

Specialised commissioning services in England

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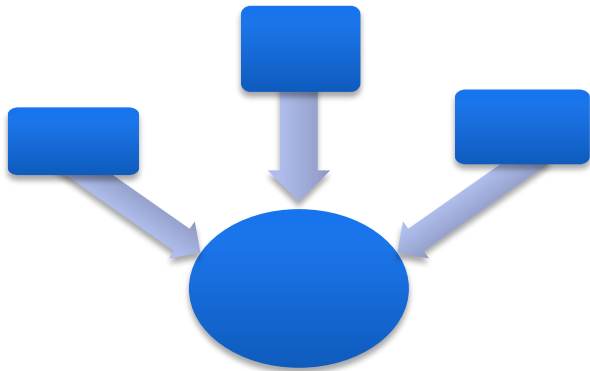
Specialised services in England

Coverage: 50m population

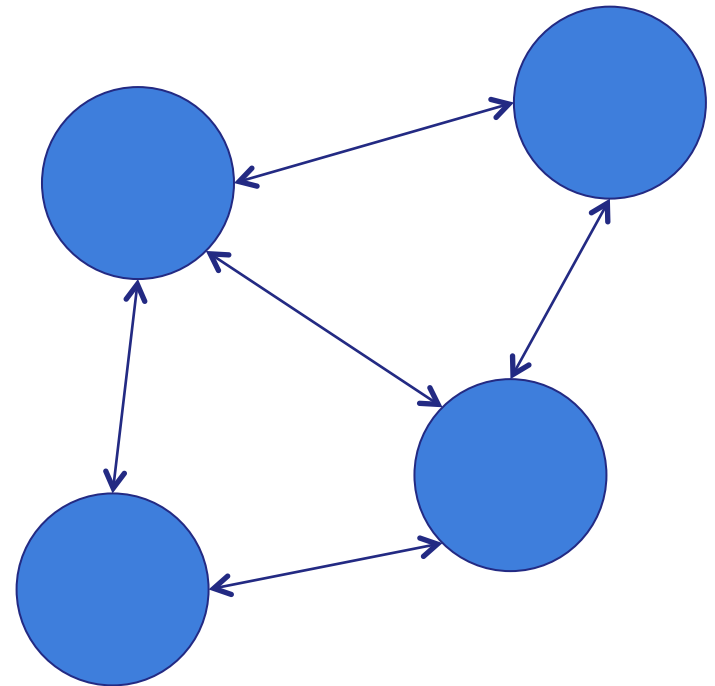
10% of NHS spend

Two types of network

Referral network



Peer network



Referral networks

- England has a strong system of referral networks for cancer
- Ensures that all local hospitals know which cancer centre they work with
- Develops good working relationships
- Smooth pathway to specialist care and back

Peer networks

Peer networks best developed in highly specialised services

'Highly' specialised in England means 4-5 centres only in England

- Very rare disease
- Very complex patients
- Solid organ transplant
- Very rare cancer

Catchment population: 10m +

Highly specialised services

About 50 services

Catchment 10m +
1 – 5 centres in England

System in place 25+ years

Highly specialised services - examples

Transplant

- Heart, lung, liver, small bowel, pancreas etc

Very rare disease

- Alstrom, Barth, AKU, EB, ..., XP etc

Highly specialised surgery

Other

- Retinoblastoma, choriocarcinoma

Network key requirement

Annual meeting

- Must attend - mandatory
 - Must present results

The annual meeting

Standard agenda

Results* for 100% case series

- For previous year: not ‘selected cases’
- There is an agreed set of outcomes for each service

