



Department
of Health

Prescribed Specialised Services Advisory Group

Recommendations to Ministers

March 2016

Title: Prescribed Specialised Services Advisory Group – Recommendations to Ministers
Author: Innovation Growth and Technology Directorate/ Medicines, Pharmacy and Industry Division/ MPI-CCE / 17090
Document Purpose: Policy
Publication date: 24 March 2016
Target audience: Clinical Commissioning Groups Providers of specialised services NHS England Patients/carers/general public
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Prescribed Specialised Services Advisory Group (PSSAG)

Recommendations to Ministers

Prepared by the PSSAG Secretariat, Department of Health

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Introduction

Since its last report was published in March 2015, the Prescribed Specialised Services Advisory Group (PSSAG) has continued to provide advice to Ministers on specialised services and held meetings on 5 May 2015 and 15 October 2015. This report presents PSSAG's recommendations from both meetings and sets out Ministers' decisions on each of the recommendations it made.

In deciding whether it would be appropriate for a health service to be nationally commissioned by NHS Englandⁱ the Secretary of State must have regard to four statutory factors (as set out in section 3B(3) of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012). 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 Clinical Commissioning Groups if they were required to arrange for the provision of the service or facility.

Before deciding to make regulations requiring NHS England to commission such services, the Secretary of State must (a) obtain appropriate advice for that purpose, and (b) consult NHS England. PSSAG was established by the Department of Health in 2013 to provide the Secretary of State with this advice.

The specialised services directly commissioned by NHS England are listed in Schedule 4 to the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, 'the Regulations'ⁱⁱ. Ministers obtained advice on the initial list of specialised services to be commissioned by NHS England from 1 April 2013 (set out in the Regulations) from an independent stakeholder group, the Clinical Advisory Group (CAG), established in June 2011 to provide Ministers with this advice.ⁱⁱⁱ Following advice from PSSAG and consultation with NHS England, the list of specialised services set out in Schedule 4 was amended with effect on 1 April 2014 to add two new services^{iv} and with effect on 1 April 2015 to add two new services, to provide greater clarity on the services prescribed and to expressly exclude wheelchair services from within Specialist services to support patients with complex physical disabilities (so that all wheelchair services would be commissioned by CCGs).^v

It is NHS England's responsibility to determine how these services are commissioned. Service descriptions for each of the specialised services are set out in NHS England's 'Manual for prescribed specialised services' (first published November 2012 and updated in January 2014).^{vi} The Manual should be considered alongside service specifications, NHS England commissioning policies and the technical requirements NHS England imposes on providers. (References in this report to service descriptions are to the descriptions given in the Manual.)

Prescribed Specialised Services Advisory Group (PSSAG)

PSSAG is a Department of Health expert committee that was established in 2013 to provide ongoing advice to Ministers on whether services are specialised and should be nationally commissioned by NHS England, rather than locally commissioned by Clinical Commissioning Groups (CCGs).

Membership of the group includes representatives from the Royal Colleges and CCGs, lay members to represent the interests of patients and the general public, and members with financial and technical expertise who can offer assistance with how the specialised elements of a service can be separately identified. The full PSSAG membership is at Annex A.

Evidence and supporting information on services currently prescribed in legislation for direct commissioning by NHS England and any services identified as potentially suitable for such commissioning, is made available to PSSAG from a range of sources. These may include Clinical Reference Groups (CRGs)^{vii}, patient groups, clinicians, commissioners and members of the public. The proposals the Group considers are in large part generated by NHS England through its CRGs.

