

Classification: Official

Publication approval reference: PAR1440



Roadmap for integrating specialised services within Integrated Care Systems

31 May 2022

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Executive summary

NHS England and NHS Improvement is the accountable commissioner for 154 prescribed specialised services. This portfolio of services, which is set out in regulations, is hugely varied in nature, with some services that look after a handful of patients with rare conditions a year, to others, like radiotherapy or neurosurgery that treat tens of thousands each year as part of wider pathways of care that also span primary, community and other secondary care services currently commissioned by Clinical Commissioning Groups (CCGs). Most patients of specialised services, access care from other health and care services as part of these pathways of care, and it is vital that their care is joined up to achieve the best possible outcomes.

NHS England and NHS Improvement has been working since 2018 to develop more integrated commissioning of specialised services with local commissioners to maximise the opportunity for joined up, high quality and equal care for patients. Through the new legislation set out in the Health and Care Act 2022, Parliament has given the NHS the opportunity to take this further by allowing Integrated Care Boards (ICBs) to take on delegated responsibility, where appropriate, for commissioning these services but within a framework of continued national accountability, national standards, national service specifications and national clinical policies determining equal access to the latest treatments and technologies. This new legislative framework presents the opportunity for specialised services and patients to fully benefit from the focus of ICBs on their local population's health and ensure that the specialised elements of pathways are part of the integrated design and delivery of care to patients.

This document sets out the roadmap for how the commissioning model for specialised services will evolve in the coming years. It charts a phased and managed approach to integrating commissioning of specialised services with wider ICB commissioning responsibilities. It follows on from the guidance, [Integration of specialised services with local health and care systems](#) in January 2019, and the [letter to the system in July 2021 which set](#) out the expectation that ICBs will take greater responsibility for commissioning specialised services.

Not all specialised services will be suitable for delegation and we recognise that some services that are likely to benefit in the future will not yet be ready. To determine which services are appropriate for delegation, an analysis of the entire portfolio has been conducted using a set of criteria to guide both the suitability and readiness of services for greater ICB leadership from April 2023. This document sets out the methodology and

conclusions from the service portfolio analysis. In summary, 65 services have been deemed to be both suitable and ready for greater ICS leadership from April 2023. 106 services have been deemed to be either not suitable (including all [highly specialised services](#), typically services for no more than 500 patients per year), or not yet ready, for greater ICS leadership. Further work will be conducted over the coming months to refine this list, with a final version to be confirmed later in the year.

The expectation for 2022/23 is for existing partnership arrangements between NHS England and NHS Improvement's regional specialised commissioning teams and groups of ICSs (multi-ICSs) to be strengthened in preparation for moving to statutory delegated commissioning arrangements from April 2023, subject to system readiness.

At the end of 2022, the readiness of ICBs to commission specialised services will be assessed against a pre-delegation assessment framework (PDAF) - both as individual ICBs, but also as part of multi-ICB arrangements. It is likely that in most parts of the country ICBs will work together with their neighbours in multi-ICB arrangements to commission most specialised services that are delegated to reflect an appropriately scaled geographic footprint for the nature of the services.

Where systems are not yet ready to take on full delegated responsibility from April 2023, further development support will be provided by putting in place formal joint commissioning arrangements between NHS England and NHS Improvement and ICBs by establishing statutory joint committees from April 2023. This will be part of a further transition year for these systems when they will have additional support so that they are ready to take on full delegated responsibility from April 2024.

The commissioning model described in this document seeks to provide the flexibility and autonomy for ICBs in designing and delivering specialised services so that they can realise the benefits of improving quality, equity and value from services, while at the same time retaining key features of the current model which have led to improvements in quality and reduced variation over the last decade. It gives providers the opportunity to work with ICBs as partners in designing and delivering services that meet the needs of the communities they serve, working through networks as appropriate. All services will continue to have national standards attached to them and NHS England and NHS Improvement will continue to be the accountable commissioner for all specialised services.

Work will continue with clinical, commissioning and provider colleagues during 2022/23 to develop the detailed model and infrastructure to support delegated commissioning, and joint commissioning with NHS England and NHS Improvement where ICBs are not ready from April 2023. Further detail will be published later in the summer.

1. The case for integration

- 1.1 Over the last decade, specialised services commissioning has evolved as the health and care landscape has changed.
- 1.2 Prior to 2013, over 150 Primary Care Trusts (PCTs) were responsible for commissioning all services for their populations, including those that we now define as specialised services. Recognising the complexity of specialised commissioning, PCTs joined together through Specialised Commissioning Groups to discharge their responsibilities on larger regional footprints. PCTs were able to take different approaches to service delivery and determine the extent to which services would be commissioned. This enabled PCTs to commission all services based on local population health needs and support integrated pathways from specialised services to primary care. However, it also meant that there was regional variation in access and provision of specialised services.
- 1.3 The introduction of the Health and Social Care Act in 2012 led to the establishment of Clinical Commissioning Groups (CCGs), and the NHS Commissioning Board (known then as NHS England and currently as NHS England and NHS Improvement) became the single accountable commissioner for specialised services that were prescribed in regulations. NHS England put in place national standards and service specifications for all specialised services, in an important move to reduce regional variation and achieve greater consistency in the level of access to services.
- 1.4 However, this also meant that in some cases the connection between the specialised elements of the pathway of care and the primary, community and secondary elements was reduced. There were now different statutory bodies responsible for commissioning different parts of a patient's care journey.
- 1.5 The new Health and Care Act 2022 gives the NHS the opportunity to reconnect the commissioning of whole pathways of care, through delegation of NHS England and NHS Improvement's responsibilities for commissioning some specialised services to ICSs. The below example illustrates the potential for improving services as a result of greater integration of commissioning responsibilities, through tailoring the design and delivery of services to the particular needs of local communities.

Example 1. Renal Medicine

- The renal pathway is complex and high volume. It includes primary and secondary prevention of complications, including high rates of cardiovascular events, acute kidney injury and progressive renal dysfunction leading to a need for renal replacement therapy (RRT). The majority of that care pathway is delivered in primary care. People with more advanced kidney disease may require specialised diagnostics, outpatient and inpatient care and preparation for RRT (dialysis and transplant). People needing RRT need comprehensive support both from specialists and primary care.
- Funding for renal medicine is currently complex. The direct costs of advanced kidney disease and renal replacement therapy (dialysis and transplantation) is funded through NHS England and NHS Improvement specialised commissioning. However, in-patient care, surgery such as vascular access, and the majority of outpatient care is funded by CCGs. Transport costs for dialysis, which make up 30% of elective transport in the NHS, is also supported by local commissioning. Primary care has been funded by NHS England and NHS Improvement, although ICBs have taken on this responsibility from this year.
- Along the patient pathway, more integrated commissioning will make it easier to deliver upstream interventions in primary care around diagnosis and early treatment, that can potentially prevent or delay the need for dialysis and transplants further downstream in the pathway. Other examples include improved management of acute kidney injury in the community and secondary care to improve patient experience and system value.
- It could also, for example lead to greater investment in services such as home dialysis as the financial benefits (such as a reduction in patient transport costs) will now be realised by the same commissioning organisation who can reinvest elsewhere to improve patient care. Vertical integration in this cohort can support wellbeing and tackle frailty issues with a reduction in unplanned care.
- Most importantly, a greater focus on prevention and the provision of care closer to home both improves experience and outcomes for patients and reduces disruption to their lives.
- The Renal Services Transformation Programme, which brings together national and regional teams in NHS England and NHS Improvement, clinical networks and local systems will support ICBs in pursuing improvement opportunities in renal pathways.

1.6 Changing the way specialised services are funded will also bring benefits. The current financial model allocates funding according to where a service is provided, rather than on the basis of population health need. Since 2013, NHS England and NHS Improvement has allocated funding for specialised services at a regional level on the basis of the services that are provided in that area. NHS England and

NHS Improvement then contracts with providers on an activity basis for specialised services, agreed through a single annual contract at a regional level between NHS England and NHS Improvement and each provider. While creating minimal transactional burden, it has meant that resources are not always allocated according to the needs of the population in a particular area.

