Developing a more collaborative approach to the commissioning of specialised services:

Guidance document

4 March 2015

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Developing a more collaborative approach to the commissioning of specialised services: Guidance document

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Foreword

Specialised services include a diverse range of services from renal dialysis through secure services in mental health to treatments for rare cancers. We know the current commissioning arrangements work well for some patients, but for others they can be an obstacle to providing the best experience of care.

We must tackle the latter and do better for all patients. Collaborative commissioning provides a real opportunity to do this, through CCGs and NHS England, each with their own responsibilities, working together in a way that delivers better outcomes for patients.

A local health economy is not a sealed system; rather it is a network of interlocking services provided over different levels of population. It has clear links at an individual and organisational level with services provided by local government and other organisations. Consequently, at every level, working with other interested parties to develop services with a shared vision, to clear quality requirements and specifications, will demonstrate benefits for all patients with diverse needs, providers and commissioners. This is collaborative commissioning.

Working collaboratively to commission services across organisational boundaries has benefits for everyone involved. Patients will benefit through clearer, more integrated pathways which adapt easily to meet individual needs. They will experience a more responsive service with fewer instances of feeling like they have "fallen in the gap".

Commissioners will benefit from a better perspective on the overall performance of a provider and there will be greater opportunities to develop pathways which support patients in a holistic way leading to better outcomes. Commissioners will also have the ability to plan effectively in a coherent way to provide the highest quality healthcare, to reduce any inequalities in access to services and to improve outcomes

For providers, collaborative commissioning will mean the opportunity to have one conversation about all the services they provide. They will have greater clarity on what commissioners expect from the service they deliver, particularly where there may seem to be competing priorities. Providers will also benefit from a more rounded view of planning, allocating and developing services across commissioning organisations.

We are very grateful to all the patients, commissioners, providers and other stakeholders who have contributed to this emerging vision for specialised services. We have heard from colleagues in Clinical Commissioning Groups that there is varying states of readiness for specialised commissioning and we think that together we have developed a flexible approach that will help deliver a phased transition which is essential for these changes to be effective. This is only the start of our engagement and we will continue to listen and act on feedback as we continue to develop a shared vision for how collaborative commissioning will work.

Patients who use specialised services are often in great clinical need, requiring the attention of a range of healthcare professionals. For those of us who work in primary

care, we are privileged to see and support the whole patient journey. Collaborative commissioning will be a major change for the NHS, but it is a change that provides a real opportunity for us to deliver better outcomes for patients, for years to come.

Dr Nick Harding
Chair,
NHS Sandwell and Birmingham CCG.

Richard Jeavons
Director of Commissioning
Specialised Services,
NHS England.

Contents

1 Executive summary

This document sets out the vision and next steps towards developing a more collaborative approach to the commissioning of specialised services for 2015/16 and beyond. It has been developed in collaboration with a wide range of stakeholders including the NHS Commissioning Assembly, NHS Clinical Commissioners, Public Health England, CCGs and Clinical Reference Groups (CRGs). We are also grateful to members of the specialised commissioning Patient and Public Voice Assurance Group for their contribution and advice around developing proposals for collaborative commissioning.

We have a duty as commissioners to reduce inequalities and work collaboratively to improve outcomes for populations. Patients often receive specialised care following treatment within primary and secondary care. NHS England and CCGs together commission all of these services and should work closely with their local authority and public health partners, to ensure an integrated patient and population centred approach. We believe that a more collaborative approach to specialised commissioning could lead to a significant number of benefits for patients. This will include more integrated pathways around the needs of diverse local populations and therefore reduced inequalities, improved outcomes and a better patient experience.

We are therefore inviting CCGs to work more closely with their NHS England specialised commissioning hub to design and develop commissioning pathways, ensuring they are grounded in meeting diverse local need.

The aim is to introduce a more collaborative approach from 1 April 2015. We see 2015/16 as a development year in which NHS England and CCGs can build upon and strengthen existing collaborative arrangements.

From 1 April 2015, one collaborative commissioning oversight group will be established by NHS England in each specialised commissioning hub. CCGs will be invited to join, or be represented by another CCG at their relevant oversight group, to support priority setting and the design and delivery of transformational change across whole pathways. Local delivery sub-groups will be established to support the delivery of agreed priorities.

In addition, the purpose and membership of national Programmes of Care (PoCs) and Clinical Reference Groups (CRGs) will be refreshed to strengthen CCG involvement and to support collaborative commissioning oversight groups to deliver their priorities.

