Royal College of Nursing Response to NHS England Consultation on Developing a Method to assist investment decisions in specialised commissioning: next steps

Introduction

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Background

NHS England is consulting on a method which we they propose is used by NHS England's Clinical Priorities Advisory Group when comparing competing priorities when it meets to agree recommendations on the relative prioritisation of new investments in specialised services. The RCN welcomes the opportunity to feed-in to this consultation. Our members have a vital role in shaping specialised services provision. Nurses provide expert clinical care and continuity from first diagnosis, and have a good understanding of the whole patient pathway.

General comments

NHS England requested responses from stakeholders **via an online survey**. The RCN responded to the following consultation questions through the survey as follows:

Consultation question: Do you agree that the method proposed by NHS England:

A) Is transparent

B) Will facilitate rational and consistent decision-making

C) Has, at its foundation, the core principles of demonstrating an evaluation of cost effectiveness in the decision making

The RCN believes that it is important that the process NHS England uses to make decisions on new treatments works well and is fair and transparent. The headline principles outlined in the consultation document appear to be broadly sufficient and sensible.

We remain mindful of the potential impact of the proposals on the commissioning arrangements for people with long term rare conditions. While acknowledging that the method of their prioritisation within the Qualifying Principles provides greater clarity, there still remains no consistent definition of what constitutes specialised services.

Consultation question: Please comment on whether the following four principles are applied at the appropriate point in the proposed method of relative prioritisation:

A) NHS England will normally only accord priority to treatments or interventions where there is adequate and clinically reliable evidence to demonstrate clinical effectiveness;

B) NHS England may agree to fund interventions for rare conditions where there is limited published evidence on clinical effectiveness;

C) NHS England will normally only accord priority to treatments or interventions where there is measureable benefit to patients;

D) The treatment or intervention should demonstrate value for money.

The RCN broadly support the overall principles for prioritisation and welcome the focus on transparency and engagement with patients. We continue to have some reservations about the complexity of the overall clinical commissioning arrangements and the potential for those with rarer long term conditions to 'fall within the gap' and be unable to access certain treatment options. We welcome the provision for seeking evidence for treatments or interventions for rare conditions when there is limited published evidence in place to support decision making. Accessibility is a significant priority and the level of access to certain treatments continues to depend on the proximity of an individual to specialist treatment centres. Travelling to specialist centres remains a challenge for many individuals with rarer long term conditions both physically and economically.

The RCN supports any process which provides for greater clarity within the commissioning process. There is a continued need for the process to be user friendly, to consult with patients at key decision making events as well as harness multi-professional involvement. We are encouraged that the process in place appears transparent with meaningful routes for patients, public and professionals to shape commissioning.

We would have concerns if any additional stages resulted in the process becoming more onerous for patients and individuals in the system and obstructing timely decisions. More important is that the system in place is accessible and transparent for stakeholders and the public.

The RCN notes the recently published NAO report on "the commissioning of specialised services in the NHS". The NAO found that NHS England still does not have consistent information from all providers on costs, access to services and outcomes or how efficiently services are being delivered. NAO have said that without this, it is not possible to manage the ongoing pressure on its budget for specialised services, make effective strategic decisions or gain assurance that its objectives for specialised services are being met. The RCN acknowledges that points made by the NAO are covered within the consultation and calls for NHS England to work closely

with stakeholders to ensure that individuals with long term rarer conditions have appropriate and access to specialised services based on clinical need.

Consultation question: Do you have any comment on how NHS England's Clinical Priorities Advisory Group should interpret and consider 'patient benefit', including the list of excluded factors?

There is a need for effective resourcing and support for all the relevant advisory groups who provide an invaluable clinical evidence base to support robust decision making. Multi-professional involvement, including the involvement of nurses is important on these advisory groups.

Consultation question: Would adoption of the proposed method assist NHS England in promoting equality and in reducing health inequalities?

We would have concerns if any additional stages resulted in the process becoming more onerous for patients and individuals in the system and obstructing timely decisions. More important is that the system in place is accessible and transparent for stakeholders and the public.

The definition of equality of provision must be broad enough to allow for additional adjustments for certain groups (for example those with long term mental health conditions). It is also important that the system provides for effective advocacy for children, people with severe and enduring mental health illness, capacity issues and other complex health problems.

In considering the prioritisation of treatments, we would like assurances that the process for assessing reasonable cost takes into account the potential cost saving benefits of more innovative approaches that may require more spending at the beginning, also that any measure captures the value of wider holistic and preventative based treatments.

Royal College of Nursing
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