



Department
of Health

Prescribed Specialised Services Advisory Group

Recommendations to Ministers

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Contact details: PSSAG Secretariat: Room 2E14 Quarry House Quarry Hill Leeds LS2 7UE Sarah.bramley-harker@dh.gsi.gov.uk

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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

Specialised services are provided for people with rare or very rare conditions, and are consequently typically planned across populations in excess of one million. Specialised services tend to be provided by larger hospitals that are able to recruit and retain clinical and support staff with sufficient specialist knowledge, expertise and leadership to maximise the provision and co-ordination of care for this group of patients.

Services (other than primary care or certain special cases, such as prison health, for example) are generally commissioned by Clinical Commissioning Groups (CCG) unless the Secretary of State for Health considers that it would be appropriate for the NHS Commissioning Board (referred to as NHS England) to arrange for the provision of a service as part of the health service. Primary legislationⁱ gives the Secretary of State for Health the power to make regulations requiring NHS England to directly commission prescribed services, which includes specialised health services for people with rare conditions. Using these powers, Ministers therefore decide the specialist services that NHS England will directly commission.

In deciding whether it would be appropriate for a service to be commissioned by NHS England rather than CCGs, the Secretary of State must have regard to four statutory factors (appearing 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. The Prescribed Specialised Services Advisory Group (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 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, 'the Regulations'. 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.ⁱⁱ

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).ⁱⁱⁱ The Manual should be considered alongside service specifications, NHS England commissioning policies and the technical requirements NHS England imposes on providers.

Prescribed Specialised Services Advisory Group (PSSAG)

The Prescribed Specialised Services Advisory Group 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 directly commissioned by NHS England, rather than by Clinical Commissioning Groups (CCGs).

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

Evidence, supporting information and activity on those services currently prescribed in legislation for direct commissioning by NHS England and any new services identified as potentially specialised, are made available to PSSAG from a range of sources, which may include Clinical Reference Groups (CRGs)^{iv}, 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 also include review of services previously identified by CAG for "early review". These services were usually recommended by CAG for review in two to three years once the new commissioning arrangements were established. The majority of these were services that it 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.^v

The group draws upon clinical, commissioning and other relevant expertise in making its recommendations to the Secretary of State for Health.

Process

PSSAG considers four specific questions:

Whether the services currently included on the list of prescribed specialised services set out in legislation should continue to be commissioned by NHS England.

Whether there are services currently commissioned by NHS England, which would be more appropriately commissioned by CCGs.

Whether there are services currently commissioned by CCGs, which would be more appropriately commissioned by NHS England.

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 service to be commissioned
- 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.

Conclusion

This report sets out the recommendations that the PSSAG made at its meetings of 3 September 2013 and 17 September 2013 on the services to be directly commissioned by NHS England. Ministers have accepted the recommendations set out in this report and in accordance with the Health and Social Care Act 2012 Ministers have undertaken a formal consultation with NHS England on the proposed changes.

In its formal response to the consultation, NHS England notified Ministers of the work it is undertaking in 2014/15 to ensure that the detailed definitions of its commissioning responsibilities are being applied consistently across the country. On the basis of this information, Ministers have taken the decision that it would not be sensible to make certain of the recommended changes to existing commissioning responsibilities until NHS England has

completed this work and has a consistent starting point. Therefore, changes to the list of prescribed specialised services will be introduced in two stages.

1. Commissioning responsibility for the three new services; hand transplantation, services for patients with atypical haemolytic uraemic syndrome (aHUS) and the Argus II retinal prosthesis system will sit with NHS England from April 2014. The changes to the terminology within the service descriptions for hyperbaric oxygen treatment and specialist cancer services will also be made from April 2014.
2. The proposed transfers of commissioning responsibility for other services between Clinical Commissioning Groups and NHS England will be made on 1 April 2015.

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 both from April 2014 and from April 2015.

1. Adult attention deficit hyperactivity disorder (ADHD)

Service summary and proposal

Guidance issued by the National Institute for Health and Care Excellence (NICE) sets out the basis on which Clinical Commissioning Groups (CCGs) should commission services for adults with attention deficit hyperactivity disorder (ADHD). PSSAG considered a proposal from NHS England (with support from the Board members of the UK Adult ADHD Network, UKAAN) that NHS England should commission Highly Specialist Centres that could support CCG-funded specialist adult ADHD services on an outreach basis. This would include a tertiary diagnostic and second opinion service.

