



Genetic Alliance UK

Supporting. Campaigning. Uniting.

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Sir David Nicholson KCB CBE
Chief Executive of the NHS in England
Richmond House
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30th September 2011

Dear Sir David,

Thank you for your reply of 17 September, addressing our comments regarding the NHS Commissioning Board (NHS CB).

We are pleased to see confirmation that one of the eight national executive directors of the NHS CB will be the 'lead' for specialised services, that they will be supported by a national specialised service team, and that their work will be fully integrated into the NHS CB. These are important steps in ensuring integrated high-quality care for those accessing specialised services. We look forward to working with you to secure the implementation of these goals.

In response to our requests for clarification on budgetary arrangements for specialised services (specifically those currently in the Specialised Services National Definition Set (SSNDS) and those currently recommended for commissioning by the Advisory Group for Specialised Services (AGNSS)), your letter states that work to determine the appropriate level of funding for specialised is based on the actual spend for current services.

This concerns us for two reasons.

1. As we discussed in our previous letter, there are significant variations in the pattern and level of services currently commissioned by regional Specialised Commissioning Groups (SCG). Each SCG commissions a different portfolio of services from the SSNDS, and there is significant variation in the form and quality of care delivery.

If the national budget for specialised commissioning is based on a simple sum of current spend, there is a risk there will be a levelling down of the highest quality services to a national common denominator. While this might bring the worst up to the average, it will inhibit the best from providing high quality services to patients and families because it is likely that there will be insufficient budget to deliver current best practice across the country in all areas defined by the SSND if current spend is the basis for future resource allocation.

We would prefer to see a commissioning model developed that was based on a systematic needs analysis and the development of a uniform response to this. In this way, patients can be confident that

the best possible quality of care is delivered across services currently commissioned from the SSNDS. We would be glad to know how you envisage this working in practice.

2. We understand that the volume of applications for commissioning at the level currently governed by AGNSS will rise in the coming years. The current spend on these services would be a poor guide to the level of funding required to commission services at the appropriate level in the future and to continue to commission the current range of services.

We would be grateful for further information as to the degree to which future pressures on the specialised commissioning budget will be considered in determining the funds available.

Thank you for the information regarding the consultation on NICE Quality Standards and on Ann Jarvis's work on quality dashboards. We will certainly follow this work and contribute where we can.

Yours sincerely



Alastair Kent OBE
Director

Copied by email to: Clare Brassington (DH)
Kate Caston (NHS)
Rt Hon John Healey MP
Earl Howe
Liz Kendall MP
Rt Hon Andrew Lansley MP
Teresa Moss (NHS)
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