

**Background:**

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. In south west London (SWL) the main providers of specialised acute services are St George’s Hospital (SGH), the Royal Marsden (RMH) and Epsom and St Helier (ESTH) - which provides renal services. In south east London (SEL) the two largest providers of specialised services are Guys and St Thomas’ (GSTT) and King’s College Hospital (KCH). Some of these providers are geographically extremely close to one another and we know there is significant duplication of certain specialised services. We also know there is significant growth pressure on services, increasing the financial strain. There is an opportunity to deliver improved value and outcomes through closer collaboration between providers in south London and the Programme aims to do just this.

**Progress to date:**

We are in the early stages of the Programme. Achievements so far include:

**Setting up a Steering Group to drive the Programme forwards:** This Steering Group meets fortnightly and is comprised of a range of key stakeholders including (not exhaustive) Trust Medical Directors from main specialised providers, SWL and SEL Sustainability & Transformation Plan (STP) Leads, NHS Improvement, NHS England Specialised Team, CCG Leads, South of England region representative and patient/ public representatives. The Steering Group will be regularly reviewed to ensure optimal membership and meeting frequency.

**Governance Framework agreed:** Steering Group members have agreed upon the Programme’s governance framework. Regular updates are made to the London Specialised Commissioning Planning Board, and to Trust & CCG Boards. Commissioner decision making authority, for Specialised Services sits with the Regional Director. Clinical Assurance will be sought from London’s Clinical Senate prior to any public consultation. For the clinical services that are identified as priority areas for transformation, specific ‘working groups’ will be set up and will feed into the Steering Group – these groups will involve clinical specialists.

**Deciding which services to focus on:** A mapping and baselining exercise was undertaken to understand the current state of specialised service provision across south London. The Steering Group agreed which criteria should be used to prioritise the service groups to focus on. The eight criteria agreed as appropriate are displayed in the adjacent wheel. Using this criteria, the specialised service groups selected as priority areas for transformation are: cancer, cardiac, neuroscience, paediatrics and renal. Steering Group members ‘sense checked’ whether these service groups seem logical and provided their approval, before discussing how best to proceed with the work (more detail in ‘Next Steps’ below).



**Agreement of the Programme’s scope:** The focus of this programme has been on the optimal configuration of services (from clinical and financial perspective). Wider pathway improvements are important, e.g. prevention or community based controls, and will predominantly be led at an STP level (i.e. currently out of scope of this programme). In early 2017 we will be reviewing scope to ensure that collectively we are set up to deliver effective change, and that the right support is provided by Specialised Commissioning for this.

**Managing interdependencies:** The importance of effectively managing interdependencies was noted at the start of this Programme. The appropriate level of consideration is being, and will continue to be, given to interdependencies with non-specialised services. Interdependencies with other programmes of work impacting south London (e.g. SWL’s work to agree the optimum number of sites providing acute services) are also being carefully managed. Regular discussions are taking place with STP Leads across SWL and SEL to ensure that approaches and communications are as unified and streamlined as possible.

**South of England patient flow:** One quarter of the spend on specialised services in the south London STP footprints is for patients travelling from the neighbouring STP regions of Kent, Surrey and Sussex. Therefore, this Programme of work will ensure engagement of stakeholders within these areas as and when appropriate.

**Early Communications and Engagement:** The Communications and Engagement Director for the south London STPs sits on the Programme's Steering Group and will play a key role in ensuring a consistent approach to communications and engagement, whilst considering other work taking place within the STP footprints. We propose to keep this separate, but aligned, to SWL's work to agree the optimum number of sites providing acute services. This Programme will use the existing engagement forums for public engagement, however there will be separate engagement processes, with separate documents and events.

An Early Engagement and Communications Plan has been developed for the Programme, which Steering Group members and Stakeholder Reference Group members have had the opportunity to shape. Further Engagement and Communications plan will be developed to cover pre-consultation and consultation phases. SEL's Patient & Public Advisory Group and SWL's Patient & Public Engagement Steering Group have been informed of the programme's work to date and Communications & Engagement Leads within Kent, Surrey and Sussex have been contacted to start planning our approach here. We recognise that we will need to engage with specific groups, for example patient and carer user groups for specific conditions who use the specialised services under review, and service specific patient representatives will be actively involved in the formation of service plans. Careful consideration to equality will be given throughout the programme, particularly considering the protected characteristics as defined under the Equality Act 2010.

**Next steps:**

**Scenario development and modelling for renal and cardiac service groups:** The Steering Group's conclusion is that initially we should focus on developing scenarios for the renal and cardiac service groups. The Steering Group agreed that the most sensible next steps for the renal and cardiac service groups would be to hold service specific workshops, in order to help shape clinically valid potential future scenarios; these workshops are currently being planned for early February. For the renal workshop, Medical Directors of GSTT, KCH, SGH and ESTH have been asked to identify clinical representatives to attend from their organisations. For the cardiac workshop broader representation is required, e.g. CCG clinical leads. The scenarios developed will need to be supported by both quality and financial data. Well respected clinical experts in the fields of renal and cardiac, who do not have organisational ties in south London, will also be closely involved with the running of these initial workshops. It is likely that follow up workshops will be held for each service.

Once scenarios have been developed, the programme team at NHSE will undertake a modelling exercise, in order to access the financial and performance implications of scenarios. We foresee that this modelling exercise will be completed during Spring 2017. Following this, a thorough options appraisal will be undertaken to assess any scenarios. Staff and patients will be appropriately engaged throughout these streams of work to ensure that any options carried forward meet the Programmes objectives of improving quality of services and value for money.

**Neurosciences service group:** The Steering Group are broadly supportive of the development of a South London network. No reconfiguration opportunities for neurosciences have been identified at this point, though is the need to consider ability to perform 'thrombectomy', which is a likely new requirement and may impact on some HASUs. Next step is for KCH and SGH Medical Directors (as the main providers) to discuss the best way forwards and bring back to a Steering Group meeting early in 2017.

**Paediatrics service group:** The Steering Group agreed we need to get the framework right (including non-specialised services), before looking at specialised services configuration. Programme's Steering Group are in agreement that the first step is to develop a pan south London paediatrics forum, linked into both SWL and SEL STP groups on paediatrics.

**Cancer service groups:** The main need for consolidation of rarer cancer (outstanding recommendations from 2010 model of care) affects NWL and SWL, and SEL is compliant. The Steering Group have acknowledged that cancer pathway transformation is a relatively 'congested' space given the work of Royal Marsden Partners Vanguard, as well as national work. An approach to take this forward is being worked out, and is due to feedback early in 2017.

**For more information:**

If you would like to find out more about the Programme of work, initially it is suggested that you speak to the contact who sent you this Bulletin. Alternatively you can contact Annabel Dallen, Programme Manager, or Neil Kennett-Brown, Programme Director, who are based within NHS England's Specialised Commissioning Team: [Annabel.dallen@nhs.net](mailto:Annabel.dallen@nhs.net) [neil.kennett-brown@nhs.net](mailto:neil.kennett-brown@nhs.net)