View of PSSAG

The group agreed that the expertise was only found in a small number of places, but felt that the financial burden on CCGs was low. PSSAG did not feel, having regard to the four statutory factors that this service justified national commissioning by NHS England, particularly in respect of the low financial burden on CCGs.

Suggested changes

No changes required to the Regulations.

2. Adult 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. 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 that, on the basis of the four statutory factors, the service met the requirements 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. This service would be prescribed in regulations.

Suggested changes

The Regulations would be amended to reflect the changes PSSAG has recommended. NHS England proposed to develop a service description under the new prescribed service to include services provided by Adult Highly Specialist Haematology Centres for patients with the following rare conditions:

- Thrombotic thrombocytopenic purpura
- Langerhans' cell histiocytosis

The service includes outreach when delivered as part of a provider network.

PSSAG recommended that NHS England develop a service description under the new prescribed service, as proposed.

3. Adult specialist cardiac services

Service summary and proposal

Adult specialist cardiac services include services provided by Adult Specialist Cardiac Centres including outreach when delivered as part of a provider network. The service includes:

- All cardiac surgery activity
- Complex cardiac electrophysiology services
- Provision of complex device therapy
- Inherited heart disease services
- Complex invasive cardiology services
- Primary percutaneous coronary intervention (PPCI) services for ST-elevated myocardial infarction
- Provision of cardiac magnetic resonance imaging (cardiac MRI)

PSSAG considered two proposals:

- a) Primary percutaneous coronary intervention (PPCI) services for ST-elevated myocardial infarction had been identified for “early review” (in two to three years) by the Clinical Advisory Group. It was thought that the number of providers would increase and the service would no longer meet the requirements for commissioning by NHS England, on the basis of the four statutory factors. PSSAG considered a proposal from NHS England to remove this element of the service from the “early review” list and for NHS England to continue commissioning it as the number of providers had remained stable and was not expected to increase.
- b) Homozygous familial hypercholesterolaemia is a genetic disorder characterised by high cholesterol levels and early cardiovascular disease. NHS England does not currently commission any services for patients with familial hypercholesterolaemia. PSSAG considered a proposal from NHS England that it should commission services for patients with the rare homozygous form of the condition.

View of PSSAG

- a) The number of primary percutaneous coronary intervention (PPCI) services for ST-elevated myocardial providers was stable and was not expected to increase. In addition, a proxy measure had been developed that identified only the PPCI for ST-elevated myocardial infarction activity (rather than other PPCI activity). The group agreed that NHS England should continue to commission the service and that it should be removed from the “early review” list.
- b) The group felt that on the basis of the four statutory factors, the service met the requirements for commissioning by NHS England, rather than by CCGs, particularly with

respect to the small subset of patients requiring provision of the service. The group agreed with the proposal and recommended NHS England commission services for patients with homozygous familial hypercholesterolaemia.

Suggested changes

NHS England proposed to amend its service description for “Adult specialist cardiac services” to include homozygous familial hypercholesterolaemia. PSSAG concluded that its recommendations could be implemented without amendment to the Regulations if NHS England amended the service description as proposed.

4. Adult specialist eating disorder services

Service summary and proposal

Adult specialist eating disorder services includes inpatient care and bespoke packages of care for intensive day care (as an alternative to admission) services provided by Adult Specialist Eating Disorder Centres. The service includes associated non-admitted care including outreach when delivered as part of a provider network.

This service had been identified for “early review” in two to three years by the Clinical Advisory Group. After two to three years, CAG expected that this service would be established and that some elements of the service might be suitable for commissioning by CCGs.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that this service would be reviewed at a future meeting.

Suggested changes

No changes required at the present time.

5. Adult specialist neurosciences services

Service summary and proposal

Adult specialist neurosciences services include 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)
- Associated services (neuropsychology, neuropsychiatry, neuro-rehabilitation, neuro critical care)
- Neurology outpatients

PSSAG considered a proposal from NHS England that in Adult Neurosciences or Neurology Centres – only those outpatients who are the subject of a consultant-to-consultant referral should be commissioned directly by NHS England (as this indicated specialised activity), and all other neurology outpatients services should in future be commissioned by CCGs.

