2. This publication builds on the national direction set out in the Five year Forward View and commissioning intentions documents for 2014/15 and 2015/16.

3. Specialised care can deliver on new opportunities to improve survival and outcomes for patients through advances such as personalised and regenerative medicine. Moreover, considerable progress has been made over the last 12 months in terms of achieving more consistent standards of care across the country and ensuring services remain sustainable within limited financial resources.

4. However, variation in outcomes across England remains a challenge and the focus on improving value needs to be strengthened if our patients are to benefit from the most cost effective treatments available

5. Alongside the continued delivery of changes set out in 2015/16, our intentions provide a roadmap to realise the opportunities set out in the five year forward view. This includes:

    - Joint service redesign and transformation work with providers and stronger use of networks and partnerships across providers.
    - Building on the collaboration commissioning forums established this year our collaborative work programmes will be expanded in 2016/17 to underpin and drive local realisation of consistent standards of care and value.
    - A programme of national and regional service-specific reviews and consolidation of centres where appropriate, to provide both local access and the benefits of scale.

4 Changes to the Scope of Specialised Services

6. Ministers have already agreed that adult specialised severe and complex obesity services should no longer be commissioned by NHS England and should be reflected in CCG contracts from April 2016.

7. Ministers have also already agreed that the following services will no longer be commissioned by CCGs; these services will be reflected in NHS England contracts from April 2016:

- Some highly specialist adult male urological procedures.
- Primary ciliary dyskinesia management services for adults.
- Some highly specialist adult haematology services.

8. A service for patients with placenta accreta is being considered for prescription as a specialised service from April 2016. Mitochondrial donation is also being considered for prescription as a specialised service from April 2016, in line with the procedure becoming legal in the UK from October 2015. Further details to effect these changes once confirmed will be communicated in the coming months.

9. From April 2016 the Information Rule tool will provide a more systematic and consistent scope of specialised services and will be mandatory for all contracts following a managed transition process.

5 2016/17 Strategic Commissioning Intentions - Improving Value for Patients from Specialised Care

10. We will focus on the following areas to deliver the Five Year Forward View in Specialised Services:

5.1 Strengthening the way we Commission

11. We intend to continue strengthening our collaborative commissioning approach with CCGs building on the 10 co-commissioning oversight groups established across England.

12. A commissioning framework that identifies the optimal population, service model and pathways required for key service groups was introduced in 2015/16 to target local clinical service redesign and transformation, pathway integration and innovative prevention initiatives. NHS England local office teams will continue to work with CCGs to take forward this approach.

13. To support this we are currently tiering services in the specialised portfolio into 3 service planning groups, namely national, regional and sub-regional. This will enable further engagement of CCGs around key geographies and place based planning. In addition NHS England is reviewing governance arrangements to develop and strengthen local decision making and CCG engagement on specialised service changes.

14. Further intended areas of collaborative commissioning focus reflecting regionally agreed priorities are outlined below. This work incorporates specialised and CCG commissioned care and is aimed at delivering transformation across the whole care pathway. Regional communication and engagement processes will support the development of the local work programmes, including engagement of providers.

North	Midland and East	London	South
Children and Adolescent Mental Health Services (CAMHS)	CAMHS	CAMHS	CAMHS
Secure Mental Health	Spinal Surgery	Renal	Secure Mental Health
Cancer Surgery	Cancer	Neuro-rehab	Cancer
Radiotherapy	NHS Constitution Standards	HIV	NHS Constitution Standards
Vascular			
Cardiac Devices			
Rehabilitation			

5.2 Reviewing and reshaping Specialised Services provision

15. We intend to systemise our approach to ensuring that services are commissioned from the most capable providers through a published Strategic Services Review Programme.

16. We expect there to be more networks of specialist providers and greater re-shaping of supply models and contracting approaches to integrate care around patients. Service reviews will also provide opportunity for providers to propose sustainable solutions in line with clinically developed requirements.

17. Where the relationship between quality, value and patient volumes is strong we also expect there to be a consolidation of some services as a consequence of undertaking reviews.

18. NHS England will continue to undertake reviews using a structured programme methodology with provider selection carried out in an open and transparent way.

19. Service reviews currently underway that will have a transformational impact in 2016/17 include: CAMHS, mental health low and medium secure services, stereotactic radiosurgery, genomic laboratories, Hepatitis C networks, congenital heart disease, PET CT, drugs and devices, and proton beam therapy.

20. The key areas identified for Strategic Service Reviews are to accelerate progress on the CAMHS and mental health secure services reviews, continue work on high cost drugs and devices, and explore opportunities in paediatric services, together with a range of nationally and regionally led reviews set out in appendix B and C.

21. We expect to use the service review programme to maintain and validate the assessment of commissioner requested services on a service line by service line basis, and are in discussions with regulators about this approach.

22. This strategic programme complements regional and local programmes to address significant local service issues with collaborative commissioning colleagues.

5.3 Supporting the Development of New Models of Care

23. The service review programme will provide a prime opportunity for providers to develop innovative new care model proposals including population accountable and networked provision for defined ranges of services. Equally, specialised commissioners are actively engaging with the developing vanguards to define the scope and interface with prescribed services, supporting integration whilst maintaining national standards of quality. Participation in service review and reconfiguration in 2016/17 and beyond is expected to increasingly reflect proposals from emergent provider networks, service oriented chains and franchises.

6 Clinically Driven Change in 2016/17

6.1 National Taskforce Findings

24. We will be working with partners to implement the findings of the mental health, cancer and maternity taskforces for specialised services.

6.2 National and Regional work programmes by Programme of Care

25. NHS England specialised services have six Programmes of Care (POC): Blood and infection, cancer, trauma, mental health, women and children, and internal medicine. The highly specialised services (HSS) team works across the 6 POCs.

