Ensuring *Equity*, Delivering *Excellence*

Information about the future of specialised services commissioning
© Ensuring Equity, Delivering Excellence was produced by the National Specialised Service Transition Project Communication Team.

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(These are clickable links if viewing on screen)
The purpose of this pack
This pack has been developed to help staff in specialised commissioning communicate to others the changes taking place as a result of the Health & Social Care Bill. It contains information from the basics of specialised commissioning to the very latest developments in the project that is helping to drive change.

The pack is designed to provide information to staff, patients, the public, GPs, providers, commissioners and others with an interest in the future of specialised commissioning.

Using this pack

The information provided in this pack can be shared as a whole with patients, public, our key stakeholders and other staff.

However, it is also been set out in bite-sized chunks so that you can share individual sections separately according to the intended audiences – for example, GPs might need a bit of background about what specialised commissioning is, what is happening to it in the future, the clinically led changes taking place and the impact of changes on Clinical Commissioning Groups (CCGs). Primary Care Trusts (PCTs) on the other hand may want to know more about the governance arrangements for change and to feel assured about the extent of clinical and public/patient involvement.

For ease of reference the various sections in this pack are outlined below. Feel free to cut and copy the section into your document or update but please make sure you are using the most recent version of this pack. The version number and date are given on the front cover. If you are in any doubt please contact the communications team at: communications@eoescg.nhs.uk

The sections available are:

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- Carter Review & the reshaping of specialised commissioning
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Clinical and evidence support for cost-effective commissioning

Bazian has supported NHS commissioners for over 13 years. We provide a niche service, answering difficult questions that require an independent, thorough and timely assessment of:

- the clinical evidence base
- population demand, or
- clinical value for money

We undertake the full range of rigorous clinical, epidemiological and evidence analyses that allow you to confidently commission the right services for the right patients at the right price. We ensure that your decisions are transparently informed by best quality empirical evidence and data, are clinically sound, and will stand up to scrutiny from other clinical and commissioning colleagues, providers and from the public.

We work in areas ranging from large-scale service commissioning to medicines management policies, from specialised services to clinical prioritisation and individual funding requests; if you feel that your decision or dilemma needs to be informed by an independent assessment of clinical benefits and harms and you need to know the impact on population health and budget, then Bazian may be able to help.

We apply our skills across a broad range of areas

What we do:

Questions we typically help to answer:

- Who in this population benefits from X?
- What is the national and local average for X?
- What is a realistic target for this population?
- How much of the service do we need?
- How should the service be configured to maximise value?
- How do we monitor its clinical performance?
- What are the clinical effects of X? At what cost?
- Is there any national guidance?
- What should (not) we do?
- What it will cost?
- What outcomes should we expect it to deliver?

Some Specialised Services topics we’ve covered:

- Transcutaneous aortic valves
- Non-myeloablative transplants
- Gender reassignment
- Pre-implantation diagnosis
- Renal replacement therapy
- Paediatric Neurosurgery
- Acute Myeloid Leukaemia
- Orphan and ultra orphan drugs
- Cystic fibrosis
- Cleft Lip and Palate
- NICE Technology Appraisals

For case studies, a more comprehensive look at our commissioning services, our staff and our skills, visit: www.bazian.com, or email us at: info@bazian.com. We’ll get back to you promptly to discuss your situation and help you to work out whether and how we can help. So do enquire even if you are not sure if what we do is right for you: if not, we’ll be the first to say so, and we’ll suggest alternatives. Follow us on Twitter: @BazianLtd.
Some of our clients:

- NHS commissioners (PCT & SCG)
- NHS Commissioning Support Appraisals Service
- National Specialised Commissioning
- NICE
- National Screening Committee
- DH
- NHS Choices
- NHS Evidence

Some questions clients have asked...

- Should I purchase this service or procedure? (If so for whom?)
- What indicators can I use to manage my providers’ clinical performance?
- What is the current demand for this service and how is it likely to change?
- What is the health impact and cost impact of NICE TAs across my population?
- Can you help me consult with NICE on this TA?
- How is this new drug, diagnostic or surgical procedure going to affect my population, my costs and service configuration?

