



**University Hospitals
of Leicester**
NHS Trust

Caring at its best

Specialised Services Strategy

2018-2023

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Development**

Chapter 1: Introduction

This, our *Specialised Services Strategy*, sets out our approach to the commitment made in *Delivering Caring at its Best (2016/17)*, the organisation's five year strategy, to grow specialised services "...through partnerships and clinical networks." It specifically responds to our 2018/19 Priority to produce a five year specialised services strategy.

It sets out how **we will** identify and prioritise those services which are for development and growth and those which might better be delivered by a partner organisation or in a different way - together the *Vital Few* of specialised services. It will allow us to differentiate the *Vital Few* from those services which are performing well and we just need to monitor, protect and maintain – *business as usual*.

We will produce an addendum to this *Strategy* by September 2018 which describes the *Vital Few* of specialised services we have identified and will be used to inform the annual planning process in 2019/20.

Chapter 2: What are Specialised Services?

Specialised services are defined by NHS England as being generally provided in relatively few hospitals and accessed by small numbers of patients. These services usually treat rare conditions or those which need a clinical team with particular expertise, often using complex equipment and are usually of a high cost. Some highly specialised services, including those for very rare diseases, are only provided by a small number of centres across the country and are subject to different commissioning arrangements.

NHS England defines 146 specialised services for which it has direct commissioning responsibility. These range from services for long-term conditions, such as renal services, specific mental health problems, to those which are episodic including cardio-vascular surgery and neonatal services, to uncommon conditions such as rare cancers and genetic disorders.

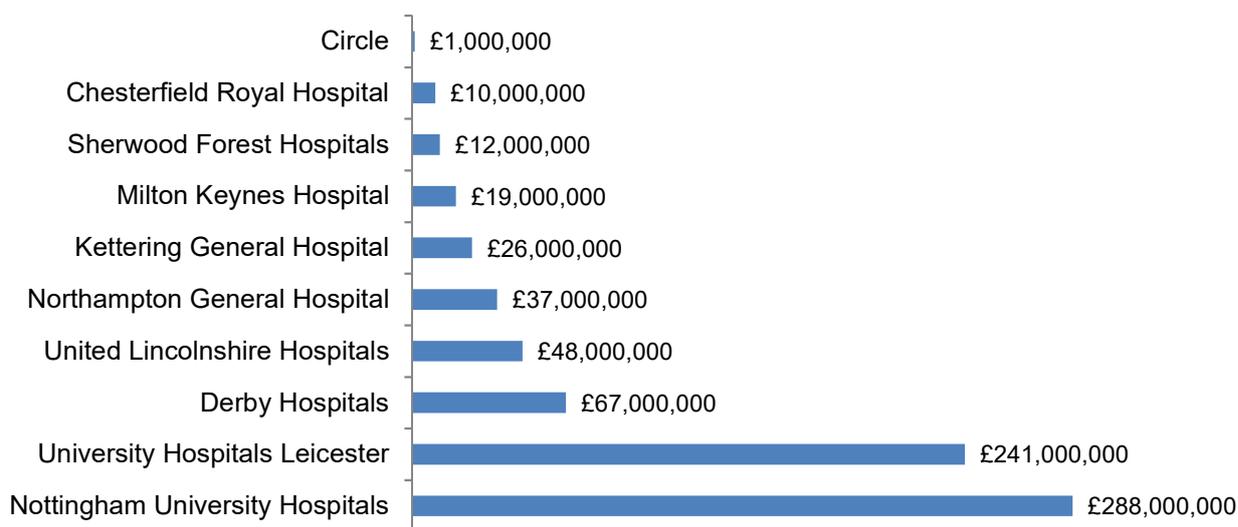
Some specialised services, such as those for cystic fibrosis and haemophilia, provide the majority of a patient's care for these conditions once diagnosed. However, most specialised services only form a part of the patient's care and treatment pathway and are often difficult to separate contractually, and financially, from non-specialised activity contracted by clinical commissioning groups.