It is not our intention that collaborative commissioning arrangements will require CCGs to invest significant time or additional resource to set up or deliver. The collaborative commissioning oversight group will operate within a national system of standards, policies and specifications for specialised care which require local pathways to be further developed. NHS England will provide management and administrative resource to establish and run the collaborative commissioning oversight group, and work closely with CCGs to establish that the right support arrangements are in place going forward.

In order to support NHS England and CCGs to take forward the new approach, this document is accompanied by a suite of practical resources and tools, which can be found on the NHS England website.

We hope this document is useful in setting out the next steps towards implementing a more collaborative approach to specialised commissioning. If you require any further information, please email: england.boffice_speccom@nhs.net

2 Introduction and purpose of the document

This document sets out the vision and next steps towards developing a more collaborative approach to the commissioning of specialised services for 2015/16 and beyond. The aim is to ensure that specialised commissioning is grounded to meet diverse local needs and we are therefore inviting CCGs to have a greater say in how specialised services are commissioned.

NHS England supports a population and patient centred approach to commissioning. This cannot be achieved without commissioners working together to achieve a common aim and objective. Collaborative commissioning for specialised services is a step on a longer journey towards place based commissioning – where different commissioners come together to jointly agree commissioning strategies and plans across a range of services for a diverse local population.

2.1 Background and context

NHS England directly commissions specialised services with a value of approximately £14bn. The NHS Act 2006 (as amended by the Health and Social Care Act 2012) gives the Secretary of State responsibility for deciding which elements of specialised services should be commissioned directly by NHS England rather than by CCGs. Ministers take advice on these decisions from the Prescribed Specialised Services Advisory Group (PSSAG), a multi-disciplinary advisory committee established by the Department of Health, made up of independent experts and lay members. The portfolio of 145 services (as of 1 April 2014) is highly heterogeneous. Some of these services are highly specialised, including those for very rare diseases. However, many services are not particularly rare and others are provided nearly everywhere in the country.

Specialised commissioning is currently delivered through four regional specialised commissioning teams. Each region has specialised commissioning hubs, which commission specialised services at a more local level:

Region	Specialised commissioning hub
North	North East and Cumbria North West Yorkshire and Humber
Midlands and East	East Midlands East of England West Midlands
South	South East South West Wessex
London	London

Specialised commissioning teams comprise clinical leads, commissioning leads, service specialists, contracting, finance, analytics, public health and communications expertise. They undertake needs assessments, set priorities, develop and implement local service models with national specifications, lead procurements and contract with providers. They also lead transformation programmes including QIPP and service reconfiguration.

The regional specialised commissioning teams are currently supported by an expert advisory structure of clinicians and patients in its Programmes of Care (PoC) and Clinical Reference Groups (CRGs). There are now six PoCs with responsibility for developing clinical strategies in the following areas:

- Internal Medicine – digestion, renal, hepatobiliary and circulatory system
- Cancer (previously 'Cancer and Blood')
- Blood and infection (previously 'Cancer and Blood')
- Mental Health
- Trauma – traumatic injury, orthopaedics, head and neck and rehabilitation
- Women and Children – women and children, congenital and inherited diseases

CRGs are clustered around the national PoCs with responsibility for preparing national specialised service level strategy and developing specialised service contract products, such as specifications and policies. These nationally set strategies, standards, policies and specifications cannot be varied locally. However, in this document we outline how in the future, these will be jointly reviewed with CCGs through a revised membership of these structures.

This document sets out how we can further develop and build upon the existing commissioning structure, to enable NHS England and CCGs to more collaboratively commission specialised pathways of care around diverse local needs.

The design of the new arrangements has been led by the NHS Commissioning Assembly Specialised Commissioning Co-Design Group in collaboration with NHS Clinical Commissioners. The group is co-chaired by Richard Jeavons (Director of Commissioning Specialised Services, NHS England) and Dr Nick Harding (Chair, NHS Sandwell and Birmingham CCG). Membership can be found in Appendix 1.

2.2 The case for change

Over the past 18 months, NHS England has listened to many patients' experiences of specialised services. Feedback tells us that current care pathways can be

disjointed, particularly where the commissioning responsibility for services changes. This can lead to gaps in provision and poor sharing of data, which is simply not acceptable and cannot possibly produce the best outcomes for patients. We know we can do better by patients and improve outcomes for local populations.

We therefore need to develop a more collaborative approach to specialised commissioning and make it easier for commissioners to work together to better align pathways, and service models across the system. We know that many CCGs are keen to have a greater say over the commissioning of specialised services, to develop a more holistic and integrated approach to improving healthcare for their diverse local populations.

