

## NHS ENGLAND COMMISSIONING INTENTIONS

**Author:** Peter Huskinson Director of Commissioning

Leicestershire and Lincolnshire Area Team NHS England. 0116 259 3439.

### **Purpose of Report:**

To provide the Board with information on the NHS England Commissioning Intentions for 2014/15.

### **1. Background**

This report summarises the Commissioning Intentions published by NHS England for the services which it is responsible for commissioning.

### **2. Recommendations**

The Board is asked to note the contents of the report.

### **3. Key Issues**

NHS England is not producing Area Team specific Commissioning Intentions but a national set of principles and expectations to deliver equity of access to good quality services for the whole population.

### **4. Additional Information**

Background Papers: Appendix A: The Prescribed Specialised Services Commissioning Intentions 2014/15 – 2015/16

Appendix B: The NHS Public Health Functions Agreement 2014/15.

## **NHS England Commissioning Intentions Report.**

### **1. Background.**

The NHS publishes commissioning intentions, usually annually, to outline its plans and priorities for commissioning services in the coming year. These are usually published at the beginning of October to provide 6 months' notice to providers of expectations and potential contract changes. This process does not apply to Primary Care Contracts (General Practice, Pharmacy, and Dental & Optometry).

NHS England is responsible for the commissioning of a range of services on behalf of the population including, Specialised Services, Health & Justice, Health Services for Military Personal & Veterans, Public Health Services (screening immunisations & child health), General Practice, Dentistry, Pharmacy and primary Care Optometry.

As a single organisation NHS England will only issue one set of commissioning intentions for the services it also responsible for. Area Teams will not issue their own commissioning intentions, but may issue guidance to providers re local contracting arrangements or operational management.

### **2. Specialised Commissioning.**

NHS England published details of its commissioning intentions for specialised services for 2014/15 and 2015/16, on 3<sup>rd</sup> October. Attached to this paper as appendix A. This document, entitled 'Prescribed Specialised Services Commissioning Intentions 2014/15-2015/16, serves as notice to all providers of specialised services in England, and will be supported by other, more technical guidance, which will outline clearly which specialised services will be commissioned by NHS England, and which are the responsibility of Clinical Commissioning Groups. These additional documents, most notably the Manual and Information Rules, will be published shortly. This is the first set of commissioning intentions to cover a two year period and is intended to allow commissioners and providers to work together to develop improved outcomes against a consistent framework.

The Commissioning Intentions provide a basis for robust engagement between NHS England's Area Teams and providers of specialised services, and are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available. The Area Team responsible for leading the work with providers within Milton Keynes is the Leicester & Lincolnshire Area Team.

The key messages from the document are:

- Stability in terms of range of services commissioned, need to review all 143 services and develop a commissioning framework for each.
- Clinical Reference groups now in place to provide a single source of advice to NHS England re the development & management of prescribed specialised services.
- Work underway to develop a 5 year strategy across the portfolio of services

- Right Care: seeking to develop collaborative commissioning arrangements across NHS England, CCGs and Local Authorities, exploring pathway commissioning (5 pathfinders, forensic care, paediatric care pathways, acute kidney injury, haemoglobinopathy, and back pain & sciatica.)
- Consistent standard approach to contracting including quality delivery and the measurement of improvement.

### **3. Public Health Commissioning.**

On the 12<sup>th</sup> November NHS England and Public Health England (PHE) published the 'Public Health Functions Agreement (s7a) 2014/15. The documents confirm the scope of services covered, sets out the commissioning ambitions for 2014/15 and identifies the actions required to implement the associated revised service specifications for 2014/15. It is supported by a suite of over 30 documents, detailing the relevant public health programmes and service specifications. The overarching document is attached as appendix 2.

The NHS has a critical part to play in securing good population health. The Public Health Functions Agreement (S7A) for 2014/15 is an agreement between the Secretary of State for Health and NHS England. It enables NHS England to commission certain public health services, such as national immunisation programmes and will drive improvements in population health. It sets out outcomes to be achieved and arrangements for funding from the public health budget. The spirit of this agreement is a shared commitment from the Department of Health and NHS England, with the support of PHE, to protect and improve the public's health.

The key messages from the document are:

- Sets out the relationships and responsibilities of the various national bodies in commissioning the services identified.
- Outlines the changes to specific programmes including the roll out of flu immunisation to cover children aged 2-17, the evaluation of a meningococcal B (MenB) immunisation programme for infants and adolescents ,and continued expansion of the bowel cancer screening programme.
- Sets out the commitment to transfer children's public health services from pregnancy to age 5 to Local Authorities from 2015.
- The supporting documents set out the clear service specifications and outcome indicators for each programme.

### **4. Primary Care Contractors.**

There is no requirement to issue, commissioning intentions for the 4 primary care contractor groups. The Regulations governing the relationship between NHS England, pharmacists, dentists and optometrists are regularly reviewed and amendments to the Regulations published on the NHS England website.

In terms of General Practice, an annual contract re-negotiation is undertaken nationally, between the GPC and NHS Employers on behalf of NHS England. The key changes to the contract are outlined below:

- More personal care for older people aged 75 and over with a named accountable GP for people aged 75 and over.
- Contractual changes to monitor and report on the quality of out of hours services
- A scheme to support reducing unplanned admissions and to improve services for patients with complex health and care needs.
- Changes to the Quality & Outcomes Framework
- Wider choice of GP practice, enabling patients to register with practices outside of traditional boundary areas
- Introduction of the family & friends test for general Practice
- Increased on line access for patients
- Changes to enhanced services for extended hours, dementia care, annual health checks for people with learning disabilities, alcohol abuse and patient participation.
- Changes to payment processes, calculations and information sharing rules.

## **5. Health & Justice**

Commissioning intentions for Health & Justice Services have not yet been published, but responsible Area Teams continue to work with all partners across the system to review existing commissioning arrangements.

## **6. Military & Veterans Health**

Commissioning intentions for Health & Justice Services have not yet been published, but responsible Area Teams continue to work with all partners across the system to review existing commissioning arrangements.

## **7. Additional Context**

I should be noted that further work is to be done in relation to the Area Teams financial position and the requirement for extensive QIPP planning and this may present challenges across all services. In particular this will have a bearing on specialised services which are also being reviewed against new national service specifications. This is likely to result in consequential impact and changes across the health community. We will provide a further update on this once our position is clarified.