- 1.7 From 2023/24, ICBs will have budget allocated to them on a population basis. Their specialised allocation will follow a similar formula to that of other non-specialised services that ICBs will hold, and so can be considered and contracted for alongside the rest of the pathways they commission. Once resources are considered in totality for a population it becomes easier to ensure they are being invested in the most optimal way to improve quality, reduce health inequalities and improve value.

Example 2. Mental health, Learning Disability and Autism Services

- Currently the majority of mental health and learning disability services are commissioned by CCGs with the exception of more specialised services such as children and young people's inpatient mental health services, adult low and medium secure and adult eating disorder services which are commissioned by NHS England and NHS Improvement specialised commissioning.
- The separation of commissioning mental health, learning disability and autism pathways can inadvertently incentivise patient care to move to more specialist inpatient care and contribute towards fragmentation of the patient pathway. The introduction of NHS-Led Provider Collaboratives has supported a more localised approach to care as well as an increased focus on clinically led transformation which is already resulting in increased investments into earlier parts of the pathway such as local and community provision. This, in turn, reduces demand on inpatient services and provides better outcomes and experience for patients and their families.
- For mental health, learning disability and autism services, many ICSs are developing the Mental Health Provider Collaborative model locally and the introduction of ICBs as responsible commissioners for specialised services will enable the join up of the whole mental health pathway across the ICB and Mental Health Provider Collaboratives.

- 1.8 Through population based allocations and ICBs being party to contracts that serve their populations, local commissioners will have much greater line of sight and influence over the services that their patients may be receiving out of area, making it easier to join up their local services with those specialist elements of pathways. Specialist providers will have the opportunity to work with their host and other ICBs to develop services that meet the needs of those populations, working through networks where relevant.

- 1.9 At present, responsibility for commissioning different elements of the pathway can sit with different organisations both nationally and locally. By integrating the commissioning of specialised services with ICBs' wider commissioning responsibilities where appropriate, **ICBs will be the commissioner for the primary, community, secondary and tertiary elements of pathways for their population**, enabling them to design care that joins up around patient needs, and invest resources where they can have best effect on outcomes. They will be empowered to make decisions about investing upstream in interventions that will reduce demand for specialised services and that require more interventionist approaches to treatment.

Example 3. HIV services

- Currently HIV specialised inpatient and outpatient treatment services are directly commissioned by NHS England and NHS Improvement, with HIV prevention commissioned by local authorities through sexual health services, and HIV testing in primary and secondary care commissioned by CCGs.
- Prior to the 2013 changes in commissioning, HIV prevention and treatment services were commissioned by local authorities and were therefore aligned with genitourinary medicine (GUM) and sexual health (SH) services. The changes to commissioning responsibilities of HIV and GUM/SH services in 2013 had an unintended consequence of service and workforce fragmentation in some areas across England.
- The introduction of ICBs, of which Local Authorities will be part through Integrated Care Partnerships, is an opportunity to more closely join up the commissioning of HIV/GUM and sexual health services and strengthen pathways with other services including drugs and alcohol, domestic abuse, and mental health services.
- Through delegating HIV treatment services to ICBs, local systems will be enabled to take joint approach to delivering the recommendations from the HIV action plan (2021), including developing innovative ways to support workforce, service resilience and exploring opportunities in service delivery.
- This collaboration will help to ensure greater integration in the design of services informed by insight and data on the needs of local communities and an understanding of how to reduce inequalities that may exist.

- 1.10 ICBs will have explicit responsibility for the health of their population with data and expertise to support them in taking a population health management approach to the entire pathway of care. ICBs will bring together their partner trusts/FTs to develop and agree a five year joint plan, and through Integrated Care

Partnerships, ICBs will work in partnership with their local authority colleagues to develop the integrated care strategy for the ICS setting out how the needs of the area are to be met by the exercise of functions by the ICB, NHS England and NHS Improvement and relevant local authorities.

- 1.11 However, in seeking to realise the benefits of more local leadership in commissioning specialised services, it is important not to lose the benefits in standardisation and universal access expectations that have been achieved over the past decade. Therefore, even though responsibility for commissioning certain specialised services will be delegated to ICBs, they will be required to commission against nationally set service specifications and clinical access policies. And NHS England and NHS Improvement will remain the accountable commissioner, so will need to assure itself that these standards are being commissioned against.
- 1.12 We know that strong system leadership and fostering collaborative cultures and behaviours is key to achieving our collective goals of improving quality, equity and value. Through the appropriate delegation of specialised services we can remove barriers to collaboration and innovation, and make joined up care the easier path for local commissioners to pursue.
- 1.13 The rest of this document describes the model of integrated commissioning for specialised services in more detail. The next chapter explains how we have determined which services are appropriate for integrated commissioning.

2. Services appropriate for greater integration

- 2.1 The portfolio of specialised services is varied in nature, with services that incorporate a range of complexities, types of condition, modes of treatment, and size of patient groups. In order to maximise the benefits from integration, it is important that there is a clear understanding of where services, pathways and patients will benefit from integrated commissioning arrangements, and where it would be more beneficial for services to continue to be commissioned by NHS England and NHS Improvement.
- 2.2 To determine which services are appropriate for more integrated commissioning and at what point in time, NHS England and NHS Improvement has reviewed and analysed the entire specialised services portfolio applying a set of criteria to consider service suitability and service readiness. The analysis has had input from front line doctors and clinical staff, patients and patient groups, as well as finance and commissioning perspectives, including NHS England and NHS Improvement’s specialised commissioning National Programmes of Care and Clinical Reference Groups.
- 2.3 The criteria used to guide service suitability and service readiness are set out in Figure 2 below.

Figure 2: Criteria to guide service suitability and readiness

Service suitability for increased ICS leadership				Service readiness for increased ICS leadership		
Co-dependent services	Financial risk and volatility	Number of providers	Patient and clinical benefit	Future horizon scan	Suitability of the provider landscape	Adequate supporting commissioning infrastructure
Determined through clinical and NPoC engagement	19/20 total outturn £m	Number of providers 20/21 taken from NHS England Specialised Commissioning financial tiering analysis	Potential to bring improvements to the quality of care delivered?	Any disruptive technologies in the pipeline which could potentially alter the current service delivery model?	Is the service associated with significant % of out-of-area-flows?	Appropriate governance infrastructure in place?
	19/20 outturn activity		Opportunities to address pathway fragmentation concerns?	Would any innovative treatments in the pipeline require national commissioning at first?	Would delegating the service to an ICS risk destabilising the current service delivery model?	Robust information sharing infrastructure in place (one version of the truth)?
	Provider income volatility		Opportunities to reduce health inequalities?	Is there a risk any treatment delivery would be significantly impacted as a result of therapies in the pipeline?	Would delegating the service to an ICS negatively impact any provider network arrangements?	Adequate commissioning capacity and capability available to manage the service?
	Year-on-year % patient volume and financial volatilities		Potential impact on patient outcomes			

2.4 The analysis has led to three categories of services, listed in Annex A:

- services (including all Highly Specialised Services¹) identified as not suitable for delegated commissioning. These would remain directly commissioned by NHS England and NHS Improvement;
- services suitable and ready for delegation to ICBs from April 23 (subject to system readiness); and
- services suitable but not ready for delegation in April 23 where delegation should be deferred until a point at which they are considered ready.

2.5 ICBs should consider the set of services that have been deemed to be both suitable and ready for greater ICB leadership from April 2023 as they develop their strategic multi-year plans in 2022/23, including what multi-ICB footprints will be required to effectively plan and commission these services when delegated.

2.6 During the 2022/23 transition year, we expect the partnership forums between NHS England and NHS Improvement and ICBs to focus on these services and that ICBs will become increasingly involved in the related commissioning decisions ahead of delegation (subject to system readiness) from April 2023.

2.7 NHS England and NHS Improvement will retain commissioning responsibility for highly specialised services and other services deemed unsuitable or not yet ready for greater ICS leadership – however, we will ensure greater collaboration with ICBs where relevant to join up these services across whole care pathways.

2.8 We will refine the list of services appropriate for delegation from April 2023 during 2022/23 to take account of any new evidence and experience that emerges in year and confirm the final list later in the year.