If we get this right, we believe there are significant opportunities to enhance the commissioning system, reduce inequalities and secure health gains within local health economies - from aligning priorities for services and patient pathways, to securing QIPP transformation savings.

2.3 What changes are proposed for 2015/16?

The intention is to move towards a more differentiated approach to specialised commissioning from 1 April 2015, within a commissioning framework that identifies the optimal population, service model and pathways required for key service groups, as we believe this will deliver the best outcomes for patients:

2.3.1 Collaborative commissioning with CCGs

NHS England intends to invite CCGs to have a greater say over the commissioning of the majority of specialised services. This includes services not routinely delivered in every CCG or in every local hospital, but which are delivered in many localities across England and need to be sensitive to that defined geography. NHS England will work closely with CCGs, patients and other stakeholders to determine which specialised services could benefit from a more collaborative approach to commissioning through a series of engagement events. The outcome of this work will be set out later in the year together with a commissioning framework that enables best models to be adopted for commissioning at a national, regional and local level.

2.3.2 Devolved services to CCGs

The clinically-led Prescribed Specialised Services Advisory Group (PSSAG) can make recommendations to Ministers to devolve commissioning responsibility for services to CCGs where it is considered appropriate. Before Ministers take a decision to devolve any services to CCGs, a consultation must be carried out with NHS England.

For 2015/16 there are two service lines for which commissioning responsibility is being devolved back to CCGs. These are specialist wheelchair services and outpatient neurology activity in specialist neurology centres. In both cases this will lead to a more equitable pattern of commissioning across England. Currently some CCGs are picking up this activity whilst others are not. Consequently the expertise in how to commission these pathways in order to meet the needs of the population as a whole sits with CCGs.

There has been a significant programme of work regarding how to improve the commissioning of wheelchair services as a whole. Detailed guidance will be published soon on the NHS England website.

The approach to devolving services to CCGs, or conversely repatriating them to NHS England, will remain focused on a clinically led process, ensuring that all services are commissioned by the organisation most able to meet the requirements for high quality commissioning which improves patient experience at all stages.

This document sets out the vision and next steps towards implementing a more collaborative approach to specialised commissioning. It does not set out arrangements for the commissioning of devolved services. However, CCGs may wish to consider building upon the collaborative arrangements described in this document, when developing their approach to the future commissioning of devolved services.

3 A new framework for specialised collaborative commissioning

This section sets out the model for developing a more collaborative approach to specialised commissioning. It builds upon the findings of a survey of existing collaborative arrangements for specialised commissioning, which was undertaken by NHS England in November 2014. The model is a starting point and NHS England will continue to work with CCGs and NHS Clinical Commissioners over the coming months to further develop and refine the arrangements.

3.1 Principles of specialised collaborative commissioning

The development of a more collaborative approach to commissioning will be guided by the following principles:

- The new collaborative arrangements will be co-designed with CCGs;
- CCGs will be able to choose how much involvement they have in collaborative arrangements;
- It is not expected that CCGs will be required to invest additional resource in setting up or delivering the new arrangements;
- NHS England will provide a range of development support for CCGs to implement the arrangements; and
- National standards, policies and specifications will be utilised within locally designed service models and pathways.

3.2 Aims of collaborative commissioning

The overarching aims of collaborative commissioning are to:

- Improve pathway integrity for patients, helping to ensure that specialised care is commissioned as part of a single pathway;
- Enable better allocation or investment decisions, giving CCGs and their partners the ability to invest in prevention or more effective services;
- Move towards population accountability and lay the groundwork for 'place based' or population budgets and clearer accountability to local populations;
- Improve financial incentives over the longer term, reducing demand, where appropriate, and unwarranted variation; and
- Ensure providers can be effectively held to account, ensuring clearer links between services, commissioners, referrers and providers.

The potential benefits for patients are:

- A better patient experience through more joined up services;
- Improved health outcomes; and
- Improved equitable access to high quality sustainable services.

3.3 Overview of the specialised collaborative commissioning model and footprint

Specialised commissioning must cover the whole population. For administrative purposes, there are ten specialised commissioning hubs in England which are co-terminus with a number of CCGs (as set out in appendix 2). We are inviting CCGs to work more closely with their relevant hub to design and develop commissioning pathways, ensuring they are grounded in diverse local needs.

From 1 April 2015 one collaborative commissioning oversight group will be developed in each specialised commissioning hub. CCGs will be invited to join their relevant oversight group, or be represented by another CCG, to support priority setting and the design and delivery of transformational change across whole pathways – see section 3.4 for further information. Local delivery sub-groups will be established to support and to deliver the agreed priorities.

