SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service name	Specialised Services for Infectious Diseases (Adult)
Service specification number	B07/S/a – 250201
Date published	07/02/2025
Accountable Commissioner	NHS England *Blood and infection Programme of Care* Email: *england.npoc-bloodandinfection@nhs.net*

5. Population and/or geography to be served

5.1 Population covered

- The service outlined in this specification is for ADULTS.
- Infectious diseases are one of the biggest reasons for primary and secondary care attendance, whilst nosocomial infection is a major cause of increased hospital stay and mortality.
- Admissions to Infectious Disease (ID) services are equivalent to approximately 500 admissions per million population, or approximately 25,000 admissions in England per annum.

5.2 Minimum population size

- Commissioned ID providers are designated 'Specialised Regional ID Centres' (SRIDCs). To maximise effectiveness and patient access, ID clinical services will be delivered through a countrywide, specialist clinical network with support from national centres of expertise ('hub & spoke' configuration).
- To clarify regional specialist referral pathways and facilitate patient access, acute hospital Trusts (without on-site ID services) will be mapped to a local SRIDC.

6. Service aims and outcomes

6.1 Service aims

- SRIDCs aim to maximise beneficial clinical outcomes for patients with infectious diseases, including community-acquired, hospital-acquired and imported conditions. SRIDCs must therefore have effective reach across the range of organ/system-specific specialties i.e., medical, surgical, maternity etc.
- Whilst necessarily leaning towards the management of severe, complex, or rare infectious conditions, the specialty must also be prepared to respond to emerging pathogens and changing disease epidemiology associated with international travel, migration, population growth, global warming and rising anti-microbial resistance.
- The national network of SRIDCs is configured in a 'hub and spoke' model with the following aims:

- To facilitate high-quality, local, specialist clinical care with support from 'hubs' of highly specialist expertise e.g. Tropical Medicine & Parasitology, Complex Bone & Joint Infection etc.
  To implement key learning from the COVID-19 pandemic and rapidly coordinate specialist resources to maximise responses to urgent regional/national threats.

- The primary aim of this service is to ensure delivery of ID as an integral component of a comprehensive, multidisciplinary 'Infection' clinical service. ID must therefore work closely with allied infection specialties (e.g., Microbiology, Virology) locally, and regional/national clinical and reference laboratory services for rare/ complex conditions. The UK Health Security Agency (UKHSA) is an important provider of the latter e.g., Rare & Imported Pathogens Laboratory (RIPL), Emerging Infection & Zoonoses team etc.
- SRIDCs provide specialist advice and leadership for local NHS services (e.g. district general hospitals) and develop integrated, clinical 'Infection' networks with neighboring Microbiology and Virology services.
- Several SRIDCs provide Highly Specialised 'High Consequence ID' (HCID) for 'airborne' (170081S/ 170082S) or 'contact' (B07/S/b) pathogens and/or highly specialist 'Tropical Medicine & Parasitology' (B07/S/c), which are separately covered by their own service specification documents.

6.2 Outcomes

There are currently no quality outcomes for this service, however a range of quality metrics are provided with regular data collections which support an enhanced understanding to the quality of the service delivered. As relevant outcome/impact measures are developed the specification will be updated.

The full definition of the quality outcomes and metrics together with their descriptions including the numerators, denominators and all relevant guidance will be accessible at NHS commissioning » Specialised services quality dashboards (england.nhs.uk) following the next scheduled quarterly refresh of the dashboard metadata document

Included in the range of metrics that support understanding of the quality of the ID services are:

1. Maximising pandemic preparedness and specialist disease 'containment' e.g., training SRIDC clinical staff in use of HCID assessment PPE.
2. Metrics that demonstrate a well set-up and functioning regional network across the range of services provided by SRIDCs, to provide better patient access to specialist care from the local community and non-specialist acute trusts.

