

## **FEDERATION OF SPECIALIST HOSPITALS POSITION PAPER ON THE FUTURE CONFIGURATION OF CENTRES PROVIDING SPECIALISED SERVICES**

The Federation of Specialist Hospitals has been invited to take part in NHS England's Provider Reference Group, which has been formed to gather the views of providers on the development of NHS England's five-year strategy for specialised services.

This position paper sets out the context of the five-year strategy and the core concerns of the Federation as a voice for specialist hospitals in the UK.

### **Five-year strategy for specialised services**

Since launching its Call to Action in July 2013, NHS England has been developing a number of strategies to inform the future shape of the health service. One of the most prominent of these has been the five-year strategy for specialised services, which has been the subject of a number of engagement events and for which a Provider Reference Group has been established.

The development of the five-year strategy for specialised services also follows on from the publication in December 2013 of NHS England's planning guidance for the next five years, *Everyone Counts*. This document pledges the NHS to work towards concentrating the delivery of specialised services in a smaller number of centres, giving a figure of 15-30 centres for "most aspects of specialised care."

The Federation therefore expects the five-year strategy and the deliberations of the Provider Reference Group to be important in developing the detail behind the proposals in the planning guidance, as well as in describing other important aspects of specialised services for years ahead.

### **Strategy topics**

The Federation responded to NHS England's scoping exercise for its specialised services five-year strategy in December 2013, emphasising issues of most importance within the categories given in the briefing paper.

A number of topics are of particular importance for the strategy to address where the configuration of specialised providers is concerned.

### **Concentration of specialised services**

The five-year strategy needs to give clear details of NHS England's intention to reduce the number of providers of specialised services. This should include the articulation of clear principles, jointly developed, for any consequent reconfiguration to follow.

As NHS England undertakes this work, it will need to take into account the

excellent outcomes achieved by specialist hospitals. Any concentration of provision should be planned with the intention of sharing this expertise across the NHS, rather than simply bundling responsibility for service provision through a small number of the largest hospitals.

Experience has shown that the contribution made by specialist hospitals is significantly dependent on their individual identity and independent status, which would be prejudiced by enforced mergers with larger trusts. This could potentially impact on patient outcomes, while delivering uncertain financial benefits. The role of specialist hospitals as internationally recognised centres of excellence needs to be weighed carefully in this regard.

The expertise presently vested in specialist providers would be at risk from absorption into larger hospitals. Their unique requirements could be neglected due to competing priorities within a larger trust, a particular concern at times of limited resources. Such fears relate to the potential impact on patient outcomes. As just one example, Moorfields Eye Hospital has reported that its ophthalmic microbiologists identify infections which would go undetected by general pathologists. A commitment to quality and to clear decision-making processes which promote transparency and consistency will be necessary in relation to service reconfigurations. Further details should also be given on how Academic Health Science Networks are intended to relate to providers and commissioners in future and, in particular, how they can help to integrate the particular expertise vested in specialist hospitals across the health service.

Experience shows that a clear clinical rationale is essential to any successful re-configuration of services. For example, specialist hospitals are typically expert in truly specialised care and more routine aspects of the specialty they cover. This suggests that a “one size fits all” approach to configuration is unlikely to be successful.

Although the Federation recognises the necessity of service reconfigurations to improve outcomes in the coming years, these should be undertaken with a clear focus on providing high-quality care. In this regard, specialist hospitals are well-placed to play a central role in future service models, including the development of stronger links with Academic Health Science Networks, rather than playing a diminished role as part of larger trusts.

### **Provider engagement**

The strategy needs to describe in detail how the views of all specialised service providers will be considered within NHS England's future service development processes. This should include provisions for smaller specialist hospitals to be heard, alongside larger hospitals with specialist units. Furthermore, any decisions made with regard to the reconfiguration of providers should be informed by a balanced spectrum of relevant stakeholders but above all be founded on evidence of service quality.

In part, this might be met by an ongoing role for the Provider Reference Group. The new model for specialised commissioning introduces a greater

distance between commissioners and the realities of service delivery, . The Provider Reference Group could and should complement Clinical Reference Groups by capturing management perspectives, especially on major changes during their planning phase.

### **Quality**

On the subject of quality, the strategy will need to address the mechanism by which hospitals of any kind that deliver superior quality and safety are recognised. The outstanding quality of many specialist hospitals is, in part, a function of their unique focus. The strategy should recognise the important role of specialist hospitals in developing effective networks and achieving robust service configurations.

A clear articulation of the components and standards expected of high-quality specialised services would be useful, together with a commitment to supporting those services which can demonstrate the achievement of such quality.

As a corollary, the strategy should also consider the consequences for providers that fail to provide high quality, safe services. This could include greater use of providers that generally achieve better clinical and safety outcomes than non-specialist centres.

Modern IT should facilitate the diffusion of the expertise vested in specialist hospitals in supporting care close to people's homes whenever possible. As such, specialist hospitals fit well with the goal of moving care out of hospitals.

### **Strategic cohesion**

For all the importance of the five-year strategy, its impact will be strengthened or diminished in proportion to its alignment with other drivers on specialist hospital activity.

Most pertinently, the strategy's recommendations and any associated future service specifications will need to align with the payment system. In the absence of this assessment, there is a risk that specialist providers will be contracted to deliver services which are inadequately compensated through tariff. Specialist hospitals tend to treat many more complex and high-risk cases, which are typically more costly than standard procedures.

The future role of specialist hospitals could also be affected by the future roles envisaged for non-specialist providers, networks or primary care. Alignment of the specialised services strategy with these other areas will therefore be crucial.

### **Role of the Provider Reference Group**

The Provider Reference Group has the potential to be an important voice as NHS England's five-year strategy is developed and implemented. For the the strategy to be delivered effectively there will need to be strong support and

buy-in from across the health service and particularly from providers.

Substantive engagement at the earlier stages of strategy development is therefore essential. The Provider Reference Group will need to guard against becoming merely a satellite body sitting separately from the main strategy development work.

The Federation looks forward to being an active member of the group.