The national budget for specialised services in England was £16.6 billion in 2017-18. Acute services account for around 85% of NHS England's spending on specialised services – the remainder being mental health. The number of patients needing specialised services is rising due to an ageing population and advances in medical technology. Spending on specialised services has increased more rapidly than in other parts of the NHS

NHS England regionally recognises University Hospitals of Leicester (UHL) NHS Trust and Nottingham University Hospitals (NUH) NHS Trust as the two providers of

the majority of the portfolio and volume of acute specialised services for the population of the East Midlands. Approximately one third of UHL’s acute income is from NHS England for specialised services. Around 15% of our inpatient episodes are generated by specialised commissioned services.

Figure 1: NHS England Reported Spend on Acute Specialised Services 2016/17 in the East Midlands



Chapter 3: Specialised Services at University Hospitals of Leicester

University Hospitals of Leicester (UHL) NHS Trust provides comprehensive secondary health services – District General Hospital (DGH) services - for over one million people in Leicester, Leicestershire and Rutland (LLR), specialised clinical services for the population of the East Midlands and some highly complex services nationally.

Locally, we provide these services as part of a networked health and social care system across the LLR sub-region forming the basis of our Sustainability and Transformation Partnership (STP).

Regionally, we provide services working in partnership with other specialist trusts and DGHs to support the continuation and development of local care and secure referrals of specialised patients into UHL. These partnerships range in form from the implied – we receive referrals from – to the more formal and planned – our relationship is described by a memorandum of understanding or acute services contract.

UHL’s specialised services range from the large such as cardio-vascular, respiratory, children’s services and cancer to small, but key, services including haemoglobinopathy, cystic fibrosis and intestinal failure (a full list of specialised services provided by UHL, as recognised by NHS England, is included in the appendix).

To date, the establishment and evolution of our specialised services has not been part of any strategic plan, even so, some are recognised at a national and international level for their excellence.

In general our specialised services have either grown out of the interest, expertise and enthusiasm of an individual or small team of clinicians – ECMO (Extracorporeal Membrane Oxygenation) TAVI (Trans-Catheter Aortic Valve Insertion) and mesothelioma are all examples; or as a response to a local necessity – our local populations needs a radiotherapy service. Some have since been subject to more considered strategic planning – congenital heart disease and vascular surgery relocation around the hybrid theatre development.

Some services we elected not to provide in the past have left a long legacy of impact on the organisation – without neurosurgery we could not bid to become a major trauma centre when the opportunity arose.

Chapter 4: Why do we need a Specialised Services Strategy

Specialised services are important to us; we are one of the largest and busiest acute teaching hospitals in England. They make up around a third of our acute services income and, more importantly support, a strong research and education portfolio which attracts some of the best clinicians internationally to Leicester.

Over the next five years, the specialised services we deliver through these networks and partnerships will need to adapt and transform if they are to remain at the level of excellence our patients and clinicians expect whilst remaining clinically and financially sustainable.

New specifications, policies and guidelines are ever more demanding on all providers. We need our organisation to stand out from the crowd as being excellent by meeting and exceeding expectations. At the same time we cannot operate in isolation and must not compromise patients receiving care at our partner hospitals.

Get this wrong and we will lose key services or take on the care of new cohorts of patients who should not come to Leicester but are no longer able to access services at their local hospital. As well as the impact on patients, we will not be able to achieve our vision of reconfiguration from three onto two acute sites.

If we are to deliver the best services for our patients in the future within a limited resource we need to prioritise those services which are for development and growth and those which might better be delivered by a partner organisation or in a different way - together the *Vital Few* of specialised services.

Our *Specialised Services Strategy* should be read in conjunction with and seen as complementary to our *Research and Innovation* and *Clinical Strategies* (in particular the adoption of a new approach to frailty) which are set in the context of the evolving, overarching Sustainability and Transformation Partnership for Leicester, Leicestershire and Rutland.