7. Service description

7.1 Service Model

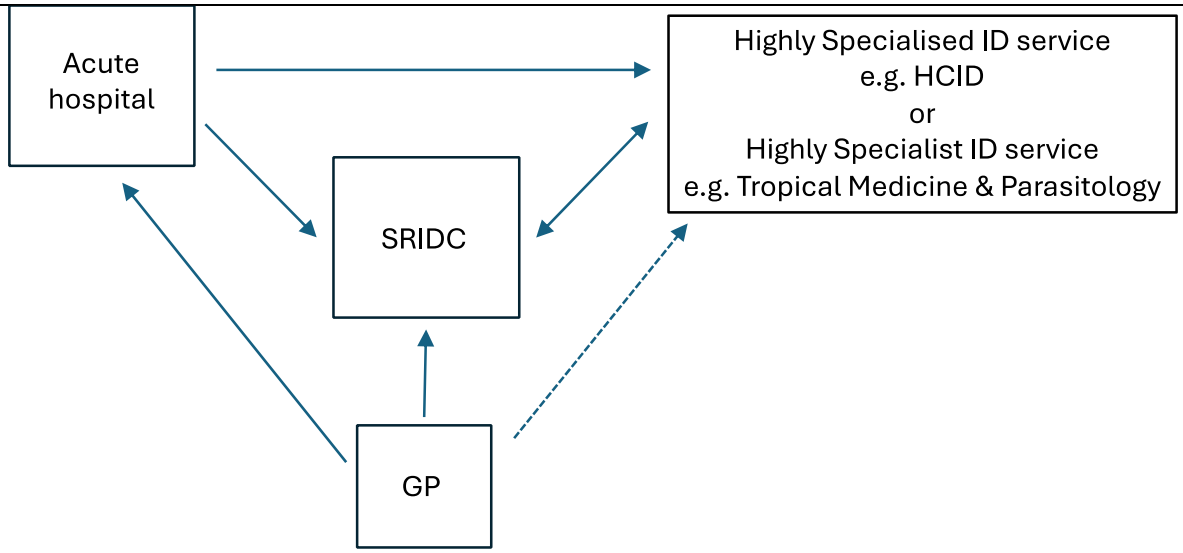
- SRIDCs deliver ID services through a combination of specialist clinical advice, multi-disciplinary clinical meetings, out-patient clinics, ward-based 'bedside' clinical consultations, and in-patient treatment.
- As far as possible, ID service delivery should be fully integrated with local diagnostic laboratories, whether co-located or off-site. In keeping with this, a significant proportion of ID specialists are dual-trained with Medical Microbiology-Virology (ID-MMV) and 'on-call' rotas are frequently shared between specialists in Microbiology, Virology and ID.
- All SRIDCs must have dedicated in-patient beds (including patient isolation facilitates with appropriate air-handling systems) staffed by specialist nurses and appropriately supervised junior doctors training in ID and/or General (internal) Medicine (GIM). Accordingly, many ID specialists are dual-trained in GIM (ID-GIM) and contribute to their organisation's emergency medical 'take' rota.
- A wide range of specialist out-patient clinics are offered by SRIDCs. Many are delivered alongside other clinical specialties with overlapping interest e.g., tuberculosis (Respiratory Medicine), viral hepatitis (Gastroenterology) and HIV. In addition, Out-patient Parenteral Antimicrobial Therapy (OPAT) clinics deliver shorter length of hospital stay or admission avoidance.
- SRIDC clinical staff must be trained in standard infection control precautions and appropriate transmission-based precautions, required for managing a wide range of suspected/confirmed pathogens.
- To facilitate access to high-quality local care, SRIDCs form a national network with a 'hub and spoke' model of support from highly specialist centres of expertise e.g. Tropical Medicine & Parasitology, HCID, complex bone & joint infection etc.
- In exceptional circumstances, such as an urgent outbreak of national significance, SRIDCs must participate in a coordinated, network response to maximise specialist resources and disease 'containment'. In this scenario, immediate access to clinical advice from an Infection* consultant will be provided at all times (see below).

  *Consultant in ID, Microbiology or Virology with appropriate clinical support where required.