¹ Note that ‘highly specialised services’ are not the same as ‘highly specialist services’. In the prescribed specialised services manual, the term ‘specialist’ refers to a level of expertise delivered within a service (with ‘highly’ specialist meaning a very high level of expertise). The terms ‘specialised’ and ‘highly specialised’ refer to the commissioning models used by NHS England to commission specialised and highly specialised services respectively.

3. National standards and accountability

- 3.1 NHS England and NHS Improvement has held responsibility for commissioning specialised services since 2013. This national approach has brought significant benefits for both patients and specialised services through the introduction of national clinical standards, including service specifications and clinical access policies, and the universal access expectations that flow from these for patients.
- 3.2 As ICBs take greater responsibility for commissioning some specialised services from April 2023, the right balance must be struck between retaining the benefits realised over the past decade from having a single commissioning organisation, and maximising the benefits of moving design and delivery of care to a more local level to enable joined up care.
- 3.3 To secure this balance, the following elements of the present system will be retained and improved in the new commissioning model from April 2023:
- **All services will continue to be prescribed specialised services** – this status will not change for any of the c.154 services, whether they are retained by NHS England and NHS Improvement or fall within scope of the greater integrated arrangements described in this document. All these services will continue to be prescribed in legislation as specialised services for which NHS England and NHS Improvement is accountable for arranging their provision.
 - **NHS England and NHS Improvement retains accountability for the entire portfolio of specialised services** – regardless of whether a service is retained by NHS England and NHS Improvement or falls within scope of delegated commissioning arrangements. NHS England and NHS Improvement will need to discharge its accountability through appropriate assurance and oversight arrangements.
 - **All specialised services will be subject to national service specifications and evidence-based clinical policies that NHS England and NHS Improvement will continue to develop to ensure consistent access to provision of services across the country** – however, we will revise our methodology for developing specifications to ensure that they focus more on *what* the key service components should be to maximise quality and outcomes, giving ICBs appropriate freedom and flexibility to determine *how* services are delivered.

- **The clinical leadership infrastructure that supports specialised commissioning will continue and be strengthened** – Clinical Reference Group (CRG) structures and national programmes of care will continue to provide clinical leadership and support systems with patient and lay involvement. Their role to support the development of national standards and policies will continue.
- **NHS England and NHS Improvement will ensure continued involvement of people and communities in specialised commissioning** – by providing guidance and support to ICBs on what is expected under delegated commissioning arrangements in terms of involving patients and the public in delegated decision making and meeting their legal duties around patient and public involvement. At a national level we will continue to have a Patient and Public Voice Assurance Group and Stakeholder Forum for specialised services to ensure continued engagement and involvement in how specialised services are commissioned. Patients will continue to have representation on CRGs, National Programmes of Care, the Clinical Priorities Advisory Group and the Rare Disease Advisory Group.
- **NHS England and NHS Improvement national and regional teams will maintain commissioning expertise throughout and beyond 2023** – to maintain a protected concentration of specialised commissioning capability and capacity to support the transition arrangements, and increasingly facing towards ICBs from 2023/24.

3.4 In addition to retaining the above elements of the current system, the new commissioning model will **ensure that services are commissioned on an appropriate geographical footprint** – with consideration of population size, provider landscape and patient flow. ICSs vary significantly in size and characteristics. It is likely that in many areas, ICSs will need to work with their neighbours on a multi-ICS footprint to commission most specialised services that are delegated. NHS England and NHS Improvement’s delegation approval process and ongoing assurance will ensure that ICBs adopt an appropriate commissioning geography.

3.5 Future delegation arrangements will be underpinned by **robust governance and oversight arrangements** – that will ensure consistent arrangements are in place for overseeing quality, and health inequalities, and financial and contractual arrangements. A delegation agreement will be signed by all parties in the arrangement, and the boards of the relevant parties (that is, ICB boards and the NHS England and NHS Improvement Board) will follow an appropriate approval process before agreeing delegation arrangements can ‘go live’ from April 2023.

4. Phased transition towards further integration

Strengthening partnership arrangements during 2022/23

- 4.1 NHS England and NHS Improvement has had partnership arrangements in place with ICSs at a regional level for the last few years so that together they can begin to inform and plan the commissioning of specialised services in the context of wider pathways of care for which ICSs are responsible.
- 4.2 During 2022/23, NHS England and NHS Improvement will work with ICSs to strengthen existing partnership forums to support capability development and readiness for delegation from April 2023. These partnership arrangements will not change formal statutory commissioning responsibilities during 2022/23; however, we expect ICBs to be increasingly involved over the year for those services deemed appropriate by the service portfolio analysis (set out in section 2 and Annex A).
- 4.3 NHS England and NHS Improvement will continue to hold the commissioning budget and contracting function for specialised services in 2022/23. NHS England and NHS Improvement has made indicative allocations at ICS level available in 2022/23 so that ICSs can begin to plan how they would commission pathways of care when they take delegated responsibility.
- 4.4 As well as increasing ICB involvement in the commissioning of these specialised services during 2022/23, these partnership forums between NHS England and NHS Improvement regions and ICBs will have two other key roles during this transition year:
 - supporting the development of capacity and capability of (multi-) ICBs to take on delegated commissioning arrangements from April 2023
 - ensuring appropriate multi-ICB footprints and governance are established to take delegated responsibility from April 2023 for those services appropriate for integrated commissioning.
- 4.5 Existing partnership arrangements between NHS England and NHS Improvement regions and ICSs should be strengthened and formalised so that they provide the governance to underpin the collaboration. These partnership forums will need to:

- Connect explicitly to both NHS England and NHS Improvement regional and ICB governance structures, through senior representation from all parties;
- include senior clinical representation to ensure that decisions and development activity are clinically-led and evidence based;
- involve patients and the public in decision-making and the development of services, using new or existing mechanisms in place within ICBs and/or NHS England and NHS Improvement regions;
- connect with the financial oversight and governance arrangements within the ICBs and NHS England and NHS Improvement region; and
- connect with the quality oversight and governance arrangements within the ICBs and NHS England and NHS Improvement region. Quality governance should be seamlessly managed across all boundaries as described in [A shared commitment to quality](#) from the National Quality Board (updated in 2021 to reflect new structures).

4.6 To support this transition, NHS England and NHS Improvement will run a series of developmental check-ins during 2022/23. A formal system readiness assessment will be conducted during Q3 which the NHS England and NHS Improvement Board will consider before making any final decision to delegate commissioning responsibility from April 2023.

Delegated commissioning responsibility from 2023/24

- 4.7 We expect that services identified as suitable and ready for greater integration through the service portfolio analysis (see Annex A) will fall into scope of new delegated commissioning arrangements from April 2023.
- 4.8 Prior to delegation of specialised services, NHS England and NHS Improvement will assess the readiness of systems to take greater responsibility from April 2023. The assessment will consider each ICB individually and as part of the wider multi-ICB footprint of which it is part, where this is appropriate.
- 4.9 NHS England and NHS Improvement will use a nationally consistent pre-delegation assessment framework (PDAF) to support this decision-making, which will be led by regional teams and moderated nationally. This framework will align with system readiness assessment processes for other NHS England and NHS Improvement direct commissioning functions that will also be delegated from April 2023, and is described later in this section.

- 4.10 Where an ICB is assessed as not ready to take on delegated responsibility, a joint commissioning arrangement, via a statutory joint committee, will be established between the (multi-)ICBs and NHS England and NHS Improvement from April 2023. If joint commissioning is decided upon, this will be a developmental step to support them to ensure they have the appropriate capacity and capability to take on full delegation from April 2024. Where one ICB is not ready within a multi ICB footprint, but the other ICBs are assessed as ready, the moderation panel will consider whether the ICB could still take on delegated responsibility with the support of the joint commissioning arrangements with the other ICBs in its area.
- 4.11 NHS England and NHS Improvement will retain commissioning responsibility for highly specialised services and other services deemed unsuitable for greater ICB leadership, but ensure collaboration with ICBs where relevant to ensure these services are joined up across whole care pathways.
- 4.12 NHS England and NHS Improvement will also *temporarily* retain commissioning responsibility for services that have been identified as suitable but not yet ready for greater ICB leadership, for example, where a programme of significant national service change is underway.

