

# NEY Specialised Commissioning Healthcare Public Health team work on reduction of health inequalities

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## Background

The NEY specialised commissioning team, as all other regional area teams, holds a single NHS England contract with providers in its area for all agreed service provision for specialised services (including highly specialised). While ICBs contract providers for patients from a specific geographical population, specialised commissioning contract providers to offer a service for the whole population across England.

The specialised services commissioned by NHS England have been grouped into six national programmes of care (NPOC). Each has an NPOC that coordinates work across the services in that programme of care.

The six NPOCs have been identified as: Cancer, Mental health, Blood and infection, Internal medicine, Trauma and Women and children.

For more information on specialised services go to: [www.england.nhs.uk/commissioning/spec-services/](http://www.england.nhs.uk/commissioning/spec-services/)

Specialised commissioning services must, in the exercise of their functions, have regard to: (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services" (legislation.gov.uk, 2012).

## Services overview

- Within the region, there is variation in the service provision (activity level and cost) across different service providers, suggesting geographical inequality in access to specialised services.
- The nature of the activity and the geographic spread of the patient population means that access to specialised services generally imply some geographic inequalities.
- In some cases, for instance highly specialised services, the geographic inequalities in access to health services lead to a better health outcome and thus reduction of health inequalities.
- The changes in the number of activities, not always directly correlated to the cost as some procedures are more costly than others.
- Commissioners should regularly review the performance of providers with whom they contract under review and monitor the outcomes achieved to reduce unjustified variation in the service provision.



Public health consultants and public health specialists provide expert advice to NHS England's specialised service commissioning function to ensure investments and resources are allocated to where the greatest benefits can be achieved, recognising that demand always outstrips resources available, thus accounting for strong evidence that a service is of value in its broadest sense to the NHS.