7.2 Pathways

<u>Overall patient pathway (see schematic below)</u>

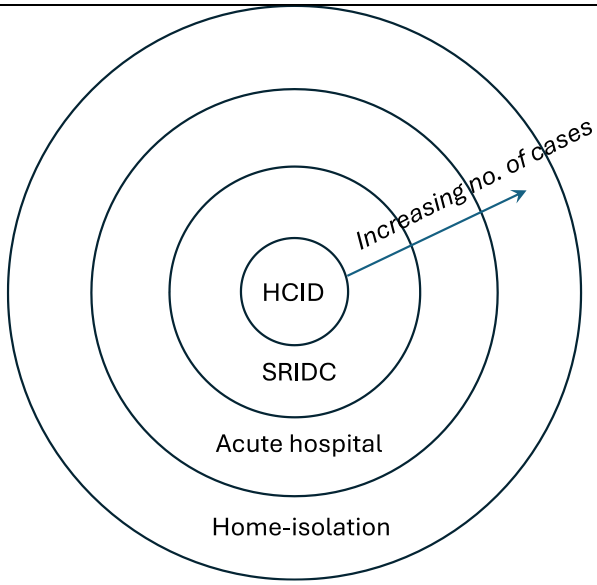
- GPs may refer to local SRIDCs or directly to highly specialist, national centres (e.g. Tropical Medicine & Parasitology) for defined conditions.
- Acute hospitals may refer to the local SRIDC and to highly specialist centres.



Specialised patient pathway

- SRIDCs should operate 24/7 'on-call' systems for GPs and Acute Trusts to access specialist clinical advice, to refer for face-to-face clinical assessment (e.g., out-patient clinic, 'bedside' consult) or if necessary, arrange admission/intra-hospital transfer.
- Where possible, SRIDCs will manage patients locally and refer to highly specialist ID services for expert advice and support where appropriate and/or necessary.
- Local Health Protection Teams (HPTs) or national specialist teams within UKHSA may refer to SRIDCs for clinical assessment or treatment e.g. administration of diphtheria anti-toxin. The expectation is that this will involve a discussion between UKHSA and SRIDC consultants.
- Faced with a rare infectious disease outbreak of significant national importance (defined by NHSE Specialised Commissioning), all SRIDCs must urgently participate in a coordinated response with NHS Emergency Preparedness, Resilience & Response (EPRR) and UKHSA.
    - Guided by expert, high-level decision making, a layered disease 'containment' strategy may be deployed (see schematic below). With first response from the HCID network, the chief aim is to maximise specialist disease 'containment', permitting time for wider NHS preparations and effective countermeasures to be put in place.
    - SRIDCs, linked to specific HCID centres, will also support local, acute non-specialist hospitals.
    - Infection* consultant representation at a daily SRIDC Network meeting to coordinate resources and determine patient placement, plus other urgent meetings as necessary.
    - High level support from the Trust Executive during such a response is essential.

*Consultant in ID, Microbiology or Virology.



Shared care arrangements

To maximise specialist 'reach', where appropriate, hospitalised patients may remain under the care of the referring medical or surgical speciality with expert input from ID. This may take the following forms:

- Remote, ad hoc or urgent clinical advice
- Bedside clinical consultations
- Timetabled ward rounds
- Multi-disciplinary team meeting
- Out-patient clinic following discharge from hospital for review or to deliver on-going treatment e.g., OPAT.

Transition of children and young people moving from children's to adult services

Transition

All healthcare services are required to deliver developmentally appropriate healthcare to patients and families. Children and young people with ongoing healthcare needs may present direct to adult services or may be required to transition into adult services from children's services.

Transition is defined as a 'purposeful and planned process of supporting young people to move from children's to adults' services'. Poor planning of transition and transfer can result in a loss in continuity of treatment, patients being lost to follow up, patient disengagement, poor self-management and inequitable health outcomes for young people. It is therefore crucial that adult and children's NHS services, in line with what they are responsible for, plan, organise and implement transition support and care (for example, holding joint annual review meetings with the child/young person, their family/carers, the children's and adult service). This should ensure that young people are equal partners in planning and decision making and that their preferences and wishes are central throughout transition and transfer. NICE guidelines recommend that planning for transition into adult services should start by age 13-14 at the latest, or as developmentally appropriate and continue until the young person is embedded in adult services.