PSSAG's work programme will continue to include a review of services previously identified by the CAG for "early review". These services were generally recommended by CAG for review in two to three years once the new commissioning arrangements were established. The majority of these were services that CAG recommended for commissioning by NHS England in the first instance with a view to elements being considered for commissioning by CCGs in the future. In addition, CAG recommended three services for commissioning by CCGs in the first instance with a view to elements being considered for commissioning by NHS England in the future.^{viii}

Process

PSSAG considers four specific questions:

1. Whether the services currently included on the list of prescribed specialised services set out in legislation should continue to be commissioned by NHS England.
2. Whether there are services currently commissioned by NHS England, which would be more appropriately commissioned by CCGs.
3. Whether there are services currently commissioned by CCGs, which would be more appropriately commissioned by NHS England.
4. Whether there are innovative new treatments and interventions that are not part of existing services and which should be commissioned by NHS England.

When considering if a service is specialised or not the group must review existing services and assess new ones on the basis of the four factors within the National Health Service Act 2006 which 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 Clinical Commissioning Groups if they were required to arrange for the provision of the service or facility.

In developing its advice, PSSAG may also consider such matters as:

- How activity can be identified to enable separate contracting, monitoring and payment;
- Likely running costs associated with separate and direct commissioning;
- Defining elements of the service to be commissioned; and
- The number of provider contracts NHS England is likely to need to develop to directly commission the service.

As part of the process in advising the Secretary of State about statutory prescribed services, the group will also consider proposals from NHS England on the formulation of its service descriptions and will provide advice to Ministers on whether the service descriptions (and any proposed changes) are appropriate in respect of the prescribed service.

Outcomes

This report sets out the recommendations that PSSAG made at its May and October 2015 meetings on the services to be directly commissioned by NHS England. A broad, outline summary is as follows:

1. Adult specialist haematology services – *transfer to NHS England postponed until 2017*
2. Adult specialist neurosciences services – *proposal withdrawn by NHS England*
3. Adult specialist renal services – *proposal withdrawn by NHS England*
4. Ventricular assist devices – *recommendation made to amend the existing service to ensure this service is included*
5. Implantable miniature telescopes for age-related macular degeneration – *not recommended for commissioning by NHS England*
6. Maternal care: abnormally invasive placenta – *recommended for commissioning by NHS England*
7. Mitochondrial donation – *recommended for commissioning by NHS England*
8. Severe paediatric chronic fatigue syndrome/myalgic encephalopathy – *not recommended for commissioning by NHS England*
9. Specialist paediatric critical care services – *NHS England reviewing proposal*
10. Specialist lymphoedema service – *not recommended for commissioning by NHS England*
11. Specialist neurological services for Deaf patients who use British Sign Language – *not recommended for commissioning by NHS England*
12. Tolvaptan for autosomal dominant polycystic kidney disease (ADPKD) – *not recommended for commissioning by NHS England*

Ministers have accepted the recommendations set out in this report and in accordance with the National Health Service Act 2006 Ministers have undertaken a formal consultation with NHS England on the proposed changes. In its formal response to the consultation, NHS England confirmed that it supported the recommendations made by PSSAG. PSSAG's recommendations, along with the consultation between the Department of Health and NHS England, inform the development of the necessary statutory instruments to amend Schedule 4

of the Regulations, setting out the specialised services for which NHS England will have commissioning responsibility from April 2016.

1. Adult specialist haematology services

Service summary and proposal

Adult specialised haematology services are not currently prescribed in regulations, and CCGs commission all adult haematology services (except in a few prescribed cases). NHS England currently commissions the majority of haematology services for children and young people and all rare cancer services. In September 2013, PSSAG considered a proposal from NHS England that it should commission a highly specialist haematology service for adults, to provide for greater alignment between the adult and children's services (which were already prescribed). This would include the following rare conditions:

- Thrombotic thrombocytopenic purpura (TTP) - a rare blood disorder resulting in clots that cause damage to the kidney, heart and brain.
- Langerhans' cell histiocytosis (LCH) - a cancer-like condition in which an abnormal increase in immune cells causes organ damage.