We have developed fully evidenced commissioning briefs, to drive collaborative commissioning strategies between commissioners and providers. These have been for individual technologies/drugs and for whole service pathways.

We carry out population-level analyses to predict demand and stratify need. We have created easy to use demand and cost modeling tools. These tools help commissioners to review current service delivery patterns, model pathways and primary and secondary care performance indicators for clinical services. For example, using local epidemiology data and our knowledge of therapeutic efficacy, built into a multi-state Markov model, we have answered questions such as: *Is there a minimum size for a renal unit based on my need and demand? What capacity do we need in future? How do we manage demand?* We’ve then gone on to use these answers to bring commissioners and specialist providers together to develop a shared vision for a service to meet those needs.

We have identified quality standards and developed service designation frameworks which have then been used to derive performance and activity indicators that are robustly linked to better outcomes and have the buy-in of commissioners and providers. Examples include cleft lip and palate, acute myeloid leukaemia and cystic fibrosis.

We have rapidly reviewed the cost and clinical implications of interventions on behalf of SCGs, PCTs and DH agencies in the UK. We effectively carry out “due diligence” for commissioners who are deciding whether to invest in or disinvest from particular services, drugs, diagnostics, devices and screening programmes.

Further, to support implementation we look for evidence about current practice, published standards and innovative approaches that have worked in similar settings. We then localise to populations and service configurations. We search regional and global databases to find all the research relevant to your purchase, filter for quality, synthesise reliable research into an aggregate evidence-based answer about what works, what doesn’t, and what the ramifications for you might be.

For case studies, a more comprehensive look at our commissioning services, our staff and our skills, visit: [www.bazian.com](http://www.bazian.com), or email us at: info@bazian.com. We’ll get back to you promptly to discuss your situation and help you to work out whether and how we can help. So do enquire even if you are not sure if what we do is right for you. If not, we’ll be the first to say so, and we’ll suggest alternatives. Follow us on Twitter: @BazianLtd.
Background and context
What are specialised services?

Specialised services are healthcare services provided in relatively few specialist centres. They are not provided by every hospital and tend to be found in larger units based in big towns and cities, covering a population (catchment area) of more than one million people.

These services treat either rare conditions or those which need a specialised team working together at a centre. They can be expensive clinical services and some may be described as high cost/low volume services. The conditions treated range from long term conditions such as renal (kidney) services, certain mental health problems and neonatal services, to rarer conditions such as uncommon cancers, burn care, medical genetics, specialised services for children, morbid obesity and cardiac surgery.

Specialised services differ to most NHS services in that they are currently commissioned by a specialised commissioning team on behalf of a group of local PCTs in each region instead of by them. Each PCT contributes some of its budget to fund specialised services and works collaboratively to ensure that patients have equal access to highest quality, expert care that is also good value for money. PCTs also contribute to a national budget to fund a small number of highly specialised services that are commissioned on a national basis.

Carter Review & the reshaping of specialised commissioning

A review of arrangements for how specialised services could be best commissioned – known as the Carter Review - was published in May 2006 by the Department of Health (DH). The aim of the Carter review was to reduce variability in specialised commissioning and work towards equity of access. It set out a number of recommendations designed to rationalise and improve the commissioning of specialised health services across England.

Following the Carter Review, 10 new Specialised Commissioning Groups (SCGs) and a National Specialised Commissioning Team (NSCT) were established to commission services on a regional, (and for rarer conditions, national) basis.

The 10 SCGs were established to cover the same geographical areas as Strategic Health Authorities (SHAs), although they do not act on behalf of SHAs. SCGs are currently directly accountable to the PCTs in their regions and each cover a population of about five million people. It is estimated that specialised services account for about 10% of a PCT’s total expenditure on hospital services.

About 60 highly specialised services are commissioned nationally by the NSCT.
These are services that usually effect fewer than 500 people across England or involve services where fewer than 500 highly specialised procedures are undertaken each year.