Pre-delegation assessment

- 4.13 Later in 2022, NHS England and NHS Improvement will use a nationally consistent pre-delegation assessment framework (PDAF) to support the assessment of system readiness ahead of any decision to delegate commissioning responsibility to ICBs. It will build on the PDAF for primary care pharmaceutical, general ophthalmic and dental services commissioning, but will be tailored for specialised commissioning.
- 4.14 Partnership forums between NHS England and NHS Improvement and ICBs should during 2022/23 ensure their readiness against the domain areas of the PDAF. At a high level these are:

Domain	Principle
Transformation	There is a clear understanding of how receiving each new responsibility will benefit population health outcomes.
	There is a shared understanding across all ICS partners of the benefits of delegation.
	Governance enables safe, high quality delivery.

Domain	Principle
Governance and leadership	Clinical leadership combines the specialist expertise to lead and scrutinise individual functions, and the collaborative working necessary to identify, enable and oversee clinical improvements.
Finance	Major financial risk factors and issues are clearly understood and mitigated, and there is a track record of delivering a balanced budget.
Workforce capacity and capability	There is an understanding of the workforce, capability and capacity requirements, with any major risks understood and processed for mitigation.
Data, analytics and reporting infrastructure	There is a clear understanding of the level of digital maturity required, with any gaps identified and prioritised for improvement.
Health and care geography	There is a meaningful geographical footprint which takes into account key patient flows, with clear plans in place to manage and mitigate against any risks.

- 4.15 Further details on the PDAF, including the underpinning criteria for each domain, and the system readiness assessment will be provided later in the summer.
- 4.16 The regionally-led assessment for ICB system readiness will be undertaken in **November 2022**. A National Moderation Panel will meet in **December 2022** to review all the submissions and make recommendations to the NHS England and NHS Improvement Board on the services that are suitable and ready for delegation based on the assessment of system readiness. We expect that this decision will be taken by the board at its meeting in **February 2023**.
- 4.17 To support the system readiness process, we will run a series of regionally-led developmental check-ins during 2022/23.
- 4.18 The following section describes how the specialised commissioning function will support more integrated commissioning and the wider improvements that have been made to the function.

5. Integrated commissioning of specialised services

- 5.1 Several improvements are being rolled out across the specialised commissioning function to support ICBs as they take more responsibility for commissioning these services, as well as to enable NHS England and NHS Improvement to improve its commissioning of retained services.

Outcomes-based service specifications and standards

- 5.2 NHS England and NHS Improvement has reviewed the format of its national service specifications as well as the process it follows to develop and amend them. This is to ensure that the service specifications clearly set out the mandatory national standards that providers need to meet, and support national, regional and ICS commissioning teams to hold providers to account for delivery of those standards – and so that they are fit for purpose as a contract document.
- 5.3 All existing service specifications will be reviewed over time, translated into the new template/format and revised to be shorter and easier for providers and commissioners to use. Reviews will focus on setting fewer national standards and service-specific outcomes – that is, cutting back to the most important components to support delivery of quality of care, equity of access and value for patients and the NHS. Non-mandatory requirements will be removed from specifications but may still be available through supporting documentation such as guidance or toolkits.
- 5.4 Quality metrics will still apply, but they will gradually be removed from individual specifications and hosted on the Quality Surveillance Information System (QSIS) website. They will be available via a dashboard so that the metrics can be reviewed quarterly to drive continuous quality improvement. The annual self-declaration against quality indicators and annual assessment process will be replaced by a quarterly review of the outcomes and quality metrics. This will form part of the assurance and oversight framework, with monitoring at national, regional and ICS levels.
- 5.5 The existing service specification [methods](#) process does not distinguish between a specification that needs a major review of the service model and one where only minor changes and updates are required, e.g. to reflect new clinical guidelines. We

have introduced a new streamlined process to make minor revisions quicker and easier, keeping specifications up-to-date. Any changes to specifications that impact on the way patients access or experience care will still need to follow the full service specification methods process, including public consultation where appropriate. We have amended the methods process to include engagement with ICSs as part of the stakeholder testing activity for a specification – this will ensure that the specification is fit for purpose and supports end-to-end pathway commissioning.

- 5.6 Most of these changes have now been implemented. We will not be able to review and update all the specifications relating to the services deemed appropriate for delegation to ICBs before April 2023, but delegation will be a factor that will influence the order in which we review the specifications.

Strengthening the role and function of clinical networks

- 5.7 Clinical networks play a vital role in co-ordinating pathways of care, supporting equitable access to healthcare and assuring and improving quality. We expect ICBs to look to networks to take a central role in delivering transformation and improvement, supporting them to improve population health, tackle inequalities and variation, and improve value. Networks will also provide a link between ICBs and NHS England and NHS Improvement's national system of clinical advice.
- 5.8 NHS England and NHS Improvement has already taken steps to ensure specialised services clinical networks have a secure funding stream, moving from the old scheme which required annual confirmation to a more straightforward arrangement where networks are funded through a regular regional route. This provides more certainty for all partners and a more stable environment for network staff.
- 5.9 NHS England and NHS Improvement and ICBs will work together to actively commission clinical networks involving specialised services to agree a work plan that reflects both national priorities and local population health needs.
- 5.10 During 2022/23, where ICBs are sufficiently developed, we expect that networks will be commissioned in collaboration between NHS England and NHS Improvement and ICBs through partnership forums. While NHS England and NHS Improvement will remain responsible and accountable for network commissioning (i.e. contracting and funding), ICBs will play an important role in the development of network plans that align with local, regional and national priorities. Partnership forums will want to ensure the necessary contractual arrangements are in place for

specialised services clinical networks alongside appropriate governance and oversight. This will include processes for in-year monitoring of network progress against plans and receiving network annual reports.

- 5.11 From April 2023, all regions and ICBs should have arrangements in place for networks to be commissioned collaboratively by NHS England and NHS Improvement and the ICBs they serve. This will support a single system of consistent, sound governance and accountability arrangements that will enable ICBs to manage clinical networks, align networks with system priorities and leverage the maximum benefit for pathways and patients.
- 5.12 To facilitate ICB involvement in commissioning specialised services clinical networks, NHS England and NHS Improvement has developed a new network specification template that will make the approach consistent across all our networks. It emphasises the triple aim of improving quality, reducing inequalities, and improving value, and clearly brings out the core functions of each type of network. All existing specifications will be migrated to this format in time for the 2023/24 commissioning round.
- 5.13 NHS England and NHS Improvement has made available resources to support networks and their commissioners through the [FutureNHS website](#).
- 5.14 Cancer Alliances will support the (multi-) ICB arrangements for specialised services by providing advice and planning support, supporting delivery of the NHS Long Term Plan commitments for cancer and in joining up whole care pathways for cancer services.

A financial framework to support population health management

During 2022/23

- 5.15 NHS England and NHS Improvement regional commissioners will maintain ownership of the commissioner allocation and contracting for specialised services as per historical arrangements, with provider contracts continuing on a host regional (rather than population) basis.
- 5.16 In moving forward from the emergency block payment regime under COVID-19, we have applied an adjustment that starts to restore system allocations activity growth back to specialised allocations and contracts. This will ensure that specialised services are fully funded ahead of the planned delegation of certain services to ICB-level footprints from 2023/24 onwards.

5.17 To support readiness for future delegation to ICBs, we will seek to strengthen partnership working through:

- Issuing shadow ICB population-based allocations – funding has been mapped to the system where the patient is registered rather than the provider footprint (per regional allocations) to provide visibility of future delegation funding. This has been based initially on historical actual cost from a 2019/20 baseline.
- Developing system-level reporting – in-year financial performance reporting for specialised services on a population basis to track this against the population-based allocation. This will be available from July.

From 2023/24

5.18 Specialised commissioning allocations will be delegated for those services that are appropriate for more integrated commissioning to ICBs that are ready for delegation from April 2023.