The implementation of our *Research and Innovation Strategy* will inform the assessment of our specialised services and use the outcome of our prioritisation process to inform the Research and Innovation agenda.

Chapter 5: Alignment with Our Vision and Strategic Goals

Delivering Caring at its Best (2016/17), our Organisation's Five Year Strategy, and our Reconfiguration Plan and Clinical Services Strategy both recognise the importance of Specialised Services. We have said that:

"The future of these services is to grow through partnerships and clinical networks."

"By 2023 University Hospitals of Leicester (UHL) NHS Trust will have a well-deserved reputation as one of the best health and care providers in the country, functioning as part of a truly integrated health and care system. We will attract high performing and compassionate staff who lead and embrace innovation to deliver the best possible outcomes for our patients."

We will be recognised, through our specialised services and partnerships, as leaders of the regional healthcare agenda, setting the strategy and influencing how services will be delivered across the East Midlands. We will support NHS District General Hospitals (DGH) to continue to provide and develop services for their local populations. This will mitigate the risk of our DGH services for patients outside of LLR growing and compromising our ability to consolidate acute services on two sites. Patients will only have to travel from other counties to Leicester for treatment when it is absolutely necessary.

Adoption of our Specialised Services Strategy contributes towards the delivery of our five Strategic Goals:

a) To deliver safe, high quality, patient-centred, efficient healthcare;

The NHS England National Clinical Service Specifications and Policies for specialised services, NICE guidance, Royal College and other Professional publications describe their requirements of safe, high quality, patient centred and efficient healthcare. Common themes in these requirements include:

- Minimum numbers of patients treated and therefore populations served of sufficient size to generate these numbers. Increasingly these population required exceed that of Leicester, Leicestershire and Rutland and therefore require us to work in partnership with out of county providers in order to secure flows into UHL.
- On-call rotas which are not too onerous on the clinicians providing them require a unit to have a sufficiently large (sub) speciality activity base in order to maintain their skills and/or make their employment financially viable.
- Requirements for specific pieces of equipment.
- The establishment of networks of care to deliver consistency across a region.
- Expertise or experience not available in every centre.

WE WILL assess our compliance with these through the prioritisation of our services to identify the “*Vital Few*”.

b) To ensure that we have the right people with the right skills in the right numbers in order to deliver the most effective care;

All health organisations are struggling to recruit staff with the right skills in the right numbers to deliver the most effective care to their patients. This is likely to become more challenging with the UK’s departure from the European Union and restrictions on international visas. If we are going to attract the best people to Leicester we need to be recognised as a leading provider of specialised services, at the front of innovation, research and education.

Having the right people with the right skills in the right numbers who are seen as leaders in specialised services will mean that, through our clinicians engaging in regional and national work, the UHL brand can reach outside of our organisation.

WE WILL apply a standard set of principles to support our clinicians in taking on additional roles which benefit the individual, service and organisation. Our approach is included in the Appendix.

c) To deliver high quality, relevant, education and research;

The link between being a recognised provider of specialised services and delivering high quality, relevant, education and research is symbiotic and one will drive the other.

WE WILL use the implementation of our *Research and Innovation Strategy* to inform the assessment of our specialised services and use the outcome of our prioritisation process to inform the Research and Innovation agenda.

d) To develop more integrated care in partnership with others.

Regionally, we have a responsibility to develop our partnership working with other specialist trusts and district general hospitals (DGH) to support the continuation and development of local care and secure referrals of specialised patients into UHL.

We need to do this if we are to:

- Achieve our reconfiguration ambition to concentrate acute services on the Glenfield and Royal Infirmary hospital sites. If partner hospitals are no longer able to provide local services then whole cohorts of patients will have to access care from alternative providers including UHL.
- Deliver on our responsibility to see patients in a timely manner so that Cancer Waiting Times and Referral to Treatment Targets are achieved.

