



Department
of Health

Arrangements for the transfer of commissioning responsibilities for renal dialysis and morbid obesity surgery services from NHS England to Clinical Commissioning Groups

Government response to consultation

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Arrangements for the transfer of commissioning responsibility for renal dialysis and morbid obesity surgery services from NHS England to Clinical Commissioning Groups

Government response to consultation

Prepared by Department of Health

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Executive summary

In October 2014 the Prescribed Specialised Services Advisory Group (PSSAG) recommended to Ministers that the commissioning responsibility for renal dialysis services and morbid obesity surgery services should transfer from NHS England to Clinical Commissioning Groups (CCGs).

We ran a six-week public consultation between 27 November 2014 and 9 January 2015 on the timing and the logistics of the transfer of these commissioning responsibilities. We received 159 responses to the consultation from a wide range of respondents, including patients, NHS organisations, trade organisations, and charities. We carefully considered all the responses and took both the positive and negative feedback into account when making a decision regarding the proposed transfer.

There was clearly widespread concern that a transfer date of 1 April 2015 was not feasible for a safe and effective transfer of commissioning responsibilities for renal dialysis and morbid obesity surgery services. We were also made aware that stakeholders, particularly CCGs, need NHS England to provide more details on the proposals before they are able to fully engage in consultation on the logistics of the transfer.

We have therefore taken the decision to postpone the transfer of commissioning responsibilities for morbid obesity surgery services until April 2016. We expect NHS England to engage with stakeholders on the logistics of the transfer when moving towards this new timescale.

During the consultation we were made aware that PSSAG's advice regarding renal dialysis services took into account an incorrect patient population figure that had been provided to the Group. We are therefore asking PSSAG to provide updated advice on the transfer of renal dialysis services, taking into account the corrected figure. We have decided not to transfer commissioning responsibility for renal dialysis services in April 2015. Ministers will decide on any further action on renal dialysis services later in the year, in light of PSSAG's updated advice.

1. Background to consultation

The Prescribed Specialised Services Advisory Group (PSSAG) is an expert committee that provides ongoing advice to Ministers on which services are specialised and should therefore be commissioned by NHS England, rather than by Clinical Commissioning Groups (CCGs). Ministers' decisions about which services should be prescribed in secondary legislation as specialised services for NHS England commissioning take account of this advice.

At a meeting in September 2014, PSSAG considered proposals put to it by NHS England for the commissioning responsibility for two services, renal dialysis and morbid obesity surgery, to transfer to CCGs.

PSSAG considered the two services with regard to the four statutory factors in the National Health Service Act 2006. These are:

- The number of individuals who require the provision of the service or facility;
- The cost of providing the service or facility;
- The number of persons able to provide the service or facility; and
- The financial implications for CCGs if they were required to arrange for the provision of the service or facility.

PSSAG concluded in light of these statutory considerations and the information provided to it that renal dialysis services and morbid obesity surgery services were suitable for commissioning by CCGs and did not justify commissioning by NHS England. PSSAG made suggestions to support CCGs in taking on commissioning for these services, particularly to help maintain quality of services upon transfer of commissioning responsibilities.

Ministers were minded to accept PSSAG's recommendations on the transfer of commissioning responsibilities for these services. NHS England proposed that the transfer should happen from 1 April 2015. Ministers wanted to ensure that:

- The transfer does not negatively impact patients and their access to services;
- NHS England supports CCGs to take on the commissioning responsibility for these services;
- CCGs are ready to commission these services; and
- The changes can be reasonably and safely made in time for 1 April 2015.

Ministers therefore requested a wider public consultation on the logistics and timing of the transfer of these commissioning responsibilities, in addition to the statutory consultation with NHS England that the Secretary of State for Health is required to carry out under section 3B of the National Health Service Act 2006.

The consultation on logistics and timing of the transfer ran from 27 November 2014 to 9 January 2015. It sought views on what type of support CCGs would need from NHS England to be able to commission these two services effectively and whether, if this support could be put in place, the timing of the transfer was right.

2. The consultation process

The Department managed the consultation exercise in compliance with the Government's Code of Practice on Consultation. We published the consultation document on the Department of Health's pages of the GOV.uk website and also on the interactive Citizen Space website.

We also raised awareness of the consultation using a number of additional mechanisms, including:

- Participating in a webinar hosted by NHS Clinical Commissioners;
- Citing the consultation information in official correspondence, ministerial presentations and parliamentary business and inviting interested parties to respond; and
- Encouraging NHS England to share the consultation as widely as possible with relevant stakeholders.

In addition, some respondents held meetings to discuss the consultation and sent detailed responses containing the outcome of their discussions.

