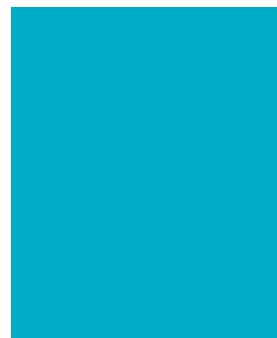
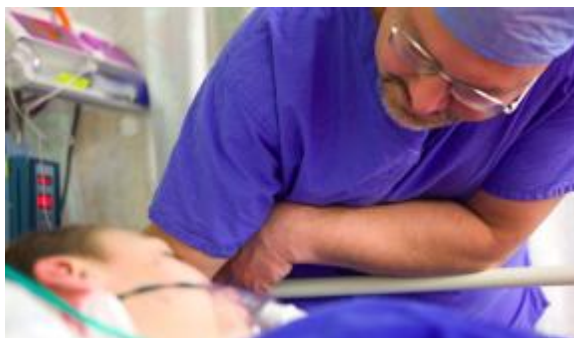
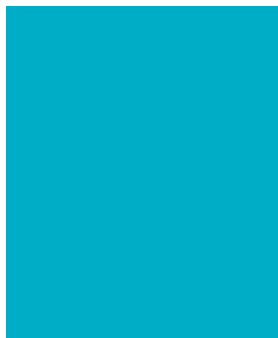