7.3 Clinical Networks

- All Providers will be required to participate in a networked model of care to enable services to be delivered as part of a co-ordinated, whole system approach.
- To promote development of local clinical networks and clarify pathways for accessing specialist advice and clinical referrals, acute hospitals without on-site ID services will be mapped to a 'go-to' SRIDC.

7.4 Essential Staff Groups

- A minimum of two consultants with a Certificate of Completion of Specialist Training (CCST) in ID, or equivalent.
- Microbiology and Virology clinical staff are an indispensable part of the multi-disciplinary, specialist team and ID service delivery should be integrated with local diagnostic laboratories and IPC as seamlessly as possible.
- In-patient facilities must be staffed by specialist nurses and doctors allied to medicine.
- A Pharmacist linked to the clinical ID service, for example, also responsible for antimicrobial prescribing/stewardship. In a rare national emergency, it is essential that Trusts provide dedicated Pharmacy support to facilitate rapid distribution of drug treatment, experimental therapies, and vaccines.

7.5 Essential equipment and/or facilities

- SRIDCs must have dedicated in-patient beds and when required, access to a patient isolation facility compliant with HTM 03-01 and HBN 04-01 supplement 1 within 6 hours. (Note, the facility must not be located within a vulnerable patient area e.g., oncology ward.)
- In exceptional circumstances, a pre-determined, secure, and safe patient admission route, directly to the isolation room (not via the A&E Dept.) under Infection* consultant supervision.
- 24/7 capability to perform essential, urgent investigations including blood tests (routine haematology and biochemistry, malaria testing); CSF examination; Imaging (plain X-rays, ultrasound and/or CT).
- Arrangements for urgent transport of Category A clinical samples to an off-site laboratory e.g. the Rare and Imported Pathogens Laboratory (RIPL).
- SRIDCs should have a Service Lead and clinical governance structure. There should be regular, timetabled meetings for staff to discuss management of complex cases, radiology/histopathology/microbiology results, and to review clinical outcomes and serious incidents.

*Consultant in ID, Microbiology or Virology with appropriate clinical support where required.

7.6 Inter-dependant Service Components – Links with other NHS services

Interdependent Service	**Relevant Service Specification/Standards**	**Proximity to service** (Not applicable/co-located/same town/ city)
High Consequence Infectious Diseases (HCID)	Airborne HCID Service Specification (Adult) Airborne HCID Service Specification (Children)	Regional/ national

	High Secure ID unit (All ages) Blood and infection Programme of Care	
Tropical Medicine & Parasitology	Tropical Medicine Service Specification (All ages)	Regional/ national
HTLV1	Human HTLV 1 & 2 Service Specification (All ages)	National
Complex bone & joint infection	Bone and joint infection Service Specification (Adult)	Regional/ national
Diagnostic services	UK standards for microbiological investigations Specialist & reference microbiology: laboratory tests and services	Co-located or same town/city Regional/ national

7.7 Additional requirements

Not used

7.8 Commissioned providers

The list of commissioned providers for the services covered by this specification will be published in due course.

7.9 Links to other key documents

Please refer to the *Prescribed Specialised Services Manual* for information on how the services covered by this specification are commissioned and contracted for.

Please refer to the Identification Rules tool for information on how the activity associated with the service is identified and paid for.