3. Responses to the consultation

The Department received 159 responses online, by e-mail, and by post. Responses were received from a range of individuals and organisations, including CCGs, NHS foundation trusts, clinical senates patient groups, trade organisations, a commissioning support unit, patients, an independent provider, and charities.

A breakdown of the responses by area of work is shown in the following tables.

Category	Number of responses
Member of the public	14
Health or social care professional	13
On behalf of an organisation	78
Did not specify	54

Figure 1: Breakdown of responses by type of respondent

Category	Number of responses
NHS (excluding CCGs)	33
CCG	44
Clinical Reference Group	4
Third Sector	8
Professional Body	9
Education	2
Local Authority	1
Independent Contractor to the NHS	1
Manufacturer	4
Other	10
Individual / Patient	12
No response	31

Figure 2: Breakdown of responses by organisation type

The majority of responses focussed on the transfer of commissioning responsibility for renal dialysis services. The following table shows the breakdown of responses by service commented on.

Services commented on	Number of responses
Renal dialysis	54
Morbid obesity	19
Both	54
Neither	32

Figure 3: Breakdown of responses by service commented on

Key findings

The majority of responses to the consultation were regarding renal dialysis services, with fewer commenting on morbid obesity surgery services. Although the scope of this consultation was limited to the practicalities of the transfer, specifically the logistics and timing of the transfer, many of the responses received included comments on the transfer itself. The majority of these responses, particularly those from patient groups and members of the public, expressed negative views in regards to the transfer of commissioning responsibilities for renal dialysis services from NHS England to CCGs. Concerns raised included whether CCGs have the level of commissioning knowledge required to appropriately commission these services and a lack of detail shared with CCGs around the proposals, including capacity planning and financial modelling. The perception of many respondents that the transfer was being 'rushed' or 'pushed through' by April 2015 appears to have contributed to these concerns.

A number of people, including patients, were confused about what the transfer of these commissioning responsibilities would actually mean in terms of access to services and continued care. Some respondents incorrectly believed that the transfer would mean renal dialysis services would no longer be commissioned and funded by the NHS. This is not the case as local CCGs, which are part of the NHS, would take on commissioning responsibility for their local areas following the transfer. Others expressed misunderstanding around the involvement of GPs in providing renal dialysis services following the transfer of services. These comments highlight the need for clear communication, particularly to patients and carers, when the transfer of commissioning responsibilities takes place.

However, there was also positive feedback about the overall transfer of commissioning responsibilities for renal dialysis services, particularly from NHS organisations. These comments highlight the potential for better links with primary care, local innovation, and stronger prevention programmes.

Renal dialysis

The consultation aimed to consider the logistics and timing of the transfer of commissioning responsibilities. Responses were overwhelmingly unsupportive of the proposed timing for transfer of renal dialysis services. The majority of respondents expressed the opinion that 1 April 2015 does not provide a realistic timescale for safely and effectively implementing the transfer of renal dialysis services. 59.8% of respondents answered 'no' when asked whether 1 April 2015 was a feasible transfer date for renal dialysis services, only 4.4% answered 'yes'.

"The British Kidney Patient Association (BKPA) is deeply concerned by this proposal from NHS England for Clinical Commissioning Groups to be responsible for commissioning all types of dialysis for the care of renal failure patients from the beginning of April 2015 and, in particular, by the extremely short period of time being proposed in which to prepare for such a major and fundamental change" (BKPA)

"There is a real risk to the care of dialysis patients if these plans are carried through on the timescale envisaged. This commissioning change represents a major change to the

basis of provision for a complex and life sustaining service, for which all stakeholders would need considerable time to adjust and consult. Apart from the lack of time for patients and renal professional to respond to consultation this is surely inadequate time for GPs and others in charge of CCGs to prepare to take on such a specialised service.” (European Dialysis and Transplant Nurses Association/European Renal Care Association)

“Not enough time to take on safely and with due diligence by 1st April 2015 as info on costs, demand etc not due to be available to CCG's until January 2015. Also CCG's will be contracting and planning in the next few months with little time to take on and understand new services and start to implement significant BCF [Better Care Fund] plans. CCG's will also need to agree larger scale commissioning arrangements across a number of CCG's. Suggest that transfer happens for April 2016.” (East Riding of Yorkshire CCG)

“It is quite clear that the timescale recommended is far too short for adequate support to CCGs to be put in place. A period of monitored co-commissioning to build confidence in the new structures would be extremely helpful.” (Doncaster and Bassetlaw Hospitals NHS Foundation Trust)

“There is not an adequate transfer time scale to ensure safe transfer and skills transfer for these services.” (Bexley CCG)

“Whilst the proposal might well be appropriate the timing of the transfer of commissioning responsibility is unrealistic.” (Nottingham West CCG; Rushcliffe CCG; Nottingham North and East CCG; and Nottingham City CCG)

There was strong support for a timescale working to April 2016 as the point of transfer. Many organisations expressed reservations about supporting the transfer of commissioning responsibilities to an April 2015 timescale and with relatively little information on the specifics of the transfer arrangements.

