October 2026

Accountability and clinical leadership in specialised services

A joint parliamentary briefing from leading patient organisations

1 Overview

The Health Bill creates an uncertain future for the more than 150 specialised services that support people with a range of rare and complex conditions – covering everything from chemotherapy to hand transplants.[1] This joint parliamentary briefing sets out two key areas where urgent action is needed.

Together, we are calling for amendments to the Health Bill that balance national consistency and local autonomy by:

Strengthening **accountability** in specialised services, including robust impact assessments and annual reporting

Protecting **clinical leadership**, building on the current structure of National Clinical Directors (NCDs) and Clinical Reference Groups (CRGs)

2 Accountability

- Specialised services have historically been commissioned by NHS England (NHSE), but since 2023 NHSE has gradually delegated more responsibility to local Integrated Care Boards (ICBs)[2]
- ICBs now commission 70 'delegated' services, while NHSE commissions just over 100 'retained' services and is accountable for all services[3]
- The Health Bill gives the Government sweeping powers to proceed with further delegation and, crucially, transfer full *accountability* – on top of existing *responsibility* – from NHSE to ICBs[4]
- Fundamental questions remain:

Regulations will set out the services that will remain nationally commissioned[4] – what will the criteria be, will there be mechanisms for patient and public involvement in decision-making, and what is the timeline?

The Government says there will be "*enhanced oversight of ICB specialised commissioning to monitor compliance with national standards*",[4] but what does this look like in practice? What will happen if an ICB fails to meet national standards?

Some services have national standards that are more than a decade old (or no national standards at all) – what is the process for updating these?

How will transparency be improved, given the current lack of publicly available data on whether national standards are being met?

We are calling for:

- Impact assessments before any specialised service is delegated to ICBs
- Annual reporting on the performance of all specialised services (whether commissioned by the Secretary of State or ICBs)

3 Clinical leadership

- The current system has a range of mechanisms to provide clinical input and advice to ensure that services are designed to deliver high-quality care, from the leadership provided by NCDs, to the role and structure of CRGs:
    - NCDs (and National Specialty Advisers (NSAs)) are practising clinicians who work part-time at NHSE, providing clinical leadership, advice, input and support[5]
    - CRGs bring together healthcare professionals, patient representatives and other experts to help design, monitor and improve specialised services, including supporting the development of national standards[6]

- It is vital that this clinical expertise is retained and strengthened as NHSE's functions are merged into DHSC, yet the Bill – and broader communications from DHSC and NHSE – have provided limited reassurance on this matter

We are calling for:

- Mandatory clinical leadership in the commissioning of all specialised services (whether commissioned by the Secretary of State or ICBs)

4 How you can help

- Meet with representatives of the organisations listed below to discuss the implications of the Health Bill
- Ask parliamentary questions and consider supporting our amendments on accountability and clinical leadership in specialised services (see appendix)

If you have any questions or would like more information, please contact the Specialised Healthcare Alliance (SHCA) on SHCA@incisivehealth.com

[1] NHS England. *Specialised services*. No date. Available at: https://www.england.nhs.uk/commissioning/spec-services/
[2] NHS England. *Roadmap for integrating specialised services within Integrated Care Systems*. 2022. Available at: https://www.england.nhs.uk/wp-content/uploads/2022/05/PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf
[3] NHS England. *Commissioning integration: delegation of specialised services to integrated care boards 2025/26*. 2024. Available at: https://www.england.nhs.uk/long-read/commissioning-integration-delegation-of-specialised-services-to-integrated-care-boards-2025-26/
[4] Department of Health and Social Care. *Health Bill: ICBs as strategic commissioners – equality impact assessment*. 2026. Available at: https://www.gov.uk/government/publications/health-bill-icbs-as-strategic-commissioners-equality-impact-assessment/health-bill-icbs-as-strategic-commissioners-equality-impact-assessment
[5] NHS England. *National clinical directors and specialty advisers*. No date. Available at: https://www.england.nhs.uk/about/ncd/
[6] NHS England. *National Programmes of Care and Clinical Reference Groups*. No date. Available at: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/

Led by:

GENETIC ALLIANCE UK

THE NEUROLOGICAL ALLIANCE

sia spinal injuries association for life after spinal cord injury

Specialised Healthcare Alliance
FOR EVERYONE WITH RARE AND COMPLEX CONDITIONS

October 2026

With the endorsement of:

















































































Appendix | Suggested amendments

We are pleased to support the amendments on impact assessments and annual reporting developed by the Spinal Injuries Association and APPG on Spinal Cord Injury, first tabled by Andy McDonald MP at Report Stage in the Commons. In addition, we are proposing a new amendment on clinical leadership in specialised commissioning.

a. Impact assessments

Clause 12, page 9, line 33

Clause 12, page 9, leave out lines 33 to 39 and insert—

"(2) Before prescribing a service or facility under subsection (1)(b), the Secretary of State must publish an assessment of the likely impact of such a prescription on—
(a) patient safety;
(b) clinical outcomes;
(c) equality of access to services;
(d) workforce capacity and specialist expertise;
(e) service sustainability; and
(f) geographical variation in access to, and outcomes from, services.
(2A) The Secretary of State must lay the assessment under subsection (2) before both Houses of Parliament.
(2B) In deciding whether it would be appropriate to prescribe a service or facility under subsection (1)(b), the Secretary of State must have regard to the assessment published under subsection (2).
(2C) Where regulations made under subsection (1)(b) prescribe a service or facility for commissioning other than by the Secretary of State, the Secretary of State must publish and maintain a national service framework for that service or facility.
(2D) A framework under subsection (2C) must include provision relating to—
(a) service standards;
(b) care pathways;
(c) workforce requirements;
(d) rehabilitation and long-term follow-up;
(e) collection and publication of outcome data;
(f) coordination between specialist, community and neighbourhood services; and
(g) coordination of care for persons receiving treatment through multiple clinical pathways."

Explanatory statement

This amendment would require the Secretary of State to publish an impact assessment before they make a decision to prescribe a service or facility under subsection (1)(b) of section 3B of the National Health Service Act 2006 and maintain a national service framework for any specialised service no longer commissioned directly by the Secretary of State.

b. Annual report on specialised services

After Clause 17, insert the following Clause—

"Annual report on specialised services

(1) Within 12 months of the passage of this Act, and every 12 months thereafter, the Secretary of State must publish a report on the commissioning and performance of all specialised services.
(2) A report under subsection (1) must include information relating to—
(a) patient outcomes;
(b) access to services;
(c) waiting times;
(d) workforce capacity;
(e) service sustainability;
(f) geographical variation in services;
(g) compliance with national service specifications; and
(h) arrangements for the coordination of specialist, community and neighbourhood care.
(3) A report under subsection (1) must be laid before both Houses of Parliament."

Explanatory statement

This new clause would require the Secretary of State to publish an annual report on all commissioned specialised services.

c. Clinical leadership

After Clause 17, insert the following Clause—

"Clinical leadership in specialised commissioning

(1) The Secretary of State must make arrangements to ensure that all specialised commissioning, including specialised commissioning at Integrated Care Board level, is informed by national clinical leadership and specialist clinical advice in the—

(a) planning of the commissioning arrangements;
(b) design of services and arrangements for service delivery;
(c) monitoring of the performance of specialised services."

Explanatory statement

This new clause requires clinical leadership in the commissioning of specialised services, whether commissioned by the Secretary of State or Integrated Care Boards. This could include, but is not limited to, maintaining NHS England's existing infrastructure of Clinical Reference Groups, National Clinical Directors and National Specialty Advisers.