The membership and purpose of national Programmes of Care (PoCs) and Clinical Reference Groups (CRGs), which provide clinical advice and develop standards, will be refreshed to strengthen CCG involvement and to support specialised collaboratives in delivering their priorities.

3.3.1 Opportunities for CCGs

Population and patient centred commissioning needs strong collaboration between commissioners, who are responsible across a care pathway for ensuring integrated care is provided at the right time, at the right place and to the right level. Specialised services cannot operate in isolation. Whilst it is up to the discretion of each CCG how much involvement they have in the new collaborative arrangements, there could be significant benefits through active participation:

- Realising benefits for patients and the system from consolidating services and redesigning pathways to deliver more joined up care;
- Agreeing the most optimal footprints for commissioning services and pathways for their local populations;
- Setting priorities for how and where services are delivered, and which local services are prioritised first; and
- Supporting the transformation agenda through CCGs and NHS England working together to deliver transformed pathways and QIPP schemes for improved value.

The new arrangements will also improve engagement with providers, enabling providers and commissioners to have more joined up conversations.

3.3.2 Applying national specifications within a broader service model

Consistent, national service specifications and policies will still apply for those specialised services that are collaboratively commissioned.

Commissioners working together across the system have the ability to establish and set evidence based standards and pathways that cover the whole patient journey and all tiers of care. Examples where this has already progressed include neuro-rehabilitation, where specialised commissioning is responsible for tier 1 which is the most complex needs, tier 2 (both specialist and CCG commission step down care), and tier 3 (community services including local authority and CCG commissioned).

The national specifications are embedded within this whole service model approach. This ensures that patient access to and from specialised services, follows an evidence based pathway which improves outcomes.

3.4 Specialised collaborative commissioning oversight group

From 1 April 2015 one collaborative commissioning oversight group will be developed in each specialised commissioning hub. Oversight groups will have input to shaping proposals on priorities, service design and service change. This will allow joined up recommendations to be made to NHS England's regional teams in support of decision-making and assurance. However, there will be no delegation of commissioning functions to oversight groups in 2015/16 and NHS England will retain legal and financial responsibility for the commissioning of all specialised services.

A summary of the areas for discussion and recommendations by collaborative commissioning oversight groups to NHS England include:

- Local priority setting for service change, including developing a priorities plan and monitoring delivery against this plan;
- Input into local service reviews, including engagement and consultation;
- Enabling greater CCG clinical input into specialised service national policy development , standards and specification in order to ensure wider service models and pathways are aligned;
- Supporting and proposing suggested service changes, new pathways and reconfiguration;
- Generating ideas for QIPP development and delivery; and
- Oversight of financial management, including analysis and identification of opportunities to improve value and equity.

It is important that expertise and advice is captured from the clinical leadership forums (see section 3.5), patients, the public and providers in the service model design. In order to clarify accountability within the new arrangements, we have developed an example RACI matrix, which helps identify the responsibilities and stakeholders across the commissioning process. This can be found as part of the collaborative commissioning tools and resources on the NHS England website.

The specialised collaborative commissioning oversight group will have the flexibility to establish delivery sub-groups, to deliver the ambitions and priorities agreed at a pathway or geographical level. We know that a number of similar sub-groups are already in operation across the country. In some areas there may be benefits from expanding upon these existing groups and establishing new groups.

3.4.1 Membership of specialised collaborative commissioning oversight groups

All CCGs will be invited to join their specialised collaborative commissioning oversight group. However, we realise that some CCGs may opt not to participate directly. In those instances it is important that CCGs liaise with neighbouring CCGs to ensure the interests of their local populations are represented in discussions.

It will be important that membership enables appropriate contribution from clinical and managerial staff, and the range of stakeholders with whom specialised commissioners work.

Oversight groups should engage and involve patients and the public in service design and reconfiguration. We would encourage NHS England commissioners and CCGs to consult the Transforming Participation in Health and Care guidance when considering the membership of the collaborative. Representatives from Public Health England, patient and public engagement, local authority and voluntary groups, will provide advice, support and input to the collaborative.

3.4.2 Terms of reference and collaborative agreement

In order to ensure national consistency when establishing specialised commissioning oversight groups, we have developed draft terms of reference and a collaborative agreement. These can be found in the collaborative commissioning tools and resources on the NHS England website. Collaborative commissioning oversight groups must have clear terms of reference and a collaboration agreement, though there is scope to adapt these to reflect local arrangements.