“I back the British Kidney Patient Association’s call to delay any changes until 2016 so that a proper consultation process can take place.” (Patient)

“We are . . . asking for a delay of 12 months to work with policymakers and commissioners to create a practical equitable model to improve kidney care.” (British Kidney Patient Association)

“CCGs are working to agree contracts for 2015-16 by 20 February 2015. The likelihood of receiving the commissioning guidance plus be able to understand & assimilate [all the relevant information] in order to reach a realistic contractual position by 20th February is, in the view of Central Southern CSU, an unreasonable expectation. A transfer date of 1 April 2016 would be preferable.” (Central Southern Commissioning Support Unit)

“The CCG and its key stakeholders (which include the local Health and Well Being Board) have significant concerns about the proposed date for transfer of Apr 15. The CCG would prefer a transfer date of Apr 16.” (Southampton City CCG)

“The proposed transfer should only take place if there is certainty that CCGs are ready to commission dialysis and that the transfer does not influence patient access to service. It is not clear that either of these conditions can be met in Sussex. The infrastructure to deliver CCG commissioning is not in place and it is extremely optimistic to conclude that this could be delivered by 1 April 2015.” (NHS Sussex Collaborative)

Turning to the logistics of the transfer, there was support for the idea of collaborative commissioning between local groups of CCGs. This was particularly evident in responses from CCGs, reflecting the need to ensure consistency of services for patients.

“We envisage that collaborative commissioning between a number of CCGs might be advisable...” (West Hampshire CCG)

“I would suggest that all CCGs interacting with a dialysis provider work collaboratively through a single commissioner.” (NHS employee, East Kent Hospitals University NHS Foundation Trust)

“The average population covered by a lead provider unit is around one million. This is larger than most CCGs so any commissioning and planning should be across groups of CCGs.” (West Midlands Strategic Clinical Network and Senate, Renal Expert Advisory Group)

“The relatively small demand for these services means it is unlikely commissioning at an individual CCG level will demonstrate value for money. Where there are relatively low levels of activity, there is the potential for CCGs to work collaboratively across a larger geographical area, for example across the Greater Manchester conurbation.” (Greater Manchester Area CCG)

There was also widespread agreement that NHS England would need to engage in a robust handover process with CCGs, which might include a period of shared commissioning responsibility or a year of ‘shadow commissioning’. This was felt to be particularly necessary if the transfer was to happen in April 2015, as the timescale would mean CCGs would need a high level of support over the first year to ensure a safe and effective transfer.

“[NHS England] will need to undertake a robust handover to CCGs with monitoring processes already in place and will need to continue with some responsibility/risk share during 2015/16.” (Nottingham West CCG; Rushcliffe CCG; Nottingham North and East CCG; and Nottingham City CCG)

“An element of dual running/handover period would allow us as CCGs to undertake due diligence with current services and NHS England commissioners.” (West Hampshire CCG)

“This should be through a carefully managed staged transition with support to CCGs from current specialised commissioning staff at NHS England.” (Doncaster & Bassetlaw Hospitals NHS Foundation Trust)

“The CCG would welcome a period of ‘shadow’ running in 2015/16 to support the due diligence work. By doing this, a more deliberate plan can be developed to ensure that the services transfer safely to CCGs in 16/17.” (Southampton City CCG)

“[We suggest] that 2015/16 is designated as a ‘shadow’ commissioning year to ensure the safe and effective transfer of this service including the development of transparent data on outcomes and the enhanced role for Clinical Reference Groups as envisaged in the consultation document.” (Hertfordshire CCG)

Respondents suggested a range of support NHS England could provide to CCGs on transfer of commissioning responsibilities. The focus of these suggestions was on additional funding, clinical expertise, and management support. There was a general consensus that the specifics of the support required from NHS England could not be identified without further detailed information on the specifics of the transfer being made available.

