

## **Revised Specialised Service Specifications in Consultation 26<sup>th</sup> February – 21<sup>st</sup> May 2014**

### **Key changes and potential impacts**

#### **Introduction**

NHS England, in its role as the sole commissioner of specialised services, has agreed a regular programme of engagement and consultation as part of its responsibility for developing single national service specifications for the specialised services it commissions.

Service specifications set out what is expected from providers and define access to a service. They also set out a series of core and developmental standards. Core standards are those which any reasonable provider of a service should be able to demonstrate, whilst developmental standards are in place to improve services over a period of time.

15 of these service specifications are currently out to consultation. All 15 service specifications have already been subject to consultation when first published, however, we are now consulting on changes made to those documents. South Yorkshire and Bassetlaw Area Team have selected the specifications where these changes are sufficiently material to warrant further discussion, and summarised the changes and any potential impacts in Yorkshire and Humber, for the OSC's consideration. These service specifications are:

[A10/S/a Adult Cardiac Surgery Service Specification](#)  
[D01/S/d Complex Disability Equipment Prosthetics Service Specification](#)  
[E07/S/b Paediatric Critical Care - Level 2](#)

For clarity, the service specifications where the changes are not perceived to be material (ie wording changes only, no significant impact on services) do not form part of this paper, these are as follows:

[A06/S/a In centre haemodialysis](#)  
[A06/S/b Home haemodialysis Service Specification](#)  
[A06/S/c Peritoneal Dialysis Service Specification](#)  
[A06/S/e Assessment and Preparation Renal Replacement Therapy](#)  
[A06/S-d AKI Service Specification](#)  
[E07/S/a Paediatric Critical Care - Level 3](#)  
[E07/S/c Paediatric Long Term Ventilaton](#)  
[E07/S/d Paediatric Critical Care Transport](#)  
[E08/S/a Neonatal Critical Care](#)  
[E08/S/b Neonatal Critical Care Transport](#)  
[E10/S/\(HSS\)a Gestational Trophoblastic Disease](#) *(provided by Sheffield Teaching Hospitals only)*  
[E11 Specialised Maternity – Anticipatory maternal management insert for inclusion in other relevant specifications](#)

If at a subsequent stage of the consultation, the service providers notify the Area Team of any significant impact within the latter specifications that we had not previously foreseen, we will brief the OSC accordingly.

## **Summary of material changes and potential impacts**

### **1. [E07/S/b Paediatric Critical Care - Level 2](#)**

This specification is new for 2014-15 and is in the stakeholder testing stage; previously part of the overarching paediatric critical care specification, now the Level 2 requirements are spelled out in a bespoke specification.

Paediatric Critical Care (PCC) has been defined in 3 levels:

- Level 1 paediatric Critical Care Units (PCCUs) will be located in all hospitals providing inpatient care to children and will deliver level 1 PCC care. (provided in all district general hospitals (DGHs) which provide in-patient facilities and is not commissioned by NHS England)
- Level 2 PCCUs may be specialist or non-specialist and are provided in tertiary hospitals and a limited number of DGHs and will deliver level 1 & 2 care. These were formerly classified as HDUs. (commissioned by NHS England)
- Level 3 PCCUs are usually located in tertiary centres or specialist hospitals and can provide all 3 levels of PCC. (commissioned by NHS England)

This specification describes Level 2 PCCUs.