# NHS England Specialised Services

## The five-year forward view and commissioning specialised Intestinal Failure and Parenteral Nutrition services



BAPEN Conference Event  
8th November 2016



# FYFV: Specialised services

## Strategic Framework 2016: Themes

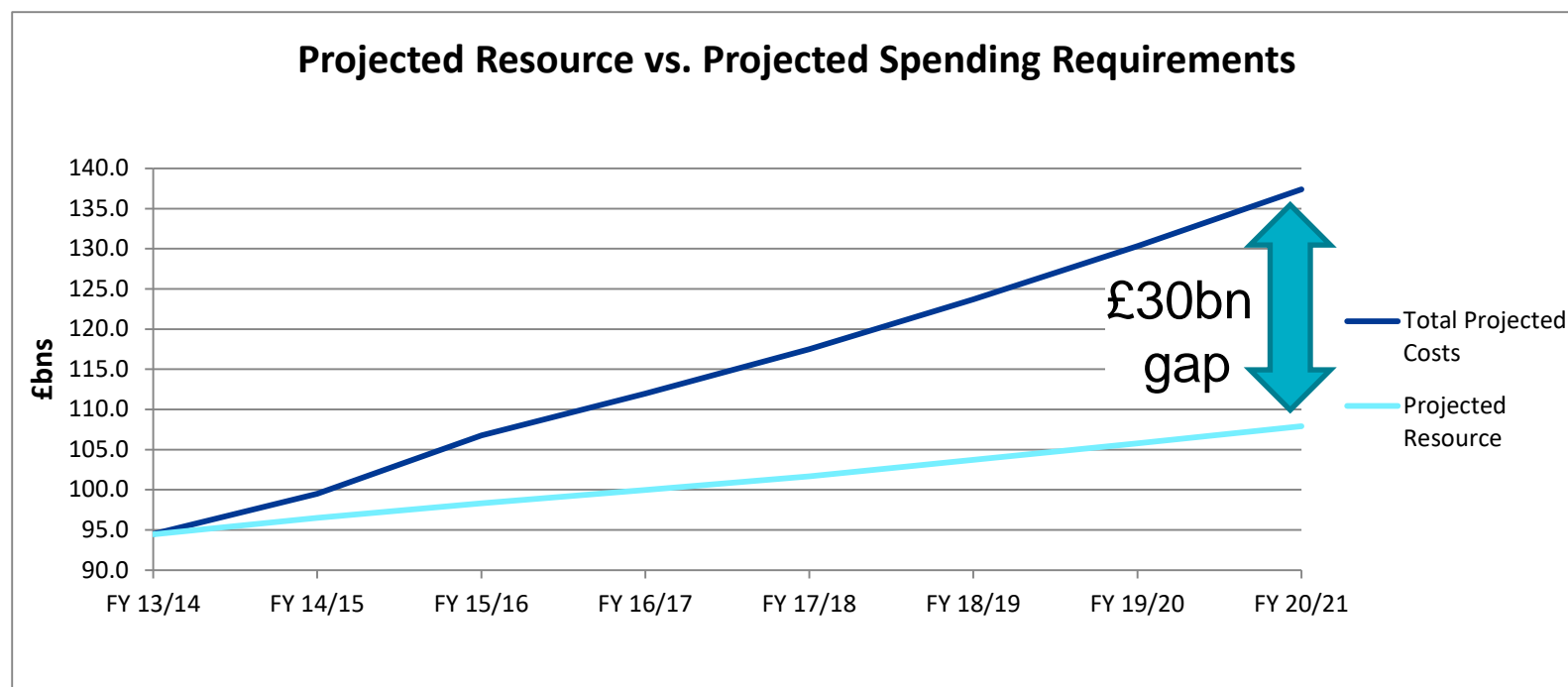


**Priorities are** to support place-based care, while maintaining national standards and financial sustainability.

- Delivering place and population-based care: Local level collaboration to agree patient and service priorities, sustainable provider configuration and develop options for commissioning.
- Providing national level support: National support to enable local flexibility, including reform of clinical advice, improving data and information, support for innovation, and improving the prioritisation of new drugs and treatments.
- Ensuring financial sustainability and value for money: financial controls in ways that provide clear incentives to transform provision and integrate specialised elements with the whole care pathway.

# A Call to Action

- If we continue with the current model of care it is likely we will face a funding gap between projected health spending requirements and NHS England resource of around £30bn between 2013/14 and 2020/21.
- This estimate is before taking into account any productivity improvements and assumes the NHS England resource remains protected at flat real.