View of PSSAG

Currently all outpatient care that is delivered at Adult Neurosciences or Neurology Centres is commissioned by NHS England, regardless of whether this is part of the centre's local secondary care service or the specialised service that the centre provides to a wider geographical area. PSSAG did not feel, having regard to the four statutory factors that the national service commissioned by NHS England should include non-specialist neurology outpatient care provided in these centres. The number of individuals requiring access to secondary neurology outpatient care is high, the cost of delivering a neurology outpatient service is not high and is covered by a Payment by Results tariff and there are many persons able to provide secondary neurology outpatient care.

The group asked whether consultant-to-consultant referrals was the only way of identifying the specialist activity and asked for this to be put back to the Neurosciences Clinical Reference Group for clarification. This clarification was received ahead of PSSAG's meeting of 17 September. Data presented to PSSAG showed that only 25% of activity currently consisted of consultant-to-consultant referrals and the rest were referred by GPs and A&E. The group agreed that outpatient referrals should be removed from the description of this service, unless they were made at consultant level.

Suggested changes

NHS England proposed to amend its service description for "Adult specialist neurosciences services" to include only those outpatients that have been referred by a consultant. PSSAG concluded that its recommendation could be implemented without amendment to the Regulations if NHS England amended the service description as proposed.

6. Adult specialist pulmonary hypertension services

Service summary and proposal

Adult specialist pulmonary hypertension services include all services provided by Adult Highly Specialist Pulmonary Hypertension Centres including outreach when delivered as part of a provider network.

This service had been identified for “early review” in two to three years by the Clinical Advisory Group. After two to three years, CAG expected that this service would be established and that some elements of the service might be suitable for commissioning by CCGs.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that it would be reviewed at a future meeting.

Suggested changes

No change required at the present time.

7. Argus II retinal prosthesis

Service summary and proposal

This is the first commercially available prosthesis system for long term artificial vision restoration for retinitis pigmentosa.

PSSAG considered a proposal from NHS England that it should commission the Argus II retinal prosthesis. This was a proposal that had originally been submitted to the National Specialised Commissioning Team (a predecessor organisation to NHS England in the commissioning of specialised services) by providers and Second Sight Medical Products, Inc.

View of PSSAG

The group agreed that, on the basis of the four statutory factors, this service met the requirements for commissioning by NHS England, rather than by CCGs. It is a highly complex procedure, with small patient numbers and a high cost, both in terms of implanting the device and follow up care. PSSAG recommended that NHS England commission Argus II retinal prosthesis as part of the Adult Specialist Ophthalmology Service.

Suggested changes

NHS England proposed to amend its service description for “Adult specialist ophthalmology services” to include highly specialist retinal prosthesis systems. PSSAG concluded that its recommendation could be implemented without amendment to the Regulations if as proposed NHS England amended the service description for adult specialist ophthalmology services.

8. Asperger's syndrome and autism spectrum disorder (adults)

Service summary and proposal

The Clinical Advisory Group (CAG) had previously considered services for children and adults with Asperger's syndrome and autism spectrum disorder (ASD) and had been concerned that no service for adults with Asperger's syndrome or ASD had been identified that met the requirements for commissioning by NHS England, on the basis of the four statutory factors. CAG had recommended that the service be reviewed during 2013 to determine if there were any elements that, on the basis of the four statutory factors, met the requirements for commissioning by NHS England, rather than by CCGs.

PSSAG considered a proposal from NHS England (with support from the Royal College of Psychiatrists Autism Spectrum Disorders Special Interest Group) that NHS England should commission Highly Specialist Centres that could support CCG-funded specialist adult ASD services. The Mental Health Programme of Care and the Specialised Mental Health Clinical Reference Group (CRG) had suggested two areas for discussion:

- a tertiary diagnostic and second opinion service and
- an inpatient service for patients with co-morbid Asperger's and autism spectrum disorder.

View of PSSAG

Although the group agreed that the expertise was only found in a small number of centres, it was unclear what the financial impact on CCGs would be if this service were to be commissioned by them. The group requested additional information on the costs and length of stay and also about the origin of the patients being treated in these centres. Discussion of the service would be deferred to a future meeting, in order for the further information to be obtained.