“CCGs or groups of CCGs will need NHS England to cultivate the expertise necessary for effective commissioning.” (Sussex Collaborative)

“The CCG believes it would be essential that CCGs have access to the contractual expertise within NHS England in relation to the arrangement and agreements currently in place.” (Eastern Cheshire CCG)

“Assurance on funding levels being transferred, to include expected growth in demand and costs associated with new technologies.” (Ashford and Canterbury & Coastal CCGs)

“The issues we need to see addressed first are management resource to carry out the commissioning, funding transfers, timing of the transfer and the basis of the transfer.” (Solihull CCG)

Morbid Obesity Surgery Services

The consultation received fewer responses on the transfer of commissioning responsibilities for morbid obesity surgery services. There were similar concerns around there being insufficient information provided by NHS England on the details of the proposals and some respondents felt they were not able to comment on the proposals in their current form. Some respondents felt the commissioning of these services to be less complex than renal dialysis services, and the transfer to be more effectively focussed on working towards joining up fragmented commissioning pathways. The Department believes that transfer of commissioning responsibilities would still need to be undertaken carefully to ensure consistency of treatment availability across the country and avoid regional variation.

Responses were mixed on the proposed timing of the transfer for morbid obesity surgery services. However concerns were again raised around the feasibility of an April 2015 transfer, with April 2016 again suggested as a preferable timescale. Only 6.9% of respondents answered 'yes' when asked if a transfer on 1 April 2015 was feasible, 59.1% answered either 'no' or 'don't know'.

"We feel that the proposed timescale of implementing the transfer of commissioning responsibility [for morbid obesity surgery services] to CCGs by April 2015 does not allow for resolution of the important issues we have raised and as such, we feel this transfer should be postponed until April 2016." (Western Sussex Hospitals NHS Foundation Trust)

"The proposals to have the same organisation (CCGs) responsible for both tiers 3 & 4 are sensible. However, the time-frame and suggestion that this may be done as early as April 2015 is unrealistic." (National Obesity Forum)

[Are the proposals appropriate?] "Not for such a short notice transfer, however yes for April 2016." (Nottingham West CCG; Rushcliffe CCG; Nottingham North and East CCG; Nottingham City CCG)

"[We would need a] longer timeline for the transfer, an opportunity for CCGs to work alongside NHS England and build up knowledge and expertise in this area, including establishing new mechanisms for both contracting and commissioning is needed; therefore it would make sense to have a 12 month shadowing period, with CCGs then leading on the 2016/17 contracting round." (East & North Hertfordshire CCG)

"The timeline between the outcome of the consultation and the target contract signature date (20 February 2015) would mean little or no time for CCGs to familiarise themselves and prepare contractually. Indeed by the end of January/early February 2015, CCGs should be concluding their contract negotiations, not including a new significant unknown variable." (Leicester City CCG, East Leicestershire and Rutland CCG, and West Leicestershire CCG)

"The CCG believes this is the appropriate decision in the medium term but that the move to fully devolved responsibility is over too short a timescale given a number of uncertainties which are set out later." (NEW Devon CCG)

On support required by CCGs, similar suggestions were made as for renal dialysis services and focussed on transfer of expertise, appropriate funding, and identifying key performance indicators. One suggestion that was unique to morbid obesity surgery services was the need for CCGs to receive support in designing appropriate local services, and to ensure that CCGs did not disinvest in morbid obesity surgery services by focussing resources too strongly on Tier 3 services.

“While we support the general principle of returning services to [CCGs] for both renal and bariatric services, because it brings the commissioning into one pathway, the issues we need to see addressed first are management resource to carry out the [commissioning], funding transfers, timing of the transfer and the basis of the transfer.” (Solihull CCG)

“In order for the transfer to be made, clear commissioning guidance will be required, from the CCG’s perspective this will need to include...Support in understanding the service specifications and derogations agreed including timescales, ongoing capital plans or key quality issues is needed this could be better facilitated with a longer shadowing period.” (East & North Hertfordshire CCG)

“...local commissioning decisions are highly likely to [be] influenced by discriminatory views within some CCG’s (but not others), no doubt encouraged by the NHS’s stated and misguided “direction of travel” away from proven, effective treatment of the morbidly obese, in favour of cheaper, unproven, largely ineffective short-term solutions such as Tier 3 weight management.” (British Obesity and Metabolic Surgery Society)

“Obesity management is not currently a mandated service and therefore assurances would need to be given that CCGs could not reduce investment in both tier 3 & 4, and divert monies [elsewhere].” (National Obesity Forum)

“Further support and information is required to understand the freedoms and flexibilities which will be available to CCGs to design these services, and which aspects are [mandatory].” (Kernow CCG)

4. Patient figures relating to renal dialysis services

Responses to the consultation raised queries around the accuracy of a figure used in the consultation document. In explaining the four statutory factors PSSAG considered when making its recommendation, the document stated that “About 46,000 individuals are receiving treatment for kidney failure per annum”. This figure is accurate but its inclusion in this section of the document was misleading. As stated elsewhere in the consultation document, about four in ten patients are treated with haemodialysis and about one in ten are treated with peritoneal dialysis. This means, in total, approximately 23,000 patients are receiving renal dialysis services per annum. The transfer of commissioning responsibility applies only to these services and does not include kidney transplantation services; therefore the use of the higher figure was misleading.

