

South East England commissioning perspective

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South Thames Paediatric Network

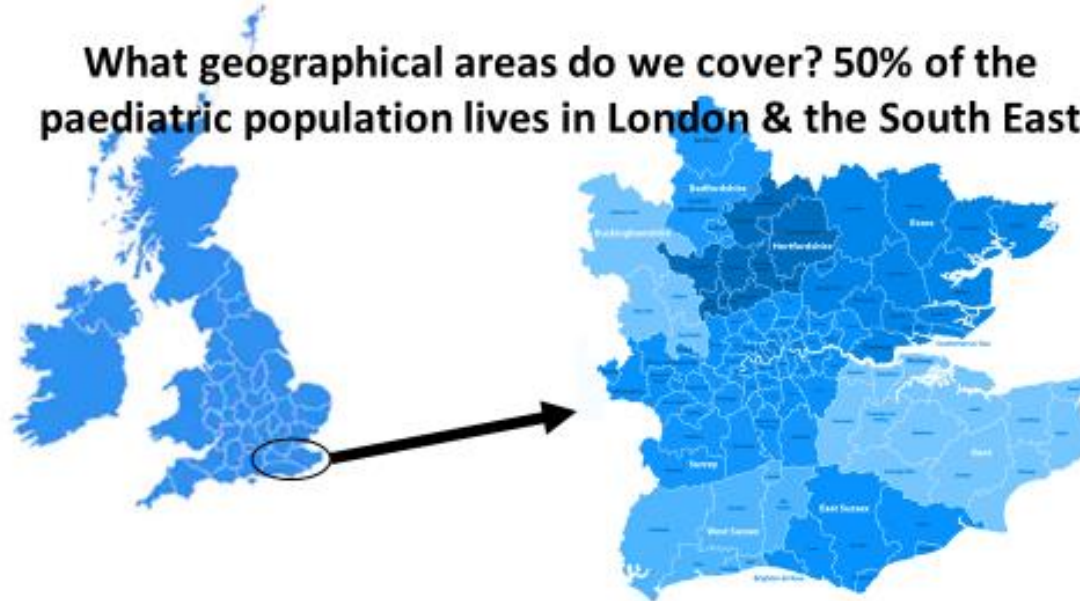
Working with Trusts across Kent, Surrey and Sussex.

Fiona Mackison, Service specialist, NHSE/I Specialised Commissioning South
East

What is a Specialised service?

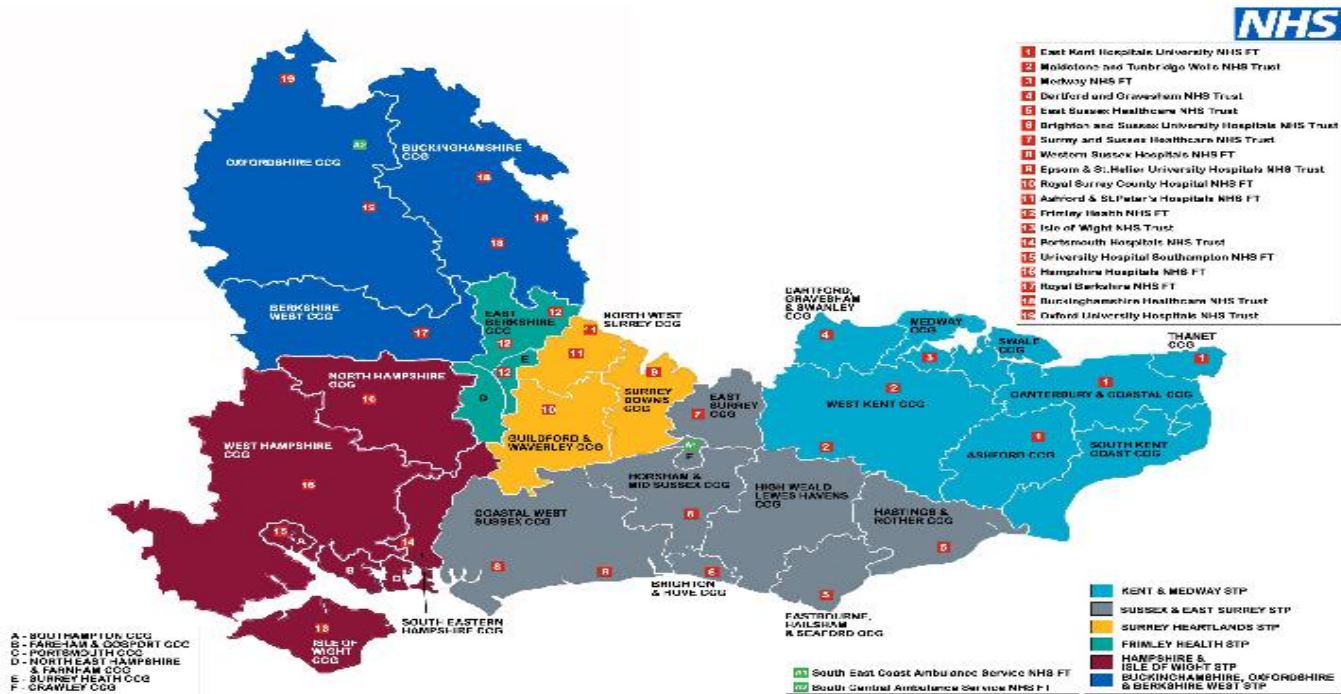
- Specialised services are commissioned by NHSE/I from national service specifications.
- NHSE/I commissions across a 2-3 million population footprint.
- There are relatively few commissioned specialised paediatric services in Kent, Surrey and Sussex with the exception of Paediatric/TYA Oncology and Neonatal.
- Paediatric clinical pathways run to tertiary centres in London and Southampton with local DGHs providing non-specialised paediatric services and shared care with tertiary centres.