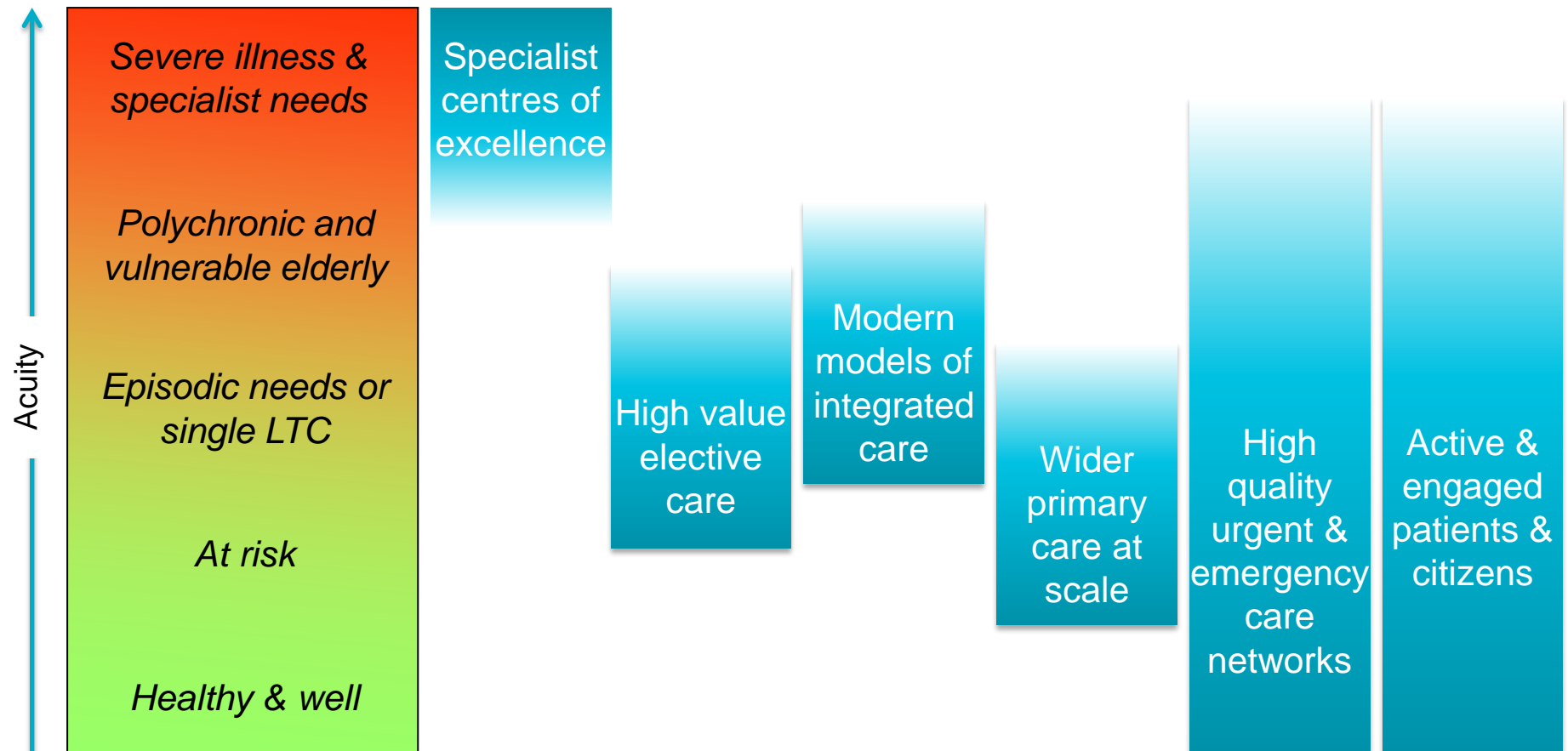


**Recognition that different service models can meet national standards:** Some areas may take on greater devolved commissioning responsibility for some specialised services, other localities may not have the capacity, or desire to do so but would still like a say in planning services

**Moving away from a 'choice' of national or local commissioning:** asking local leaders in Sustainability and Transformation Plan footprints to think about the 'collective NHS £' – joining up spend on specialised services with core services across whole care pathways.

**Moving towards a plurality of provider models:** NHS England has called for consolidation of providers into '15-30 centres of excellence' (Everyone Counts, Dec 2013). New approach could still be consolidation of providers into single centres of excellence, but equally a new franchise, chain or network model vanguards, may better suit local circumstances of patients and clinicians and enhancing public value.