In querying the use of this figure with NHS England, the Department has become aware that an incorrect figure was used in the presentation of evidence to PSSAG when it considered whether to recommend the transfer of commissioning responsibility for renal dialysis services. To ensure that PSSAG’s advice to Ministers is based on sound and accurate evidence, PSSAG has been asked to formally reconsider the proposals using the correct patient figure and provide updated advice to Ministers.

In the next section, responses one to four address questions of how a transfer would be handled.

5. Summary of responses to each consultation question and the Government’s response

Renal dialysis services

1. Are the proposals NHS England has made for producing commissioning guidance to support Clinical Commissioning Groups in taking on the commissioning responsibility for renal dialysis services appropriate?

	Number of Responses	% of total
Yes	17	10.7%
No	81	50.9%
Don’t know	16	10.1%
Did not answer	45	28.3%

Concern was expressed that not enough information on the specifics of the transfer and the reasoning for the transfer had been provided in the proposals to allow an informed decision to be made, or to allow support for the proposals in their present form. In particular, feedback from CCGs raised the issue that it was difficult for these organisations to comment without some idea of funding, capacity planning, and

arrangements for monitoring renal dialysis services following the transfer of commissioning responsibilities.

Government response

It is clear that the proposals in their current form are not seen to be appropriate. Organisations, including CCGs and charities, cannot be expected to support proposals without access to all the relevant information. We will be recommending to NHS England that it share more detail on the specifics of the proposals with relevant stakeholders, particularly CCGs.

NHS England has a statutory duty to provide commissioning guidance; should commissioning responsibility for renal dialysis services be transferred we will expect NHS England to provide CCGs with appropriate, robust, and clear commissioning guidance.

2. Is there any additional support that Clinical Commissioning Groups might need from NHS England to enable them to take on this new role and ensure renal dialysis services are commissioned and delivered to a high standard?

It was suggested that the complexity of commissioning responsibility for renal dialysis services means it would require a period of co-commissioning, or shadow commissioning, between CCGs and NHS England. This would help ensure that there was no interruption to patient services during the transfer. It would also provide a strong structure for the transference of expertise in renal dialysis services commissioning from NHS England to CCGs. This, in turn, would ensure CCGs are fully equipped to commission renal dialysis services in the long term.

There was also support for collaborative commissioning between local groups of CCGs, which would allow uniform commissioning of renal dialysis services across a wider region. It was suggested that this would be beneficial due to the relatively low activity levels for these services and the model of treatment delivery, which generally involves patients being treated at a regional specialist centre. If collaborative commissioning was to be utilised it is suggested NHS England would need to provide mapping of renal networks to facilitate this.

There was widespread agreement that NHS England would need to agree Key Performance Indicators for renal dialysis services in partnership with CCGs, and provide clear understanding of what good performance would look like. Respondents also indicated that a clear idea of resourcing, including projections for future growth would be vital to allowing appropriate organisation of commissioning.

It was suggested that CCGs would benefit from NHS England providing additional funding to cover the cost of increasing staff capacity to handle the extra commissioning responsibilities. This would be on top of the funding that would need to be provided to CCGs for the provision of renal dialysis services.

It was noted that if the transfer of commissioning responsibilities was to take place in April 2016, the level of support required by CCGs at the point of transfer would be significantly lowered as the CCGs and NHS England would have over a year to work

together to ensure that the future commissioning of renal dialysis services was robust and fully understood prior to the transfer.

Government response

Where a transfer is decided, the Government recognises it is important that the transfer of commissioning responsibilities for renal dialysis services does not have a negative impact on patients, either in terms of the level of care provided or access to care. CCGs must be ready to undertake this additional commissioning responsibility and, irrespective of the timescale of the transfer it is vital they receive all the necessary support to ensure a smooth and safe transition.

Responses to the consultation provided some useful feedback on the types of support that might be required by CCGs. These will be shared with NHS England and we will recommend that NHS England should continue to engage with stakeholders to ensure all the necessary support is in place when the transfer occurs and that appropriate commissioning guidance is issued by NHS England as part of the transfer arrangements. Ministers will also take account of any further advice from PSSAG on the transfer of these services.

3. How long might this support be needed for?

Responses gave a wide range of suggested timescales for support, ranging from three months to 'long term'. The length of time support would be required varied according to the type of support and the proposed transfer date. It was suggested that a later transfer date, e.g. April 2016, would require support for a shorter period of time following the transfer.