26. The 2016/17 work programme for each Programme of Care (POC) and the highly specialised services team that works across the 6 POCs is detailed in Appendix B. These include areas of focus and priorities for work with collaborative commissioners. Work on service specifications and clinical policies for 2016/17 will be published in due course.

27. The reform agenda for specialised commissioning is increasingly owned and driven through regional and local programmes. Regional commissioning intentions by programme of care are shown in Appendix C.

6.3 Improving Quality

28. A strengthened Quality Assurance and Improvement Framework (QAIF) for Specialised Commissioning is being implemented during 2015. The approach will better support the delivery of equity and excellence in care, gaining assurance of the quality of commissioned services and identifying and addressing variation in access and / or outcomes.

29. The work programme will be delivered by a newly established national Quality Surveillance Team, underpinned by improvements in specialised commissioning quality dashboards accessible through a single web based portal. The dashboards will enable comparison and calibration of data across services and support specialised and highly specialised service commissioners to review existing services.

30. The Specialised Services Quality Dashboards now cover 50 services across 40 CRGs including both adult and paediatric versions for some services. The 'Metric Definition Sets' for a small number of these are in the final stages of completion and work is ongoing to refine those in circulation to ensure they remain relevant.

31. A programme of peer review visits for 2016/17 will include services where there are outstanding commissioner derogations, or where variation in either quality or access has been identified as well as those services specified below.

32. The Major Trauma Centres and Networks have now had 3 consecutive annual peer review visits. For 2016 it is not anticipated that any of these will require a formal peer review visit provided immediate and serious concerns have been addressed. However, Major Trauma Centres should undertake a self-assessment against a revised set of national peer review measures. The facility for a peer review visit "on request" will be available.

33. Following a successful first round of peer review visits to Adult and Paediatric Heart and Lung Transplant Services it is expected that as well as a second round will be undertaken. A first round of peer review visits are also being considered across Liver and Renal Transplant services.

34. Services previously covered by the National Peer Review Team will continued to be monitored by the Quality Surveillance Team with targeted visits expected to be undertaken of Head and Neck, Urology and Upper Gastro Intestinal cancer services.

35. For the implementation of the QAIF in 2016 providers will be asked to;

- Complete a self-declaration in relation to the services that they provide.
- Identify any derogation against service specifications.
- Participate fully in peer review activities involving services they are delivering
- Submit the required data to support the production of service dashboards and enable ongoing quality assurance of services.

6.4 Reducing Unnecessary Variation

36. "Commissioning for Value" and “Right Care” data packs are being developed with Public Health England. These will benchmark indicators which represent 'value' at both a population and provider level. The first wave of data will focus on neonatal, low and medium secure mental health, renal dialysis, cardiology, adult neurosurgery, chemotherapy and radiotherapy.

37. We will work with providers to identify opportunities to reduce avoidable variation in performance across services through service redesign and transformation. Our engagement plans include:
    - Reducing variation in cost and activity associated with high cost devices and procedures, including complex cardiology devices and procedures.
    - Ensuring the delivery of radiotherapy for patients with prostate cancer is in line with the very latest published evidence.
    - Dose standardisation in chemotherapy.
    - Implementing best practice across the spinal surgery pathway
    - Critical Care improvements.
    - Extending the use of support systems and technologies such as Clinical Utilisation Review and Blueteq.
    - Delivering best value prices for the NHS for drugs and devices.

6.5 Clinical Utilisation Review

38. Building on the introduction in 2015/16 with early adopter sites, including vanguard members and many of our most significant provider contracts, we expect to continue to roll out the clinical utilisation review programme. The substantial CQUIN for adopting the technology for specialised admitted patient care and critical care should now be available to all Trusts, and an active approach to partnering with CCGs to incentivise whole hospital adoption will be pursued.

39. A national framework contract has been let allowing providers to call off one of 4 internationally proven CUR systems, and NHS England is continuing to build the clinical learning community with national leaders and international practitioners sharing the learning. Benefit realisation plans will ensure that all Trusts and health communities implementing CUR are supported in being able to evidence both financial and patient quality benefits.

40. For providers who implemented CUR in 2015/16 the focus in 2016/17 will be on extending rollout across the bed base, and ensuring strong benefit delivery in terms of improved patient outcomes, provider cost improvement and reduced commissioning expenditure on suboptimal care.

41. Reflecting our commitment that CUR becomes nationally consistent practice in promoting evidence based care, CUR and the associated CQUIN will be a mandated element of Tier 1 and Tier 2[1] acute provider contracts above £50m expenditure, but is open to all providers.

7 The Single Operating Model in 2016/17

7.1 Contractual Requirements

42. Set out below is notification of NHS England Specialised Commissioning's contractual requirements for 2016/17:

- NHS England will normally only hold (or be party to) one NHS Standard Contract with any provider. Prior approval should be sought for any elective specialised services activity not commissioned via a signed contract.
- Whilst pathway design work is increasingly aligned with CCGs, NHS England will remain the contracting body for all patients across England treated for services within the scope of specialised commissioning.
- All contracts will use the existing standardised format for Schedule 2B Indicative Activity Plan and Schedule 3A Local Prices. Further national standardisation of schedules will be reviewed.

The introduction of HRG4+ and refresh of specialist top ups is a significant improvement in the accurate attribution of costs relative to patient complexity. NHS England will not be making payments above mandatory tariffs for services, other than in exceptional circumstances where Monitor directs this to take place.

- NHS England will only make payment where treatment complies with relevant published policies, and based on priced patient activity reflected in contracts. No resources are available for transitional financial payments.
- NHS England will also explore the opportunities for 3 year contracts with tier 1 and 2 providers[2] where this affords opportunities for significant improvements in service quality and efficiency, and builds on effective existing contractual arrangements.
- All investment decisions will be subject to the national prioritisation process. Providers should not initiate specialised service changes and developments without prior commissioner approval.