WE WILL form new and strengthen existing partnerships with regional acute providers to increase our influence over the regional healthcare system presenting commissioners with solutions to the challenges of meeting clinical service specifications and standards which are in the best interest of our patients.

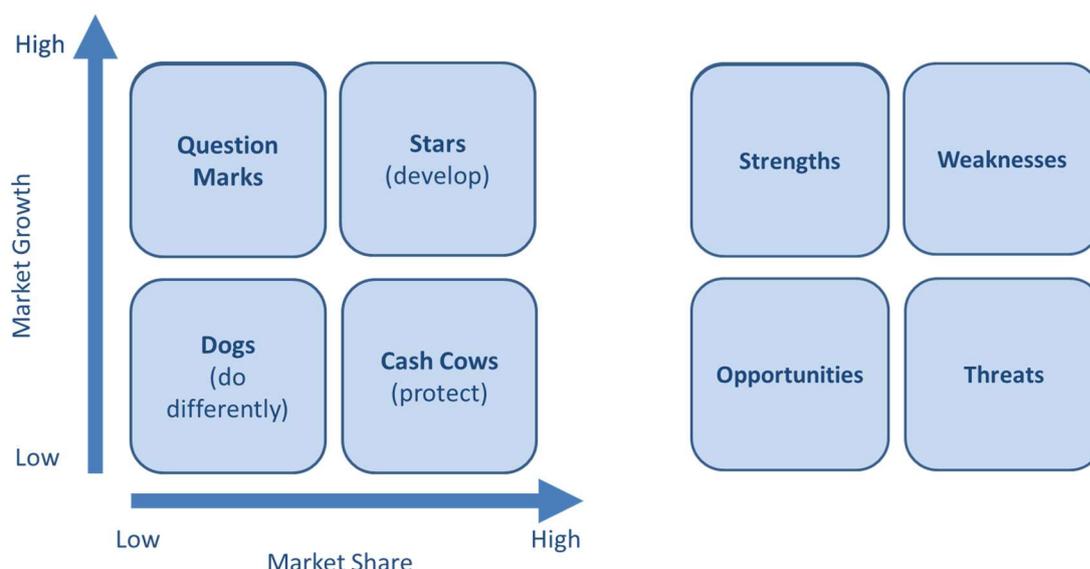
Chapter 6: Understanding the Marketplace, Reporting and Informatics

In order to deliver our Vision we need to understand our own services and partners in much more detail so that we have a dynamic picture of the marketplace. We have already completed and updated an understanding of our services through the ROSS (Resilience of Specialised Services) process. This has identified some priority areas and opportunities but has limitations which we understand.

For our specialised services **WE WILL** build on our previous work, to identify and prioritise those services which are for development and growth and those which might better be delivered by a partner organisation or in a different way - together the *Vital Few* of specialised services. It will allow us to differentiate the *Vital Few* from those services which are performing well and we just need to monitor, protect and maintain – *business as usual*. **WE WILL:**

- Carry out a SWOT (strengths, weaknesses, opportunities, threats) analysis at a NHS England Service Specification Level to reference NICE guidance, Royal College and other Professional publications. [by September 2018]
- Cross reference service line, reporting, profitability and market-share, using a *Boston Consulting Matrix approach*, with the SWOT analysis. [by September 2018]
- Prioritise on the basis of SWOT, Profitability. Market Share and to identify the “*Vital Few*” specialised services. [by September 2018]
- Produce a mini-portfolio and dynamic reporting system for each of the “*Vital Few*”. [by December 2018]

Figure 2: Boston Matrix and SWOT Analysis



For Our Regional Partners, **WE WILL**:

- Carry out a SWOT analysis for each one. [by September 2018]
- Prioritise on the basis of the SWOT analysis. [by September 2018]
- Produce a mini-portfolio for each key partner. [by December 2018]

Chapter 7: Principles and Behaviours for Tertiary Referrals into UHL

To grow our Specialised Services through partnerships and clinical networks **WE WILL** adopt consistent principles and exhibit behaviours to our partners which facilitate referrals into our services. [by September 2018]

Chapter 8: Formalising our offer

WE WILL use a standard MOU, which will be adapted on a case by case basis, for all partnerships which secure specialised services or support services at local hospitals [by October 2018].