5.19 Allocations will continue to be based on historical costs in the first instance. A needs-based formula will determine the future shape of allocations, but this will be subject to an agreed pace of change policy over a number of years to maintain financial stability and avoid any cliff-edge changes. NHS England and NHS Improvement along with the Advisory Committee on Resource Allocation (ACRA) are launching an engagement on the needs-based methodology. There are several aspects to this phased approach:

- the transition to a ‘needs weighted population-based funding allocation for specialised services’ to ICBs is proposed to begin from April 2024 (at the earliest)
- establishing the convergence for completing that transition is subject to a further engagement

5.20 We will put a framework in place to guard against inappropriate movement of specialised activity. This will include measures to assure ongoing financial stability and adherence to national standards where decisions based on population need affect the ‘out-of-area’ flow of resource.

5.21 The financial framework for specialised services will wherever possible align with the broader emerging NHS finance and contractual framework for 2023/24, in particular the Aligned Payment and Incentive (API) contracting model. The approach to the pricing of specialised services will be determined in the financial framework for 2023/24.

5.22 High cost drugs reimbursement processes will continue as they are now on a provider basis, as set out in the [current 22/23 planning guidance](#) and [tariff documentation](#), although further consideration will be given to ways in which the financial flows around drugs can be reviewed where possible for certain services in order to align with flows for core services where this benefits patients.

Improved data infrastructure and analytical support

5.23 We are working to streamline the data flows used to support commissioning, and identify and eliminate areas of duplication where possible.

5.24 In readiness for reporting at ICS level, we are working to improve the quality of source data, particularly in relation to the use of the (specialised) service code and attribution of activity to GP practice/CCG.

5.25 We will revise the Specialised Services Identification Rules in time to support commissioning in 2023/24. In some cases, we will refine technical definitions to better align them with the associated clinical service specification. Some identification rules will be split to enable elements of the services to be commissioned at different levels (e.g. national, multi-ICB and ICB).

5.26 NHS England and NHS Improvement is developing a clinical analytical service for specialised commissioning. This service will be available to ICSs to provide subject matter expertise about the use, analysis and interpretation of the different data flows used to support specialised services. Shadow activity monitoring in relation to delegated services will be made available for ICSs in October / November 2022 following release of the Prescribed Specialised Services Identification Rules planning tool at the end of September 2022.

5.27 All inpatient and outpatient activity commissioned by specialised services in relation to patients for whom the CCG is responsible (i.e. the patient is registered with a GP practice within the CCG area) is currently routinely accessible to the CCG via their local CSU. Health and care providers will include specialised services inpatient and outpatient activity in their Commissioning Data Set (CDS) submissions to the Secondary Uses Service (SUS) and the CCG has a legitimate right to access data relating to patients for whom they are responsible even when they are not the commissioner of the activity.

5.28 When ICBs become legal entities from 1st July 2022, they will inherit the same access rights to data from their CCGs. This means that ICBs will inherit the right to access data

relating to patients that they are responsible for even though they may not be the commissioner.

5.29 Data Services for Commissioning Regional Offices (DSCROs) who receive and manage the data flows for CSUs and CCGs, are working to ensure that other commissioning data flows like Aggregate Contract Monitoring (ACM), Patient Level Contract Monitoring (PLCM) relating to specialised commissioned services are accessible to the right DSCROs to support the process associated with the delegation of (some) services to ICBs. The aspiration is to enable access to these data flows once ICBs are formed in July. CCGs / ICBs are encouraged to liaise with local CSU / DSCRO services to confirm that the necessary data flows are being made available.

Improved patient and public involvement

5.30 NHS England and NHS Improvement has in place strong patient and public involvement and engagement mechanisms which will need to be maintained where responsibility is delegated and strengthened wherever possible.

5.31 NHS England and NHS Improvement will continue to have a Patient and Public Voice Assurance Group as a key part of its national governance for the specialised commissioning function, providing advice on securing appropriate engagement and involvement in activities. The specialised services Stakeholder Forum will continue to provide a national opportunity for patient groups to engage on how specialised services are commissioned. Patient representatives will continue to be members of CRGs, National Programmes of Care, the Clinical Priorities Advisory Group and Rare Disease Advisory Group.

5.32 NHS England and NHS Improvement will continue to lead patient and public involvement activities for services being retained (including all highly specialised services) and for the development of service specifications and clinical policies for all services, but with greater ICB involvement.

5.33 Under delegated arrangements, we will expect (multi-) ICBs to meet and exceed their legal obligations under the new Act of Parliament to involve patients and the public in decision-making on specialised services, including ensuring appropriate patient and lay representation in their formal decision-making processes.

5.34 During 2022/23, partnership forums between NHS England and NHS Improvement and ICBs should plan how they will ensure appropriate independent/patient and public involvement in decision-making is embedded in the governance arrangements being put in place to support any future delegation of services.

5.35 Further guidance on this will be released to support delegation arrangements ahead of April 2023.

Updated clinical leadership infrastructure

5.36 Whilst ICBs will take on greater responsibility for the commissioning function for specialised services, the setting of national standards and clinical policies governing access to specialised treatments will remain national, and based on the advice of clinical leaders and the CRGs.

5.37 A review of national clinical advisory structures takes place every three years and the most recent review has led to planned changes to the CRG structures so that national clinical expert advice is aligned to prioritised work programmes. It will see the creation of three different operating models of CRG:

- i) 'Transform' where the service is a major NHS England and NHS Improvement priority area, with a national transformation programme in place
- ii) 'Lead and Inform' where the national service agenda requires it to be more active, with a full work programme
- iii) 'Respond and Advise' which will be responsive to requests for expert advice from national, regional teams or ICBs

5.38 There will be an increase in the overall number of CRGs, standardisation of the nomenclature of clinical leaders and efforts made to attract clinical leaders with more diverse backgrounds and expertise.

5.39 Clinical leaders will also work across the organisation to provide a single system of national advice to external audiences and support strong ICB facing leadership.

Assurance and oversight for delegation

5.40 NHS England and NHS Improvement will issue an updated System Oversight Framework (SOF) in 2022/23 that reflects the new statutory basis for ICBs and ICSs.

5.41 We will develop the assurance and oversight framework for direct commissioning, including for specialised services, aligned to the SOF, to provide a mechanism for us to support and challenge ICBs as they discharge the commissioning responsibility for the services delegated to them.

5.42 The framework will align to and support what is set out in the Delegation Agreement. It will seek assurance against the commissioning capability and capacity of systems and ensure NHS England and NHS Improvement, as the accountable commissioner, has the right mechanisms in place to ensure ICBs are carrying out commissioning responsibilities appropriately. Assurance will be sought that statutory duties are being met and that national standards and service specifications are being adhered to for specialised services.

Governance to support integration

5.43 From April 2023, NHS England and NHS Improvement will need to discharge its accountability for commissioning specialised services in respect of both those services that are delegated to ICBs and those that are retained. We have developed a new governance model and will implement this over the coming months to support these respective duties.

5.44 We will establish a Delegated Commissioning Group for Specialised Services (DCG) for those services deemed appropriate for ICB commissioning. This group will manage the approval of national standards, approve gateways for national transformation programmes, guide support to regions and ICBs, and provide oversight (as appropriate to the assurance frameworks) of these services.

5.45 For those services where NHS England and NHS Improvement retains commissioning responsibility, we will establish a new National Commissioning Group for Specialised, Health and Justice and Armed Forces services (NCG). It will oversee our responsibilities for commissioning these services, including managing approval of national standards, approving national programme gateways and overseeing operational commissioning.

5.46 The existing underlying assurance and advisory groups (covering domains such as patient and public voice, clinical prioritisation, rare diseases and quality assurance) will be retained in their current form and report into the new DCG and NCG.

NHS-led provider collaboratives for mental health, learning disability and autism

5.47 For mental health, learning disability and autism (MHLDA), NHS-led provider collaboratives will remain the delivery model for those services that have been identified as appropriate for delivery via this model. Whilst NHS England and NHS Improvement remains the accountable commissioner for these services,

arrangements will be made for the lead provider contracts to move across under a Lead-ICB arrangement, with a continuation of the current model of delivery.

- 5.48 The geographical footprints of the NHS-led provider collaboratives are based on previously determined patient need and clinical flows and there are no proposals to change them. In 2022/23, ICBs and NHS England and NHS Improvement, via the partnership forums, should have a role in overseeing the quality, operational and financial elements of the existing contracts, working closely with their local NHS-led provider collaborative.
- 5.49 As ICBs take greater leadership of specialised MHLDA services from April 23, where a service that is currently part of these provider collaborative arrangements has been identified as appropriate for delegation to ICBs, the provider collaborative arrangement will remain as the delivery model that all ICBs will be required to use via-novated contracts. The contract novation will be agreed via a lead-ICB arrangement that reflects the established provider collaborative footprints. The ICBs will be responsible for managing all aspects of the contracts.