[1] NHS England structures partnership working with Trusts based on 4 tiers. Tier 1 providers are those 20 acute and 10 mental health trusts with the broadest scope and greatest scale of services comprising 50% of Specialised expenditure, with contract values in excess of £190m (acute) and £60m (mental health). Tier 1 and 2 providers comprise collectively 80% of Specialised expenditure, with contract values in excess of £50m (acute) and £20m (mental health)

[2] See footnote 1

7.2 Contracting for Excluded Drugs and Devices

43. Excluded drugs and devices represent around a quarter of acute spend on specialised care. NHS England is continuing with the measures introduced in recent years to help ensure that providers and commissioners can jointly deliver best value:

- Payments for high cost drugs and devices excluded from National Tariff should, if approved, be made on the basis of a pass through of the actual price charged to providers, (prior to consideration of any contract level risk sharing mechanisms).
- Auditable information to validate payment of excluded drugs and devices will be required, in line with the NHS Standard Contract. Correspondingly, providers must not enter into confidentially agreements with suppliers that would prevent disclosure to commissioners as such agreements are in breach of the NHS standard contract. Providers should give notice to drug and device suppliers of amendments to any such legacy agreements to ensure they are able to fully meet the disclosure requirements to NHS England.
- A central repository of prices for excluded drugs will be further developed to provide robust data for effective procurement; Providers will be mandated to provide Pharmex data. The online clinical decision support tool (Blueteq) was implemented in 2015/16 as NHS England's standard electronic contractual prior approval system, covering a range of high cost drugs excluded from tariff. In 2016/17, the scope of items covered will be extended to all high cost drugs excluded from tariff where NHS England Clinical Commissioning Policies or NICE TAs exist and / or where there is variation in uptake, or significant financial risk. Implementation of changes will be required within the 28 days' notice period set out in the Standard NHS Contract. Extensions to selected excluded devices and high cost procedures are being currently piloted for rollout during 2016/17. To reduce administrative workload we expect that in 2016/17, paper based approvals used in some areas will be phased out and the use of the online clinical decision support tool will be required by all providers of the identified devices and procedures. Training and support will be available.

44. NHS England spends around £500 million annually on high cost devices. However, patients and tax payers do not achieve the benefits of this scale through existing procurement arrangements with up to 80% difference in reported prices for the same product at different trusts unrelated to the volumes purchased. Some providers have also raised concerns about including device expenditure within contract level risk sharing arrangements.

    To achieve the greatest possible contribution to the financial sustainability of services, NHS England intends to develop a single national purchasing and supply chain arrangement for high cost tariff excluded devices with effect from April 2016 and these commissioning intentions provide formal notice of this change.

This has the potential to create a single standard national e-catalogue, so that Trust procurement teams' time can be freed up to implement the Carter review programme across the wider Trust goods and services portfolio, and commissioner and provider discussions can focus on the clinical quality of devices and device usage tailored to appropriate patient needs. For the industry a more managed approach has potential to ensure patients more rapidly benefit from the latest cost-effective innovations and improvements in specifications.

A working group with expert representatives from providers will be established in October to work through the practical details of the proposed changes, and address detailed questions and issues, along with an industry reference group involving the ABHI. Provider liabilities for contractual volume commitments entered into prior to 1st October 2015 would be honoured as part of transition plans.

We intend to formally consult providers in November alongside regional engagement events, about whether such arrangements should be universally adopted, or optional, on the basis that providers who opt out and continue separate device purchasing arrangements would be subject to some continuation of contract level risk share, delivery of equivalent annual efficiencies, and/or maximum reference prices for reimbursement. Providers should discuss options with local NHS England commissioners in the first instance.

7.3 Collaborative process for Resolving Significant Local Service Issues

45. NHS England will be using the following process in partnership with CCGs to address significant local service issues:

Stage 1:	Baseline assessment and a comparative analysis of the service to provide a root-cause analysis of the issues and identify potential best practice solutions. This process will increasingly be underpinned by evidence based data as clinical utilisation review technology is rolled out across Specialised Services.
Stage 2:	Joint provider and commissioner service / pathway redesign and transformation work to deliver the most efficient operating models, supported where appropriate by local CQUIN and benefit share schemes.
Stage 3:	A local service review where it is agreed that the current service configuration or model of care needs to be fundamentally reviewed.

46. In light of the level of current service efficiency and sustainability challenges for specialised services, the 3 stages outlined above will be mandatory before any service expansion / development plans or service termination notices will be considered by the Commissioner.

7.4 Reforming the Payment System

47. Work is under way to assess the requirement for top-up payments to supplement Tariff payments for specialised services in light of adoption of the more refined service definitions in HRG4+.

48. Following the expected adoption of HRG4+ and the associated revisions to specialist top ups, services will be eligible for top ups when the treatment provided attracts a top up and the provider is contracted to deliver it.

49. The adoption of these improvements will represent a significant change to the revenue flows associated with specialised care. We will work closely with providers to understand the impact on provider service line finances and to inform ongoing plans for efficiency and service redesign to ensure care can be delivered within nationally determined funding levels.

50. *Reforming the payment system for NHS services: supporting the Five Year Forward View'* published in December 2014 set out the long-term strategy for the payment system. This included an ambition "To develop a comprehensive set of currencies (units of healthcare for which a payment is made), including … new currencies, particularly for … specialised services." (p.4)

51. To this end, we have been working with experts and interested parties to develop commissioning currencies and approaches to payment that better reward and incentivise high quality efficient care.

52. For those with long term conditions or extended treatment pathways this often involves introduction of year of care or pathway currencies. Adoption of such currencies is particularly helpful for services that have local prices, as they create the basis for benchmarking of prices and outcomes.