## Collaboration and Partnerships

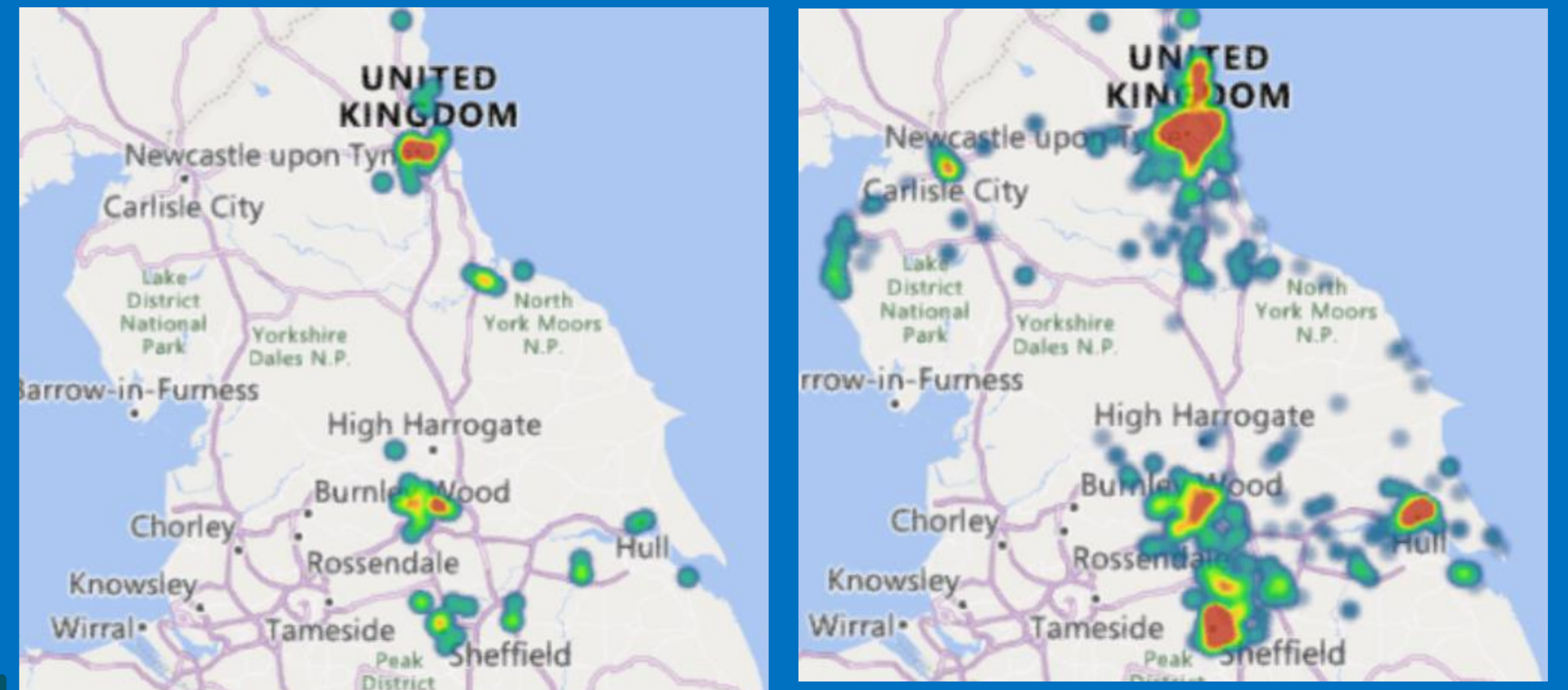
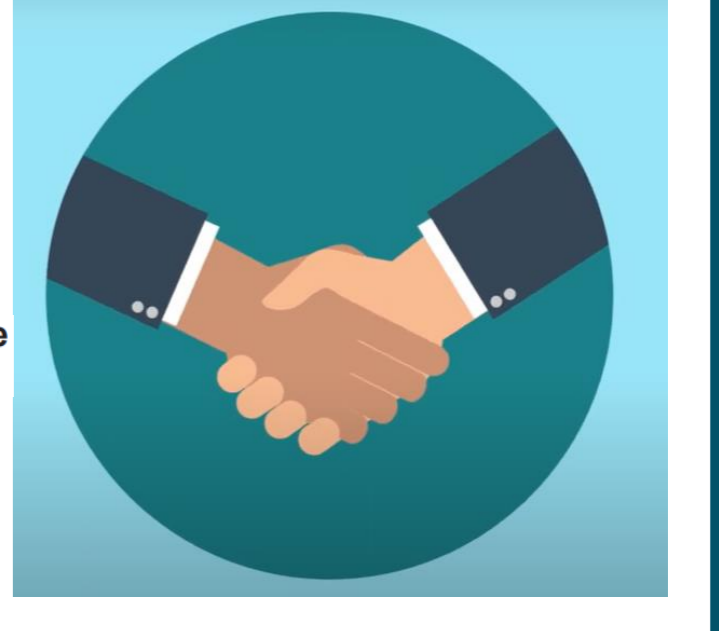


Figure 1: The heatmap: the total numbers of specialised activities (on the left – asthma, on the right – epilepsy) for those 19 and under, 2018/19 to February 2022/23. Data source: the Patient Level Dataset (PLD/PLCM).