6. Next steps

- 6.1 This roadmap has set out the case for greater integration of the commissioning of specialised services with wider care pathways, the approach and timeline to moving towards an integrated commissioning model and key aspects of the new model.
- 6.2 During 2022/23 we will develop detailed aspects of the new model to support the transition and to facilitate decision-making ahead of delegation, including:
- clarifying the delegation framework that will underpin delegated and joint commissioning arrangements from April 2023, including underlying governance and sharing the Delegation Agreement and Joint Working Agreements
 - developing the underpinning financial framework and associated architecture to ensure the safe transition of funds from NHS England and NHS Improvement to (multi-) ICBs, including any changes to the allocation formula as we move to a population-based budget, and clarity on pace of change and distance from target
 - clarifying the system readiness assessment process and timings, alongside sharing the Pre-delegation Assessment Framework
 - developing the future assurance and oversight framework and revised governance arrangements from April 2023 when commissioning responsibility is delegated, in time to implement any supporting changes to the operating model at both national and regional level required.
- 6.3 Further support materials will be available through the [FutureNHS website](#).

ANNEX A – Service list

1. Services suitable and ready for greater ICS leadership²

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
2	Adult congenital heart disease services	13X	Adult congenital heart disease services (non-surgical)
		13Y	Adult congenital heart disease services (surgical)
3	Adult highly specialist pain management services	31Z	Adult highly specialist pain management services
4	Adult highly specialist respiratory services	29A	Pulmonary vascular services
		29E	Management of central airway obstruction
		29M	Interstitial lung disease
		29S	Severe asthma
5	Adult highly specialist rheumatology services	26Z	Adult highly specialist rheumatology services
7	Adult Specialist Cardiac Services	13A	Complex device therapy
		13B	Cardiac electrophysiology & ablation
		13C	Inherited cardiac conditions
		13E	Cardiac surgery (inpatient)
		13F	PPCI for ST- elevation myocardial infarction
		13H	Cardiac magnetic resonance imaging
		13T	Transcatheter Aortic Valve Replacement (TAVI)
		13Z	Cardiac surgery (outpatient)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
9	Adult specialist endocrinology services	27E	Adrenal Cancer
		27Z	Adult specialist endocrinology services
11	Adult specialist neurosciences services	08O	Neurology
		08P	Neurophysiology
		08R	Neuroradiology
		08S	Neurosurgery
		08T	Mechanical Thrombectomy
12	Adult specialist ophthalmology services	37C	Artificial Eye Service
		37Z	Adult specialist ophthalmology services
13	Adult specialist orthopaedic services	34A	Orthopaedic surgery
		34R	Orthopaedic revision
15	Adult specialist renal services	11B	Renal dialysis
		11C	Access for renal dialysis
16	Adult specialist services for patients infected with HIV	14A	Adult specialist services for people living with HIV
17	Adult specialist vascular services	30Z	Adult specialist vascular services
18	Adult thoracic surgery services	29B	Complex thoracic surgery
		29Z	Adult thoracic surgery services: outpatients
30	Bone conduction hearing implant services (adults and children)	32B	Bone anchored hearing aids service
		32D	Middle ear implantable hearing aids service
35	Cleft lip and palate services (adults and children)	15Z	Cleft lip and palate services
36	Cochlear implantation services (adults and children)	32A	Cochlear implantation services

² Note that 'highly specialised services' are not the same as 'highly specialist services'. In the prescribed specialised services manual, the term 'specialist' refers to a level of expertise delivered within a service (with 'highly' specialist meaning a very high level of expertise). The terms 'specialised' and 'highly specialised' refer to the commissioning models used by NHS England to commission specialised and highly specialised services respectively.

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
40	Complex spinal surgery services (adults and children)	06Z	Complex spinal surgery services
54	Fetal medicine services (adults and adolescents)	04C	Fetal medicine services
58	Highly specialist adult gynaecological surgery and urinary surgery services for females	04A	Severe Endometriosis
		04D	Complex urinary incontinence and genital prolapse
58A	Highly specialist adult urological surgery services for men	41P	Penile implants
		41S	Surgical sperm removal
		41U	Urethral reconstruction
59	Highly specialist allergy services (adults and children)	17Z	Highly specialist allergy services
61	Highly specialist dermatology services (adults and children)	24Z	Highly specialist dermatology services
62	Highly specialist metabolic disorder services (adults and children)	36Z	Highly specialist metabolic disorder services
63	Highly specialist pain management services for children	23Y	Highly specialist pain management services for children
64	Highly specialist palliative care services for children and young adults	E23	Highly specialist palliative care services for children and young adults
65	Highly specialist services for adults with infectious diseases	18A	Highly specialist services for adults with infectious diseases
		18E	Specialist Bone and Joint Infection
72	Major trauma services (adults and children)	34T	Major trauma services
78	Neuropsychiatry services (adults and children)	08Y	Neuropsychiatry services
83	Paediatric cardiac services	23B	Paediatric cardiac services

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
94	Radiotherapy services (adults and children)	01R	Radiotherapy services (Adults)
		51R	Radiotherapy services (Children)
		01S	Stereotactic Radiosurgery / radiotherapy
105	Specialist cancer services (adults)	01C	Chemotherapy
		01J	Anal cancer
		01K	Malignant mesothelioma
		01M	Head and neck cancer
		01N	Kidney, bladder and prostate cancer
		01Q	Rare brain and CNS cancer
		01U	Oesophageal and gastric cancer
		01V	Biliary tract cancer
		01W	Liver cancer
		01Y	Other rare cancers
		01Z	Testicular cancer
		04F	Gynaecological cancer
		19V	Pancreatic cancer
24Y	Skin cancer		
106	Specialist cancer services for children and young people	01T	Teenage and young adult cancer
		23A	Children's cancer
106A	Specialist colorectal surgery services (adults)	33A	Complex surgery for faecal incontinence
		33B	Complex inflammatory bowel disease
		33C	Transanal endoscopic microsurgery
		33D	Distal sacrectomy for advanced and recurrent rectal cancer
107	Specialist dentistry services for children	23P	Specialist dentistry services for children
108	Specialist ear, nose and throat services for children	23D	Specialist ear, nose and throat services for children
109	Specialist endocrinology and diabetes services for children	23E	Specialist endocrinology and diabetes services for children
110	Specialist gastroenterology, hepatology and nutritional support services for children	23F	Specialist gastroenterology, hepatology and nutritional support services for children

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
111	Clinical genomic services (adults and children)	20H	Pre-Implantation genetic diagnosis and associated in-vitro fertilisation services
112	Specialist gynaecology services for children	23X(b)	Specialist paediatric surgery services - Gynaecology
113	Specialist haematology services for children	23H	Specialist haematology services for children
115B	Specialist maternity care for women diagnosed with abnormally invasive placenta	04G	Specialist maternity care for women diagnosed with abnormally invasive placenta
118	Specialist neonatal care services	NIC	Specialist neonatal care services
119	Specialist neuroscience services for children	23M	Specialist neuroscience services for children
		07Y	Paediatric neurorehabilitation
		08J	Selective dorsal rhizotomy
120	Specialist ophthalmology services for children	23N	Specialist ophthalmology services for children
121	Specialist orthopaedic services for children	23Q	Specialist orthopaedic services for children
122	Specialist paediatric intensive care services	PIC	Specialist paediatric intensive care services
125	Specialist plastic surgery services for children	23R	Specialist plastic surgery services for children
126	Specialist rehabilitation services for patients with highly complex needs (adults and children)	07Z	Specialist rehabilitation services for patients with highly complex needs
127	Specialist renal services for children	23S	Specialist renal services for children
128	Specialist respiratory services for children	23T	Specialist respiratory services for children
129	Specialist rheumatology services for children	23W	Specialist rheumatology services for children
130	Specialist services for children with infectious diseases	18C	Specialist services for children with infectious diseases
131	Specialist services for complex liver, biliary and pancreatic diseases in adults	19L	Specialist services for complex liver diseases in adults
131	Specialist services for complex liver, biliary and pancreatic diseases in adults	19P	Specialist services for complex pancreatic diseases in adults