53. Further progress will be made in 2016/17 in the development of such currencies, in the first instance through mandating collection of cost information and shadowing the impact of new payment approaches. For this purpose we intend to introduce a number of Shadow Currencies. For services with a shadow currency it will be mandatory to collect and to report information on activity, costs and other metrics (including outcomes) as specified, and to estimate how payment would flow according to the payment mechanism associated with the currency. But it will not be necessary to pay for services according to the currency unless jointly agreed by NHS England commissioners and providers. For implementation from or during 2016/17, we intend to introduce the following shadow currencies:
    - Bone Marrow Transplant pathway currency
    - Spinal Cord Injury Pathway currency
    - Intestinal Failure [if HRG4+ analysis shows it to be necessary]
    - Cleft lip and Palate Pathway currency
    - Prosthetic Services
    - Forensic MH services.

54. We will also seek to identify a solution within available resources which encourages relevant providers to undertake best practice in the management of iron overload in patients with sickle cell disease. We will also be more rigorous in enforcing the use of existing mandated currencies for Renal Transplantation and HIV outpatient activity to provide the information platform needed for future improvements.

55. Work is underway to improve chemotherapy currencies and tariffs. In the short term a one-off partial update of the regimen list will alleviate some of the current difficulties in assigning chemotherapy activity to the correct HRGs. It is also proposed that the OPCS coding guidance will be amended so that the new oral regimens are coded as oral rather than “not on the list”.

56. In 2016/17 it is our intention to implement nationally consistent ‘local price variations’ for the delivery of chemotherapy where subsequent follow up delivery has moved from an IV to a sub-cutaneous delivery modality. We also intend not to pay on the basis of chemotherapy procurement bands in 2016/17. It is our intention to use drug specific procurement to manage pricing in a consistent manner across all providers.

57. Work continues to collect robust data on which to base non-mandatory pricing, and in parallel, for all these currencies, information flows must be designed to strip relevant costs from other prices, which will be progressed during 2016/17.

58. We are exploring options for adjusting the boundary rules to strengthen incentives for better value care both through the pricing system and through co-commissioning arrangements, for step-up and step-down care with focus on Adult Critical care (step within four hours of a patient being clinically ready for discharge or having zero organs supported), Paediatric critical care, Neonatal critical care, and secure mental health services. This will complement the insights and improvements providers and commissioners are able to realise through clinical utilisation review.

59. The inclusion where possible of drug and device costs within tariffs more closely aligns incentives for effective purchasing and for clinical usage in line with policies directly with provider clinical teams. Where the more granular tariffs available in HRG4+ support doing so we will support proposals to include these elements within tariffs, and will take this approach when considering proposals for pathway and year-of-care currencies. Where drugs or devices remain excluded from tariff we will complement this approach through assurance of usage and joint work to ensure best value procured prices are consistently used by all contracted providers.

8 Engagement

60. These national intentions for the commissioning of specialised services in 2016/17 will be supplemented by provider specific notice communications where appropriate.

61. Moreover, supplementary information and local engagement processes will be developed for the regional and programme of care intentions outlined in the appendices below.

62. Please contact your nominated supplier manager if you require any assistance in contacting the relevant regional or programme of care lead about the programmes and initiatives outlined in this document[3].

[3] '*Guidance for NHS commissioners on equality and health inequalities legal duties*' can be found at http://www.england.nhs.uk/wp-content/uploads/2014/12/hlth-inqual-guid-comms.pdf

Appendix A

9 Building on our 2015/16 commissioning intentions

We Said:	We are Delivering:
We would develop a rolling programme of service reviews to ensure that services are commissioned from the most capable providers.	We are now publishing the rolling service review programme alongside these commissioning intentions. Opportunities to improve quality, efficiency and system reform identified in service reviews will inform our procurement plans.
We would introduce a national prioritisation process and instructed providers not to initiate in-year service developments unless formally invited to do so as part of this process.	We introduced a range of important new specialised treatments during for 2015/16 including Hepatitis C care. The national prioritisation process remains in place going forward into 2016/17 for all developments.
We would develop a programme during 2015/16 to understand differences in population intervention rates relative to need, supported by Public Health England.	The Commissioning for Value programme for specialised services is underway and we will be working with provider clinical teams going forward to understand and resolve the addressable causes of avoidable variation.
We would actively promote Clinical utilisation review (CUR) technology to provide evidence-based decision support for clinicians to ensure patients are cared for in the optimal setting and to address barriers to optimal patient flow.	We introduced a 2-year CUR CQUIN for large specialist acute providers in 2015/16. In 2016/17 the CUR CQUIN will be a mandated 2-year CQUIN for all acute providers with specialised contracts above £50m who did not have the CQUIN in 2015/16.
We signalled the end of all above tariff transitional arrangements and no agreement to above tariff modifications except where directed by to do so by Monitor.	We implemented this approach in 2015/16 and this arrangement will be carried forward into 2016/17.
We said we would roll out Blueteq to support usage decisions on excluded drugs and devices.	We rolled out Blueteq to over 90 acute providers as our required electronic contractual prior approval system. This will continued into 2016/17 and the range of drugs and devices covered will be extended.
We said we would develop reference prices for excluded devices to support local commissioning teams and providers to secure best value prices for the NHS.	We provided local commissioning teams with available reference price data for all excluded devices to inform 2015/16 contracts. Further work will be undertaken during 2015/16 to expand and improve our support mechanisms and develop commissioning approaches to deliver better value from devices and drugs expenditure in 2016/17.
We said we would be selecting prime contractors where appropriate to effectively deliver care through networks from 2015 onwards.	We have started the prime contracting initiative with a contract awarded to a lead provider at the head of an extensive PET CT network in the phase 1 procurement. This approach to contracting will continue into 2016/17 where networks, new health systems and care configurations offer rapid and significant improvements over traditional single organisation focussed care.
We said providers of specialised services will be commissioned with increased consistency of contracting terms.	We made significant in-roads into reducing the variability in contract arrangements in 2015/16 with particular progress being made in the development of the information schedule and mental health contracts. This process will be completed in 2016/17.