View of PSSAG

PSSAG agreed, on the basis of the four statutory factors, that adult specialised haematology services are suitable for commissioning by NHS England, rather than by CCGs, particularly with respect to the small number of individuals requiring the provision of the service, the high cost of providing the service, the very small number of individuals with the expertise to treat these patients and the significant financial risk to CCGs if they were required to provide the service. PSSAG recommended that NHS England commission an adult highly specialist haematology service including the aforementioned rare conditions. Ministers agreed with PSSAG's advice and made the decision for commissioning responsibility for adult specialised haematology services to transfer to NHS England from 1 April 2015.

At the September 2014 meeting, NHS England informed PSSAG that it would be unable to take on commissioning responsibility for adult specialised haematology services until 1 April 2016. This was due to the transfer of the service proving more difficult than initially envisaged. The relevant Clinical Reference Groups were to work together during 2015/16 to ensure NHS England would be able to take on commissioning responsibility for these services from April 2016.

Update

At the October 2015 meeting, NHS England informed PSSAG that it would be unable to take on commissioning responsibility for adult specialised haematology services until 1 April 2017. NHS England advised that this was due to continued difficulty enacting the transfer of commissioning responsibility and the need for further work on this transfer. Ministers have asked NHS England to provide further evidence about the practicalities of a transfer so that they may be appropriately advised about a suitable timescale.

2. Adult specialist neurosciences services

Service summary and proposal

Adult specialist neurosciences services encompass all services provided by Adult Neurosciences or Neurology Centres. These include:

- All neurosurgery activity;
- All interventional procedures within neuroradiology;
- Inpatient neurology;
- Specialist diagnostics (including neurophysiology, neuroradiology); and
- Associated services (neuropsychology, neuropsychiatry, neuro-rehabilitation, neuro critical care).

NHS England previously commissioned all neurology outpatients at Adult Neurosciences or Neurology Centres. Since April 2015, it has only commissioned outpatients that have been referred by a consultant.

NHS England commissions all inpatient services, whether or not the services are specialist, from Adult Neurosciences or Neurology Centres. CCGs commission non-specialist services delivered outside of Adult Neurosciences or Neurology Centre. PSSAG considered a proposal from NHS England for CCGs to commission non-specialist inpatient neurology services from Adult Neurosciences or Neurology Centres.

Update

At PSSAG's October 2015 meeting NHS England announced that it wished to withdraw this proposal as it is now considering this service for collaborative commissioning arrangements.

3. Adult specialist renal services

Service summary and proposal

Adult specialist renal services include:

- All dialysis services (including plasma exchange for patients with acute kidney injury);
- Outpatient assessment and preparation for renal replacement at Adult Specialist Renal Centres including procedures relating to establishing renal access prior to dialysis; and
- All transplant-related care provided by Adult Specialist Renal Centres and all transplantation activity provided by Adult Renal Transplant Centres.

In 2014, PSSAG considered a proposal from NHS England that commissioning responsibility for renal dialysis services should transfer from NHS England to CCGs. NHS England would retain commissioning responsibility for renal transplantation services for adults. Following public consultation, NHS England reviewed this proposal and in October 2015 decided to withdraw it.

View of PSSAG

In 2014, PSSAG agreed that, on the basis of the four statutory factors, adult specialist renal dialysis services did not require national commissioning by NHS England. The patient population was high – information provided by NHS England, gave a figure of about 45,000 individuals requiring renal dialysis per annum. Whilst the total cost of delivering renal dialysis services was high, the cost in individual cases was not considered to be high. There were many people able to provide renal dialysis, with some activity taking place outside of specialist centres, and PSSAG felt that there would be no specific financial risk to CCGs of having to commission this service. NHS England confirmed that CCGs would receive appropriate budgets to commission the service and were confident that the funding could be disaggregated.

However, the Department later became aware that the patient population figure provided by NHS England as part of the proposal was incorrect. The figure provided was 45,000 individuals requiring renal dialysis per annum. The correct figure is nearer to 23,000 individuals requiring renal dialysis per annum. In light of this Ministers asked NHS England to refer the proposal back to PSSAG for reconsideration using the correct patient population figure.

