

NHS ENGLAND CONSULTATION ON INVESTING IN SPECIALISED SERVICES

Response from the Federation of Specialist Hospitals

The Federation of Specialist Hospitals (FSH) is a coalition of NHS providers which contribute significantly to the delivery of specialised care to patients in the UK. Specialist hospitals are characterised by their focus on a single specialty and, usually, by a disproportionately complex casemix. Members of the Federation span a range of clinical specialties but face similar challenges in maintaining exceptional standards during a period of unprecedented financial pressure.

This response contains the Federation's comments on several topics under consideration by NHS England's consultation on investing in specialised services.

The principles (Q1-Q2)

The Federation welcomes the opportunity to comment on the overarching principles and process underpinning investment decisions in specialised services.

During the last two years, Federation members have expressed serious concerns about the current interim framework, including its lack of transparency and the indeterminate length of time taken to develop commissioning policies. In the light of this poor track record, a much clearer specification will be required in **principle (i.a)** of what 'normal good practice in making prioritisation decisions' should look like.

Many of the Federation's members sit on Clinical Reference Groups (CRGs), and there is a perception that clinical recommendations are regularly overruled purely on the basis of cost. Experiences such as this underlie the need for greater clarity and transparency to assure stakeholders that NHS England's decision-making processes are consistent, fair and able to withstand external scrutiny. In this vein, an amendment should be made to **principle (iv.a)** to clarify how 'value for money' will be assessed, including specific measures for cost-effectiveness and affordability.

The Federation rejects the proposal in **principle (iv.b)** to prioritise treatments that 'enable resources to be released for reinvestment'. Investment decisions should be made on the basis of clinical and cost effectiveness rather than the scale of savings they could bring to the NHS. As stated, the principle might have the unintended consequence of preventing the de-commissioning of outdated technologies as a means of funding desirable and much needed innovation.

More broadly, specialist hospitals are at the forefront of the development, early adoption and dissemination of clinical innovations through the NHS. New treatments and interventions are often tested in specialist centres before being generalised as standard practice elsewhere in the health service. The principles and processes by which NHS England makes investment decisions are of critical importance, affecting not only specialist hospitals' ability to maintain clinical excellence but also their role as a proven route for innovation to enter the NHS. **Accordingly, the Federation would support the inclusion of an additional principle recognising NHS England's duty to promote research and innovation, in line with the Government's Mandate.**

The process (Q3-Q5)

The Federation sees promise in NHS England's proposed process, but could not support it pending the provision of more detail.

In the past, extended delays in the prioritisation process have caused NHS patients to be denied access to interventions that are routinely available in other parts of the world. This has had a significant impact on patient care, and directly threatens the NHS's position at the cutting-edge of global innovation. It is in the best interest of patients and the NHS alike to ensure that the prioritisation process is conducted in a timely manner. A restricted number of 'decision making points' and explicit timeframes for each stage should be included in the final process.

As the consultation document recognises, the work of CRGs will prove crucial in ensuring that the prioritisation process is accurately informed. Federation members have strongly supported CRGs to date, by volunteering the time of many expert clinicians to contribute to and lead these groups. We see CRGs as an excellent vehicle for driving clinical leadership throughout specialised commissioning, provided that their governance and information support is strengthened. It is important to demonstrate that the input of CRGs is having an effect on the development and implementation of commissioning policies if the goodwill on which they rely is to be sustained.

The Federation remains supportive of efforts to develop a robust prioritisation process and would welcome the opportunity to provide further comments on these matters as the details are developed. In particular, a transparent and timely process is an integral part of a robust and ethical approach to prioritisation.

Other comments (Q7)

Federation members have expressed disappointment that other generic policies such as those governing Individual Funding Requests (IFRs) and In-Year Service Developments do not form part of this consultation. These should be reviewed and consulted on as a matter of urgency.

In particular, problems arising from the existing IFR policy have often resulted in patients being refused treatments which they would have received under the previous IFR system. This situation is exacerbated by the time taken to develop commissioning policies. In this context, a compassionate use policy should be developed to bridge the gap between national policy development being triggered by 20 approved IFRs and that policy being finalised.

Declaration

The Federation of Specialist Hospitals (FSH) is a coalition of NHS providers which contribute significantly to the delivery of specialised care to patients in the UK. Federation members typically expect a significant proportion of their contracts to be held with NHS England. A full list of members is available on the [FSH website](#).

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