All of the specialised commissioning teams are commissioning services as set out in the Specialised Services National Definitions Set (SSNDS). This list captures all the conditions and treatments agreed by clinical experts to be rare or highly specialised. It is regularly reviewed to ensure it reflects the changing nature of specialised treatments and care.

Under the current definitions there are 34 service areas (encapsulating over 200 lines of specific services) defined as ‘specialised’; the full list can be found at http://www.specialisedservices.nhs.uk/info/specialised-services-national-definitions.

Impact of the Health & Social Care Bill 2011

In line with much of the national health system, the 2011 Health & Social Care Bill will have a significant impact on the way specialised services are commissioned. Specialised services are to be a core responsibility of the NHS Commissioning Board (NHSCB) based on four key principles:

1. The number of individuals who require provision of the service or facility
2. The cost of providing the service or facility
3. The number of persons able to provide the service or facility
4. The financial implications for CCGs if they were required to arrange for the provision of the service or facility themselves

The Bill sets out plans to transfer specialised commissioning to the NHSCB once it is established, into a nationwide function. This change from being responsible to PCTs to being part of the Commissioning Board requires substantial changes in the way specialised commissioning will work and operate.
What’s happening now?
What plans are in place to make change happen?

Ever since the publication of the NHS White Paper, *Equity and excellence: Liberating the NHS*, the plans for the future of specialised services have been generally well supported by patients and support organisations alike, as they are recognised as offering an opportunity to further strengthen equity and excellence of care.

But managing the transition to a single system within the NHSCB by April 2013 is challenging. In order to achieve our goals, a comprehensive National Programme Plan has been developed, setting out the key tasks and actions needed and the critical path and timelines which also align with those of the wider NHSCB.

Delivery of this National Transition Programme Plan is the responsibility of the National Transition Project Team for Specialised Services. The programme plan in turn sets the framework for SCG Cluster Delivery Plans which define the tasks and actions that need to be undertaken by each of the SCG clusters (for more information on SCG clusters please see over leaf, *SCGs have clustered – why is this?*); these plans will enable them to continue to manage their ongoing operational responsibilities effectively, whilst supporting the wider process of national convergence.

The national transition programme is being delivered through five workstreams, each with an identified national lead:

1. Contracts 13/14 Programme
2. Patient & Public Engagement (PPE)
3. Highly Specialised Services
4. Specialised Mental Health
5. Communications

Kate Caston (formerly Director of East Midlands SCG) has been appointed as the Programme Director for the Specialised Services Transition Programme, Department of Health.

The overall aims of the programme are to:

- Lead the development of a national model of specialised service commissioning for the NHSCB
- Establish what and how specialised services should be commissioned by the NHSCB using the four principles of:
  1. Rarity
  2. Complexity
  3. Scarce expertise
  4. Financial risk
SCGs have clustered – why is this?

In July 2011 the Shared Operating Model for PCTs was published confirming that the 10 SCGs would join together in four clusters, along the same footprint as SHAs (these are: the North, Midlands & East, the South and London). The move is part of a measured transition into a single nationwide function and will support

- National convergence of all specialised commissioning from April 2013
- The move towards one operating model for specialised services
- The need to maintain a focus on convergence of contracts, policies and service specifications.
- The need to maintain current performance and to implement existing QIPP schemes

During the last couple of months the clustered SCGs have been working to appoint single Chief Operating Officers and single senior management teams to oversee operational performance across the combined regions. It is important to stress that clustering is an interim arrangement for a fixed period of time and as such most other SCG staff will not move from their current bases or key roles during this period.

Here’s an update about what is happening in each clustered area:

**North cluster**
- Jon Develing, formerly Chief Operating Officer for North West SCG has been appointed as the Interim Chief Operating Officer for the cluster.
- Some appointments have been made to the senior management team and remaining posts are being finalised.
- New governance arrangements were established in January 2012 and the cluster has agreed to establish a single SCG Board.