When required, **WE WILL** formalise partnership activity or services through the use of the Standard Acute Services Contract

Chapter 9: Engaging our Partners and Patients

The existing *UHL Tertiary Partnerships Strategy* describes how we engage with partners to support flows of patients into our services. **We will** revise this following the identification of the “*Vital Few*” specialised services and the analysis of our partner organisation as described in **Chapter 6**. As part of this review **we will** revisit how we engage with patients.

Appendices

A. List of Specialised Services Provided by UHL

CMG	Description on NHSE list	Service Description
CHUGGS	Haemophilia (All Ages)	Haemophilia (All Ages)
CHUGGS	Hepatobiliary & Pancreas (Adult)	Hepatobiliary & Pancreas (Adult)
CHUGGS	Hepatobiliary & Pancreas (Adult)	Cancer: Hepatobiliary & Pancreas (Adult)
CHUGGS	Specialised Colorectal Services	Colorectal: Complex IBD
CHUGGS	Specialised Colorectal Services	Colorectal: Faecal Incontinence (Adult)
CHUGGS	Specialised Colorectal Services	Colorectal: Transanal Endoscopic Microsurgery (TEMs) (Adult)
CHUGGS/CSI	Specialised Colorectal Services	Intestinal Failure (Adult)
CHUGGS	Specialised Colorectal Services	Cancer: Anal
CHUGGS	Specialised Services for Haemoglobinopathy Care (All Ages)	Specialised Services for Haemoglobinopathy Care (All Ages)
CHUGGS	Radiotherapy	Radiotherapy
CHUGGS	Radiotherapy	Brachytherapy and Molecular Radiotherapy
CHUGGS	Haematopoietic Stem Cell Transplantation (Adults)	Haematopoietic Stem Cell Transplantation (Adults)
CHUGGS	Oesophago-Gastric Surgery	Oesophago-Gastric Surgery
CHUGGS	CNS Tumours	Brain and CNS Cancer (Adults)
CHUGGS	Specialised Urology	Cancer: Kidney, Bladder and Prostate
CHUGGS	Specialised Urology	Cancer: Penile
CHUGGS	Specialised Urology	Cancer: Testicular
CHUGGS	Chemotherapy (Adults)	Chemotherapy (Adults)
CSI	Complex Invasive Cardiology	Cardiology: Cardiac Magnetic Resonance Imaging (MRI) (Adult)

CSI	Medical Genetics (All Ages)	Medical Genetics (All Ages)
CSI	Perinatal Pathology	Perinatal Pathology
ESM	HIV	Specialised Human Immunodeficiency Virus Services (HIV) (Adults)
ESM	Specialised Dermatology	Specialised Dermatology
ESM	Specialised Endocrinology Services (Adult)	Specialised Endocrinology Services (Adult)
ESM	Specialised Rheumatology	Specialised Rheumatology Services (Adult)
ESM	Specialised Services for Infectious Diseases (Adult)	Specialised Services for Infectious Diseases (Adult)
ESM	Specialist Rehabilitation for Patients with Highly Complex Needs (All Ages)	Spec Rehab for Patients with Highly Complex Needs
ITAPS	Extra Corporeal Membrane Oxygenation Service for Adults with Respiratory Failure	Critical Care: ECMO (Adult)
MSS	Complex Spinal Surgery (All Ages)	Complex Spinal Surgery (All Ages)
MSS	Specialised Burn Care (All Ages)	Specialised Burn Care (All Ages)
MSS	Specialised Ear Surgery	Implantable Hearing Aids for Microtia, Bone Anchored Hearing Aids and Middle Ear Implants (All Ages)
MSS	Specialised Ophthalmology (Adult)	Specialised Ophthalmology (Adults)
MSS	Specialised Ophthalmology (Paediatrics)	Specialised Ophthalmology (Paediatrics)
MSS	Specialised Orthopaedic Services	Specialised Orthopaedic Services
MSS	Specialised Burn Care	Specialised Burn Care
MSS/ESM/CHUGGS	Cancer: Skin (Adult)	Cancer: Skin (Adult)
MSS/CHUGGS	Cancer: Soft Tissue Sarcoma	Cancer: Soft Tissue Sarcoma