What geographical areas do we cover? 50% of the paediatric population lives in London & the South East



NHS England and NHS Improvement

NHSE/ South East Region



The changing landscape – & Long Term Plan

- Long-term plan; needs of children are diverse, complex and need a higher profile at a national level. Focus on children with complex, long-term conditions. **Life limiting**
- **National review** 10% of children 50% of bed days. Appropriate environment and need for care closer to home.
- **Integrated Care Systems:** to focus on population health. Growing out of the current STPs, with one CCG for each ICS. Timescale for implementation of ICS's: 2021
 - 'triple integration' of primary and specialist care, physical and mental health services, and **health with social care**
 - Commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.
- **Primary Care Networks:** groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more **personalised, coordinated health and social care** to their local populations.
- **How to deliver the Long Term Plan: Operational delivery networks** – networks mentioned **57 x** in the LTP!
- **Vehicle for change**

Kent, Surrey and Sussex (KSS)

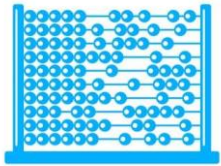
- 11 acute NHS trusts
- 3 community trusts
- 5 Local authorities/ County councils
- 3 STPs/ICS
- 2 Cancer Alliances
- 1 Neonatal network
- Paediatric pathways can be fragmented due to a number of commissioning bodies being responsible for different elements of care and support.

Shared Care: Why is it important?



- Shared care is not always described in a national service specification. There are historic clinical arrangements between tertiary centres and local hospitals that commissioners and STPN need to understand.
- Shared care enables families to be cared for closer to home and travel less.
- Shared care services must be appropriate, sustainable and have good support and governance from tertiary centres.
- Prescribing of high cost drugs in shared care settings needs to be formalised by commissioners to ensure that families are not travelling to collect prescriptions/medication.

Why is Shared Care difficult to commission?



- Data is often unclear. Coding can be inaccurate.
- Pathways and governance are not clearly defined nationally or locally.
- Payment arrangements vary in terms of who owns the clinical activity.
- Funding can sit with one commissioner and it is difficult to move money around the system to support a child and their family.
- Different commissioners have different priorities.
- South Thames Paediatric Network will play a vital role in defining shared care arrangements with commissioners and providers across London and Kent, Surrey and Sussex.

NHSE/ Specialised Commissioning work in KSS for Paediatric services.

- Working with the Quality Surveillance Group (QSG) to look at compliance with national requirements.
- Working with CCG leads to examine Serious Incidents and Never Events in specialised services.
- Working with providers to understand shared care pathways in detail and establish sustainable pathways between DGHs and Tertiary centres.
- Working with all commissioners involved in aspects of a specific clinical pathway.
- Review of all business cases and service developments with providers linking to STP/ICS and Cancer Alliances where needed.
- Working with STPN to ensure workstreams benefit the whole of the South Thames Network.

Current workstreams as part of STPN



- Implementing National Neonatal Critical Care review and HRG re-basing.
- National work on Specialised Fetal Medicine understanding the implications for South Thames Network.
- Understanding PHDU and Paediatric surgery across STPN and possible need for changes to current provision to meet the model of care needed.
- Paediatric Gastro, shared care. Formalisation of pathways and sustainability.
- Paediatric Orthopaedics. Formalisation of pathways with tertiary centres.
- System support for Winter for management of Paediatric Intensive Care capacity.
- The challenge of Long Term Ventilation and how to make experiences better for children and their families.



Key stages in the LTV discharge: can't solve this independently