3.4.3 Specialised collaborative commissioning oversight group priorities plan

Each collaborative commissioning oversight group will be required to identify priority service transformation areas for 2015/16 and beyond. Guidance and criteria for setting priorities is available in the collaborative commissioning tools and resources on the NHS England website. This also includes a template priorities plan. There is a real opportunity for the collaborative commissioning oversight group to set priorities that will lead to a reduction in inequalities and improvements in service quality, value and sustainability.

3.5 Clinical Reference Groups (CRGs) and national Programmes of Care (PoCs)

In order to support the ambition for greater collaboration, changes need to be made locally in how we commission collaboratively, but also nationally in the CRG and PoC arrangements. We need CRGs that are able to advise on clinical opportunities and the development of integrated service models for delivery and pathway change, beyond the existing focus of setting standards and specifications for specialised services.

The national PoCs and CRGs will be refreshed in terms of membership and purpose. Each of the programme boards will have a tripartite leadership structure with the Regional Commissioner for Specialised Services as chair, a clinical vice chair and CCG vice chair. This inclusive membership will be mirrored in the CRGs, with each CRG aiming to recruit four CCG representatives, one from each region.

The national PoCs will have a strong commissioning focus, identifying priorities for setting strategy at a service level, service development, and delivery of national commissioning products such as specifications and policies.

These national structures are made up of local clinical leadership forums, based around the twelve senate footprints (including CCGs in future). Clinical leadership

forums will advise and support the collaborative commissioning oversight groups. They will actively provide advice on the service model, pathways and proposed service changes.

3.6 National service reviews

There will be a number of service reviews undertaken across England at a national level from April 2015 onwards. NHS England will operate a principle of subsidiarity in selecting those areas for national review. Only those services that make sense to review at a national level will be identified using the criteria. It is anticipated that the priorities identified in the specialised collaborative commissioning oversight groups, together with the national review of priorities, will be jointly assessed from April 2015 onwards to agree a collective programme of work. Our aim should be to make progress in transformation and enable the delivery of priorities at national, regional and local level.

3.7 Finance and resources

NHS England will retain full financial risk for specialised services. It is not our expectation that CCGs will be required to enter into a risk sharing arrangement for 2015/16. We will ensure that through the collaborative commissioning oversight group, CCGs are sighted on the overall financial position of specialised services, with appropriate analysis and discussion on risks and opportunities to improve value. Further, we will look into the possibility of implementing a benefit share scheme for CCGs. The finance technical working group of the NHS Commissioning Assembly Co-design Group are working through the detail of this and further information will be published in due course.

3.7.1 Management and resources

It is not our intention that collaborative commissioning arrangements will require CCGs to invest significant time or additional resource to set up or deliver. CCGs will not be expected to provide any commissioning resources to support the specialised team hubs. We see the benefit of the collaborative approach deriving from CCGs and NHS England collaboratively leading the transformation of services, rather than undertaking the detailed commissioning activity.

Further, NHS England will provide management and administrative support (subject to available resource) to establish and run the collaborative commissioning oversight group, and work closely with CCGs to establish the right support arrangements going forward.

4 Implementation of specialised collaborative commissioning arrangements

This section sets out the next steps towards establishing the new collaborative commissioning arrangements. The document is accompanied by a suite of practical resources and tools to support implementation of the new arrangements. These can be found on the NHS England website.

4.1 Implementation plan and timeline

4.1.1 Timeline

We want to ensure that collaborative commissioning arrangements are established at a pace commissioners are comfortable with and we therefore see 2015/16 as a development year.

Our aim is to develop collaborative commissioning arrangements from 1 April 2015. We know some CCGs are keen to take forward collaborative commissioning for specialised services, whilst others see this as a lower priority. The approach set out in this guidance aims to accommodate both ends of the spectrum.

It is envisaged that during March 2015 each specialised commissioning hub will engage CCGs in a workshop/meeting to:

- Review the governance arrangements;
- Share information on key priority areas, including any issues relating to access, quality and equity; and
- Ensure that there is agreement and commitment to a set of emerging priorities.

During April 2015 proposals for collaborative commissioning should be further developed. NHS England regional teams will be responsible for leading the development of proposals in partnership with CCGs.

By the end of April/early May 2015 each hub should have a draft proposal setting out the proposed collaborative commissioning arrangement and a service priorities plan to work on.

Once the hub is ready and by end of May 2015, regions will invite a peer review of both the plan and the proposed governance arrangements to provide both assurance and an opportunity to share learning between hubs. Each region will invite the review at the point of ‘readiness’ and in some instances this may be earlier than this timeline. Further information on the peer review will be published shortly.