MSS/CHUGGS	Cancer: Head and Neck	Cancer: Head and Neck
RRCV	Cardiac Surgery (Adult)	Cardiac Surgery (Adult)
RRCV	Thoracic Surgery (Adult)	Thoracic Surgery (Adult)
RRCV	Complex Invasive Cardiology	Cardiology: Electrophysiology and Ablation Services (Adult)
RRCV	Complex Invasive Cardiology	Cardiology: ICD and CRT (Adult)
RRCV	Complex Invasive Cardiology	Cardiology: Primary Percutaneous Coronary Intervention (PPCI) (Adult)
RRCV	Cystic Fibrosis (Adult)	Cystic Fibrosis (Adult)
RRCV	Renal and Pancreas Transplantation Service	Renal Transplant (Adult)
RRCV	Renal Dialysis	Acute Kidney Injury (Adult)
RRCV	Renal Dialysis	Renal Assessment (Adult)
RRCV	Renal Dialysis	Renal Dialysis: Home (Adult)
RRCV	Renal Dialysis	Renal Dialysis: Hospital & Satellite (Adult)
RRCV	Renal Dialysis	Renal Dialysis: Peritoneal (Adult)
RRCV	Specialised Immunology and Allergy Services	Specialised Allergy (All Ages)
RRCV	Specialised Immunology and Allergy Services	Specialised Immunology (All Ages)
RRCV	Specialised Respiratory Service	Respiratory: Interstitial Lung Disease (Adult)
RRCV	Specialised Respiratory Service	Respiratory: Severe Asthma (Adult)
RRCV	Specialised Vascular Service (Adult)	Specialised Vascular Services (Adult)
RRCV	Thoracic Surgery (Adults)	Thoracic Surgery (Adults)
RRCV	Complex Invasive Cardiology	Cardiology: Inherited Cardiac Conditions (All ages)
RRCV/CHUGGS	Cancer: Malignant Mesothelioma	Cancer: Malignant Mesothelioma
W&C	Complex Gynaecological Services	Complex Gynaecological: Recurrent prolapse and urinary incontinence

W&C	Complex Gynaecological Services	Complex Gynaecological: Urogenital and anorectal conditions
W&C	Complex Gynaecological Services	Complex Gynaecology: Severe endometriosis
W&C	Complex Gynaecological Services	Complex Gynaecological Services: Cancer
W&C	Cystic Fibrosis (Children)	Cystic Fibrosis (Children)
W&C	Diagnostic service for primary dyskinesia (adults and children)	Primary ciliary dyskinesia diagnostic services (All Ages)
W&C	Extra Corporeal Membrane Oxygenation (ECMO) Service for Neonates, Infants and Children with Respiratory Failure	Paediatric Intensive Care: ECMO
W&C	Fetal Medicine	Fetal Medicine
W&C	HIV	Specialised Human Immunodeficiency Virus Services (HIV) (Children)
W&C	Neonatal Critical Care	Neonatal Critical Care
W&C	Neonatal Critical Care Retrieval (Transport)	Neonatal Critical Care Transport
W&C	Paediatric Cardiac - Cardiology & Surgery	Congenital Heart Services: Paediatric Cardiology
W&C	Paediatric Intensive Care	Paediatric Intensive Care
W&C	Paediatric Intensive Care	Paediatric Intensive Care (HDU)
W&C	Paediatric Intensive Care Retrieval (Transport)	Paediatric Intensive Care Retrieval (Transport)
W&C	Paediatric Long Term Ventilation	Paediatric Long Term Ventilation
W&C	Paediatric Medicine Endocrinology and Diabetes	Paediatric Medicine: Endocrinology and Diabetes
W&C	Paediatric Medicine Gastroenterology, Hepatology and Nutrition	Paediatric Medicine: Gastroenterology and Nutrition
W&C	Paediatric Medicine Haematology	Paediatric Medicine Haematology

