Health Bill Report Stage Amendments - Protecting Specialised Services

The Spinal Injuries Association is broadly supportive of the Government's ambition to reduce bureaucracy and modernise the NHS. However, there are several crucial areas within the Health Bill that would benefit from further scrutiny. This briefing focuses on the impact of reforms within the Bill on specialised services, including highly specialist spinal cord injury services.

- Geographical Footprint and Variation: the risk that transferring commissioning to Integrated Care Boards (ICBs) increases postcode variation for low volume, high cost and complexity conditions
- National Assurance and Accountability: the risk that national oversight, standards, and specialist clinical leadership are lost through transferring commissioning
- Transparency: the risk that Parliament, patients, and providers lose visibility of how specialised services are performing once commissioning is delegated

Amendments have been tabled that address these concerns, with support from the Neurological Alliance and Specialised Healthcare Alliance.

Action You Can Take

- Add your name to support the amendments tabled to the Health Bill
- Speak at Report Stage to raise the risk that transferring specialised commissioning will fragment care for patients with complex and lifelong conditions

Suggested Lines for Debate and Questions

- Specialised services have been nationally commissioned for a reason: they are highly specialised, low-volume, and high-cost, depending on national expertise. Fragmentation risks real harm to patient outcomes.
- We cannot allow a well intention shift to local decision making to deepen the postcode lottery for some of the most complex patients in our system.
- Given specialist services like spinal cord injury are provided on a footprint far larger than any single ICB, or even NHS region, why is it right to transfer commissioning?
- How will the Government prevent increased postcode variation for low-volume, high-complexity conditions if commissioning transfers to ICBs?
- Will the Government commit to publishing the list of services remaining nationally commissioned, and being transferred to ICBs, and the rationale behind each decision before Report Stage concludes?

The Health Bill

The Health Bill (the Bill) abolishes NHS England and creates a new framework for the future of the NHS. There are extensive reforms across a number of consequential areas that amount to far more than an organisational restructuring. This briefing focuses on the impact of the Bill on NHS-commissioned specialised services.

Specialised services support people with a range of rare and complex conditions. These services are not available in every local hospital because they must be delivered by specialist

teams of doctors, nurses and other health professionals who have the necessary skills and experience.

Specialised services that are currently nationally commissioned - with NHS England both responsible and accountable - will transfer to Integrated Care Boards, with wider legal responsibility for commissioning moving to ICBs as NHS England is abolished. Of the roughly 170 specialised services for rare and very rare conditions currently in scope, around 70 are already delegated to ICBs, while approximately 100 'retained' services remain nationally commissioned. The exact future split between national and delegated commissioning will be set out in regulations, with the list of prescribed services expected to be published as the Bill progresses - meaning Parliament is being asked to legislate for this transfer before it knows precisely which services will be affected.

What We Believe

Specialised services must remain safe, equitable, nationally coordinated and accountable following any transfer of commissioning responsibility. SIA does not oppose the principle of reform, and recognises the Government's wider ambitions to simplify NHS structures, strengthen integration and shift more care into the community. But specialised services are commissioned nationally for good reason: they support small numbers of patients with highly complex, lifelong conditions, who depend on specialist multidisciplinary teams and nationally consistent standards. Reform must not be allowed to weaken the very coordination and expertise that keeps these patients safe.

Why We Believe This

These concerns are shared well beyond the spinal cord injury community. The Federation of Specialist Hospitals (FSH) - a coalition of the UK's best-known specialist hospitals, spanning oncology, orthopaedics, cardiology, neurology and neurosurgery, ophthalmology, gastroenterology and paediatrics - has separately raised near-identical concerns in its submission to the Bill's call for evidence, including: a lack of clarity on the future footprint for commissioning specific services; the absence of any statutory requirement for continued national standards or service specifications once services are delegated; a lack of clarity on the future PSSAG advisory process; and no statutory basis for the Offices for Pan-ICB Commissioning (OPICs) intended to provide regional commissioning expertise.

The clinical leadership infrastructure that historically underpinned specialised commissioning - the Clinical Reference Groups and Programmes of Care - has been significantly diminished over the transition period and, in the FSH's assessment, "no longer sit at the heart of specialised commissioning." An FSH survey found that 64% of respondents were dissatisfied or very dissatisfied with the transparency of commissioning decisions, and the same proportion were dissatisfied or very dissatisfied with communication from NHS England.

At the same time, ICBs are undertaking significant workforce reduction programmes, meaning specialist commissioning knowledge and expertise is being stripped from the system at precisely the point at which greater local responsibility is being introduced. The relevant Equality Impact Assessment published alongside the Bill contains limited analysis of the operational implications of further delegation - a significant gap given the scale and complexity of the services involved.

The Amendments

These amendments do not block reform. They ensure that if commissioning responsibility for a specialised service transfers to ICBs, it remains safe, equitable, nationally coordinated and accountable.

Amendment	Clause	What it Does
103: Impact Assessment & National Service Frameworks	Clause 12	This amendment would require the Secretary of State to publish an impact assessment before transferring commissioning and to maintain a national service framework for any specialised service no longer commissioned directly by the Secretary of State.
104: National Assurance	Clause 20	This amendment would require the Secretary of State to undertake and publish a national assessment of the performance of Integrated Care Boards in relation to specialised services.
NC160: Annual Parliamentary Report	Clause 20	This new clause would require the Secretary of State to publish an annual report on the commissioning and performance of specialised services commissioned by Integrated Care Boards.
105: Diagnosis Connect and the Single Patient Record	Clause 47	This amendment would ensure that regulations establishing the Single Patient Record may include provision enabling patients, following diagnosis, to consent to referral and information sharing with approved voluntary, community and charitable organisations providing condition-specific support services.

Background to Specialised Commissioning

Since 1983, there has been some form of national-level planning for specialised services, reflecting their relatively high cost but low volume in any one area. In 2002, specialised commissioning was devolved to Primary Care Trusts (PCTs) serving populations of 100,000 to 330,000 following a process of consolidation. However, as Professor Sir David Carter reported in 2006, this devolution proved problematic: small numbers of cases in any one PCT led to large random fluctuations in demand and cost between years, and attempts to pool risk between PCTs led to disputes. Carter recommended that PCTs pool their risk and create consortia to commission specialist services at regional and national level.

Since 2013, specialised services have been commissioned nationally by NHS England, as set out in the National Health Service Commissioning Board and Clinical Commissioning Groups

(Responsibilities and Standing Rules) Regulations 2012 and subsequent amending instruments. From April 2024, NHS England began a programme of delegating commissioning responsibility for some specialised services to ICBs, on the basis that this could improve "patient care and outcomes by enabling the planning and commissioning of services to be joined up at a population level across whole pathways of care, i.e. across specialised and non-specialised services." Crucially, through this delegation, the responsibility for day-to-day commissioning moved to ICBs, but accountability remained with NHS England. The Bill, as currently drafted, changes this settlement fundamentally.

About SIA

The Spinal Injuries Association (SIA) is the leading national charity dedicated to supporting over 105,000 individuals affected by spinal cord injury (SCI) across the UK. Our mission is to be the expert guiding voice for life after spinal cord injury, ensuring that everyone touched by SCI can lead a fulfilled life. We offer a comprehensive range of services, including a free advice line, specialist nurse support, accredited training for healthcare professionals, and a network of community groups. Through advocacy, education, and direct support, we strive to break down barriers and promote inclusion for the SCI community.

For more information contact Spinal Injuries Association's Public Affairs Team, campaigning@spinal.co.uk

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