Government response

It is vital that CCGs receive all the support they need for as long as they need it to ensure there is no negative impact on patient services. Before any changes to Regulations are made, Ministers need to be satisfied that NHS England and CCGs have worked together to identify appropriate timescales for CCGs to receive appropriate support.

4. What ongoing monitoring arrangements should be put in place and who should be responsible for ensuring that the transfer is effective and is working well?

There was widespread agreement that NHS England should be responsible for ensuring the transfer is effective. It was suggested that the transfer should be monitored as part of the existing assurance processes between CCGs and NHS England Area Teams. It was also suggested there might be a role for Monitor in providing oversight of financial arrangements for CCG commissioning of services previously commissioned by NHS England.

There was support for the UK Renal Registry, Clinical Senates, and the Renal Dialysis Clinical Reference Group to be involved in monitoring of the services after transfer. It was suggested that ongoing monitoring should use the current national service specification standards.

There was also agreement, particularly from charities, that patient and clinician feedback should form an important part of ongoing monitoring.

Government response

It is vital that patients receive safe and effective care. Monitoring of services is an important way of ensuring this and we must be sure that the transfer of commissioning responsibilities is properly monitored. We expect NHS England to work closely with CCGs to make suitable arrangements that ensure the transfer of commissioning responsibility to CCGs is achieved in a safe, effective way and with no negative impact on patients.

Longer term monitoring of renal dialysis services should be carefully considered and take account of all relevant factors, including patient experience, to ensure safe and effective care is delivered now and in the future.

5. Subject to the safeguards and support described in this document, do you think it is feasible to transfer commissioning responsibility for renal dialysis services to Clinical Commissioning Groups from 1 April 2015?

	Number of Responses	% of total
Yes	7	4.4%
No	95	59.8%
Don't know	21	13.2%
Did not answer	36	22.6%

There was widespread agreement that 1 April 2015 is not an appropriate timescale for the transfer of commissioning responsibility for renal dialysis services. There was a clear consensus that this would amount to rushing the transfer through and could potentially put patients at risk of being negatively impacted by the transfer.

There was strong support for the transfer to be delayed by 12 months to April 2016. Support for delaying the transfer was expressed by the majority of respondents representing patients, charities, CCGs, and trade organisations. The main concern expressed regarding the 1 April 2015 transfer date was that this timescale would not give CCGs enough time to adequately prepare to take on these additional commissioning responsibilities, particularly given the complexity of renal dialysis services.

Government response

There is clearly widespread concern that transferring commissioning responsibility for renal dialysis services on 1 April 2015 would not allow enough time for a safe and effective transfer. It is vital that patients receive high quality, safe and effective care. This must be at the forefront of any changes to services, including the transfer of commissioning responsibilities. We must be assured that this transfer can take place without any negative impact on patients who use these life-saving services.

The transfer of commissioning responsibility for renal dialysis services will not take place in April 2015. Further decisions on the transfer will not be made until updated advice is received from PSSAG. When a decision is made it is important

that, if the transfer is to go ahead, any new timescale allows the time needed for CCGs to be fully prepared to take on this responsibility and for NHS England to engage with patients and stakeholders to ensure that they are reassured about the transfer process and the impact on renal dialysis services.

Morbid Obesity Surgery Services

- 6. Are the proposals NHS England has made for producing commissioning guidance to support Clinical Commissioning Groups in taking on the commissioning responsibility for morbid obesity surgery services appropriate?**

	Number of Responses	% of total
Yes	26	16.4%
No	31	19.5%
Don't know	39	24.5%
Did not answer	63	39.6%

Similar concerns to those raised in the responses to question one were expressed around not enough information on the specifics of the transfer and the reasoning for the transfer having been provided in the proposals to allow an informed decision to be made. There were also some concerns around obesity management not being mandated services and the need for assurances that CCGs would not reduce investment in these services once the transfer of commissioning responsibility had taken place. However, a number of responses expressed strong support for the proposals.

Government response

Organisations, including CCGs, cannot be expected to support proposals without access to all the relevant information. It would be beneficial for NHS England to share more detail on the specifics of the proposals with relevant stakeholders, particularly CCGs, as soon as possible.

It is important that following the transfer of commissioning responsibility the level of investment in morbid obesity surgery services remains appropriate. Ministers will therefore ask NHS England to address this concern in its commissioning guidance.