Benchmarks

- international comparison not usually possible

Interesting cases

- For education or debate

Patient organisations attend

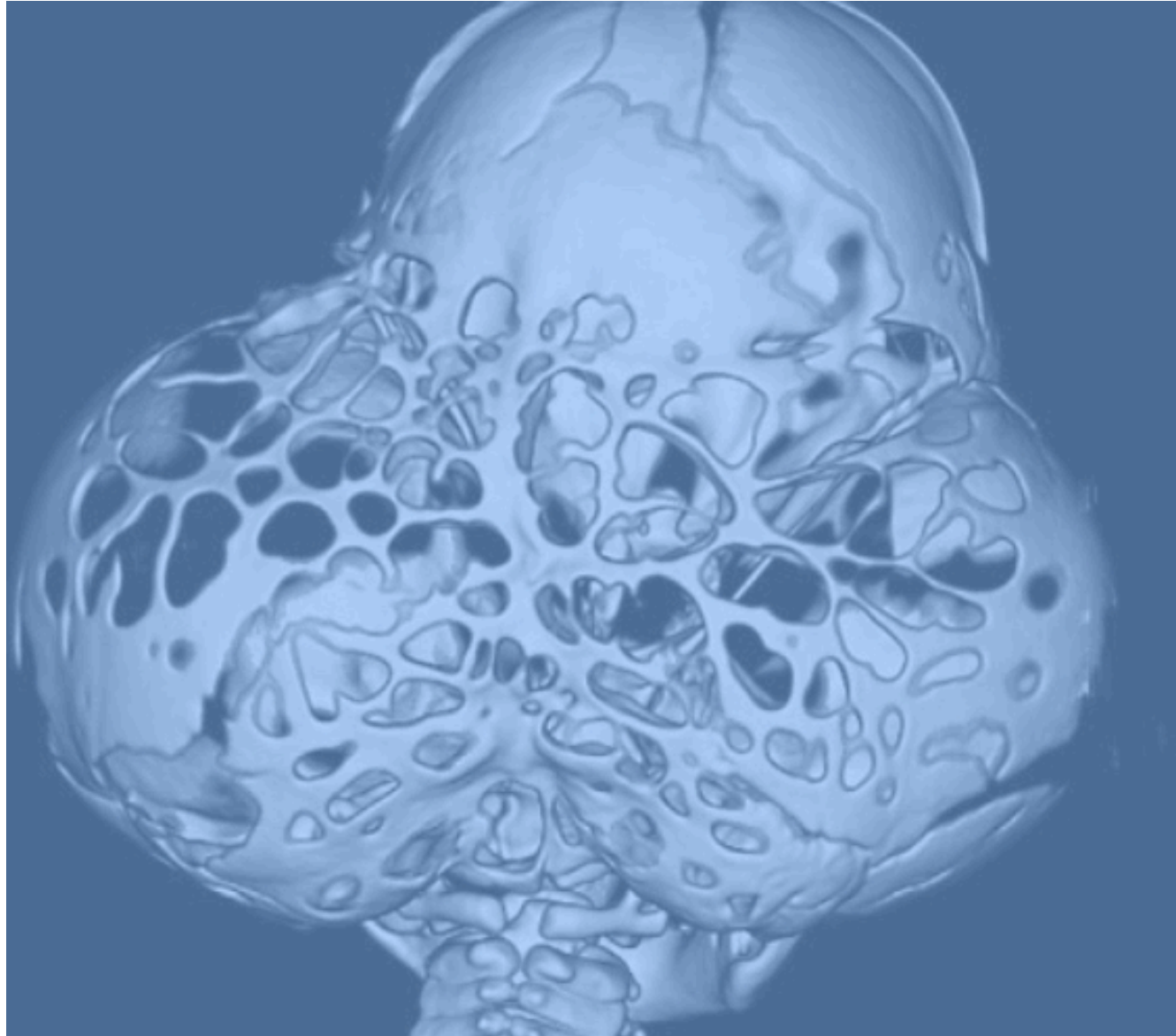
So do nurses, therapists, psychologists etc

The next slide is a public domain image. It shows the skull of a baby born with Crouzon syndrome.

This reminds us why expert centres are needed – to treat patients with very complex and challenging conditions.

CROUZON SYNDROME

Specialised Services



Network mechanisms – 3

The key mechanism for networks is the annual meeting

But networks are also used for day-to-day discussions:

- Ewing sarcoma – all new cases in England discussed at a telemedicine MDT
- Proton therapy – all cases eligible discussed at a telemedicine network
- ECMO capacity – in winter, weekly discussion of capacity and surge capacity
- LSD – response to drug supply shortage

Network practicalities

Networks need:

- Network lead
- Admin funding
- Room bookings
- Travel (especially for patient representatives)
- Databases
- etc

Other issues

Protocol development

Lysosomal storage disorder

Behcet disease

etc

Network membership

External peer review

Summary: the key requirement!

Meet regularly
Mandatory attendance
Present results

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