#### ***Key changes/impacts:***

- The Paediatric Critical Care Level 2 service specification states that any Level 1 patient who has had critical care interventions lasting more than 24 hours meets the criteria for referral to Level 2 and therefore should move into a Level 2 service (which will either be provided in a tertiary centre, or at certain existing Level 2 providers in Y&H which are located in Bradford and Hull). This is a change from the current position, which is that patients who have had Level 1 care for more than 24 hours continue their care in Level 1 units where felt to be clinically appropriate, with support from the tertiary/Level 2 unit as required. The implementation of this requirement could potentially result in more patients being treated in tertiary centres or Level 2 Units. As yet this increase is unquantified, and there would be more work needed to assess the volume of activity, in order to understand the impact of the change on both the receiving and referring organisations in terms of capacity and sustainability. It would also result in more transport activity around the region, as the children would need the Embrace service to move them from Level 1 units to Level 2/tertiary centres.
- There is emphasis in the document on rapid repatriation of patients from Level 3 critical care to Level 2. While this is entirely consistent with the principles of care closer to home, further work is required to ensure that this does not add any additional unnecessary steps to the pathway, and that patient and carer choice will be taken into account.
- The Paediatric Critical Care Level 2 specification also includes standards relating to staffing numbers and training packages that Level 2 units must meet. It is not known to commissioners at this point how readily the units would be able to meet these standards, however the Operational Delivery Network for Paediatric Critical Care in Y&H have raised this as an issue and will be feeding back their views as part of the formal consultation.

### **2. [A10/S/a Adult Cardiac Surgery Service Specification](#)**

This service specification has been updated significantly, although these updates primarily address a broad lack of content in the original draft. Additions to the original draft are briefly described below.

**Key additions:**

- National/Local Context; the revised version adds significantly to speciality description around acquired heart disease, and the numbers of patients being operated on, which has stabilised over the last few years, although there is growth in elderly patients and the numbers of patients being operated on semi-urgently.
- NHS Outcomes Framework Domains and Indicators; all patients undergoing heart surgery will have their results entered into the National Adult Heart Surgery Audit Database (NICOR). NICOR will produce a report every year, detailing the results for the procedures performed and giving unit and individual results, including on a named surgeon basis.
- Aims and objectives of the service have been described more comprehensively within the service specification, as have the interdependencies with other services/providers; there is a clear emphasis on all current providers working more closely and effectively together, and with providers of Complex Invasive Cardiology and District General Hospitals.

The changes described above are intended to strengthen the original draft specification, in terms of overall content, service description, applicable standards and the quality of services expected from Cardiac Surgery providers. There are no indications that these changes would necessitate any changes to the current provider landscape in Yorkshire & the Humber.

### [3. D01/S/d Complex Disability Equipment Prosthetics Service Specification](#)

This service specification has been updated to make clear the level of service provision required to ensure optimal outcome for people with limb loss. Key additions to the original draft are briefly described below.

- The national/local context section now describes how the service will benefit the patient by improving health and well-being outcomes for persons of all ages with limb loss and any related condition(s) by offering personalised care, whilst supporting, facilitating and enabling patient choice and by putting patients first. This will also support equity, equality and ease of access to the highest quality services.
- A new section makes clear and provides detail in the areas to focus on in order to maximise independence of patients following limb loss.
- There is greater focus on the appropriate level of support for education and workforce development for the current and trainee workforce.
- The core requirements of the service have been redefined with specific emphasis on multidisciplinary team working, access to consultants who specialise in amputee rehabilitation; access to a full range of therapeutic interventions; services for children; links with charities and patients user groups and patient support systems etc.
- There is a new section that describes how services will have collective responsibility within the spirit co-production, participation and collaboration to improve and innovate service(s) locally, regionally and nationally.
- The designated providers of this service are listed. In Yorkshire and the Humber this includes the currently NHS England commissioned services at Hull and East Yorkshire Hospitals NHS Trust; Leeds Teaching Hospitals NHS Trust; and Sheffield Teaching Hospitals NHS Foundation Trust.

There are no indications that these specification changes would necessitate any changes to the current provider landscape in Yorkshire & the Humber.

## **Next Steps**

The consultation closes on 21<sup>st</sup> May 2014. The Area Team itself will be feeding comments back on the service specifications as a formal response to the consultation, as will various Operational Delivery Networks (ODNs), most notably the PCC ODN.

If Leeds Overview and Scrutiny Committee wish to have further discussions with the Area Team regarding any of the above statements, please contact Laura Sherburn, Interim Head of Specialised Commissioning, ([laura.sherburn@nhs.net](mailto:laura.sherburn@nhs.net), tel 0113 8253421) who will be very happy to assist.