Throughout 2015/16 there will be an opportunity to build upon and strengthen collaborative arrangements.

A communications pack will be available to support the delivery of the programme. This can be obtained from regional NHS England communications hubs or by emailing england.boffice_speccom@nhs.net.

A summary of the timeline can be found below:

Action	Date
Publish guidance to support local discussions to take forward collaborative commissioning arrangements.	Early March 2015
A coordinated process of co-design to be undertaken with CCGs and NHS England to support the development of governance arrangements and setting of priorities for service change. Workshops/meetings for CCGs and specialised teams to be arranged and undertaken through the regional teams.	March/April 2015
Production of a plan for 2015/16 setting out the proposed governance arrangements for collaborative arrangements and priority areas for QIPP and service change.	March /April 2015
Peer review and assurance of plans. More detail on this process will follow	By end May 2015

During the transition to the new collaborative arrangements, it will be important to ensure that the commissioners remain focussed on delivering priorities improving quality and sound financial management. There will also be a need for alignment of NHS England and CCG strategy on managing providers, services and patient flow.

4.1.2 Timeline from April 2015/16 onwards

During 2015/16, collaborative commissioning oversight groups and their associated local delivery sub-groups, will be required to start mobilising and implementing their priorities plan.

In September 2015 the collaborative commissioning oversight group should provide guidance and input into national commissioning intentions for 2016/17 and develop revised local commissioning priorities.

In October 2015, the collaborative commissioning oversight group should be developing their 2016/17 plans, capturing the planned full year benefits from the 2015/16 priorities work.

Between December 2015 and March 2016, regions should invite a second peer review to:

- identify improvements made by the collaborative;
- review the functioning of the collaborative arrangements;
- identify further areas for improvement; and
- share learning and good practice with other hubs.

Between January and March 2016, collaborative commissioning oversight groups will be required to finalise planning and support contracting for 2016/17.

4.2 Development support and evaluation

NHS England will ensure that there is sufficient support and advice available to design and implement the new arrangements:

- NHS England will support the development of collaborative commissioning arrangements, providing commissioning, finance, quality and medical expertise.
- NHS England will provide legal support and advice centrally, where required, to support the establishment of new collaborative commissioning governance arrangements.
- NHS England will provide project support, where required, to support the implementation of arrangements.
- NHS England will identify a clinical advisor model for key transformation areas, enabling strong interaction between local clinical leads and national clinical advisors and enabling regional and local input into national structures.
- NHS England will provide a web-based interactive platform for the exchange and ideas.
- NHS England will develop a bespoke development programme to enhance learning and development for commissioners working on system transformation connected with specialised services.

4.2.1 Evaluation

It will be important that we review and share learning from the implementation of collaborative commissioning arrangements in real time, in order to support continuous development and improvement. It will be important to evaluate the following:

- What is and is not working;
- The measurable service change benefits;
- Any unforeseen perverse incentives and system blockages; and
- Examples of good practice.

5 Next steps

We hope this document is useful in setting out the vision and next steps towards implementing a more collaborative approach to specialised commissioning. If you require any further information, please email: england.boffice_speccom@nhs.net

We will keep the arrangements set out in this document under review in light of the experience of their operation during 2015/16.

Glossary

CCGs	Clinical Commissioning Groups
CRGs	Clinical Reference Groups
PoC	Programmes of Care
PSSAG	Prescribed Specialised Services Advisory Group
QIPP	Quality Innovation Productivity and Prevention

References

HM Government, 2012, Health and Social Care Act 2012

NHS England, September 2013, Transforming Participation in Health and Care guidance