Appendix B

10 Work programmes by Programmes of Care for 2016/17

10.1 Mental Health Programme of Care

NHS England's intensions for Specialised Mental Health Services focus on 3 key themes:-

Working with Partner organisations to realise the benefits of improved pathways of care:

NHS England and CCG commissioners recognise the benefits for patients of working jointly across pathways of care. This work will form a critical element of the Collaborative Commissioning agenda.

Children's Services – The Future in Mind report published in March 2015 built on the Tier 4 review carried out in 2014. There a number of actions for NHS England and these will continue to be implemented during 2016/17.

Perinatal Services – NHS England will implement additional investment into perinatal services over the next 5 years, expanding and reforming services.

Offender Personality Disorder Programme – NHS England will continue to jointly commission this programme with the National Offender Management service. This will include refreshing the model to assess the impact on Personality Disorder capacity requirements from the decommissioning of DSPD services

Adult Secure Services – The Mental Health Task force has identified potential for changes in the care pathway for adult secure care by enhancing out of hospital services supporting the principle of the least restrictive care. The pre-procurement work on Adult Low/Medium Secure, relevant aspects of the Transforming Care programme, and Mental Health Taskforce recommendation will be coordinated over 2015/16/17.

Transforming Care – NHS England will work with partner organisations to develop and implement the service model for people of all ages with learning disabilities, Autism Spectrum disorder, with additional mental health needs, and/or behaviour that challenges. The implications for Tier 4 CAMHS and adult secure care should mean greatly reduced reliance on inpatient care. Further details on the scale and process of change will be set out in the national transformation plan to be published later this year.

Strategic service review

A wide ranging review of Adult Low/Medium secure and Tier 4 CAMHS services to prepare for re-procurement of services has concluded. The aim of the work was to:

- Ensure that we commission the right services in the right place at the right time, based on the population needs
- Ensure that services are sustainable and meet the service and quality levels set out in national specifications and policies
- Improve efficiency and reduce costs whilst maintaining or improving quality and safety
- Improve the commissioning and contracting of these services with nationally aligned contract terms and conditions.
- Consider whether new market entrants and contract currency and price alignment would be delivered through a comprehensive procurement
- Incorporate sub-speciality CAMHS provision for children and young people with learning disabilities informed by the Transforming care programme
- Facilitate sustainable implementation of the Access and Waiting Time Standard for Children and Young people with an Eating Disorder as well as review the need for sub-speciality eating disorder provision.

The intention is to proceed to procurement for both CAMHS and medium and low secure at the earliest opportunity.

Developing Payment approaches to best support patient care

The implementation of reformed currencies and payment mechanisms for adult secure services will form a key element in the re-procurement of services in 2016/17 and provide an indication of future direction of travel for currency structures and payment mechanisms to support long term planning by mental health providers.

10.2 Cancer Programme of Care

The following commissioning changes are planned:

Implementing the Cancer Taskforce Strategy

The Cancer Taskforce strategy (July, 2015) sets out an ambitious five-year programme of change for the NHS to improve cancer survival and patient

experience. During 2016/17 NHS England will be seeking to work with providers and other stakeholders to implement a range of recommendations contained within the strategy. Our specific focus will be on enabling and improving population-based commissioning and supply-side innovation and we will be seeking, through a vanguard approach, partners to pilot:

- Commissioning of the entire cancer pathway in at least one area. Ultimately, this should include investigation, through diagnosis and treatment, living with and beyond cancer, and end of life care. The pilot will test a fully devolved budget for that population, to be delivered over multiple years and which may involve the introduction of a population-based payments model and be based on a pre-specified set of clinical and patient experience outcomes;

- Supply-side innovation through the introduction of a 'lead provider' approach to manage secondary/tertiary cancer treatment services. The lead would manage the entire treatment budget.

- Implementing potential changes in the national tariff payment system for molecular diagnostics for April 2016 and working towards any agreed arrangements for new tests for April 2017. We are in discussions with Monitor and NICE about the potential for cost-effective new tests prioritised for investment or as part of mandatory NICE guidance to be separately funded by commissioners for the first 3 years before being incorporated into national prices for treatment episodes.

Chemotherapy Algorithms

NHS England intends to introduce a suite of algorithms reflecting best clinical evidence which will set out the chemotherapy treatments routinely available for patients. It will be expected that any prescribing outside of these algorithms will require Individual Funding Request approval.

Radiotherapy

Following publication of the CHiP trial relating to prostate cancer fractions, it is intended to publish a clinical commissioning policy statement to enable rapid implementation of changes in clinical practice.

Strategic Service Review

The following service reviews are currently underway:

- **Stereotactic Radiosurgery/ Radiotherapy (SRS/T)**

Following the completion of the current public consultation process, it is intended to proceed with a national procurement of SRS/T intracranial services. All currently contracted providers will be required to participate in the procurement should they wish to continue to provide this service.

- **PET CT**

  It is our intention to complete a review of the PET-CT services over and above those provided under the national contract. The review will identify and consider the commissioning options for the best service solution in the future, which may involve the undertaking of a competitive process.

2016/17 CQUIN schemes are likely to focus on improving cancer outcomes and may include schemes to:

- Spread enhanced recovery programmes across a wider range of in-hospital care;
- Support the development of a radiotherapy algorithm in the treatment of breast cancer after primary surgery
- Encourage the adoption of enhanced supportive care programmes to better support patients approaching the end of life; and
- Improve SACT reporting compliance.

In addition, NHS England may offer to collaborate with other commissioners to support whole-pathway CQUINs and a particular area of focus is likely to be lung cancer where benefits can be achieved from both upstream intervention and reducing variation in access to curative treatment.

Developing Payment approaches to best support patient care

- **Radiotherapy**

  Linked to the focus on radiotherapy it may be proposed to adapt current tariff arrangements to better support providers to replace aging Linear Accelerators. Additionally, there will be a continuation of work begun during 2014/15 to refine coding definitions.