This service should be subject to review during 2014/15.

Suggested changes

No change required at the present time.

9. Atypical haemolytic uraemic syndrome (aHUS)

Service summary and proposal

Atypical haemolytic uraemic syndrome (aHUS) is a rare condition which affects the brain, gut, kidneys and other organs. NHS England is currently commissioning a service for treating patients with aHUS under adult specialist renal services and specialist renal services for children and young people. PSSAG considered a proposal from NHS England that a new service, specifically for treating patients with aHUS should be commissioned by NHS England.

The drug, eculizumab, can be used to treat aHUS, and NICE had been asked to look at this drug as part of its Highly Specialised Technologies Programme. Should NICE issue guidance recommending the use of eculizumab for patients with aHUS, then this drug will be made available to patients under the new, nationally commissioned, atypical haemolytic uraemic syndrome service.

View of PSSAG

PSSAG agreed that, on the basis of the four statutory factors, the service met the requirements for commissioning by NHS England, rather than by CCGs. Patient numbers were low and the cost of treatment was very high. The group recommended that NHS England should commission the service.

Services for people with atypical haemolytic uraemic syndrome (aHUS) were recommended for prescription as a separate specialist service in the Regulations.

Suggested changes

The Regulations would be amended to reflect the changes PSSAG has recommended. NHS England proposed to develop a service description under the new prescribed service to include atypical haemolytic uraemic syndrome services provided by Highly Specialist Atypical Haemolytic Uraemic Syndrome Centres, including outreach when provided as part of a provider network. This applies to provision in adults and children.

PSSAG recommended that NHS England develop a service description under the new prescribed service, as proposed.

10. Bone anchored hearing aid services

Service summary and proposal

Bone anchored hearing aid services include multi-disciplinary assessment, surgical implantation and rehabilitation (including maintenance of the implant). This applies to provision in adults and children.

This service had been identified for “early review” in two years by the Clinical Advisory Group. CAG had agreed that the small number of procedures, together with the small number of providers with a moderate critical mass, pointed to a recommendation to prescribe this service, but with review in two years.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that it would be reviewed at a future meeting. CAG had suggested that further work might be needed on provider selection and this work is being undertaken as part of NHS England’s development of its Specialised Services.

Suggested changes

No changes required at the present time.

11. Complex and refractory psychosis

Service summary and proposal

Currently CCGs commission all services for patients with psychosis. PSSAG considered a proposal from NHS England that it should commission a specialist complex and refractory psychosis service.

View of PSSAG

The group was concerned about how the patients who would access the service would be identified. The group did not feel able to recommend that this service be commissioned by NHS England without this clarification.

Suggested changes

No changes required.

12. Fetal alcohol spectrum disorders

Service summary and proposal

Services for patients with fetal alcohol spectrum disorders (FASD) are currently commissioned by CCGs. PSSAG considered a proposal from NHS England that it should commission a specialised fetal alcohol spectrum disorders service.

View of PSSAG

The group asked for this to be put to the Paediatric Clinical Reference Group (CRG) for further information and brought back to a future meeting.

This service to be considered by PSSAG during 2014/15.

Suggested changes

No changes required at the present time.

13. Hand transplantation

Service summary and proposal

This is a new service, involving complex surgery. There has only been one person to date in the UK to receive a hand transplant.

PSSAG considered a proposal from NHS England that it should commission hand transplantation services from highly specialist hand transplantation centres. This was a proposal that had originally been submitted to the National Specialised Commissioning Team (a predecessor organisation to NHS England in the commissioning of specialised services).

View of PSSAG

Numbers of patients were expected to be extremely small and the expertise needed for this procedure was extremely specialised. PSSAG agreed that, on the basis of the four statutory factors, this service met the requirements for commissioning by NHS England, rather than by CCGs.

Suggested changes

The Regulations would be amended to reflect the changes PSSAG had recommended. NHS England proposed to develop a service description under the new prescribed service to include services provided by Highly Specialist Hand Transplantation Centres. This applies to provision in adults.

PSSAG recommended that NHS England develop a service description under the new prescribed service, as proposed.