6 Appendices

Appendix 1: Members of the NHS Commissioning Assembly Co-design Group

Name	Role	Organisation
Richard Jeavons (Co-chair)	Director of Commissioning Specialised Services	NHS England
Dr Nick Harding (Co-chair)	Chair	NHS Sandwell and Birmingham CCG
CCG members		
Dr Anand Chitnis	Chair & Clinical Lead	NHS Solihull CCG
Allison Cooke	Chief Officer	NHS North Lincolnshire CCG
Kathryn Hall	Senior Commissioning Manager, Cancer and Specialised Care	NHS Gloucestershire CCG
Jane Hazelgrave	Chief Financial Officer	NHS Bradford CCGs
Dr Paul Husselbee	Chief Clinical Officer	NHS Southend CCG
Tom Jackson	Chief Finance Officer	NHS Liverpool CCG
Cathy Kennedy	Deputy Chief Executive/Chief Financial Officer	NHS North East Lincolnshire CCG
Jan Ledward	Chief Officer	NHS Chorley and South Ribble CCG
Jane Milligan	Chief Officer	NHS Tower Hamlets CCG
Martin Phillips	Chief Officer	NHS Darlington CCG
Dr Cathy Winfield	Chief Officer	NHS Berkshire East CCGs
Dominic Wright	Chief Executive	NHS Guildford & Waverley CCG
NHS England members		
Nigel Acheson	Regional Medical Director (South)	NHS England
Cathy Edwards	Director of Commissioning, South Yorkshire and Bassetlaw Area Team	NHS England
Ivan Ellul	Director of Commissioning Policy and Planning	NHS England
Amanda Fisk	Director of Operations and Delivery, Devon, Cornwall and Isles of Scilly Area Team	NHS England

Peter Huskinson	Director of Commissioning, Leicestershire and Lincolnshire Area Team	NHS England
Will Huxter	Head of Specialised Commissioning (London Region)	NHS England
Andy Leary	Director of Finance, Specialised Commissioning	NHS England
Catherine O'Connell	Regional Director of Commissioning, Midlands & East	NHS England
Ming Tang	Director Data and Information Management Systems, NHS Commissioning Board	NHS England
Alison Tonge	Regional Director Specialised Commissioning North	NHS England
Dr Martin Whiting	Chief Clinical Officer	NHS North Manchester CCG

Appendix 2: Specialised commissioning hub footprints

Region	Commissioning hub	Clinical Commissioning Group
North	North East and Cumbria	• NHS Northumberland CCG • NHS Sunderland CCG • NHS Newcastle North & East CCG • NHS Newcastle West CCG • NHS Gateshead CCG • NHS North Tyneside CCG • NHS South Tyneside CCG • NHS Durham Dales, Easington & Sedgefield CCG • NHS Hartlepool & Stockton-on-Tees CCG • NHS South Tees CCG • NHS Darlington CCG • NHS North Durham CCG
	North West	• NHS North West Warrington CCG • NHS West Cheshire CCG • NHS Eastern Cheshire CCG • NHS Vale Royal CCG • NHS South Cheshire CCG • NHS Wirral CCG • NHS Oldham CCG • NHS Salford CCG • NHS Stockport CCG • NHS Bury CCG • NHS Heywood, Middleton & Rochdale CCG • NHS North Manchester CCG • NHS Central Manchester CCG • NHS South Manchester CCG • NHS Tameside & Glossop CCG • NHS Bolton CCG • NHS Wigan Borough CCG • NHS Trafford CCG • NHS Blackpool CCG • NHS Blackburn with Darwen CCG • NHS Greater Preston CCG • NHS Chorley & South Ribble CCG • NHS East Lancashire CCG • NHS Fylde & Wyre CCG • NHS West Lancashire CCG • NHS Lancashire North CCG • NHS South Sefton CCG • NHS Southport & Formby CCG • NHS St Helens CCG

		• NHS Halton CCG • NHS Knowsley CCG • NHS Liverpool CCG
	Yorkshire and Humber	• NHS East Riding of Yorkshire CCG • NHS North East Lincolnshire CCG • NHS Hull CCG • NHS North Lincolnshire CCG • NHS Harrogate & Rural District CCG • NHS Scarborough & Ryedale CCG • NHS Hambleton, Richmondshire & Whitby CCG • NHS Vale of York CCG • NHS Bassetlaw CCG • NHS Rotherham CCG • NHS Sheffield CCG • NHS Barnsley CCG • NHS Doncaster CCG • NHS Calderdale CCG • NHS Wakefield CCG • NHS Leeds South & East CCG • NHS Leeds West CCG • NHS Leeds North CCG • NHS Bradford City CCG • NHS Bradford Districts CCG • NHS Airedale, Wharfedale & Craven CCG • NHS Greater Huddersfield CCG • NHS North Kirklees CCG
Midlands and East	East Midlands	• NHS Lincolnshire East CCG • NHS East Leicestershire & Rutland CCG • NHS Leicester City CCG • NHS Lincolnshire West CCG • NHS South West Lincolnshire CCG • NHS West Leicestershire CCG • NHS South Leicester CCG • NHS Erewash CCG • NHS Hardwick CCG • NHS Mansfield & Ashfield CCG • NHS Newark & Sherwood CCG • NHS North Derbyshire CCG • NHS Nottingham CCG • NHS Nottingham North & East CCG • NHS Nottingham West CCG • NHS Rushcliffe CCG • NHS Southern Derbyshire CCG • NHS Corby CCG • NHS Milton Keynes CCG • NHS Nene CCG