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
	pancreatic diseases in adults		
		19Z	Specialist services for complex liver, biliary and pancreatic diseases in adults
132	Specialist services for haemophilia and other related bleeding disorders (adults and children)	03X	Specialist services for haemophilia and other related bleeding disorders (Adults)
		03Y	Specialist services for haemophilia and other related bleeding disorders (Children)
134	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	05P	Prosthetics
135	Specialist paediatric surgery services	23X(a)	Specialist paediatric surgery services - General Surgery
136	Specialist paediatric urology services	23Z	Specialist paediatric urology services
139A	Specialist morbid obesity services for children	35Z	Specialist morbid obesity services for children
139AA	Termination services for expectant mothers with significant comorbidities that require either or both critical care and medical support	04P	Complex termination of pregnancy
ACC	Adult Critical Care	ACC	Adult critical care
6	Adult secure mental health services	22S(b)	Secure and specialised mental health services (adult) (Medium and low) - Excluding LD / ASD / WEMS / ABI / DEAF
		22S(c)	Secure and specialised mental health services (adult) (Medium and low) - ASD
		22S(d)	Secure and specialised mental health services (adult) (Medium and low) - LD
		YYY	Specialised mental health services exceptional packages of care
8	Adult specialist eating disorder services	22E	Adult specialist eating disorder services
32	Tier 4 child and adolescent mental health services	23K	Tier 4 CAMHS (general adolescent inc eating disorders)
		23L	Tier 4 CAMHS (low secure)
		23O	Tier 4 CAMHS (PICU)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
		23U	Tier 4 CAMHS (LD)
		23V	Tier 4 CAMHS (ASD)
98	Tier 4 specialist forensic mental health services for young people	24C	FCAMHS
124	Specialist perinatal mental health services	22P	Specialist perinatal mental health services

2. Services suitable but not ready for greater ICS leadership (ready in future)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
4	Adult highly specialist respiratory services	29V	Complex home ventilation
11	Adult specialist neurosciences services	08F	Neurosurgery - Low Volume Procedures (Regional)
		08G	Neurosurgery - Low Volume Procedures (Neuroscience Centres)
15	Adult specialist renal services	11T	Renal transplantation
29	Blood and marrow transplantation services (adults and children)	02Z	Blood and marrow transplantation services
		ECP	Extracorporeal photopheresis service
45	Cystic fibrosis services (adults and children)	10Z	Cystic fibrosis services
55	Gender identity development service for children and adolescents	22A	Gender identity development service for children and adolescents
56	Gender identity services	22Z	Gender identity services
		42A	Gender dysphoria: genital surgery (trans feminine)
		42B	Gender dysphoria - genital surgery (trans masculine)
		42C	Gender dysphoria: chest surgery (trans masculine)
		42D	Gender dysphoria - non-surgical services
		42E	Gender dysphoria: other surgical services
58	Highly specialist adult gynaecological surgery and urinary surgery services for females	04K	Specialised services for women with complications of mesh inserted for urinary incontinence and vaginal prolapse (16 years and above)
		04L	Reconstructive surgery and congenital anomalies of the female genital tract
65	Highly specialist services for adults with infectious diseases	18T	Tropical Disease
82	Paediatric and perinatal post mortem services	F23	Paediatric and perinatal post mortem services
87	Positron emission tomography-computed tomography services (adults and children)	01P	Positron emission tomography-computed tomography services (PETCT)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
89	Primary malignant bone tumours service (adults and adolescents)	01O	Primary malignant bone tumours service (adults and adolescents)
101	Severe intestinal failure service (adults)	12Z	Severe intestinal failure service
103A	Specialist adult haematology services	03C	Castleman disease
105	Specialist cancer services (adults)	01L	Soft tissue sarcoma
		01X	Penile cancer
111	Clinical genomic services (adults and children)	20G	Genomic laboratory testing services
		20Z	Specialist clinical genomics services
		MOL	Molecular diagnostic service
114	Specialist haemoglobinopathy services (adults and children)	38S (DPC)	Sickle cell anaemia -direct patient care
		38T (DPC)	Thalassemia - direct patient care
		38X (HCC)	Haemoglobinopathies coordinating centres (HCCs)
		38X (SHT)	Specialist Haemoglobinopathies Teams (SHTs)
115	Specialist immunology services for adults with deficient immune systems	16X	Specialist immunology services for adults with deficient immune systems
115A	Specialist immunology services for children with deficient immune systems	16Y	Specialist immunology services for children with deficient immune systems
134	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	05C	Specialist augmentative and alternative communication aids
		05E	Specialist environmental controls

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
137	Spinal cord injury services (adults and children)	06A	Spinal cord injury services (adults and children)
6	Adult secure mental health services	22S(a)	Secure and specialised mental health services (adult) (Medium and low) -including LD / ASD / WEMS / ABI / DEAF
		22S(e)	Secure and specialised mental health services (adult) Medium Secure Female WEMS
		22S(f)	Secure and specialised mental health services (adult) (Medium and low) - ABI
		22S(g)	Secure and specialised mental health services (adult) (Medium and low) - DEAF
32	Tier 4 child and adolescent mental health services	22C	Tier 4 CAMHS (MSU)
		24E	Tier 4 CAMHS (children's service)
102	Severe obsessive compulsive disorder and body dysmorphic disorder service (adults and child)	22F	Severe obsessive compulsive disorder and body dysmorphic disorder service
116	Specialist mental health services for Deaf adults	22D	Specialist mental health services for Deaf adults
133	Specialist services for severe personality disorder in adults	22T	Specialist services for severe personality disorder in adults

3. Services not suitable for more integrated commissioning

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
1	Adult ataxia telangiectasia services	23G	Adult ataxia telangiectasia services
2A	Adult highly specialist oesophageal gastric services in the form of gastro-electrical stimulation	39A	Gastro-electrical stimulation for patients with intractable gastroparesis

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
	for patients with intractable gastroparesis		
4	Adult highly specialist respiratory services	29G	Primary ciliary dyskinesia management (adult)
11	Adult specialist neurosciences services	08E	Neurosurgery - Low Volume Procedures (National)
		08U	Transcranial magnetic resonance guided focused ultrasound (TcMRgFUS)
12	Adult specialist ophthalmology services	37D	Retinal Gene Therapy
		37E	Limbal Cell Treatment (Holoclar)
14	Adult specialist pulmonary hypertension services	13G	Adult specialist pulmonary hypertension services
19	Alkaptonuria service (adults)	20A	Alkaptonuria service (adults)
19A	Alpha 1 antitrypsin services	29H	Alpha 1 antitrypsin services
20	Alström syndrome service (adults and children)	H23	Alström syndrome service (adults and children)
21	Ataxia telangiectasia service for children	23J	Ataxia telangiectasia service for children
21A	Atypical haemolytic uraemic syndrome services (adults and children)	11A	Atypical haemolytic uraemic syndrome services (adults and children)
22	Autoimmune paediatric gut syndromes service	16A	Autoimmune paediatric gut syndromes service
23	Autologous intestinal reconstruction service for adults	12A	Autologous intestinal reconstruction service for adults
24	Bardet-Biedl syndrome service (adults and children)	20B	Bardet-Biedl syndrome service (adults and children)
25	Barth syndrome service (male adults and children)	36A	Barth syndrome service (male adults and children)
26	Beckwith-Wiedemann syndrome with macroglossia service (children)	36B	Beckwith-Wiedemann syndrome with macroglossia service (children)
27	Behçet's syndrome service (adults and adolescents)	16B	Behçet's syndrome service (adults and adolescents)
28	Bladder exstrophy service (children)	D23	Bladder exstrophy service (children)
31	Breast radiotherapy injury rehabilitation service (a	01A	Breast radiotherapy injury rehabilitation service

