

To all Regional Chairs

4 February 2014

Dear Regional Chairs

As part of NHS England's work on 'Specialised Services: Commissioning for Value', a process for submitting service level change ideas, entitled A3 Change Proposals, has just been launched. More information, including an explanatory guide and link to the online platform that allows for collaborative submissions, is at <http://www.england.nhs.uk/ourwork/commissioning/spec-services/five-year-strat/a3-proposals>

This is an opportunity for the specialty to propose changes that would improve either value for our patients or value for money (ideally both) for the conditions within the specialised rheumatology service specification (eg rare metabolic bone and inherited disorders of connective tissue, and autoimmune rheumatic diseases). Unfortunately there is a very tight submission deadline of 28 February, after which all proposals will be prioritised for alignment with the overall NHS England strategy, which is being guided by the recent DH rare disease report.

The clinical reference group (CRG) is developing several generic A3 proposals, working from priorities also identified by our patient and carer members. These will include proposals for

1. Wider adoption of structured coordinated MDT care for complex autoimmune and bone/metabolic conditions including networked structure, function, audit, which leads directly from the recommendations in the DH rare disease strategy
2. Greater incorporation of outcome recording for rare diseases, including disease activity and damage assessment, training requirements and documentation. This will support the above but also be important for clinicians needing to document comparative outcomes for appraisal.
3. Opportunities for enhanced, or 'concentrated' medical training in the conditions within the service specification, including exploring the potential of formal post-CCT fellowships
4. More timely awareness and diagnosis, including earlier recognition of potential complications at each stage of presentation, including primary care (working with the RCGP's CRG representative).

But we also want, and need, all BSR members who would like to propose specific service change ideas to contribute to this process. The A3 call is the equivalent of two sides of A4, and at this stage proposals do not need to be fully developed to completion, as there will be the opportunity for further work to be done after 28 February. This call is being shared with BSR SIG and special interest group leads for the relevant diseases, and we would be grateful if you could also share this with the colleagues in your region. We want to encourage everyone who would like to contribute to this process to either work with relevant colleagues to submit a proposal or join in the discussions as proposals appear on the platform.

We realise this is a very tight deadline, which applies to all specialties, but this is an opportunity to promote the central position of rheumatology in managing these conditions.

Best regards



Peter Lanyon
**Chair, NHS England Clinical Reference
Group for Specialised Rheumatology**



Chris Deighton
BSR President