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
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