**Midlands & East cluster**
- Catherine O’Connell, formerly Chief Operating Officer for East of England SCG has been appointed as the Midlands & East cluster Chief Operating Officer.
- A single SCG Board has now been established and will formally meet for the first time in April 2012

**South cluster**
- Ann Jarvis, formerly Director of Commissioning of South West SCG has been appointed as Chief Operating Officer for the South of England cluster.
- The single management team has been established with appointments to follow.
- The single SCG Board has now been established and final governance arrangements will shortly be agreed.

**London cluster**
- London has been identified as a separate cluster in the new arrangements.
- PCTs in the area began working as clusters (sectors) in 2008 and London SCG responded by adjusting its own governance and accountability arrangements.
- As a consequence of these developments, no further organisational changes are planned during the transition period.

The NSCT will continue to work closely with the clusters colleagues to ensure a smooth transition to the NHS Commissioning Board.
Specialised services and clinically led change
Defining specialised services for the NHSCB

The ambition for the commissioning of specialised services is to establish a single national function with national consistency, equity and excellence at its core. All of the specialised commissioning teams are commissioning services as set out in the SSNDS but not all regions commission all the services and in some regions and for some services, PCTs take a larger active role in the commissioning work.

This situation will change under the new commissioning system as funding will not be allocated through local PCT commissioning arrangements (as happens now) but managed by the NHSCB. It is vital therefore that we are able to clearly specify, monitor and manage specialised services in a consistent manner to ensure they are properly separated from current arrangements.

The Clinical Advisory Group’s review of specialised services

To address this challenge, during 2011 the DH established a working group known as the Clinical Advisory Group (CAG), to test out the services in the last two editions of the SSNDS (versions 2 and 3) against the four factors in the Health and Social Care Bill. CAG did not consider the 60 highly specialised services commissioned by the NSCT as these are by definition, rare and provided in few centres. The CAG was made up of clinical leads in specialist centres and a number of GPs from across the country.

The group concluded that the SSNDS does form the solid basis upon which to decide the specialised services which the NHSCB should commission. However, they also said that the current mixture of commissioning arrangements, and in some cases ambiguity over the actual service descriptions in the definition set, meant that more work should be carried out before they are transferred to the NHSCB.

From these recommendations, three groups of services were formulated:

**Group 1 services** (20 in total) are those where there is a clear consensus that the services meet the four factors on the face of the Health and Social Care Bill; where activity can be readily identified and separately commissioned; and where successful commissioning of the service is already in place in some SCGs. Group 1 services have now been brought together nationally to be included in the 2012/13 contracts (these are also known as ‘minimum take services’).

**Group 2 services** are those that are reasonably easy to identify, are commissioned in a small number of SCG regions but require more clarity and refinement.
on performance measures, specifications and policies before being added to NHSCB contracts. This work is underway.

**Group 3 services** which number about 40, are those that meet the four factors in the Bill but which could not be described in such a way as to distinguish between the more local elements that would be commissioned by Clinical Commissioning Groups, and those specialised elements that would be directly commissioned by the NHSCB.

**Getting to grips with Group 3 services**

The CAG was established by the DH to advise ministers on what to count as specialised services. On the basis of CAG’s initial recommendations Ministers have asked the NHS to undertake further work to define the **scope** of Group 3 services (see above for a description of Group 3 services).

It is not necessary at this stage to agree policies or specifications for these services, but it is vital that we can properly describe the scope of the services so that they can be reflected in the legal regulations of the Bill. **In order for Group 3 services to be identified as specialised, we must complete the scoping work by the end of April 2012.**

**The process for scoping Group 3 services**

55 Clinical Reference Groups (CRGs) have been established as part of the national project work to support the transition of specialised services commissioning from the current arrangements to the NHSCB. Specifically they will have a role in providing assurance that any ‘products’ developed to support specialised commissioning – for example, service specifications, policies or quality measures – have broad endorsement from clinicians, patient groups and commissioners (for more information on CRGs, please see Clinical Reference Groups section below)

To support the pressing need to scope Group 3 services, the CRGs will be asked to consider information about each of the services in group 3. They will consider a range of information about the services and make recommendations about how their scope should be described.