Update

At PSSAG's October 2015 meeting NHS England advised that it wished to withdraw the proposal for adult specialist renal dialysis services. NHS England further advised that this decision was due to the feedback received from the Department's public consultation and a need to engage more widely on the benefits and risks of the proposed transfer, including exploring the potential benefit of collaborative commissioning.

4. Heart and lung transplantation service

Service summary and proposal

PSSAG considered a proposal for the wording of paragraph 58 'Heart and lung transplantation service (including bridge to transplant using mechanical circulatory support)' of Schedule 4 to the Regulations to be changed to 'Heart and lung transplantation (including mechanical circulatory support)'. This change would allow NHS England to explore the option of ventricular assist devices being used as a destination therapy. The name of the Regulation currently restricts the use of the devices to bridge to transplant treatment, which NHS England advised does not necessarily reflect current practice.

View of PSSAG

The Group understood the reasoning for the proposed change and recommended that a suitable amendment to the Regulations be made so that the service could clearly include ventricular assist devices as part of the heart and lung transplantation service.

Suggested changes

PSSAG recommended that the Regulations be amended. Ministers have accepted the recommendation.

5. Implantable miniature telescopes for age related macular degeneration

Service summary and proposal

Age related macular degeneration (AMD) is an eye condition that causes central vision loss, usually in both eyes. There are two types of AMD and treatment depends on which type a patient has, however, there is currently no cure for either type of AMD.

PSSAG considered a proposal from a third party on behalf of a manufacturer for a nationally commissioned service for the treatment of AMD with implantable miniature telescopes. This is a new technology for a subset of patients with severe bilateral vision loss caused by AMD. The treatment is not currently available on the NHS and it has not been appraised by the National Institute for Health and Care Excellence (NICE).

View of PSSAG

The Group was of the opinion that, taking account of the four statutory factors, a treatment service for AMD using implantable miniature telescopes was not suitable for national commissioning. In particular, it noted that the number of patients requiring the service is relatively high, and the costs of the service are low.

PSSAG also noted that The Royal College of Ophthalmologists was of the opinion that the treatment should be assessed by NICE.

Suggested changes

PSSAG recommended that no changes be made at this time. Ministers have accepted this recommendation.

6. Maternal care – abnormally invasive placenta

Service summary and proposal

CCGs commission all maternity care, except where the woman has a condition in which her care falls within a specialist service commissioned by NHS England, for example, cystic fibrosis.

Abnormally invasive placenta is a condition in which the placenta invades too deeply or attaches too strongly to the uterine wall. The placenta can also attach to and invade into adjoining organs, potentially leading to massive haemorrhage. It is the most common cause of peripartum hysterectomy. Incidence is increasing as a result of increasing rates of caesarean section, older childbearing, and In Vitro Fertilisation (IVF);

PSSAG considered a proposal from NHS England for maternity care services for women with abnormally invasive placenta to become the commissioning responsibility of NHS England.

View of PSSAG

PSSAG had previously considered this proposal and agreed that an abnormally invasive placenta service could be appropriate for national commissioning on the basis of the four statutory factors in principle, but only for those patients accessing services after being identified as likely to have an abnormally invasive placenta.

PSSAG requested that the views of the presidents of the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, and the National Clinical Directors for Diagnostics and Maternity and Women's Health at NHS England be sought on the potential size of patient population for this service, how it would be defined, and whether this could fundamentally change the patient pathway and routine ante-natal care.

PSSAG received the requested information and, taking account of the four statutory factors, agreed that the service was appropriate for national commissioning. PSSAG recommended that NHS England commission a service for maternity care for women with abnormally invasive placenta.

Suggested changes

PSSAG recommended that NHS England take on commissioning responsibility for maternity care for women with abnormally invasive placenta and that the Regulations be amended as necessary to reflect this commissioning responsibility. Ministers have accepted this recommendation.