Chemotherapy e-Prescribing

NHS England plans to make use of existing contractual sanctions where providers have not completed the introduction of e-prescribing systems to support the safe, effective and efficient delivery of chemotherapy.

10.3 Trauma Programme of Care

Service Review Priorities

3 services are identified as priorities for review and may lead to changes in models of care and/or configuration in 2016/17:

- **Hyperbaric Oxygen Treatment** - NHS England previously commenced a review of Hyperbaric Oxygen Treatment and the current indications where it is used. The review is currently considering the feasibility of running a series of

research projects to evaluate specific indications. Following this possible options for the service will be considered. In the meantime there is a commitment to hold the service in a stable configuration until the future profile of the NHS commissioned service becomes clear, in order to maintain the integrity of the emergency component of the service.

- **Paediatric Burns** - A review of Paediatric Burns services will be undertaken in order to consider issues around fragmentation of services, critical mass of patients, clinical interdependencies and co-location of PICUs and out of hours rotas. The service review will deliver an option appraisal of a new national configuration of services which addresses these issues.

- **Spinal Cord Injury** - Spinal Cord Injury services are facing particular challenges including delays in admissions and equity of access and this is having an impact on patient experience and also having an impact on other services such as Major Trauma and Critical Care. A review of SCI services will identify capacity and demand and undertake an option appraisal of solutions which would improve both the level and location of provision.

Service Transformation and Collaborative pathway management

Two collaborative projects are in progress for implementation from April 2016:

- **Adult Critical Care** - It is anticipated the Adult Critical Care Service Specification will be implemented and put into Provider contracts in the autumn of 2015. NHS England is keen to work with CCGs to support implementation of the service specification for their commissioned activity as well and a collaborative project will be set up to consider this, along with other opportunities for collaborative work with CCGs.

- **Spinal Transformation Project** - The aim of the spinal transformation project is to develop a collaborative commissioning model and identify further development of spinal networks, focusing on:
  a. The Pathfinder Pathway for Back Pain and Radicular Pain to introduce a comprehensive pathway to improve the management of back pain.
  b. Establish comprehensive spinal networks to facilitate integrated care pathways. These networks would enable safe, efficient and effective pathways for both elective spinal services and emergency care.
  c. The publication of a checklist of actions for the immediate task of dealing with 18 week target breaches

Complex Rehabilitation Commissioning

NHS England will commission according to the Complex Rehabilitation service specification using the mandated currency and full reporting to UKROC. We will look to strengthen collaborative commissioning arrangements and will work with CCGs to develop robust commissioning strategies for rehabilitation including using the mandated currency and reporting to UKROC for level 2b services commissioned by CCGs.

10.4 Women and Children Programme of Care

The following commissioning changes are planned:

Strategic Service Reviews

- **Genomic Laboratory Services** - The planned procurement will reconfigure the existing service into a nationally coordinated laboratory “hubs”.

- **Congenital Heart Disease –** Following the approval of the service standards by the NHS England Board there will be work undertaken during 2016 to implement the appropriate delivery models.

- **Paediatric surgery and Paediatric Intensive care -** Further scoping work is underway to consider the benefits of a strategic service review.

Work will also be undertaken to support neonatal care and paediatric neurosciences Operational Delivery Networks to focus on coordinating patient pathways between providers over a wide area to ensure access to specialist support and expertise.

Collaborative Commissioning

Collaborative work with CCGs will focus on the collaborative commissioning vanguard to pilot joint working between CRGs and CCGs through the complex obstetrics work programme. However, regional collaborative work on complex obstetrics and neo-natal services will be supported

Developing Payment approaches to best support patient care

NHS England is working with its partners to review the currencies and payment model for neonatal services across the whole pathway. The aim is to develop a consistent and transparent national payment system in support of the wider commissioning framework which encourages the right baby in the right place at the right time. For 2016/17 we will be mandating the flow of HRG data through the NCCMDS (neonatal critical care minimum data set) and will be seeking to deploy contract levers as appropriate. It is also the intention during 2016/17 to shadow test a payment model along-side existing contract models.

10.5 Internal Medicine Programme of Care

Planned Commissioning Changes

A decision will be made on the approach to commission services to meet the national caseload for Cytoreductive Surgery with HIPEC for peritoneal carcinomatosis.

Commissioning through Evaluation schemes will be considered for some renal and HPB services

Strategic Service Reviews

- **Intestinal Failure**: A procurement process for Intestinal Failure is underway in 2015/16 and will affect all services in 2016/17. It is expected the review will result in a reduction in the number of providers in line with the national service specification A08/S/a.

CQUIN

The Internal Medicine Programme will be focusing on developing a few high impact CQUINs that can support improvement across a range of services including increasing patient engagement in service change and self-management. In addition, NHS England will collaborate with CCGs to support whole-pathway CQUINs where a combined approach will add greater value for patients.

Developing Payment approaches to best support patient care

- **Complex Invasive Cardiology:** A work programme is underway to support changes in the procurement of devices for procedures within cardiology.

- **Intestinal Failure:** No national changes in arrangements are proposed until an impact assessment of HRG4+ and Top ups is completed. Tariff arrangements remain under review, in parallel to the procurement exercise. Should further tariff development be required this will be expected to be implemented in shadow form in its first year.

- **Renal Transplant:** Development of a national tariff and further work with provider support required to establish accurate costing

Co-Commissioning Opportunities

- **Complex Invasive Cardiology** to be considered for devices and PPCI as CCGs commission the rest of PCI and angiography services.
- **Specialised Rheumatology:** QIPP for ODNs to support closer alignment on CCG policies for effective use of drug therapies and where CCGs hold drug budgets.
- **Renal Dialysis:** Collaborative approaches and links with the obesity and diabetes agenda are proposed, to extend work with CCGs across the chronic kidney disease and acute kidney pathways to improve prevention and management and to link with other chronic conditions including diabetes.
- **Specialised Endocrinology** and links with national priorities on obesity / diabetes are areas proposed for co-ordinated development.