The range of information used might include:
- Information from reviews
- Information from expert commissioners
- Information from policy leads in the Department of Health
- Coding information about clinical activity
- Information from other expert groups working in the field

The CRGs will use their combined multi-disciplinary expertise to determine the best possible scope for each service; they may have to recommend an *interim* scope in the first instance which might change over time as activity becomes better defined.
Specialised services and clinically led change

Assurance and Patient & Public Engagement in the Group 3 process

The CRGs are part of the clinical assurance process to support the transition of specialised services commissioning. There are two other groups that are also essential to this: the Finance Assurance Group and the Patient and Public Engagement Steering Group. As the process for describing the scope of the Group 3 services has such a tight timescale, both of these groups will need to provide ongoing assurance to the process. This might be through a number of routes:

- Through membership on the CRGs (each CRG has a place for at least one PPE representative in its membership)
- By highlighting and recommending relevant pieces of work and groups that could help inform the deliberations of the CRGs
- Through feedback to the Project Lead
- Through review of the proposed scopes

The work to scope group 3 services is now underway with members of the assurance groups being invited to get involved.

Clinically-led change

Clinically led change is vital to the successful transformation of specialised commissioning. As a result, specialised commissioning transition Clinical Assurance Group and 59 CRGs have been established.

The Clinical Assurance Group

The Clinical Assurance Group has been established to support and oversee the work of the Clinical Reference Groups. The group will seek to provide assurance that the products of commissioning (such as policies, specifications and quality measures) have clinical support from as broad a range of sectors and services as possible. It reports to the Transition Oversight Group (see section on Governance and Decision Making), and is chaired by Mr James Palmer, Consultant Neurosurgeon at Plymouth Hospital, Medical Director for South West SCG and the transition programme lead for Quality & Innovation.

Membership of the Clinical Assurance Group includes the Medical Director or Clinical Lead from each of the cluster SCGs, Public Health Leads from the cluster SCGs, and Five Care Group Chairs formed from the constituent Clinical Reference Group chairs (see over the page).
Service Specific Clinical Reference Groups

To ensure we have a meaningful clinical involvement in our work, we have taken a bold and groundbreaking step of establishing 59 national Clinical Reference Groups (CRGs); some of which will operate on a task and finish basis. The CRGs, which report to the Clinical Assurance Group, will be the engine room for clinical change and excellence in specialised services.

The groups have been established to cover each of the core and main sub-set specialised services within the SSNDS portfolio and each has the same remit to help drive the work needed to secure the high quality ‘products’ of commissioning (as described above) in their own service area.

Membership of the Clinical Reference Groups

Our approach can only work if we have the right clinical leads and the right level of commissioning and patient and public representation on the Groups. Each group will be chaired by a clinical leader in the relevant service area and we have sought applications for this voluntary role through a national advert in medical and nursing journals. Appointments were confirmed in January 2012 and work is now underway to make each group operational.

To support their work, the following members and volunteers are also being sought for each group:

- Two clinical leads from each SCG cluster
- Up to four further clinicians on invitation of the Chair to cover all sub-specialty areas within the core service definition
- A public health consultant nominated by the Public Health Network
- Two patient support group representatives nominated by the SCG clusters and the PPE steering group
- A senior commissioning manager from an SCG cluster nominated by the SCGs
- A network clinical director where formal networks exist; and
- Up to four further individuals from other national organisations related to that specialty invited by the Chair of the Clinical Assurance Group. This affiliation will ensure links form across other established national groups.
Working towards a new commissioning system
Working with Clinical Commissioning Groups (CCGs)

In the future, the budget for specialised services will be held by the NHSCB and therefore it is essential that the new CCGs understand the importance and potential impact of their work on the demand for specialised services.

It has been stated that GPs and other primary care professionals should have ‘influence and involvement’ in the commissioning of specialised services. It is essential that the new commissioning system ensures seamless care is provided across the patient pathway and that is why we have launched a time-limited project - Commissioning Integrated Care for Specialised Services – to review and make recommendations about how we achieve this.

Commissioning Integrated Care for Specialised Services

This national project has been established to explore how the NHSCB and CCGs might work more closely together in order to commission integrated care for specialised services.

