

## Appendix 9: Principles

### The Carter Review re commissioning arrangements for specialised services

The DH document [Health reform in England: update and commissioning framework annex](#) underpins the commissioning of this type of new service and states the following:

*characteristics of effective commissioning to improve health and wellbeing and reduce health inequalities are as follows:*

*..... It covers whole communities, not just current users of services, and is based on accurate, detailed assessment of local needs and characteristics, arrived at through partnership with local authorities, communities and other local partners.*

*.....It is commissioned by working across systems and partnerships and at different levels, from specific services (such as smoking cessation support) to complex, whole-community initiatives managed and delivered across a range of public, private and third sector partnerships.*

*.....*  
*2.19 PCTs will be expected to secure access to a range of high-quality healthcare services to meet local needs. This will include maintaining existing services, developing new services to deliver care closer to home and meeting patient expectations.*

#### New services

*2.21 We recognise that establishing new services (either as an existing provider or a new provider) can have additional costs or higher risks than simply continuing to offer the established services. For this reason, a commissioning model based on patient choice and tariff alone may not be always be sufficient to secure the development of new services. PCTs may therefore need further mechanisms to support new services.*