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Policy convergence workstream update

Project Lead – Sue McLellen, Chief Operating Officer, London SCG

The challenge and opportunity that the transition to the new arrangements presents, is to firmly place the ‘N’ in NHS for specialised services. Imagine a world in which we all commission the same services, to the same specification and with the same high quality outcomes for our patients. That dream is becoming a reality through the efforts of colleagues across the country.

The Policy Convergence workstream began by focusing on the services in the Specialised Service National Definition Set (SSNDS), 2nd and 3rd editions. Basing it on factors contained in the Health and Social Care Bill, such as:

- 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
- The financial implications for commissioning consortia if they were required to arrange for the provision of the service or facility

This has helped us to learn more about the services and to understand what is underpinning the proposals in Equity and Excellence. We have recently produced ‘the List’ (see attachment 1 with this bulletin) which is a compilation of services in SSNDS 2nd and 3rd editions.

Those of you familiar with the SSNDS will recognise that the 2nd and 3rd editions were written in different styles and the comparison has been a challenge. A special thank you to Barbara Cogman and Sally Nelson for persevering with this.

This list is a consistent foundation for the work of all of the transition workgroups and whilst it does not define which services the NHS CB will commission, these will be prescribed in due course by the Secretary of State, it makes sure that we are being inclusive and prepared.

The next step in our journey to policy convergence was the development of Clinical Pen Portraits for every service in the list. These pen portraits are being used to inform the Clinical Advisory Group in developing its advice on where services should be commissioned in future.

Our immediate challenge is the collation and, in many instances, drafting of service specifications for every service in ‘the list’. Workstream members, and others, have pulled out all the stops to develop specifications where none currently exist. I am immensely grateful to them for this.

As you are aware, the SSNDS is a combination of services, conditions and treatments and not every service line equates to a single service. To date, we have over 60 service specifications and have a workshop next week to identify any gaps and confirm and challenge the specifications we do have.
Whilst this has all been going on, Dr Daphne Austin and Malcolm Qualie have been developing generic commissioning policies for the NHS CB to adopt. The draft policies include:

- Ethical framework for priority setting and resource allocation
- In-Year Service Developments and the NHS Commissioning Board’s approach to treatments not yet assessed and prioritised
- Individual funding requests
- Implementation and funding of guidance produced by the National Institute for Health and Clinical Excellence
- Experimental and Unproven Treatments
- Ongoing access to treatment following the completion of a trial explicitly funded by the National Commissioning Board
- Ongoing access to treatment following the completion of non-commercially funded clinical trials
- Ongoing access to treatment following the completion of industry sponsored clinical trials or funding
- Ongoing access to treatment following a ‘trial of treatment’ which has not been sanctioned by the National Commissioning Board for a treatment which is not routinely funded or has not been formally assessed and prioritised
- Patients changing responsible commissioner

Neuromuscular developments

The All Party Parliamentary Group (APPG) for Muscular Dystrophy met with regional NHS Specialised Commissioning Group (SCG) representatives in Parliament at the beginning of July. The APPG session was chaired by Baroness Thomas of Winchester, and MPs and Peers challenged the SCG panel on the action taken to improve access to specialist neuromuscular care across the country.

The APPG acknowledged that the national neuromuscular work plan is a significant and welcome step forward in developing neuromuscular services.

The discussion focused on:

- Developing services according to the ten point national neuromuscular work plan announced earlier this year
- Addressing the urgent need increase the number of neuromuscular Care Advisors providing essential care and support to people affected by muscle disease
- Improving specialist care to reduce the cost of unnecessary and unplanned emergency admissions to hospital for people with neuromuscular conditions
- The lack of adequate succession planning for key neuromuscular specialist posts
- Disseminating neuromuscular knowledge and training at tertiary level to primary and secondary care, where there is often minimal or no expertise and awareness of neuromuscular conditions
Key Achievements for SCGs

East of England

The East of England secured funding for their new regional care advisor posts. Two of the three posts have already been filled with the new staff starting in September, we will be going back to advert for the third care advisor shortly.

In addition to the establishment of the regional care advisors, other areas for development were identified including; services transition between paediatric and adult care, the development of specialist physiotherapy; in particular hydrotherapy and access to specialist equipment and wheelchair services.

The development of a multidisciplinary services and early intervention, particularly for respiratory support, should reduce the number of unplanned admissions into acute care. The audit that is being undertaken, as part of the national programme of work, should identify any underlying causes for unplanned admissions and signpost where priority should be given to reduce the numbers.

The East of England Neuromuscular Review was presented to the SCG Board in July 2011 for comment and discussion and will be finalised at the SCG Board in September 2011.

The East of England SCG is leading on the neuromuscular review and co-ordinated a recent workshop to review progress against the neuromuscular work programme in July 2011. It was well supported with nine out of the ten SCGs being represented at the workshop.

North West

The North West Neuromuscular Services Review document (March 2011), made recommendations across the care pathway from primary, community, secondary and tertiary care with delivery of improved services clearly identified as the responsibility of many different organisations.

In the North West the focus has been on co-ordinating and signposting care for patients so there is a seamless balance of specialised neuromuscular services with community services supporting long term conditions. Specialists are also increasingly working across the community and are not limited by hospital boundaries to ensure spread of expertise and support for community teams.

The North West intends to do a stock take of emergency medical admissions in autumn 2011 to evaluate this approach.

To reduce emergency admissions, the North West SCT has introduced quality indicators to the contracts in order to provide an incentive for trusts to reduce admissions. This is an additional resource paid to the trust on receipt of evidence and compliance with the indicator. Trusts may use this to employ care coordinators or to develop multidisciplinary teams.

Following the review, a focus group was developed to support service users and therapists/nurses to get their perspective on the services provided and the types of support that they would like introduced. Consistently the message received has been about better access to local services.