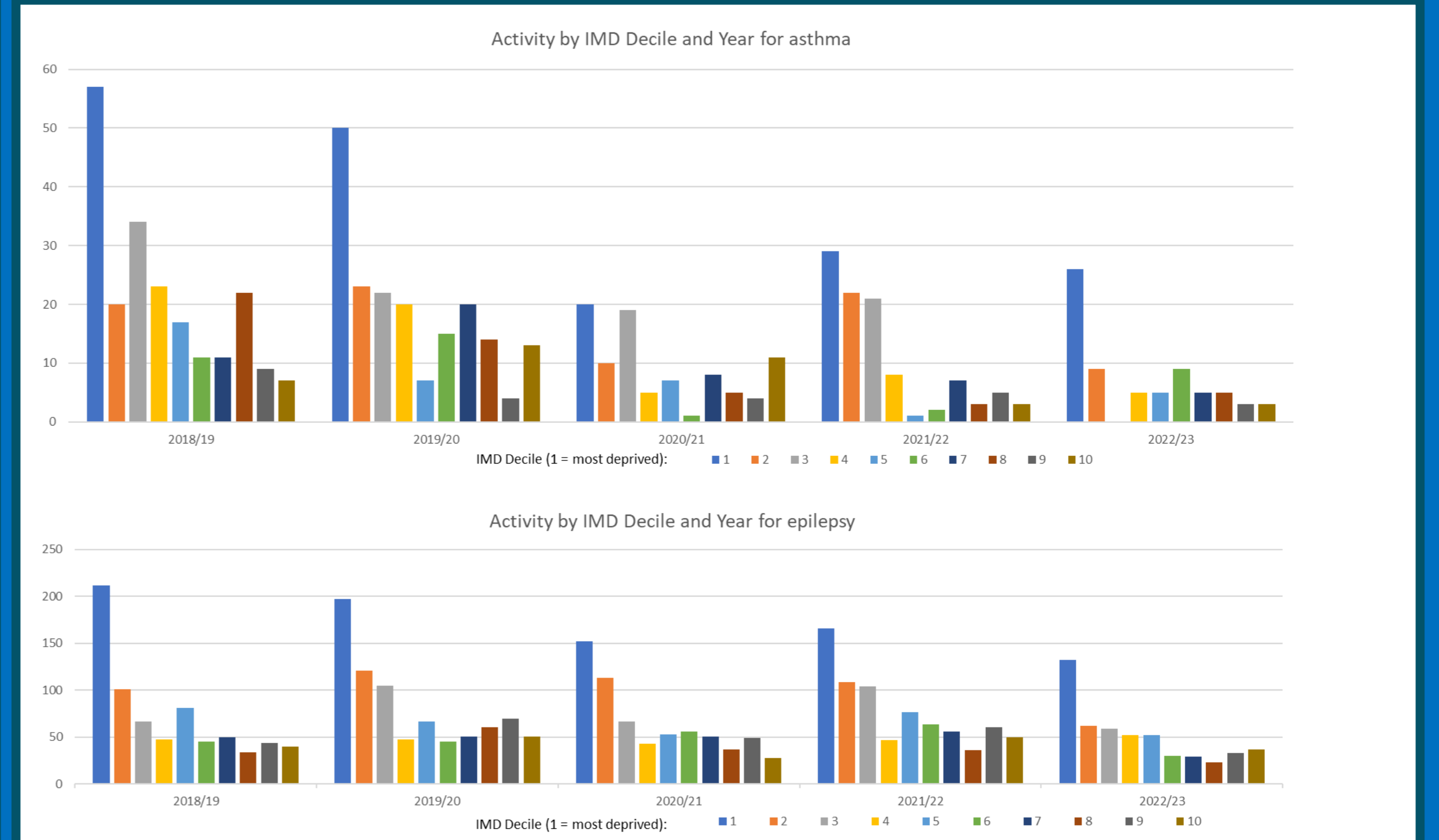


Figure 2: Total Specialised Spells and Outpatient Attendances by IMD, financial year 18/19, 19/20, 20/21 and to February 22/23 in NEY. Data source: the Patient Level Dataset (PLD/PLCM).

## Specialised commissioning implemented of Health Inequalities Impact Assessment (HIIA).

Examples of when this robust process can be applied are:

- expansion of a service: for example, increased service within existing location or additional locations.
- contraction of a service: for example, reduction of existing service or complete decommissioning.
- movement of a service: for example, change of physical location or change from face to face to virtual (or vice versa).

## Resent and ongoing projects

Children and young people inequalities (CYP) in specialised commissioning service provision

Cancer Health Inequalities in the provision of specialised commissioning services