Please refer to the relevant Clinical Reference Group webpages for NHS England Commissioning Policies which define access to a service for a particular group of service users. The specific clinical policies that relate to the services covered by this service specification include:

1. Infectious Diseases Transform CRG Policy Statements
2. National infection prevention and control manual (NIPCM) for England.
3. NHS standard contract 2023/24 (healthcare-associated infection and antimicrobial stewardship.
4. 'Best Practice Standards for the delivery of NHS hospital Infection Services in the United Kingdom' (2021).
5. Joint Royal Colleges of Physicians Training Board: Curriculum for Infectious Diseases Training Implementation (2021).
6. UK 5-year action plan for antimicrobial resistance 2019 to 2024
7. Viral haemorrhagic fever: ACDP algorithm and guidance on management of patients - GOV.UK

Change form for published Specifications and Products developed by Clinical Reference Group (CRGs)

Product name: Specialised Services for Infectious Diseases (Adult)

Publication number: B07/S/a – 250201

CRG Lead: Blood & Infection Clinical Lead

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply in new specification	Describe why document change required	Changes made by	Date change made
SECTION 1.1 20-25 centres are referenced including 'Cutaneous Infections'	Simplified format for the specification with removal of outdated information and reference to the new term for regional centres – Specialised Regional Infectious Diseases Centres (SRIDC).	5.1	No longer correct to refer to number of centres. Cutaneous infections no longer relevant.	All changes by NCD and approved by CRG	May-September 2024
SECTION 2.3 The service outlined in this specification is for patients ordinarily resident in England*; or otherwise, the commissioning responsibility of the NHS in England (as defined in	New text: The service outlined in this specification is for ADULTS. Infectious diseases are one of the biggest reasons for primary and secondary care attendance, whilst nosocomial infection is a major cause of increased hospital stay and mortality. Admissions to Infectious Disease (ID) services are equivalent to approximately	5.1 and 5.2	Clarifies the population and introduces the new name for the services (SRIDC) and introduces the key role of these centres.	A/A	A/A

Who Pays?: Establishing the responsible commissioner and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges). Specifically, this service is for adults with an infectious disease requiring specialised intervention and management, as outlined within this specification. *Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a GP Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England. Legislation for Scotland and Northern	500 admissions per million population, or approximately 25,000 admissions in England per annum. Commissioned ID providers are designated 'Specialised Regional ID Centres' (SRIDCs). To maximise effectiveness and patient access, ID clinical services will be delivered through a countrywide, specialist clinical network with support from national centres of expertise ('hub & spoke' configuration). To clarify referral pathways and facilitate patient access, acute hospital Trusts (without on-site ID services) are mapped to a local SRIDC.				

Ireland provides that the responsible authority for an individual's healthcare provision is the one where a person is usually resident and is not based on GP practice registration as provided by English legislation.					
SECTION 2.1 Service aims expanded to include updated description of the existing service in light of recent pandemic and outbreak situations.	Defines the aims in more detail i.e. primary aim of operating as an integral part of the infection clinical service, providing specialise advice and leadership, response in pandemic/outbreak situation. New text: The national network of SRIDCs is configured in a 'hub and spoke' model with the following aims: o To facilitate high-quality, local, specialist clinical care with support from 'hubs' of highly specialist expertise e.g. Tropical Medicine & Parasitology, Complex Bone & Joint Infection etc. o To implement key learning from the COVID-19 pandemic and rapidly	6.1	This reflects the current operating model of these services as network leaders, providing advice and leadership, day to day and in particular in the case of pandemic/outbreak.	A/A	A/A

	coordinate specialist resources to maximise responses to urgent regional/national threats.				
SECTION 2.2 This specification is limited to the inpatient care of adults with infectious diseases identified by diagnoses defined by the ICD10 codes detailed in Appendix 1 in conjunction with the associated treatment function code 350 (adults). Because of the high level of treatments associated with outpatient activity in Infectious Disease Services, outpatient activity is restricted to review outpatient appointments undertaken within the treatment code 350 (adults).	The overall pathway for ID in the context of regional services is described for the first time and represented in diagrammatic form. This includes other parts of the overall ID network including Tropical Medicine hubs and the UKHSA. The description includes an overview of how an outbreak would prompt action from an SRIDC and the network and what that action would be. Coding information has been removed as can be found elsewhere. There is more detail on what is to be expected from a specialist regional service e.g.: □ SRIDCs should operate 24/7 'on-call' systems for GPs and Acute Trusts to access specialist clinical advice, to refer for face-to-face clinical assessment (e.g., out-patient clinic, 'bedside' consult) or if necessary, arrange admission/intra-hospital transfer. □ Where possible, SRIDCs will manage patients locally and refer to highly specialist ID services for expert advice	7.2	Not included previously and important to add to new spec to describe the key role of SRIDCs in the day to day management of ID and in specific instance of another pandemic or novel pathogen.	A/A	A/A