10.6 Blood and Infection Programme of Care

Planned Commissioning Changes

The work plan includes revised and new commissioning products to:

- Enable transfer of commissioning responsibility for some highly specialised haematology services to NHS England during 2016/17
- Set out the policy position with regard to indications for Blood and Marrow Transplants (BMT), the treatment of graft versus host disease post BMT, treatment in haemophilia, use of antiretroviral drugs for the prevention of HIV and indications for IVIG
- Clarify the requirements under published service specifications, particularly in relation to infectious diseases and network arrangements.

Network developments

The Blood and Infection POC will:

- Continue to develop the Operational Delivery Networks established in 2015 to provide access to treatment of hepatitis C for eligible patients
- Continue to support implementation of network requirements set out in the relevant service specifications and identified through service specification compliance in a number of service areas across the programme.
- Respond to changes in sexual health commissioning which have implications for HIV services

Strategic Service review

- A **Haemaglobinopathy** review will ensure that services are delivered through stronger and more defined network partnerships with Specialist Centre Hubs meeting evidence based standards of care.

- **Specialised Infectious Diseases Review** is planned to better differentiate the services of centres providing specialised elements of the service and the links to general infectious diseases care.

Developing Payment approaches to best support patient care

The intention is to:

- Develop a consistent currency for the reimbursement of **blood and bone marrow transplantation** with a view to shadow monitoring during 2016/17

- Ensure providers and commissioners are utilising the mandatory currency for HIV outpatient activity. Work continues to collect robust data on which to base shadow pricing.

- Identify a solution within available resources which encourages relevant providers to undertake best practice in the management of iron overload in patients with sickle cell disease, so more patients benefit from automated exchange.

Co-Commissioning Opportunities

Priorities for local collaboration will focus on:

- Haemoglobinopathy
- Hepatitis C
- HIV
- Infectious diseases

CQUIN

2016/17 CQUIN schemes are likely to focus on the following areas:

- Promoting greater patient engagement, peer support and self-management
- Identifying and addressing variation in high cost drug usage

NHS England will review its commissioning of high consequence infectious diseases with a view to ensuring that it has in place preparedness arrangements for both existing and emerging/new diseases.

10.7 Highly Specialised Services

Planned Commissioning Changes

The Highly Specialised Commissioning Team (HSCT) is considering the development of new models of care for the following services, which may involve concentration of clinical expertise and therefore provider selection:

- Paediatric neurosciences – neurotransmitter disorders, paediatric onset multiple sclerosis, leukodystrophy, rare hereditary neuropathy
- Management of adults with primary ciliary dyskinesia
- Toxic epidermal necrolysis/Stevens Johnson syndrome
- DNA repair disorders
- Cystinosis
- Ciliopathies
- NMDA receptor antibody encephalitis

The HSCT is developing clinical commissioning policies/service specifications for the following services, which are likely to involve provider selection:

- Auditory brainstem implants
- Islet auto-transplantation following pancreatectomy

It has been agreed that the following service will no longer be highly specialised and it it anticipated that NHS England will commission the service from about 10 providers rather than one:

- Reconstructive surgery service for adolescents with congenital malformation of the female genital tract

CQUIN proposals

The HSCT will continue to support a programme of cross-centre audit to maintain high quality outcomes and encourage innovation.

Developing Payment approaches to best support patient care

The HSCT is considering the development of a new tariff for adult heart and lung transplantation service, particularly in light of the commitments to reach the targets set out in *Taking Organ Transplantation to* 2020.

Other service changes

The HSCT will work through the Programmes of Care to consider the following services:

- Heart transplantation and bridge to heart transplant (paediatrics) – ensuring sufficient capacity in the bridging element of the service and the expert management of children with severe heart failure
- Extra corporeal membrane oxygenation (paediatrics) – ensuring high quality outcomes linking with the implementation of the congenital heart disease standards
- Gender identity development service for children and adolescents – ensuring equity of access and dovetailing with the work taking place in adult gender services
- Craniofacial surgery – ensuring clinical expertise and high quality outcomes

Appendix C

11 2016/17 Regional Programmes

11.1 The South Regional Service Programme

South - Mental Health
A programme of work is planned across the South to support access to services and referral to treatment times including; tier 4 child and adolescent mental health service beds (including learning disability) tier 4 personality disorder beds, perinatal mental health beds, gender surgery and forensic low and medium secure beds.

There are also plans to review forensic outreach service for Kent.

South - Cancer
Further work on the commissioning of robotic-assisted surgery for cancer is planned in the South. There will also be a review of specialised urological cancer surgery to address derogation issues.

Local implementation work will also be undertaken as part of the national cancer service review with particular reference to radiotherapy services.

South - Blood and Infection
Focus will be given to further development of the Hep C operational delivery networks.

South - Internal Medicine
Work will continue on completing and implementing the recommendations of the vascular service reviews currently underway across the South and the implications of the national service review of intestinal failure services.

South - Trauma
A review of alternative and augmentative communication (AAC) devices has been agreed a priority for the collaborative commissioning programme with CCGs in the South.

South - Women and Children
Work will be undertaken to ensure that better understand the configuration of paediatric surgery and neonatal services in the South. This will align with a workforce compliance review of neonatal intensive care units to address derogation issues over the next 12 to 24 months.

Implementing the supra-regional outcomes from national work on congenital heart disease will also be a priority area for the South.

11.2 The London Regional Service Programme

London - Mental Health
The focus of mental health services work in London will be implementing the changes resulting from the national child and adolescent mental health services (CAMHS) and mental health secure service reviews. This will include collaborative work with CCGs on referrals into and out of any newly commissioned services.