Mechanical thrombectomy service development in the region

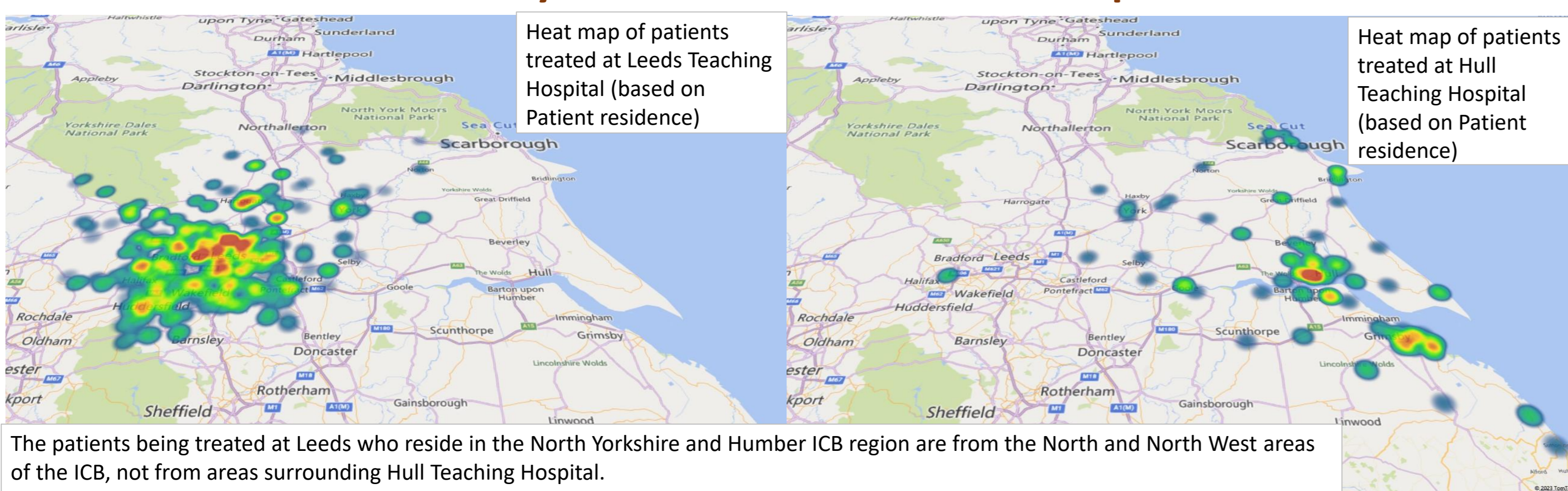
Specialised renal service review in the region

Provision of NHS termination of pregnancy (TOP) centres for patients presenting with medical complexity and/or significant co-morbidities requiring NHS treatment.

A review of Yorkshire & Humber Inpatient Mother and Baby Unit's (MBU's) admissions data, perinatal mental ill-health incidence, and Specialist perinatal Mental Health Community Service Staffing to identify the need for the additional MBU beds and their location.

Transcatheter Aortic Valve Implantation (TAVI) service review in the region

## The TAVI activity in North East and Yorkshire providers



The patients being treated at Leeds who reside in the North Yorkshire and Humber ICB region are from the North and North West areas of the ICB, not from areas surrounding Hull Teaching Hospital.

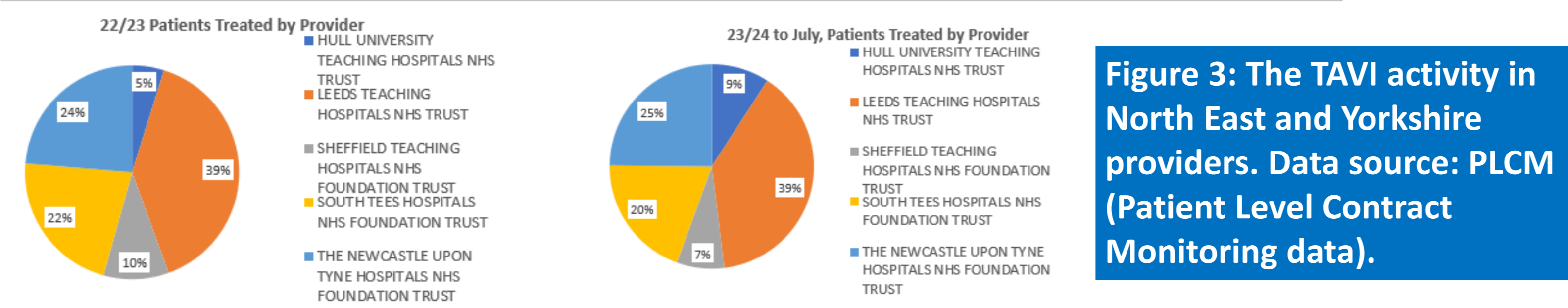


Figure 3: The TAVI activity in North East and Yorkshire providers. Data source: PLCM (Patient Level Contract Monitoring data).



Figure 3: Medical (on the left) and Clinical Oncology (on the right) - Specialised commissioning elective activity: directly age-sex standardised activity rates per 100,000 population by IMD quintile. The red dot shows the activity rates for the population, the yellow dot the least deprived quintile, and the blue dot the most deprived. A solid dot indicates that there is statistically significant difference between the most and least deprived quintile for a geography, and a half-shaded dot - no statistical significance.

## Organisation

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