In Liverpool an initiative called ‘Taylored Care’ is in the process of identifying patients with long term conditions and identifying clinical nurse specialists to assist in this process.

In Manchester there are now community and tertiary multidisciplinary teams specifically for patients with a neuromuscular disorder designed to manage care in a more coordinated way. A pilot is also in place in Salford where a transitional coordinator is identifying children from the age 14 for early assessment with NMD so as to ensure a seamless transition into adult services.

South East Coast

South East Coast SCG has just advertised its new positions and will be interviewing shortly.
PCT & SCG contracting arrangements

On 3 August, 2011, Bob Ricketts, Director of Provider Policy, wrote to all PCT commissioners and SCGs outlining the next steps for separating SCG commissioned services into their own contracts and how this will happen.

The letter also outlines the key milestones that need to be achieved in the coming weeks and months.

- Commissioning nationally as one team from April 2012
- Clustering of SCGs mirroring SHA clustering arrangements
- Working together as one team focusing on bringing together contracts, policies and service specifications

Click here to read the letter in full.

People Transition Policy (PTP)

The NHS Commissioning Board (NHS CB) has set out the policies and processes that will guide its first round of appointments.

The People Transition Policy (PTP), which is aligned with the HR Framework and developed in partnership with employers and trades unions, sets out in detail the HR principles and procedures that will support a fair and transparent transfer, selection and appointments process.

The first phase of NHS CB appointments, which will take place throughout the summer and autumn, will focus on ensuring the senior team, establishment team, supporting posts and any priority functions are in place. The second, and more extensive phase of appointments, will take place in 2012.
Shared Operating Framework for PCTs

The shared operating model document supports the development of PCT Clusters to help ensure they deliver their twin objectives of overseeing and accounting for delivery during transition and supporting the development of the new system.

It sets out the need for moving towards a more consistent way of working in some areas moving through transition and prepare for the establishment of the NHS Commissioning Board.

Structured around six key business areas, it also sets out where there are processes or functions that all PCT Clusters will need to perform and where it is important that there is consistency between them.

USEFUL LINKS

- Click here to read letter from Sir David Nicholson regarding the NHS CB PTP
- Click here to read the PTP Q&A
- Click here to read the NHS CB - Q & A
- Click here to read the document
Consultation on Special Health Authorities

As part of the preparatory work for the NHS Commissioning Board and the Health Research Authority, views are being sought of those representing staff who may be transferred to the proposed NHS Commissioning Board and Health Research Authority special health authorities.

This letter to representatives at the Departmental Trade Union, Royal College of Nursing and Unison seeks views on the proposed establishment of two special health authorities.

USEFUL LINKS

Click here to read the letter

SHA Cluster Chairs announced

On 29 July 2011, the chairs of the of the four new SHA clusters were announced by the Appointments Commission. They are:

- NHS London: Professor Mike Spyer (current interim chair of NHS London)
- NHS North of England (comprising North West, North East and Yorkshire & Humber): Kathryn Riddle (current chair of NHS Yorkshire & Humber)
- NHS South of England (South West, South Central and South East Coast): Dr Geoff Harris (current chair of NHS South Central)

SHA clusters are expected to be in place by the beginning of October 2011.
Consultation on changes to the NHS Pension Scheme

On 28 July 2011 the Department of Health launched a consultation on proposed changes to the level of contributions made by NHS Pension Scheme members towards their pension.

The consultation process sets out proposals to increase employee contributions in 2012/13 only. This represents around 40% of the total contribution increases expected by 2014/15. Proposals for increasing rates in 2013/14 and 2014/15 and the wider Hutton agenda will be the subject of further discussion with trade unions. Regard will be effective from 1 April 2012.

In brief, the consultation process says that:

- Those earning less than £15,000 on a Full Time Equivalent basis will pay nothing extra
- Almost all newly qualified healthcare professionals would pay 0.6% more towards their pensions in 2012/13
- Contribution increases would be greater for the highest earners

The consultation on the NHS Pension Scheme closes on 21 October this year, and any changes to the NHS Pension Scheme will be effective from 1 April 2012.

Click here to read the Department of Health’s supporting information, which sets out the proposals in more detail.
Diagnostic tool for emerging CCGs

A new developmental, self-assessment tool to enable emerging clinical commissioning groups (CCGs) to understand and reflect upon their values, culture, behaviours and wider organisational health has now been made available.

The tool is intended to encourage conversations about the roles and responsibilities that will be expected of CCGs as statutory bodies. Emerging CCGs are recommended to use the tool, early on in their journey to support their organisational development over the next 12/18 months.

USEFUL LINKS

Click here, for further information on the CCG assessment tool

Local HealthWatch pathfinders announced

Seventy-five local HealthWatch pathfinders were announced on 3 August 2011. The pathfinders will pioneer plans ahead of the full establishment of local HealthWatch across the country in October 2012.

They will champion patients’ views and experiences, promote the integration of local services and improve choice for patients through advice and access to information. Local HealthWatch will provide a collective voice for patients and carers, and advise the new clinical commissioning groups on the shape of local services to ensure they are informed by the views of the local community.

HealthWatch England, a national body, will also be established in October 2012. It will enable the collective views of the people who use NHS and adult social care services to influence national policy, advice and guidance.

USEFUL LINKS

Click here, to view the full list of HealthWatch pathfinders in your area
Feedback and general comments

If you have any comments, queries or suggestions please get in touch. We can’t promise to have all the answers straightaway but all feedback helps to inform the change process, address areas of concern and shape future communications.

If you would also like us to present an update on SCG/NSCT changes at your meeting or event please contact your local communications lead.

Details of your local communications lead for your SCG are below:

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