

Royal College of Surgeons (RCS) response to NHS England consultation on specialised commissioning

27 April 2015

We welcome NHS England's decision to consult on its decision-making process for commissioning specialised services. Within the limits of a finite budget, difficult decisions will always have to be made and it is positive that NHS England are attempting to establish a transparent process. We hope this will lead to a fairer and more consistent system where patients have access to high quality services regardless of their location.

Numerous surgical procedures fall under NHS England's specialised commissioning remit, including thoracic, bariatric, and complex spinal surgery, as well as specialist surgical services in orthopaedics, gynaecology and coloproctology. Specialist dental services are also relevant to our dental members. By definition, highly specialist services are low-volume interventions often centralised at specialist providers. Nevertheless, the provision of specialised surgical procedures has a profound impact on those patient groups that require such intervention, often representing a cost-effective treatment which is either curative or offers considerable improvement in quality of life.

For the purposes of this consultation we restrict our response to the questions relating to the proposed decision-making process. This statement reflects our reviews on this specific aspect of the consultation.

NICE Technology Appraisals

Under the process set out by NHS England, first order investment is reserved for those interventions endorsed by NICE Technology Appraisals. The College acknowledges that NICE's technology appraisal system is widely recognised as a rigorous framework for assessing efficacy, safety, and cost-effectiveness, and its value should be recognised as such. We also recognise that the commissioning of these procedures is mandatory and that this practice has played an important role in improving access to treatments across the country. Nevertheless, we believe there are limitations associated with the current nature of NICE appraisals.

For example, the appraisal of technologies by NICE is heavily skewed towards pharmacological products. The College is therefore concerned that the use of technology appraisals as a first order consideration may introduce an unfair bias where commissioning is inevitably inclined towards drugs. This effectively means that surgical interventions are de-prioritised, despite the fact that such treatments may be both highly cost-effective and potentially more curative than some pharmacological interventions.

As NICE have previously told the Health Select Committee, the technology appraisals process is 'intended to ensure that all NHS patients have equitable access to the most clinically-

and cost-effective treatments that are available¹. Yet this cannot be the case while surgery is overlooked. We urge NICE to expand the number of surgical interventions under its technology appraisal programme in order to achieve parity between surgical and other forms of medical technology.

In addition, while this consultation indicates NHS England's willingness to make decisions transparently, our members perceive the mechanism for selecting NICE technology appraisals as a generally opaque process. We would welcome more transparency on the selection process and better engagement of the wider clinical community.

A second important issue with the technology appraisal process is that it has also focused more on assessing whether new expensive drugs and technologies should be available through the NHS, rather than assessing the cost effectiveness of treatments and interventions already funded. This approach should also be reviewed.

NHS Constitution targets

NHS England proposes that second order priorities should be influenced by delivery requirements in the NHS Constitution, including the 18 week referral to treatment target. While it is important that patients receive timely access to surgery, there is a risk that making this a second order priority could risk prioritising elective over urgent and emergency care. We recognise this may be an inherent problem of setting elective targets which are subject to ongoing debate.

Comments on additional considerations for the process

The College believes additional considerations may help to improve this process. In particular, we believe more thought could be given to prioritising treatments for conditions that represent the greatest burden of disease. Bariatric surgery, for instance, is known to be an effective means of treating obesity, subsequently reducing the patient's risk of suffering complications such as diabetes and other co-morbidities. The proposed process may benefit from reflecting such a consideration.

Moreover, the College is aware of the work of NHS England's national Clinical Reference Groups (CRGs) in contributing to a national specialised service strategy. The CRGs' makeup includes patient, clinical, and commissioner representation. NHS England should clarify how the work of CRGs fits with the proposed process and whether existing commissioning guides will need to be reviewed again in the light of the final prioritisation process.

NHS England and its CRGs should also ensure they consider expertise from other sources, including from professional bodies like the RCS and surgical specialty associations (SSAs). The RCS (using a NICE-accredited process) has developed in conjunction with the relevant SSAs commissioning guidance for numerous surgical procedures. Some of these documents

¹ Health Select Committee (2013). *National Institute for Health and Clinical Excellence. 8th report.*

are relevant to specialised commissioning (e.g. the guide on tier 3 weight management services is relevant to the commissioning of bariatric surgery) and they are designed to assist commissioners to make decisions about appropriate healthcare for specific clinical circumstances. Every piece of guidance was put together by an expert committee, making use of the available clinical evidence, and subject to a public consultation.