14. Highly specialised adult urinary and gynaecological surgery services (adults)

Service summary and proposal

Highly specialist adult urinary and gynaecological surgery services include complex procedures provided by Highly Specialist Urinary and Gynaecological Surgery Centres.

PSSAG considered a proposal from NHS England to split the Regulation into male and female elements, as the current service description mainly covers services for women, and that NHS England should commission the following additional complex procedures for adult males:

- Urethral reconstruction surgery – surgery to repair an injury or defect in the walls of the urethra
- Penile prosthesis surgery – a medical device inserted in the penis during surgery
- Surgical sperm retrieval for male infertility
- Sacral nerve stimulation for urinary incontinence

View of PSSAG

PSSAG agreed with the proposal and recommended that the prescribed service be split into urological and urinary services for male patients on the one hand, and gynaecological and urinary services for female patients on the other, with further detail to be provided in NHS England's service descriptions.

PSSAG agreed that, on the basis of the four statutory factors, the additional complex procedures for adult males met the requirements 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 and the small number of individuals with the expertise to treat these patients, because of the specialist surgical expertise required.

Suggested changes

The Regulations would be amended to reflect the changes PSSAG had recommended. NHS England proposed to replace the service description for “Highly specialist adult urinary and gynaecological surgery services” with new service descriptions for i) highly specialist adult female urinary and gynaecological surgery services (which includes complex procedures provided by Highly Specialist Urinary and Gynaecological Surgery Centres) and ii) highly specialist adult male urological surgery services (which includes complex procedures provided by Highly Specialist Urological Surgery Centres).

PSSAG recommended that NHS England develop new service descriptions under the prescribed services, as proposed.

15. Hyperbaric oxygen treatment services (all ages)

Service summary and proposal

PSSAG considered a proposal from NHS England that its service description for “Hyperbaric oxygen treatment services” be amended to make reference to treatment provided at specialist hyperbaric oxygen treatment centres. This would add clarification to the service description.

View of PSSAG

PSSAG agreed that the language within the service description should be made clearer and refer to "specialist centres".

Suggested changes

PSSAG did not anticipate that amendment to the Regulations would be required. NHS England proposed to amend the service description for “Hyperbaric oxygen treatment services” to include hyperbaric oxygen treatment services provided by specialist hyperbaric oxygen treatment centres for specified conditions. This recommendation applies to provision in adults and children.

PSSAG recommended that NHS England amend the service description for “Hyperbaric oxygen treatment services”, as proposed.

16. Maternal care

Service summary and proposal

There is currently no nationally commissioned service and 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.

The Clinical Advisory Group (CAG) had been unable to identify specialist elements of maternal care that were not already prescribed elsewhere, but recognised there might be elements that should be considered for “early review”.

Three areas for consideration for national level commissioning had been suggested by NHS England:

- a) women with abnormally invasive placenta;
- b) women who have had a kidney transplant or severe chronic kidney disease; and
- c) women with mechanical prosthetic heart valves.

View of PSSAG

PSSAG agreed that patient and provider numbers were low and that the cost of treating these patients was high, factors that would generally point towards NHS England commissioning nationally. However, concern was raised about the effects of splitting up the patient’s treatment pathway by making some elements specialised and others not. PSSAG also felt that renal transplant patients and those with prosthetic heart valves would already be covered under the specialised care they receive for their condition, so the only area for consideration would be women with abnormally invasive placenta.

The group asked for further information about the maternity tariff before they make a recommendation.

This service to be considered at a future PSSAG meeting.

Suggested changes

No changes required at the present time.

17. Neuropsychiatry services

Service summary and proposal

Neuropsychiatry services include services provided by Specialist Neuropsychiatry Centres. This includes assessment and treatment for patients with:

- Neurological diseases and associated severe psychiatric symptoms; or
- Severe and disabling neurological symptoms without identified neurological cause.

This applies to provision in adults and children.

This service had been identified for “early review” in two to three years by the Clinical Advisory Group. After two to three years, CAG expected that this service would be established and some elements of the service may be suitable for commissioning by CCGs.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that it would be reviewed at a future meeting.

Suggested changes

No changes required at the present time.

18. Oesophageal gastric services

Service summary and proposal

CCGs currently commission all services for patients with gastroparesis. PSSAG considered a proposal from NHS England that it should commission implanted neurostimulators for patients with intractable gastroparesis.