7. Mitochondrial donation

Service summary and proposal

Mitochondrial donation is a technique that involves replacing mitochondria in a woman who is a carrier for a mitochondrial disease, with mitochondria from a donor woman who is not a carrier for a mitochondrial disease, during the process of in vitro fertilisation. The resulting baby has all the genetic traits of the mother and father but also has healthy mitochondria and so is free from mitochondrial disease.

Serious mitochondrial diseases cause very significant morbidity and often early mortality. The impact of these diseases can include blindness, heart failure, muscle wastage and weakness, learning disabilities, deafness and diabetes.

NHS England commissions a rare mitochondrial disorders clinical and diagnostic service from three expert centres in England. Some treatments for mitochondrial disorders are given in specialist centres (and commissioned by NHS England) whilst some will be given more locally and commissioned by CCGs.

PSSAG considered a proposal for mitochondrial donation to become the commissioning responsibility of NHS England.

View of PSSAG

The Group discussed the proposal with regard to the four statutory factors and recommended that this service be nationally commissioned. PSSAG considered the four statutory factors and concluded that the cost of the service is high, patient numbers are low, and there is a very small number of providers able to provide the service. PSSAG therefore recommended that NHS England commission a service for mitochondrial donation.

Suggested changes

PSSAG recommended that NHS England commission a service for mitochondrial donation and that the Regulations be amended as necessary to reflect this commissioning responsibility. Ministers have accepted this recommendation.

8. Severe paediatric chronic fatigue syndrome/myalgic encephalopathy

Service summary and proposals

Paediatric Chronic Fatigue Syndrome (CFS)/Myalgic Encephalopathy (ME) is a debilitating condition characterised by disabling and persistent fatigue. Children with severe CFS/ME are rarely able to leave the house, are dependent on mobility equipment, and need help with basic self-care.

The National Institute for Health and Care Excellence guidelines state that children with severe CFS/ME should be assessed and treated at home by specialist services. NHS England does not currently commission services for children with severe CFS/ME.

PSSAG considered a proposal, put forward by a Consultant Paediatrician at the Royal Hospital for Rheumatic Diseases. The proposal was for NHS England to commission services for children with severe CFS/ME from Highly Specialist Chronic Fatigue Syndrome/Myalgic Encephalopathy Centres, including assessment and intensive follow-up treatment provided in the patient's home. CCGs would commission all other services for paediatric CFS/ME. PSSAG considered views on the proposal from the Royal College of Psychiatrists and the Association for Young People with ME

View of PSSAG

PSSAG considered that, taking account of the four factors, paediatric CFS/ME services were not suitable for national commissioning. In particular, the burden to CCGs of providing the service is low. PSSAG also noted that paediatric CFS/ME patients strongly benefitted from treatment provided in the home and with the involvement of family and therefore a service provided at a small number of regional locations may not be in the best interest of these patients.

However, the Group recognised the importance of the current issues around suitable treatment for paediatric CFS/ME and the need for strong regional and local treatment networks. The PSSAG Secretariat wrote to the relevant NHS England National Clinical Director to bring PSSAG's comments to her attention.

Suggested changes

PSSAG recommended no changes to commissioning responsibility be made at this time. Ministers have accepted this recommendation.

9. Specialist paediatric critical care services

Service summary and proposal

NHS England commissions most paediatric critical care services under the service described in paragraph 123 “specialist paediatric intensive care services” of the Regulations. Some paediatric critical care services – including some transport services – are commissioned by CCGs.

In September 2013, PSSAG considered a proposal from NHS England that NHS England should commission the transfer of all non-ventilated children into Level 2 and 3 critical care facilities and repatriation (transportation) of children from paediatric critical care to the hospital nearest to their home area or to a Level 2 unit. NHS England also proposed that the terminology used to describe the service should be aligned with that used in adult and neonatal critical care services.