The project team have been working with GPs, Primary Care Trusts, specialised service clinicians and transitional leads in Strategic Health Authorities, in each cluster area to identify the opportunities and potential barriers to joint working in the future. The team will make final recommendations early in 2012 around how best to integrate commissioning and ensure patients continue to benefit from a seamless treatment pathway between services commissioned by the NHSCB and those commissioned by CCGs.

The role of PCT clusters

During the period of transition PCTs remain the statutory bodies responsible for the performance management of those specialised services commissioned by SCGs. Each SCG has in place a performance management process to monitor and support performance. All the workstreams in the transition project include working with PCT colleagues to ensure a holistic approach during the transition period. However, the process of performance management and transition will increasingly become the responsibility of the NHSCB, as convergence continues and the new commissioning bodies are established.
Working with providers

SCGs and the NSCT have good working relationships with specialised service providers across the country. These must continue as we look to make changes to the way specialised services are commissioned and to ensure providers and their patients see the benefits of change.

Over the years SCGs have developed contractual relationships across a number of providers - in some regions up to 40-50 contracts are in place across a range of services. However each region’s commissioning and contractual arrangements are different as different decisions have been made about how and which services are bought. In some cases a number of SCGs will have commissioned services for their populations, leading to some providers having three or sometimes four different SCGs to deal with and each with separate contractual arrangements.

From a provider perspective the new commissioning arrangements for specialised services will bring a streamlining of contractual arrangements and a consistent application of service specifications, policies and standards across the country. This should enable the development of continuously improving strategic relationships with providers and stronger contractual relationships that focus on quality outcomes and innovative and productive services. The NSCT will also align their contracts with those of the SCGs from April 2013.
Engagement
Ensuring a strong patient voice

Across specialised commissioning there is a strong track record of involvement and engagement activity. The views and experiences of patients are valued and each SCG and the NSCT works with patients and patient groups to incorporate their views as they plan, commission and monitor services.

Building on these foundations, in May 2011 we launched the Specialised Services Patient & Public Engagement Steering Group (SSPPEG) to support the transition of specialised commissioning. Membership of the group has been drawn from across the spectrum of specialised services and includes:

- The Specialised Healthcare Alliance (representing around 70 different organisations and groups)
- Genetic Alliance UK (representing over 130 organisations)
- Rare Disease UK
- Bliss
- Sickle Cell Society
- Haemophilia Society
- The British Heart Foundation (as part of the Richmond Group)

The group meets monthly, supported by SCG, NSCT and DH staff, to discuss the changes taking place, giving advice and representing the patient voice. The group will also play a vital role in helping us find patient and public representatives to join our 55 CRGs (see section on Clinical Reference Groups for more information) to help us develop and scrutinise service developments.

It will also be important as we move into the end state, that there is an appropriate patient and public engagement operating model in place that will ensure specialised services are fully represented in the NHSCB’s direct commissioning function. The SSPPEG provides an excellent starting point for achieving this and we will continue to work with and through this group over the coming weeks and months.
Getting involved and giving your views

Whilst the key principles of change in specialised services commissioning have been established at a national legislative and DH policy level, there is still plenty of scope for people to give their views and to help ensure the changes continue to deliver the principles of equity and excellence.

How to give your views

Giving your views is easy. Regular updates and bulletins are published and distributed to local, regional and national stakeholders.

If you would like to give any feedback or would like to be added to the distribution list please email communications@eoescg.nhs.uk

The National Transition Project team for Specialised Services are also keen to visit you or your patient group to discuss the changes taking place. If you would like a representative to attend one of your meetings or events, please contact the core Specialised Commissioning Transition Communications Team on 01279 666387/969/388 or email communications@eoescg.nhs.uk

Regional and clustered SCGs will also continue their engagement work and attend meetings (for example with Health Overview and Scrutiny Committees and Local Involvement Networks) in the usual ways.

Please use the regional contact details at the end of this pack for more information about what is happening in your area.
Governance
The process of delivering change and decision making

The work of the National Transition Project for Specialised Commissioning is overseen and supported by the Transition Oversight Group (TOG). The TOG is Chaired by Moira Dumma, Director of Commissioning Development, NHS Midlands & East and comprises representation from PCTs, SHAs and the national project team.