View of PSSAG

PSSAG agreed that the number of patients and the number of centres able to carry out this procedure were small. The costs to CCGs, whilst moderate initially, would be on-going. The group agreed that, on the basis of the four statutory factors, this service met the requirements for commissioning by NHS England, rather than by CCGs and noted that there would likely be other interventions for benign oesophageal gastric services that might fall within this description.

Oesophageal gastric services were recommended for national commissioning by NHS England.

Suggested changes

Oesophageal gastric services would be prescribed as an NHS England commissioned specialist service in the Regulations, which would be amended to reflect the changes PSSAG has recommended. NHS England proposed to develop a service description under the new prescribed service to include highly specialist oesophageal gastric intestinal services in the form of gastro-electrical stimulation for intractable gastroparesis. This applies to provision in adults.

PSSAG recommended that NHS England develop a service description under the new prescribed service, as proposed.

19. Psychological therapies for Deaf patients

Service summary and proposal

It is estimated that about 40% of the Deaf population will experience a mental health problem at some time in their lives with about 5% per annum requiring intervention. PSSAG considered a proposal from SignHealth^{vi} that NHS England should commission psychological therapies for Deaf sign language users.

View of PSSAG

The Group felt that although the service was clearly complex and there were likely to be a small number of providers, on the basis of the four statutory factors, on balance they did not feel it met the requirements for commissioning by NHS England, in particular in relation to the cost of providing the service and the financial impact on CCGs were they required to arrange provision of the service, which was not thought to be excessively high.

The Group asked that CCGs be signposted to the relevant organisations and informed about the services and support they can provide to this group of patients.

Suggested changes

No changes required.

20.Refractory affective disorders

Service summary and proposal

CCGs currently commission all services for patients with affective disorders. PSSAG considered a proposal from NHS England that it should commission a specialist complex and refractory affective disorders service.

View of PSSAG

The group was concerned about how the patients who would access the service would be identified. The group did not feel able to recommend that this service be commissioned by NHS England without this clarification.

Suggested changes

No changes required.

21. Specialist cancer services (adult)

Service summary and proposal

Specialist cancer services is already prescribed in the Regulations. NHS England's service description currently includes:

- All care provided by Specialist Cancer Centres for rare cancers* ("rare cancers" specified in the service description)
- Complex surgery for common cancers (specified in the service description) provided by Specialist Cancer Centres (including assessment if performed at the Specialist Centre)
- Certain interventions provided by specified Specialist Cancer Centres (including assessment if performed at the Specialist Centre) – the interventions and Centres are specified by NHS England in the service description
- Chemotherapy: for rare and common cancers, the procurement and delivery of chemotherapy including drug costs

*'All care' includes cancer-related activity from referral to specialist centre to discharge including diagnostics, chemotherapy, surgery and any long term follow up. This includes outreach when delivered as part of a provider network. In addition, the service includes specialist palliative care and survivorship, when provided by a Specialist Cancer Centre.

PSSAG considered a proposal from NHS England to clarify the split of commissioning responsibility between NHS England and CCGs, in particular, to make clearer that NHS England is responsible for commissioning services for patients with all rare cancers (even if these are not specifically listed in the service description) and all complex surgery and interventions for common cancers, with exceptions (which would fall within the commissioning responsibility of CCGs).

View of PSSAG

PSSAG considered the proposal and recognised the need to provide clarity on the split between CCG and NHS England commissioning responsibility.

Suggested changes

NHS England had proposed to amend the service description for "Specialist cancer services" to reflect more clearly the services which it will commission under this prescribed service. PSSAG recommended that NHS England's service description be revised as proposed. PSSAG did not think amendment to the prescribed service "Specialist Cancer Services" would be necessary but this will be for Ministers to review when considering how to achieve the greater clarity between commissioning responsibilities as advised by the Group.

22. Specialist endocrinology and diabetes services for children and young people

Service summary and proposal

PSSAG considered a proposal from NHS England that it should commission services for children and young people with Type 1 diabetes.

View of PSSAG

PSSAG did not feel, having regard to the four statutory factors that this service justified national commissioning by NHS England, particularly in respect of the large number of providers. The Group understood the rationale for proposing change, but suggested that the most appropriate route for service redesign should be the Strategic Clinical Networks. The Group recommended no change.