View of PSSAG

PSSAG agreed, on the basis of the four statutory factors, that transfer of non-ventilated children into Level 2 and 3 critical care facilities and repatriation of children from paediatric critical care to the hospital nearest to their home area or to a Level 2 unit were appropriate for commissioning by NHS England. This was agreed at PSSAG’s meeting in September 2013. Ministers agreed with PSSAG’s advice and made the decision for commissioning responsibility for these services to transfer to NHS England from 1 April 2015.

NHS England informed PSSAG at its September 2014 meeting that NHS England would be unable to take on commissioning responsibility for these services until 1 April 2016.

The transfer of commissioning responsibility for these services had proved more difficult than originally envisaged. The Paediatric Intensive Critical Care CRG subsequently gave further consideration to the proposal and was working to confirm activity levels, identify and map the current transport provider commissioning pattern, and identify associated funding.

Update

NHS England informed PSSAG at its October 2015 meeting that it would be unable to take on commissioning responsibility for these services from 1 April 2016. NHS England advised that it had looked in more detail at this proposal and found it was unfeasible to transfer commissioning responsibility, except over a longer timescale. Ministers have asked NHS England to provide further evidence about the practicalities of a transfer so that they may be appropriately advised about a suitable timescale.

10. Specialist lymphoedema service

Service summary and proposal

Lymphoedema is a chronic condition that causes tissue swelling. It can affect any part of the body, but usually develops in the arms or legs. Lymphoedema can be primary, caused by faulty genes, or secondary, caused by damage to the lymphatic system. Cancer treatment is one of the most common causes of secondary lymphoedema.

PSSAG considered a proposal from the British Lymphology Society for NHS England to commission a service for the treatment of both primary and secondary lymphoedema.

View of PSSAG

The Group was of the opinion that, taking account of the four statutory factors, lymphoedema services were not suitable for national commissioning. In particular the patient population was high, there were numerous providers, and the burden to CCGs was low.

However, the Group noted that, although not suitable for national commissioning, it was of the opinion there was a need for a national strategy and national guidelines for lymphoedema services. This was noted in the formal consultation with NHS England and in its response NHS England stated that it will discuss with the British Lymphology Society how CCG commissioning of lymphoedema services might be strengthened.

Suggested changes

PSSAG recommended that no changes to the Regulations be made at this time. Ministers have accepted this recommendation.

11. Specialist neurological services for Deaf patients who use British Sign Language

Service summary and proposal

The Deafness, Cognition and Language (DCAL) Research Centre put forward a proposal for specialist neurological services for Deaf people who use British Sign Language (BSL). DCAL advised that these patients are at significant risk of misdiagnosis if the assessment process is not sufficiently calibrated to working with people who use a visual language. The assessment and diagnosis of neurological conditions is uniquely dependent on effective communication with the patient. DCAL advises that around 350 Deaf people develop a neurological condition needing assessment and diagnosis each year, and 1,900 Deaf people are living with neurological conditions.

View of PSSAG

The Group was of the opinion that, taking account of the four statutory factors, specialist neurological services for Deaf patients who use British Sign Language were not suitable for national commissioning. While the Group recognised the importance of communication support in accessing healthcare, particularly in the diagnosis and treatment of neurological conditions which complicate communication, it felt that Deaf patients were not unique in having difficulties communicating or accessing services.

The Group also had concerns that it could be difficult to accurately estimate the number of patients the proposed service might apply to. The Group was of the opinion that a specialised service in one location was unlikely to be the best way to support Deaf patients.

Suggested changes

PSSAG recommended that no changes be made at this time. Ministers have accepted this recommendation.

12. Tolvaptan for autosomal dominant polycystic kidney disease (ADPKD)

Service summary and proposal

Autosomal Dominant Polycystic Kidney Disease (ADPKD) is an inherited disease that causes cysts to grow in the kidneys. Cysts can grow large enough to affect a patient's kidney function and this usually occurs between the ages of 30 and 60 years. A proposal for a service for the management of patients with ADPKD was received from Otsuka Pharmaceuticals. The proposal was for a service to identify, manage, and treat a subset of ADPKD patients using the drug Tolvaptan.