W&C	Paediatric Medicine Respiratory	Paediatric Medicine Respiratory
W&C	Paediatric Neurosciences	Paediatric Neurosciences: Neurodisability
W&C	Paediatric Surgery: (Surgical Pathology, Anaesthesia & Pain)	Paediatric Surgery: (Surgical Pathology, Anaesthesia & Pain)
W&C	Paediatric Surgery: Chronic Pain	Paediatric Surgery: Chronic Pain
W&C	Paediatric Surgery: Neonates	Paediatric Surgery: Neonates
W&C	Primary Ciliary Dyskinesia (PCD) Diagnosis and Management Service (Children)	Primary ciliary dyskinesia diagnosis and management service (Children)
W&C	Chemotherapy (Children and TYA)	Chemotherapy (Children and TYA)
W&C	Cancer: TYA	Cancer: TYA

B. Principles to support our clinicians in taking on additional roles

1. Introduction

Supporting Professional Activities (SPA) sessions are written into consultant job-plans to offer time for teaching, training, education, Continuing Professional Development (CPD), audit, appraisal, research, clinical management, clinical governance and service development. Similar arrangements are in place for nurses and Allied Health Professionals (AHP). Requests for additional SPA (or equivalent for other staff groups) to cover attendance at external meetings are sometimes received from consultants and other senior clinicians.

With extreme pressures on operational and financial delivery at University Hospitals of Leicester (UHL) NHS Trust, the priority given to supporting clinicians in participating in external activities over clinical activity has been questioned. A challenge has also been made that other local and national merit schemes already take into account this extra commitment.

2. Benefits

The following benefits of our clinicians holding positions of influence have been identified by the CMG Clinical Directors (CD). They have been categorised into organisational, service and individual benefits but most will inevitably cross more than one of these.

a. Organisational Benefits

- Reputation of organisation.
- Influence over national policy.
- Supports a broader programme of research and innovation.

b. CMG/Service Benefits

- Demonstrates service excellence.
- Retention of senior clinical staff.
- Credibility of service improves recruitment.
- Increased motivation of staff.
- Talent management.
- Supports desire to innovate.
- Builds goodwill.
- Potential to bring innovation into the service.

c. Individual Benefits

- Continual Professional Development.
- Raises personal profile and status.
- Adds variety and interest to role.
- Exposure to other opportunities.
- Access to peer support.
- Support for merit, and other, awards.

3. Principles which to be Considered in Decision Making

In order to realise these benefits, the CMG CD, or nominated deputy, should be actively seeking out and prioritising external opportunities and identifying clinicians from the service who would be best placed to support external groups.

Applications/requests will also be received from individuals who have independently identified an opportunity; these should be received positively.

The following principles should be applied when considering requests:

- All requests will be considered by the immediate line manager. For consultant medical staff this will normally be the Head of Service.
- Where possible, requests should be made as part of the annual job-planning/appraisal process. This should include any opportunities anticipated to arise in the next 18 months.
- The operational and strategic fit of a request must be considered as part of the decision making process. Term of office must always be established, time and resource required agreed.
- The tangible benefits to the organisation, service and individual must be agreed and recorded up front. Achievement of these and general reflections must be reviewed annually through appraisal or more frequently if required.
- There should be flexibility on both parties to make sure that the impact on the service is not unduly burdensome – reciprocity.
- All external roles must be recorded through job-planning, even if there is zero allocated time, in order that a central record is held.