Suggested changes

No changes required.

23. Specialist morbid obesity services (all ages)

Service summary and proposal

PSSAG was asked to consider whether the commissioning responsibility for specialist morbid obesity services should transfer from NHS England to CCGs. NHS England would retain those elements of the service that justified national commissioning by NHS England according to the four statutory factors.

This service had been identified for “early review” by the Clinical Advisory Group as it had felt that there would be merit in evaluating how access to weight management programmes was emerging across the country. CAG recommended that the service be reviewed in 1-2 years. At that time, CAG expected that at least some elements of the adult service might become suitable for commissioning by CCGs.

View of PSSAG

It was noted that NHS England is planning to undertake an examination of issues involving Public Health England, CCGs and relevant other stakeholders and PSSAG recommended that all the services should remain with NHS England while this review takes place.

This service would be considered by PSSAG at a future meeting.

Suggested changes

No changes required at the present time.

24. Specialist neonatal care services

Service summary and proposal

Specialist neonatal care services include all activity undertaken by Neonatal Intensive Care Units, Local Neonatal Units and Special Care Units including associated retrieval services. This includes transitional care and any associated outpatient services.

This service had been identified for “early review” in two to three years by the Clinical Advisory Group to ensure that appropriate links were being made with maternity services.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that it would be reviewed at a future meeting.

Suggested changes

No changes required.

25. Specialist paediatric critical care services

Service summary and proposal

NHS England commissions most paediatric critical care services under the service prescribed in Regulations as “Specialist paediatric intensive care services”. Some paediatric critical care services – including some transport services – are commissioned by CCGs. PSSAG considered a proposal from NHS England that it should commission the transfer of all non-ventilated children into Level 2 and 3 facilities and repatriation 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 that repatriation is costly and had implications for CCGs. The group agreed that, on the basis of the four statutory factors, transfer and repatriation services met the requirements for commissioning by NHS England, rather than by CCGs and thought that this could lead to improvements for patients. The Group also agreed that the terminology used to describe the service should be aligned with that used in adult and neonatal critical care services.

Suggested changes

The Regulations should be amended to reflect the changes PSSAG has recommended. NHS England had proposed to amend its service description to align it with the change to the description of the prescribed service in the Regulations. NHS England had proposed to include within the service description all activity undertaken by Level 2 and Level 3 Paediatric Critical Care Units, including paediatric critical care retrieval and repatriation.

PSSAG recommended that NHS England amend the service description for the prescribed service, as proposed.

26. Specialist rehabilitation services for patients with highly complex needs

Service summary and proposal

Specialist rehabilitation services for patients with highly complex needs includes tertiary specialist rehabilitation for patients whose rehabilitation needs fall into Category A following brain injury or with other disabling conditions. These may be provided in designated Level 1 or 2a facilities. This applies to provision in adults and children.

This service had been identified for “early review” by the Clinical Advisory Group in two to three years. After two to three years, CAG expected that this service would be established and some elements of the service may be suitable for commissioning by CCGs.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that it would be reviewed at a future meeting.

Suggested changes

No changes required at the present time.

27. Specialist services for severe personality disorder in adults

Service summary and proposal

Specialist services for severe personality disorder in adults includes inpatients and bespoke packages of care for intensive day care services (as an alternative to admission) provided by Specialist Centres. In addition, the service includes associated non-admitted care including outreach when delivered as part of a provider network.

This service had been identified for “early review” in two to three years by the Clinical Advisory Group. After two to three years, CAG expected that this service would be established and some elements of the service may be suitable for commissioning by CCGs.

View of PSSAG

This service was not yet due for review and it was not discussed by PSSAG. PSSAG noted that it would be reviewed at a future meeting. In addition, the service specification was still under development by NHS England and a review of current providers against the service specification was planned.

Suggested changes

No changes required at the present time.