- 7. Is there any additional support that CCGs might need from NHS England to enable them to take on this new role and ensure morbid obesity surgery services are commissioned and delivered to a high standard?**

The response to this question was mixed and, again, highlighted the higher level of support needed if the transfer of commissioning responsibility was to take place on 1 April 2015. Appropriate funding and access to relevant expertise, were the most frequently suggested types of support. It was also suggested that CCGs would need support identifying key performance indicators and in understanding how much freedom would be allowed to design morbid obesity services at a local level and which aspects of the services are mandatory.

It was suggested that if a transfer date of 1 April 2015 is to happen CCGs would benefit from a period of co-commissioning with NHS England to minimise disruption to morbid

obesity surgery services. The suggestion was that if the transfer happened in April 2015, NHS England would need to co-commission for a period of at least 12 months.

Government response

It is vital that CCGs receive all the support they need to enable a smooth and effective transition of commissioning responsibility for morbid obesity services. NHS England should work with CCGs and other stakeholders to ensure necessary support is identified and provided in readiness for 1 April 2016.

8. How long might this support be needed for?

Responses varied depending on the support suggested and the transfer date. The minimum suggested length of time for support was 3-6 months. There was agreement that if commissioning responsibility transferred on 1 April 2015 a period of at least 12 months of significant support from NHS England would be required.

Government response

It is vital that CCGs receive all the support they need for as long as they need it to ensure there is no negative impact on patient services. NHS England and CCGs will need to work together to identify appropriate timescales for the various types of support put in place.

9. What ongoing monitoring arrangements should be put in place and who should be responsible for ensuring that the transfer is effective and is working well?

There was widespread agreement that NHS England should be responsible for ensuring the transfer is safe and effective.

It was suggested that monitoring arrangements should include monitoring of activity levels to ensure patients are receiving access to the most clinically appropriate treatment. This activity monitoring should include data on the whole pathway across Tier 3 and Tier 4. It was also suggested that providers continue to supply data to the National Bariatric Database. There was agreement that clear Key Performance Indicators need to be in place and guidance given to CCGs to ensure there is understanding of good outcomes at both Tiers and across different patient groups.

There was agreement that monitoring should remain within NHS England until a full and effective transfer has taken place. In the longer term it was suggested that monitoring arrangements should be in line with those for other services and use existing assurance processes between CCGs and NHS England Area Teams.

It was suggested that there might be a role for Monitor in providing oversight of financial arrangements for CCG commissioning of services previously commissioned by NHS England.

Government response

It is vital that patients receive safe and effective care. Monitoring of services is an important way of ensuring this and we must be sure that the transfer of commissioning responsibilities is properly monitored. We expect NHS England to

work closely with CCGs to make suitable arrangements that ensure the transfer of commissioning responsibility to CCGs is achieved in a safe, effective way and with no negative impact on patients.

Longer term monitoring of morbid obesity surgery services should be carefully considered and be aimed at ensuring patients are receiving high quality, safe care, and the most clinically appropriate treatment for their needs.

10. Subject to the safeguards and support described in this document, do you think it is feasible to transfer commissioning responsibility for morbid obesity surgery services to Clinical Commissioning Groups from 1 April 2015?

	Number of Responses	% of total
Yes	11	6.9%
No	56	35.2%
Don't know	38	23.9%
Did not answer	54	34%

The response to this question was more mixed than the response to the same question regarding renal dialysis services. However, there was still widespread agreement that a transfer date of 1 April 2015 was not feasible and a strong preference for delaying the transfer to April 2016.

Concerns were raised that April 2015 does not give an appropriate timescale for CCGs to acquire relevant knowledge, explore commissioning arrangements with other local CCGs, and establish the best arrangements for local commissioning of these services. If morbid obesity surgery services were to be transferred on 1 April 2015 CCGs would require a significant level of support for an extended period of time.

There was also concern that issues raised in response to previous questions, particularly the need to ensure appropriate activity levels and safeguard against disinvestment in morbid obesity surgery services, could not be properly addressed ahead of a 1 April 2015 transfer.

Government response

There is clearly concern that transferring commissioning responsibility for morbid obesity surgery services on 1 April 2015 would not allow enough time for a safe and effective transfer without extensive and ongoing support from NHS England. It is vital that patients receive high quality, safe and effective care. This must be at the forefront of any changes to services, including the transfer of commissioning responsibilities. We must be assured that this transfer can take place without any negative impact on patients.

It is particularly concerning that feedback from CCGs themselves is telling us that a 1 April 2015 transfer date does not allow them time to be adequately prepared to take on this commissioning responsibility.

The Department is therefore postponing the transfer of commissioning responsibility for morbid obesity surgery services to April 2016. This will allow the

time needed for CCGs to be fully prepared to take on this responsibility and for the concerns raised in response to the public consultation to be fully explored and addressed.