	East of England	• NHS Cambridgeshire & Peterborough CCG • NHS Ipswich & East Suffolk CCG • NHS Great Yarmouth & Waveney CCG • NHS North Norfolk CCG • NHS Norwich CCG • NHS South Norfolk CCG • NHS West Norfolk CCG • NHS West Suffolk CCG • NHS Mid Essex CCG • NHS North East Essex CCG • NHS Thurrock CCG • NHS West Essex CCG • NHS Basildon & Brentwood CCG • NHS Castle Point & Rochford CCG • NHS Southend CCG • NHS Bedfordshire CCG • NHS East & North Hertfordshire CCG • NHS Herts Valleys CCG • NHS Luton CCG
	West Midlands	• NHS Warwickshire North CCG • NHS Stoke-on-Trent CCG • NHS Cannock Chase CCG • NHS Sandwell & West Birmingham CCG • NHS Birmingham Cross City CCG • NHS South Worcester CCG • NHS Shropshire CCG • NHS Telford & Wreckin CCG • NHS Birmingham South Central CCG • NHS South Warwickshire CCG • NHS Wolverhampton CCG • NHS Hereford CCG • NHS North Staffordshire CCG • NHS Solihull CCG • NHS Dudley CCG • NHS South East Staffordshire CCG • NHS Walsall CCG • NHS Seisdon Peninsula CCG • NHS Stafford & Surrounds CCG • NHS Redditch & Bromsgrove and Wyre Forest CCG • NHS Coventry & Rugby CCG • NHS East Staffordshire CCG
South	South East	• NHS Brighton & Hove CCG • NHS Eastbourne, Hailsham & Seaford CCG

		• NHS Coastal West Sussex CCG • NHS Crawley CCG • NHS East Surrey CCG • NHS Guildford & Waverley CCG • NHS Hastings & Rother CCG • NHS Horsham & Mid Sussex CCG • NHS North West Surrey CCG • NHS Surrey Heath CCG • NHS Surrey Downs CCG • NHS High Weald Lewes Havens CCG • NHS Ashford CCG • NHS Canterbury & Coastal CCG • NHS Dartford, Gravesham & Swanley CCG • NHS Medway CCG • NHS South Kent Coast CCG • NHS Swale CCG • NHS Thanet CCG • NHS West Kent CCG
	South West (Bristol)	• NHS Kernow CCG • NHS North, East, West Devon CCG • NHS South Devon and Torbay CCG • NHS Bristol CCG • NHS North Somerset CCG • NHS Somerset CCG • NHS South Gloucestershire CCG • NHS Bath & North East Somerset CCG • NHS Gloucestershire CCG • NHS Swindon CCG • NHS Wiltshire CCG
	Wessex	• NHS Bracknell & Ascot CCG • NHS Chiltern CCG • NHS Newbury & District CCG • NHS North & West Reading CCG • NHS Oxfordshire CCG • NHS Slough CCG • NHS South Reading CCG • NHS Aylesbury Vale CCG • NHS Windsor, Ascot & Maidenhead CCG • NHS Wokingham CCG • NHS North Hampshire CCG • NHS Fareham & Gosport CCG • NHS Isle of Wight CCG • NHS Portsmouth CCG • NHS South Eastern Hampshire CCG • NHS Southampton CCG • NHS West Hampshire CCG

		• NHS Dorset CCG • NHS North East Hampshire & Farnham CCG
London	London	• NHS Barking & Dagenham CCG • NHS Barnet CCG • NHS Bexley CCG • NHS Brent CCG • NHS Bromley CCG • NHS Camden CCG • NHS Central London CCG • NHS City & Hackney CCG • NHS Croydon CCG • NHS Ealing CCG • NHS Enfield CCG • NHS Greenwich CCG • NHS Hammersmith & Fulham CCG • NHS Haringey CCG • NHS Harrow CCG • NHS Havering CCG • NHS Hillingdon CCG • NHS Hounslow CCG • NHS Islington CCG • NHS Kingston CCG • NHS Lambeth CCG • NHS Lewisham CCG • NHS Merton CCG • NHS Newham CCG • NHS Redbridge CCG • NHS Richmond CCG • NHS Southwark CCG • NHS Sutton CCG • NHS Tower Hamlets CCG • NHS Waltham Forest CCG • NHS Wandsworth CCG • NHS West London CCG