

MTG Response to the Public Accounts Committee Inquiry on Specialised Services

About the Medical Technology Group

The Medical Technology Group (MTG) is a coalition of patient groups, research charities and medical device manufacturers working to improve access to cost effective medical technologies for everyone who needs them. The common purpose of the MTG is to increase patient access to the best diagnostic, imaging, surgical and supported-living technologies on the NHS.

Introduction

The MTG represents a wide range of industry and patient groups that work to ensure that patients get access to the latest and most innovative technology. Many of these treatments are commissioned as specialised services.

Previously specialised services provision was led by the now defunct Strategic Health Authorities through the Specialised Commissioning Boards. The MTG supports the current specialised commissioning arrangements and believe they are the right mechanism for delivering equitable patient access to specialised treatments.

The MTG believes that specialised services would benefit from the development of an overarching strategy that is understood by commissioners and providers.

Executive Summary

- The MTG supports the development of a specialised services strategy that sets out a vision for commissioners, providers, patients, the public and life sciences industry. This should also explain how specialised services interact with other NHS initiatives.
- When assessing specialised services NHS England should ensure they are capturing the full benefits of the treatments and include these in any analysis of the impact. Decisions should not be based solely on the cost of treatment or the amount spent on it. Patients should have a choice over their treatment.
- NHS England should carry out an audit of how much is spent on treatments included on the NICE 'Do not Do' list. This spending should be targeted as wasteful and channelled into specialised services.
- Transparency around decision making for specialised services should be improved.

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- 1. Specialised Commissioning Strategy**
2. The MTG supports the general intent of the current specialised services arrangements- to commission them centrally so as to ensure equitable patient access and deliver services as efficiently as possible. Specialised services deal in low

volume, often high cost procedures. Commissioning these at a local level, through CCGs, would place a huge strain on any CCGs that have higher instances than others.

3. NHS England should improve commissioning through the development of a 'Specialised Services Strategy' for commissioners. This should set out the vision for specialised services and how NHS England intends to engage with commissioners, providers, patients the public and the life sciences industry.
4. This strategy should also include details on how specialised services overlap and interact with other NHS England/Government initiatives. This should include the NHS Five Year Forward View, The Carter Review of NHS efficiency and the Accelerated Access Review.
5. Patient access and choice remains important within specialised commissioning. Patients with rare diseases or who could benefit from newer treatments often have limited access to services that are specially commissioned and it is important that moving forwards patient access to appropriate treatment remains.
6. *MTG Recommends: the development of an overarching strategy for specialised services.*

7. Funding for Better Outcomes

8. The NAO report 'The Commissioning of Specialised Services in the NHS' published 27 April 2016, provides a helpful summary of the overall costs of specialised services- £14.6bn. According to the report this has grown by 7% since the inception of specialised commissioning by NHS England.
9. This compares to growth of Clinical Commissioning Groups (CCGs) spending of 3.4% and a 4.2% growth in spending on primary care services. The NAO report acknowledges that NHS England have found it challenging to keep within their budget for specialised services as the original budget predictions were based on poor quality data.
10. There are several factors that have contributed to the growth in this spending, not least the increase in demand from patients. Monitor have set the NHS a target of delivering savings of 4% this year, something the MTG fully supports.
11. It is important, however, to look at the full benefits, including the wider societal benefits, of any healthcare spending when assessing the impact and value for money. Whilst in its simplest form spending on specialised services has increased, the real impact on costs is yet to be properly calculated or assessed.
12. Specialised medical technology treatments that are likely to be commissioned through specialised services routes often help generate savings in other parts of the system and other parts of the social care system, whether that is removing the need for ongoing and expensive pharmaceutical treatment or supporting a surgical intervention that will support patients back into work and reduce the need for benefits.
13. It is important that any decisions around changes to specialised services look at the full benefits of the service and the cost savings associated with that, rather than simply looking at the overall costs. This should include an assessment of the wider societal benefits of giving patients treatment.

14. This should also include a process for designing tariffs that can quickly be implemented to support the uptake of the most efficient service models.
15. An example of successful specialised commissioning is around complex cardiac disease.
16. *MTG Recommends: that the specialised services strategy include measures to assess the wider impact of specialised services and avoid a focus solely on cost.*

17. Out with the Old

18. Commissioning specialised services through NHS England was originally conceived so that all patients, no matter where you live, were able to get access to the most effective proven treatment. The system has, by-and-large been able to achieve this. Many thousands of patients have benefitted from innovative treatments commissioned through specialised services.
19. The MTG fully supports the Government's drive for a more efficient NHS. But this will not be achieved by limiting patient access to treatments that are proved to be cost effective and to deliver improved patient outcomes. Doing this will on add cost to the system further down the line as patient return to hospitals with more acute conditions.
20. The MTG would support a review of the number of CCGs that are still commissioning treatments on the NICE 'Do not do's' list. Looking at the use of these treatments and ceasing their commissioning right across the NHS will save money that could be used to support proven treatments that are delivered via specialised services.
21. Doing this effectively will require the development of tariffs that help providers adopt the most effective services.
22. *MTG Recommends: a thorough review of the number of NICE 'Do no do's' that are regularly commissioned across the NHS.*

23. Improve Transparency

24. Specialised services are the only avenue patients have to certain treatments. At present, however, there is very little transparency around how decisions are reached. There is also very little scope for appeals once a decision has been made.
25. This type of process leads to a situation where certain treatments are blocked by the NHS without any explanation as to why this decision was reached and how it could be changed e.g. changes to costs, development of further evidence and data related to the use of the product.
26. There should be a move to centralised procurement of the High Cost Devices in maintaining clinical and patient choice whilst supporting a competitive market.
27. *MTG recommends: NHS England should streamline the decision making process for specialised commissioning and make it more transparent.*