## Six Future Models or Characteristics

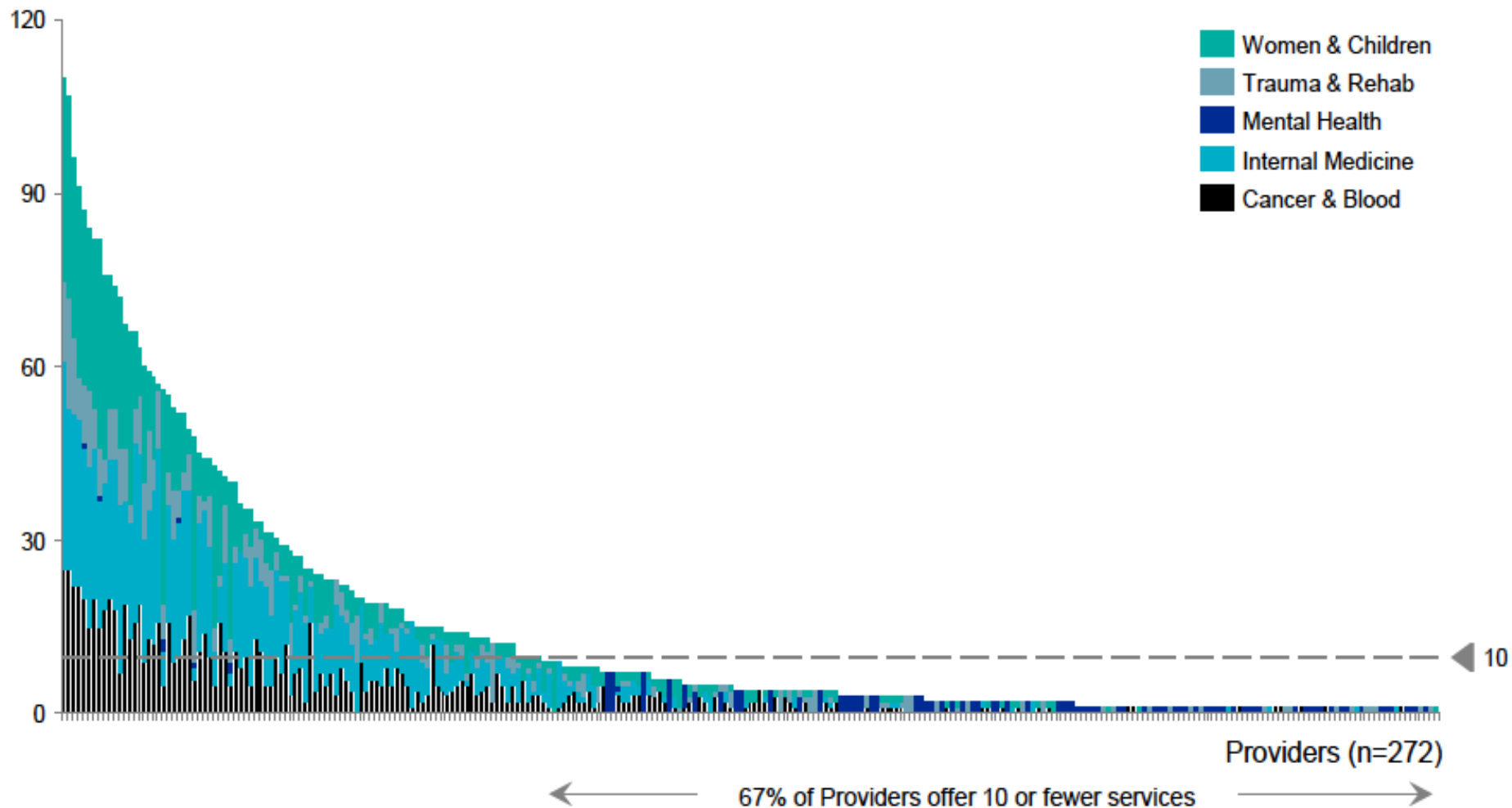


# Provider Landscape

272 providers offer ~200 specialised services today

Services are grouped across 5 Programmes of Care

# of Services



- **Leadership and expertise of Clinical Reference Groups to transform future patient outcomes:** Maintain benefits of national standards and consistency across specialised services, ensure clinical expertise is focused on improving patient outcomes. New focus for Clinical Reference Groups enabling clinical leaders and patients' representatives to spotlight best practice in different places and driving continuous improvement for patients across the country. To indicate poor value treatments should no longer be supported to create space for the new.

**Moving from 'transactional' use of information to rewarding high quality care:** Default is focus on contract activity and volumes. What matters to the patient is quality – clinically effectiveness, safety and the best experience possible. More effective population-based information and smarter outcome measures (e.g. across whole care pathway) can enhance new services by better measuring and rewarding outcomes.

- **Step change in the adoption of new treatments:** Improving adoption will mean revisiting NICE/NHS England relationship, more rapid decisions on commissioning and decommissioning, and alternative reimbursement models.