The project has now moved into Phase 2 of its work programme, and a Phase 2 Programme Plan has been agreed alongside detailed cluster delivery plans which are performance managed by the SHAs.

To ensure good governance, a programme management approach is being used during Phase 2 to ensure the overarching goals and objectives of transition are achieved through successful delivery of all of the individual tasks. Specifically, it will support the national project team to work with SCG clusters to identify and ensure delivery of a consistent set of outcomes and deliverables (the ‘what’) whilst enabling some flexibility in the manner of that delivery to allow for local variation in operating arrangements within SCG/SHA clusters (the ‘how’).
Frequently asked questions
Governance

**Who are the decision makers and where are they based?**

Sir David Nicholson is the key decision maker at a national level, with support from the Commissioning Development Board that is overseeing the development of the Clinical Commissioning Groups (CCGs).

A Transitional Oversight Group (TOG) has been established to oversee and support the work of the national specialised commissioning transition programme. TOG is chaired by Moira Dumma, Director of Commissioning Development, NHS Midlands & East and its purpose is to support the development, implementation and evaluation of effective commissioning arrangements for specialised services in line with the recommendations set out within ‘Liberating the NHS: commissioning for patients’. The group is made up of representatives from SHA and PCTs from across the country.

**Will SCG/NSCT accountability change in 2012/13?**

No, there will be no change to the SCG/NSCT accountability and governance arrangements during this time; SCGs will still be accountable to PCT Clusters for operational and financial performance and the NSCT to SHAs. However, a National Transition Project team for Specialised Services has been set up to plan for the future and is looking at business planning, contracting, policy and strategy development.

Clustering

**How will the clustering of SCG/NSCT into four areas affect my organisation?**

In the short term these changes will not substantially affect your role. All SCG clusters will still work with the same provider organisations that they currently do. SCGs/NSCT will still be based in the same locations carrying out largely the same functions during the transition period. However, there will clearly be a need to do more joint working across your cluster and we should expect to see some more changes as we get closer to the formal start of the new arrangements in April 2013.

We will keep you fully informed of any developments that might affect you or your organisation that might occur as a result of the transfer of the specialised commissioning to the NHSCB or by some other change as a result of the transition.

**Who will make decisions about work within the new sectors?**

For the next year or so, whilst we are in transition, decisions on performance, contracts and finance within the four clusters will remain the responsibility of the clustered SCGs and their constituent PCTs. Although increasingly the clusters will work closer together on services, policies and contracts. Decisions around project work for the transition into the NHSCB will be made increasingly by the NHS Commissioning Board Authority as it begins to establish its structures and functions.
**How will the commissioning and contract rounds be undertaken?**

Whilst regional SCGs will lead work on the commissioning round for their areas, we have already seen nationally consistent commissioning starting to emerge with the national ‘minimum take’ programme for 2012/13 contracts. We should expect to do more like this as we continue our journey through the commissioning cycle for 2012/13 and 2013/14.

**General questions**

**Where will clinical networks sit?**

The Department of Health (DH) has been leading a review of clinical networks and we are awaiting the findings and recommendations. The latest advice issued by the DH suggests these will be continuing and hosted by the NHSCB. We will update you as soon as further information is available.

**Where SCGs are ahead in a particular service area e.g. Major Trauma, how will a national body avoid reducing this back to a lowest common denominator?**

The aim of the move to national standards is to raise performance and quality consistently across the country.

**How will SCG/NSCT communicate with my GP during the transition?**

Many SCGs are undertaking development work with the emerging CCGs, looking in broad terms at areas of shared interest and how issues which cross several consortia will be managed in the future. Regular updates and bulletins will be shared as plans are agreed. There is a dedicated project group: Commissioning Integrated Care which is working on designing, reviewing, testing and finding best practice ways of keeping GPs engaged.

**Need more information?**

If you want any further information or wish to become more involved please contact communications@eoescg.nhs.uk or phone the Communications Team on 01279 666387/969/388.
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