	and support where appropriate and/or necessary. • Local Health Protection Teams (HPTs) or national specialist teams within UKHSA may refer to SRIDCs for clinical assessment or treatment e.g. administration of diphtheria anti-toxin. • Faced with a rare infectious disease outbreak of significant national importance (defined by NHSE Specialised Commissioning), all SRIDCs must urgently participate in a coordinated response with NHS Emergency Preparedness, Resilience & Response (EPRR) and UKHSA. o Guided by expert, high-level decision making, a layered disease 'containment' strategy may be deployed (see schematic below). With first response from the HCID network, the chief aim is to maximise specialist disease 'containment', permitting time for wider NHS preparations and effective countermeasures to be put in place. o SRIDCs, linked to specific HCID centres, will also support local, acute non-specialist hospitals. o Infection* consultant representation at a daily SRIDC Network meeting to coordinate resources and determine patient placement, plus other urgent meetings as necessary.				

	o High level support from the Trust Executive during such a response is essential.				
SECTION 2.4 Acceptance and exclusion criteria have been removed	This section is no longer required as the scope of the service is described in the service model and pathway.	7.6	Now covered in section 7.6 - Inter-dependant Service Components – Links with other NHS services	A/A	A/A
SECTION 2.5	Now covered in section 7.6 which sets out the links to other specifications/services with links			A/A	A/A
SECTION 3 and 4 Applicable Service Standards has been replaced with the Inclusion of service quality measures	Section 6.2 includes 2 metrics that demonstrate the pandemic preparedness function and network leadership	6.2 now covers the quality metrics for the service and section 7.9 provides links to key documents and guidance related to the service.	Reflects the requirement of these centres for pandemic preparedness and day to day leadership across the infection service.	A/A	A/A
APPENDIX 1 Has been removed as coding information is provided elsewhere on the NHSE website				A/A	A/A
NEW SECTIONS					
SERVICE MODEL	This section describes how the service delivers a networked and integrated model	7.1	Not included previously. Added	A/A	A/A

Description of the service model is now included	of service. This includes inpatient beds, outpatient settings, staffing, training, leading on network facilitation and in exceptional circumstances, participation in the coordinated response to outbreaks in conjunction with the reast of the network.		to set out the role of the SRIDC in the overall ID network.		
CLINICAL NETWORKS	Makes clear the requirement to be part of and facilitate the network.	7.3	Not previously included. Describes the requirement to work within the ID network.	A/A	A/A
ESENTIAL STAFF GROUPS	Sets out that SRIDCs should have a minimum of 2 consultants with appropriate expertise and training. Indicates the minimum requirements in terms of specialist roles required within an SRIDC and the requirement to have a service lead, and supporting governance in place to ensure regular meetings for staff to discuss complex cases.	7.4 and 7.5	Not previously included – new section in the revised template. Important that services are playing a leadership role and have suitable staffing in place. Has been checked with existing providers.	A/A	A/A
ESSENTIAL EQUIPMENT AND FACILITIES	Sets out the requirement for all SRIDCs to have dedicated beds with access to negative pressure isolation rooms of a compliant specification, within 6 hours. Also a suitable admission route, to perform the required investigations, transport of samples.	7.5	Not previously included. Has been checked with existing providers.	A/A	A/A

INTERDEPENDANT SERVICES	Addition of the other components of the Infection Network, inc. Tropical Hub services and HCID centres.	7.6	Not previously included	A/A	A/A
General Changes	Refer to SRIDC throughout the document rather than adult ID services. New template used.			A/A	A/A