London - Cancer
Plans will be developed to implement the recommendations of the report from the national cancer taskforce in London. Again this will include collaborative work with CCGs on jointly commissioned pathways.

London - Blood and Infection
A HIV service review will be carried out in London and any proposed revisions to the commissioning model will be expected to be implemented from mid-2016. This will involve close working with Local Authorities who commission GUM services.

Further work will be carried out to develop the hepatitis C Operational Delivery Network (ODN).

London - Internal Medicine
There is an extensive internal medicine programme for London in 2016/17 including mobilising any new intestinal failure services arising from the national service review, and active participation in the national service reviews of PET CT and stereotactic radiosurgery. Local service reviews are being considered for vascular services, cystic fibrosis and pancreatic cancer.

Further development of the rheumatology ODN, and implementing congenital heart disease service standards will also be carried out, whilst joint work with CCGs on obesity and renal services will be an important part of the work programme for the London Collaborative Commissioning Forum.

London - Trauma
In response to the findings of peer reviews and “gap” analysis undertaken by the ODNs there will be London service review of neuro-rehabilitation provision including the links with major trauma networks. Because of the interface with CCG referral and discharge pathways this work is being progressed through a collaborative commissioning group.

There will also be joint work with CCGs and ODNs to implement service specification changes for adult critical care, and implementing the recommendations from the spinal transformation project.

London - Women and Children
Reviews of paediatric intensive care units (PICU) demand including collaborative work with CCGs with regards to high dependency unit (HDU) provision, and POSCU are planned. Collaborative work with CCGs will also be carried out on complex obstetrics services.

Implementation work will also be undertaken to implement the national genetic laboratories service review in London.

London - Cross Cutting Programmes
A review of provider compliance with contractually commissioned services is planned across London to ensure that specialised services are only delivered by designated providers under appropriate contractual terms and conditions.

11.3 The Midlands and East Regional Service Programme

Midlands and East - Area wide issues affecting numerous services
A system is in place to methodically monitor all services against compliance with the service specification. This exercise to monitor provider compliance with contractually commissioned services is planned across the Midlands and East to ensure that specialised services are only delivered by designated providers under appropriate contractual terms and conditions.

Midlands and East - Mental Health
As part of the drive to reduce reliance on learning disability (LD) and autism spectrum disorder (ASD) beds the programme to reduce LD/ASD secure capacity across the Midlands and East Meet will be implemented during 2016/17.

There will be a procurement of low secure mental health service in the West Midlands as a result of an existing contract expiring.

Reviews are also planned for high cost packages of care, non-therapeutic lengths of stay, and women's low secure services in the East Midlands.

Midlands and East - Cancer
Work will be carried out across Midlands and East to address non-compliant cancer pathways, including skin and head and neck, and implement the robotic assisted cancer surgery service specification.

Local work will include hepatobiliary pathways in the West Midlands, the commissioning of specialised urology surgical centre for Essex, and cancer pathways and end of life care models in Staffordshire.

Midlands and East - Blood and Infection
The focus for 2016/17 will be on implementing the current HIV service review and implementing the year of care tariff across Midlands and east and agreeing the specialist and paediatric configuration and network arrangements in the West Midlands for Haemoglobinopathies.

Midlands and East - Internal Medicine
A range of reviews are planned for 2016/17 including renal capacity, vascular services, cardiac devices, and cardiac MRI in the East Midlands.

A new model of care for cystic fibrosis will also be implemented and joint work undertaken with CCGs on the transfer of commissioning responsibilities for complex obesity surgery.

Midlands and East - Trauma
There will be a focus on working with CCGs to improve alternative and augmentative communication (AAC) services through the development of "hub and spoke" systems. A prosthetics review will also be undertaken to develop a new service model in the East of England.

Midlands and East - Women and Children
The priority area for 2016/17 will be neonatal services to address derogation issues. This will include a compressive review of neonatal intensive care services in the West Midlands, regional neonatal and paediatric critical care transport services and consideration of new payment pathways and the use of clinical utilisation review technology.

11.4 The North Regional Service Programme

North - Mental Health
The focus for 2016/17 will be the implementation of the on-going mental health high secure capacity plan and CAMHS Tier 4 provision.

North - Cancer
An extensive local area work plan has been developed including; radiotherapy in North Cumbria and in Yorkshire and Humber, chemotherapy care closer to home in South Tees, urological cancer services in Greater Manchester, pancreatic cancer services and sarcoma services in Yorkshire and the Humber, South Cheshire cancer pathways, and the Mersey upper gastrointestinal cancer consolidation programme.

North - Blood and Infection
Addressing service specification and network governance issues with regards to HIV services will be a priority in 2016/17. Work will also be undertaken to harmonise contractual and pricing arrangements.

North - Internal Medicine
The configuration of respiratory services will be reviewed across the North Region.

A number of local reviews are also planned including vascular services in the North East and Cumbria and Yorkshire and Humber in collaboration with CCGs, implementing a new bariatric service in the North West, adult cystic fibrosis capacity in Lancashire and implementing the current review of cardiology in the North West and the provision of complex cardiac devices in Yorkshire and Humber

North - Trauma
Two major trauma reviews are planned to address compliance issues in Cheshire and Merseyside and Great Manchester.

Other reviews planned include prosthetics in North Cumbria, back pain in conjunction with CCGs in the North East, and the development of a new model of care for complex rehabilitation in Yorkshire and Humber.

Work is ongoing to roll out the assistive technology service across Yorkshire and the Humber.

North - Women and Children
Neonatal services and transport are to be reviewed in the North East and North West to consider demand, capacity and configuration.

Work will continue to improve complex discharge process for children who require long term ventilation through the development of a new model of care. This will be supported through contract levers.

Work is also planned to harmonise contractual and pricing arrangements across a range of service including critical care and bone marrow transplantation, and standardise outsourced pharmacy arrangements.