28. Specialist services to support patients with complex physical disabilities (all ages)

Service summary and proposal

Specialist services to support patients with complex physical disabilities (including those with a combination of physical, sensory, intellectual, learning or cognitive disabilities) is prescribed in the Regulations. NHS England's service description for "Specialist services to support patients with complex physical disabilities" includes the specialist assessment for, and provision of (if indicated):

- Prosthetics (limb and artificial eyes)
- Specialist wheelchairs (including complex postural seating and powered wheelchair controls)
- Specialist augmentative and alternative communication aids
- Specialist environmental controls

This applies to provision in adults and children.

PSSAG was asked to consider two elements of this particular service:

- a) A proposal from NHS England to move the service description for artificial eyes to be included under the prescribed service headings relating to "Adult specialist ophthalmology services" and to "Specialist ophthalmology services for children and young people".
- b) A proposal from NHS England that CCGs commission all wheelchair services. Currently, specialist wheelchair services were commissioned by NHS England, but it had proved difficult to define what a specialist wheelchair was. In addition, there were more providers than originally estimated.

View of PSSAG

- a) PSSAG agreed that this was simply a case of realigning with eye services which they considered sensible.
- b) The group agreed that, on the basis of the four statutory factors, the requirements for national commissioning were not met, particularly with respect to the large number of providers. PSSAG recommended that the commissioning of all wheelchair services should be the responsibility of CCGs. PSSAG felt this would enable quality measures to be put in place and ensure there is local accountability.

It was noted that the responsibility for commissioning wheelchair services for serving members of the armed forces will remain with NHS England as this is another area of direct commissioning for NHS England and they will retain this responsibility.

Suggested changes

NHS England had proposed to amend the service description for "Specialist services to support patients with complex physical disabilities" to:

- a) Remove artificial eyes (and include this service within the service description for the prescribed services listed in the regulations as “Adult specialist ophthalmology services” and “specialist ophthalmology services for children and young people”).
- b) Remove wheelchair services. CCGs would now be responsible for commissioning all wheelchair services (with the exceptions mentioned for armed services personnel). The Group recommended this change to commissioning: they did not anticipate that amendment to the Regulations would be needed, but this is a matter which Ministers will review.

PSSAG recommended that NHS England amend the service description for “Specialist services to support patients with complex physical disabilities”, as proposed.

29. Termination over 14 weeks

Service summary and proposal

CCGs currently commission all termination of pregnancy services. PSSAG considered a proposal from NHS England that it should commission all surgical terminations of pregnancies over 14 weeks gestation.

View of PSSAG

PSSAG felt that taking into account the four statutory factors, particularly the moderate financial impact on CCGs were they required to arrange for the provision of this service, national commissioning by NHS England was not justified.

Not recommended for national commissioning by NHS England.

Suggested changes

No changes required.

Annex A – Prescribed Specialised Services Advisory Group Membership

PSSAG Chair

Professor Sir Ian Gilmore

PSSAG Members

Dr J. E. Tim Burke, Clinical Commissioning Group Representative – South

Dr Christine Moss, Clinical Commissioning Group Representative – Midlands and East

Dr Chris Clayton, Clinical Commissioning Group Representative – North

Dr Brendan Hudson, Clinical Commissioning Group Representative – London

Professor Paul O’Flynn FRCS, The Royal College of Surgeons of England Representative

Dr Bronwyn Kerr, Chair, Joint Committee on Genomics in Medicine

Dr Patrick Cadigan, The Royal College of Physicians Representative

Dr Archie Prentice, The Royal College of Pathologists Representative

Helen Donovan, The Royal College of Nursing Representative

Professor Bhaskar Choubey, Lay Representative

Dr Rebecca Strachan, Lay Representative

William Savage, Lay Representative

Tabitha Gardner, NHS England Finance Representative

Michelle Mello, NHS England Nursing Representative

Ceri Townley, NHS England Informatics Representative

Dr Mike Bewick, NHS England Medical Representative

Fiona Marley, NHS England Operations Representative

The PSSAG secretariat is provided by the Department of Health.

ⁱ Section 3B of the National Health Service Act 2006 as amended, in particular, by the Health and Social Care Act 2012.

ⁱⁱ 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>

ⁱⁱⁱ The latest version of the Manual for Prescribed Specialised Services is available at: <http://www.england.nhs.uk/ourwork/commissioning/spec-services/spec-comm-resources/>

^{iv} 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

^v 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>

^{vi} SignHealth is a registered charity whose aims include improving healthcare and access to health services for deaf people