# IF Procurement 2015

- The procurement options were considered and due to the lack of clinical coding, Identification Rules and lack of specific clinical / HRG coding for IF and the variety of commissioning approaches in use a standard competitive tender was not recommended at that stage
- To undertake a competitive tender the costing and pricing of the service would need to have been resolved. For these reasons it was agreed a compliance approach using the new service specification for Intestinal Failure would underpin the procurement process undertaken in 2015.
- The completion of the Award phase was cancelled due to a formal legal challenge being received and after consideration of further legal advice to Senior Management Team members on the options available.

## Issues with the Procurement 2015/16

- The procurement required sharing of clinical data that allowed validation of the true demand for complex surgery.
- The legal advice in brief highlighted that the compliance process could not be flexed for the situation that arose where the number of centres required had significantly changed. Specifically selection criteria used relating to geographic coverage and comparison between surgical Units selected or not selected due to the reduction in true IF cases could not be supported by a compliance approach.
- NHS England decided the Award stage should not be concluded due to the general and specific issues raised following the legal advice received.
- Agreed to re-run the procurement as a competitive tender based on c. 11 combined type II and Type III centres plus standalone Type III services. One sector there was a need to undertake a new process to select a surgical centre – as none met the standard.

# Re: Procurement Provisional Timelines 2017/18

Action	Timeline
Post IF cessation of Award actions	August / September 2016
Finalise Communication plan	November 2016
Pre tender preparation of ITT	November to December 2016
Refresh of demand data	
Consider options for an interim IF tariff	December 2016
Pre tender consultation / engagement	January to March 2017
<b>Financial and ID analysis to support tariff</b>	<b>January to March 2017</b>
Confirm approach to tariff	May 2018
Re procurement – ITT Opens	June 2018
Re procurement – ITT Closes	August 2018
Clinical review	September 2018
Commissioner Panel	October 2018
Award Standstill Period	November 2018
NHS England Internal Governance	December / January 2018
Confirmation of Award	February 2018
Implementation	March to May 2018

# Home Parenteral Nutrition Commissioning

- IF HPN tender Dec 2012 with PCTs
- CMU led Retender 2015/16
- c. 2000 patients on HPN in England
- Tender on behalf of providers / funded by NHS England
- Stakeholder group informed tender specification: – adult and children clinicians, nurses, pharmacists, dietitians, consultants, CMU colleagues.
- Service model within IF specification within specialised colorectal CRG and paediatric medicine CRG

# Framework and service specification 2016

- Aseptic production and licensing
- Standardisation
- Nursing – 28 hours of training initially
- Installation and removal of equipment
- Bag of feed / Pump
- Ancillaries eg giving sets, dressings,
- Drugs eg – flushes, heparin, PPIs
- 24 hour help line -

# Patient Viewpoint

- Delivery Driver – named & photo
- Pump – one or two
- Fridge – Pharmaceutical or domestic
- Holiday arrangements
- Free helpline phone number
- Patients will have permanent venous access, dressings in place, other medical conditions
- HPN is likely to be the only source of food and drink for patients

## National & Regional support

- Hackett report for homecare services
- National Homecare Medicine Committee – Lynne Richley, specialised pharmacy lead
- PINNT – patient group
- Homecare pharmacist
- Procurement pharmacist
- Clinical commissioning pharmacists – embedded
- HPN Framework Contact Point

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## Quality and Value

- Need to assess each new patient and their clinical requirements e.g. installation costs
- Geography of service
- Cost effective items e.g. dressings
- Contract monitoring to specialised commissioning
- HPN suppliers to CMU
- National KPIs to each Trust – agreed through the national homecare medicines committee
- Quality Surveillance team
- Regional quality leads

# Implementation

- National and Regional Support
- Children – agreed centres through derogation
- Adults – IF service procurement underway
- Blueteq forms enabled at those trusts currently commissioned to provide service
- Supplier managers to ensure new framework contract is signed up to
- Part of specialised contract discussions to see KPIs – maybe CQRG
- Transition period

Any Questions?

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