6. Conclusion

We are grateful to those who responded to this consultation. The Department has been able to use this feedback to make a decision regarding the timescale of the transfer of commissioning responsibilities for morbid obesity surgery services from NHS England to CCGs. We have heard from a range of individuals and organisations and listened to their concerns around a transfer date of 1 April 2015. We have therefore made the decision to postpone the transfer of commissioning responsibilities for morbid obesity surgery services to April 2016. The feedback on the logistics of the transfer has also been very valuable and will be taken into consideration when making decisions on the specifics of the transfer in April 2016.

We have also heard the concerns regarding the timescale for the transfer of renal dialysis services. However, Ministers are not able to make a decision about this transfer until updated advice is received from PSSAG on the appropriateness of the transfer itself. Given the time required for PSSAG to reconsider the proposals and for Ministers to consider the updated advice, commissioning responsibility for renal dialysis services will not be transferred in April 2015. It is clear that a substantial lead time will be required for a safe and effective transfer if commissioning responsibility for renal dialysis services is to be transferred. Therefore Ministers will make a decision based on PSSAG's updated advice as soon as possible as to whether the transfer should happen in April 2016.

We are aware that there is a wealth of knowledge about renal dialysis and morbid obesity surgery services held by patient groups, charities, NHS organisations, and others. Many respondents expressed a willingness to be more closely involved in the details of the transfer of these commissioning responsibilities. We have encouraged NHS England to engage with all relevant stakeholders and expect it to continue to do so as proposals move forward.

Annex A: A-Z list of organisations that responded to the consultation

AstraZenica
Ashford CCG
Association of Renal Technologists
Association of the British Pharmaceutical Industry
Baxter Healthcare
Bedfordshire CCG
Bexley CCG
Bradford Teaching Hospitals NHS Foundation Trust
Brighton and Hove CCG
British Dietetic Association Renal Nutrition Group
British Kidney Patient Association
British Obesity and Metabolic Surgery Society
British Renal Society
Calderdale and Huddersfield NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Canterbury & Coastal CCG
Central Southern Commissioning Support Unit
Chiltern CCG
City & Hackney CCG
Crawley CCG
Dartford, Gravesham and Swanley CCG
Diabetes UK
Doncaster CCG
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
East & North Hertfordshire CCG
East Surrey CCG
East & North Hertfordshire CCG
East Riding of Yorkshire CCG
Eastbourne, Hailsham and Seaford CCG
Eastern Cheshire CCG
European Dialysis and Transplant Nurses Association/European Renal Care Association
Fareham & Gosport CCG
Gloucestershire CCG
Great Yarmouth and Waveney CCG
Greater Manchester Association of CCGs

Guildford & Waverley CCG
Hastings & Rother CCG
Heart of England NHS Foundation Trust
Herefordshire CCG
High Weald Lewes Havens CCG
Horsham and Mid-Sussex CCG
Homerton University Hospitals NHS Foundation Trust
Hull CCG
Johnson & Johnson Medical Companies
Keep Our St Helier Hospital
Kernow CCG
Kidney Research UK
Lancashire CCG Network
Lakeland Dialysis Ltd
Leeds West CCG
Lincolnshire West CCG
London Renal Strategic Clinical Leadership Group
Luton CCG
Luton and Dunstable University Hospital NHS Foundation Trust
National Kidney Foundation
National Obesity Forum
NHS Blood and Transplant, Organ Donation and Transplantation Directorate
NHS Clinical Commissioners
NHS England
NHS Renal Transplant Clinical Reference Group
NHS Sussex Collaborative
NEW Devon CCG
North Somerset CCG
North West Region Kidney Patients Association
Northern Senate Clinical Renal Network
Nottingham City CCG
Nottingham North and East CCG
Nottingham West CCG
Nottinghamshire County Council
Office of London CCGs
Oxford Kidney Unit

Polycystic Kidney Disease Charity
Redditch and Bromsgrove CCG
Royal College of Physicians
RSR Consultants Ltd
Rushcliffe CCG
Sheffield Teaching Hospitals
Shire
Solihull CCG
South Eastern Hampshire CCG
South Devon and Torbay CCG
South Kent Coast CCG
South West Lincolnshire CCG
South Worcestershire CCG
Southampton City CCG
Swale CCG
Thanet CCG
The Renal Association
Wakefield CCG
Walsall Healthcare NHS Trust
West Essex CCG
West Kent CCG
West Norfolk CCG
Western Sussex Hospitals NHS Foundation Trust
Wiltshire CCG
WLS Info
Wokingham CCG
Wyre Forest CCG
York Teaching Hospital NHS Foundation Trust