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
	discrete cohort of adult females)		
33	Choriocarcinoma service (adults and adolescents)	011	Choriocarcinoma service (adults and adolescents)
34	Chronic pulmonary aspergillosis service (adults)	29Q	Chronic pulmonary aspergillosis service (adults)
37	Complex childhood osteogenesis imperfecta service	K23	Complex childhood osteogenesis imperfecta service
38	Complex Ehlers Danlos syndrome service (adults and children)	M23	Complex Ehlers Danlos syndrome service (adults and children)
39	Complex neurofibromatosis type 1 service (adults and children)	08A	Complex neurofibromatosis type 1 service (adults and children)
41	Complex tracheal disease service (children)	B23	Complex tracheal disease service (children)
42	Congenital hyperinsulinism service (children)	N23	Congenital hyperinsulinism service (children)
43	Craniofacial service (adults and children)	15A	Craniofacial service (adults and children)
44	Cryopyrin associated periodic syndrome service (adults and children)	02A	Cryopyrin associated periodic syndrome service (adults and children)
46	Diagnostic service for amyloidosis (adults and children)	02B	Diagnostic service for amyloidosis (adults and children)
47	Diagnostic service for primary ciliary dyskinesia (adults and children)	29D	Diagnostic service for primary ciliary dyskinesia (adults and children)
48	Diagnostic service for rare neuromuscular disorders (adults and children)	08B	Diagnostic service for rare neuromuscular disorders (adults and children)
49	Encapsulating peritoneal sclerosis treatment service (adults)	11D	Encapsulating peritoneal sclerosis treatment service (adults)
50	Epidermolysis bullosa service (adults and children)	24A	Epidermolysis bullosa service (adults and children)
51	Extra corporeal membrane oxygenation service for adults with respiratory failure	29F	Extra corporeal membrane oxygenation service for adults with respiratory failure

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
52	Extra corporeal membrane oxygenation service for neonates, infants and children with respiratory failure	R23	Extra corporeal membrane oxygenation service for neonates, infants and children with respiratory failure
53	Ex-vivo partial nephrectomy service (adults)	01D	Ex-vivo partial nephrectomy service (adults)
56A	Hand and upper limb transplantation service (adults)	40A	Hand and upper limb transplantation service (adults)
56ZA	Gonadal tissue cryopreservation services for children and young people at high risk of gonadal failure due to treatment or disease	44A	Gonadal tissue cryopreservation services for children and young people at high risk of gonadal failure due to treatment or disease
57	Heart and lung transplantation service (including mechanical circulatory support) (adults and children)	13N	Heart and lung transplantation
		13V	Ventricular Assist Devices
58	Highly specialist adult gynaecological surgery and urinary surgery services for females	04J	Urinary Fistula
61	Highly specialist dermatology services (adults and children)	43S	Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS-TEN)
62	Highly specialist metabolic disorder services (adults and children)	36F	CLN2 Disease
65	Highly specialist services for adults with infectious diseases	18D	Human T- Cell Lymphotropic Virus Type 1 and 2
		18J	Adult high consequence infectious airborne disease service
		18L	Adult high consequence infectious contact disease service
		18U	Infectious disease isolation units
66	Hyperbaric oxygen treatment services (adults and children)	28Z	Hyperbaric oxygen treatment services (adults and children)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
67	Insulin-resistant diabetes service (adults and children)	27A	Insulin-resistant diabetes service (adults and children)
68	Islet transplantation service (adults)	19A	Total pancreatectomy with islet auto transplant
		27B	Islet transplantation service (adults)
69	Liver transplantation service (adults and children)	19T	Liver transplantation service (adults and children)
70	Lymphangiomyomatosis service (adults)	29C	Lymphangiomyomatosis service (adults)
71	Lysosomal storage disorder service (adults and children)	36C	Lysosomal storage disorder service (adults and children)
73	McArdle's disease service (adults)	26A	McArdle's disease service (adults)
75	Mitochondrial donation service	20D	Mitochondrial donation service
76	Neurofibromatosis type 2 service (adults and children)	08C	Neurofibromatosis type 2 service (adults and children)
77	Neuromyelitis optica service (adults and adolescents)	08D	Neuromyelitis optica service (adults and adolescents)
79	Ocular oncology service (adults)	01H	Ocular oncology service (adults)
80	Ophthalmic pathology service (adults and children)	37A	Ophthalmic pathology service (adults and children)
81	Osteo-odonto-keratoprosthesis service for corneal blindness (adults)	37B	Osteo-odonto-keratoprosthesis service for corneal blindness (adults)
84	Paediatric intestinal pseudo-obstructive disorders service	12B	Paediatric intestinal pseudo-obstructive disorders service
85	Pancreas transplantation service (adults)	27C	Pancreas transplantation service (adults)
86	Paroxysmal nocturnal haemoglobinuria service (adults and adolescents)	03A	Paroxysmal nocturnal haemoglobinuria service (adults and adolescents)
88	Primary ciliary dyskinesia management service (adults and children)	29P	Primary ciliary dyskinesia management service (adults and children)
90	Proton beam therapy service (adults and children)	01B	Proton beam therapy service (adults and children)
91	Pseudomyxoma peritonei service (adults)	01F	Pseudomyxoma peritonei service (adults)

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
92	Pulmonary hypertension service for children	13J	Pulmonary hypertension service for children
93	Pulmonary thromboendarterectomy service (adults and adolescents)	13M	Pulmonary thromboendarterectomy service (adults and adolescents)
95	Rare mitochondrial disorders service (adults and children)	36D	Rare mitochondrial disorders service (adults and children)
97	Retinoblastoma service (children)	01G	Retinoblastoma service (children)
99	Severe acute porphyria service (adults and children)	27D	Severe acute porphyria service (adults and children)
100	Severe combined immunodeficiency and related disorders service (children)	16C	Severe combined immunodeficiency and related disorders service (children)
103	Small bowel transplantation service (adults and children)	12D	Small bowel transplantation service (adults and children)
103A	Specialist adult haematology services	03T	Thrombotic thrombocytopenic purpura (TTP)
104	Specialist burn care services (adults and children)	09A	Specialist burn care services (adults)
		09C	Specialist burn care services (children)
106A	Specialist colorectal surgery services (adults)	33E	Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for colorectal cancer
108	Specialist ear, nose and throat services for children	32E	Auditory brainstem implants for children
114	Specialist haemoglobinopathy services (adults and children)	38S (NHP)	National haemoglobinopathy panel (NHP)
119	Specialist neuroscience services for children	08M	Spinal muscular atrophy
		43A	Inherited white matter disorders diagnostic and management service for adults
		43C	Inherited white matter disorders diagnostic and management service for children
		T23	Multiple Sclerosis Management service for children
		U23	Open Fetal surgery to treat fetuses with open spina bifida

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
123	Specialist paediatric liver disease service	C23	Specialist paediatric liver disease service
130	Specialist services for children with infectious diseases	14C	Specialist services for children with infectious diseases: HIV
		18K	High consequence infectious airborne disease services for children
		18M	High consequence infectious contact disease services for children
138	Stem cell transplantation service for juvenile idiopathic arthritis and related connective tissue disorders (children)	P23	Stem cell transplantation service for juvenile idiopathic arthritis and related connective tissue disorders (children)
139	Stickler syndrome diagnostic service (adults and children)	20C	Stickler syndrome diagnostic service (adults and children)
139B	Uterine transplantation services	04U	Uterine transplantation services
140	Vein of Galen malformation service (adults and children)	A23	Vein of Galen malformation service (adults and children)
142	Wolfram syndrome service (adults and children)	Q23	Wolfram syndrome service (adults and children)
143	Xeroderma pigmentosum service (adults and children)	24D	DNA Nucleotide Excision Repair Disorders Service
6	Adult secure mental health services	22O	Offender personality disorder
		22U(a)	Secure and specialised mental health service (adult) (High) - Excluding LD
		22U(b)	Secure and specialised mental health service (adult) (High) - LD
74	Mental health service for deaf children & adolescents	22B	Mental health service for deaf children & adolescents
91A	Psychological medicine inpatient services for severe and complex presentations of medically unexplained physical symptoms	22V	Psychological medicine inpatient services for severe and complex presentations of medically unexplained physical symptoms
141	Veterans' mental health complex treatment service	22G	Veterans' mental health complex treatment service

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
		05V	Veterans' prosthetic service