View of PSSAG

The Group was of the opinion that, taking account of the four statutory factors, Tolvaptan for use in ADPKD was not suitable for national commissioning. The cost of the drug, which was shared by Otsuka in confidence, was not felt to be a significant destabilising factor for CCGs. The relevant Clinical Reference Group's view had been sought in advance of the meeting, and it advised that it was of the opinion that the proposed service would need to straddle a number of different services.

Suggested changes

PSSAG recommended that no changes be made at this time. Ministers have accepted this recommendation.

Annex A - Prescribed Specialised Services Advisory Group Membership

Chair

Professor Sir Ian Gilmore

Members

Dr J E Tim Burke (clinical commissioning group – south)

Dr Christine Moss (clinical commissioning group – midlands and east)

Dr Chris Clayton (clinical commissioning group – north)

Professor Paul O’Flynn FRCS (Royal College of Surgeons of England)

Professor Bronwyn Kerr (Academy of Medical Royal Colleges)

Dr Andrew Goddard (Royal College of Physicians)

Dr Archie Prentice (Royal College of Pathologists)

Helen Donovan (Royal College of Nursing)

Dr Sridevi Kalidindi (Royal College of Psychiatrists)

Professor Bhaskar Choubey (lay representative)

Dr Rebecca Strachan (lay representative)

Steve McNeice (lay representative)

Manoj Mistry (lay representative)

Tabitha Gardner (NHS England Finance)

Teresa Fenech (NHS England Nursing)

Ceri Townley (NHS England Informatics)

Fiona Marley (NHS England Specialised Commissioning)

References

ⁱ NHS England is the operational name used by the National Health Service Commissioning Board, created under section 1H of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

ⁱⁱ SI 2012/2996. Copies of legislation may be purchased from HMSO. Additionally, a copy of this statutory instrument, in its original form, is available at: <http://www.legislation.gov.uk/ukxi/2012/2996/contents/made>. There are other amendments to this statutory instrument but they are not listed here as they are not relevant. Further, relevant amendments to SI 2012/2996 are to be found in SI 2014/452 and SI 2015/415. A further amending statutory instrument is in the process of being made at the time of publication of this document and will be available at www.legislation.gov.uk.

ⁱⁱⁱ National commissioning of specialised services: report from the Clinical Advisory Group for Prescribed Services: <https://www.gov.uk/government/publications/national-commissioning-of-specialised-services-report-from-the-clinical-advisory-group-for-prescribed-services>

^{iv} The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No. 2) Regulations 2014 (SI 2014/452) available at: <http://www.legislation.gov.uk/ukxi/2014/452/introduction/made>. The two new services added were atypical haemolytic uraemic syndrome services and hand transplantation for adults.

^v The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2015 (SI 2015/415) available at: <http://www.legislation.gov.uk/ukxi/2015/415/introduction/made>. The two new services added were highly specialist adult urological surgery services for men and highly specialist oesophageal gastric services in the form of gastro-electrical stimulation for specified cases.

^{vi} The latest version of the Manual for Prescribed Specialised Services is available at: <http://www.england.nhs.uk/wp-content/uploads/2014/01/pss-manual.pdf>. A postal copy may be requested by telephoning 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays) or writing to the Board at PO Box 16738, Redditch, B97 9PT,

^{vii} NHS England's Clinical Reference Groups (CRG) cover the full range of specialised services and are responsible for providing NHS England with clinical advice regarding the services commissioned by NHS England. The CRGs are made up of clinicians, commissioners, Public Health experts and patients and carers, and are responsible for the delivery of key 'products' such as service specifications and commissioning policies, which enable NHS England to commission services from specialist providers through the contracting arrangements overseen by its Area Teams

^{viii} National commissioning of specialised services: report from the Clinical Advisory Group for Prescribed Services: <https://www.gov.uk/government/publications/national-commissioning-of-specialised-services-report-from-the-clinical-advisory-group-for-prescribed-services>.