



## The commissioning and funding landscape is changing.

*South London ICSs and tertiary providers have taken the opportunity to work collaboratively to integrate specialised services and deliver an end to end pathway approach for patients.*

## Specialised services delegation: What, why, and how

From April 2023, integrated care systems (ICSs) in England aim to have the necessary infrastructure and operating models in place to allow formal delegation of specialised services from NHS England.

### South London partners

- [Guy's and St Thomas' NHS Foundation Trust](#)
- [King's College Hospital NHS Foundation Trust](#)
- [St George's University Hospitals NHS Foundation Trust](#)
- [South East London Integrated Care System](#)
- [South West London Integrated Care System](#)
- [The Royal Marsden NHS Foundation Trust](#)

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## Want to know more?

**Would you like more information on specialised services delegation?**

We would be happy to speak with you and your colleagues to answer any questions you may have.

**[Contact the team.](#)**

# National update

NHS England last month released its pre delegation assessment framework (PDAF), designed to help ascertain each integrated care system's (ICS) capability to assume responsibility for services within their geographies in advance of an anticipated April 2022 delegation.

Informed by the assumption that ICSs should own all functions by default, the framework focusses on the minimum standards which should be met prior to delegation.

The six domains of the PDAF are underpinned by principles, or criteria, that ICBs should consider, undertake or have in place by April 2023 in order to be ready:

- **Health and care geography**, covering the footprint proposed and patient flows with relevant neighbouring ICBs;
- **Transformation**, addressing integration of specialised services into wider pathways, service prioritisation and sustainability, and patient / public engagement;
- **Governance and leadership**, describing board and committee structures, as well as clinical and quality oversight;
- **Finance**, depicting approach to cash flow, contracting, and financial management;
- **Workforce capacity and capability**, defining the staffing model that will ensure skills and knowledge for delegation; and
- **Data reporting and analytics**, focussing on embedding data for population health management, service redesign and transformation, and robust reporting.

Completed PDAFs must be submitted to the regional team by 14 October. ICBs will be assessed against PDAF responses and evidence by regional teams, and a national moderation panel will review regional assessments in December, with decisions taken to the NHS England board meeting in February 2023.

Further details are available on the FutureNHS [Specialised Services Future Commissioning](#) workspace (*registration required*).



## National timeline

May 2022	Publication of Specialised Strategic Roadmap and potential services for delegation
June 2022	National baselining of allocations to ICBs
July 2022	ICBs become statutory bodies; further guidance released on delegation model and ICB pre delegation assessment
<b>October 2022</b>	Initial readiness assessment of ICBs
<b>December 2022</b>	Formal system readiness assessment of ICBs. ICBs not ready will enter joint commissioning arrangements with NHSE London region
<b>February 2023</b>	NHSE board decision on ICS readiness
<b>1 April 2023</b>	Delegation agreements come into effect

# Governance

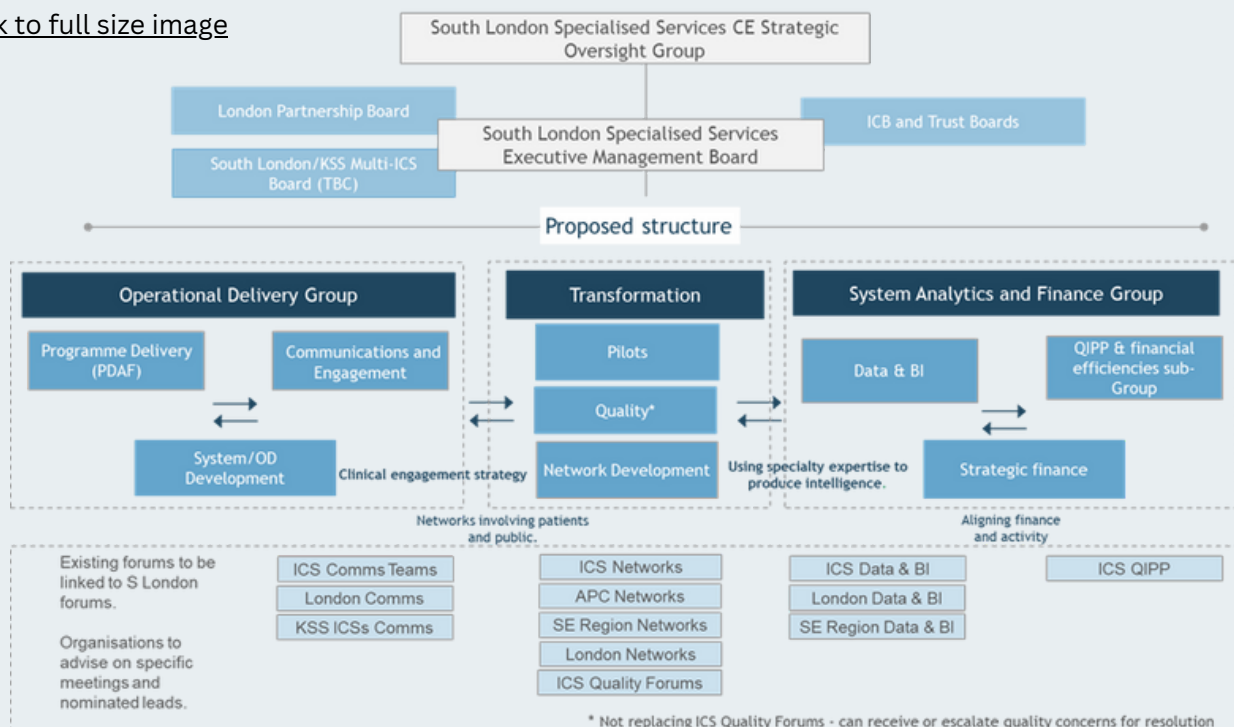
The 31 August meeting of the South London Specialised Services CEO Strategic Oversight Group (formerly the Programme Board) endorsed a refreshed governance structure for the programme.



- The **CEO Strategic Oversight Group** repositions the role of chief executives to provide quarterly sign off and assurance (eg budgets, work plans, mid-year reviews) and cross regional working with colleagues from Kent, Surrey and Sussex (South East Region).
- The **Executive Management Board (EMB)**, formerly the Steering Group) will serve as the decision making forum for delegation, ensuring adherence to national and regional deadlines and achievement of programme objectives. Membership has been expanded to include South East London and South West London acute provider collaboratives and the Royal Marsden NHS Foundation Trust. The EMB will progress delegation, identifying and mitigating risks, transforming pathways, developing joint committee arrangements, addressing budgets, communications, and engagement plans.
- The Transformation element (not yet formally established) is in development.

- A **System Analytics and Finance Group (SAFG)** will replace the Finance Working Group, aligning finance, contracting and data. Within this, a task and finish group has been established, bringing together business intelligence (BI) and finance colleagues from across South London to reconcile sources of specialist activity data for a single version of the truth. The group will be scoping the resources required for the delegation of specialist BI responsibilities from April 2023.

[Link to full size image](#)



# Transformation

## South London pilot updates

### Cardiac

#### Network overview

##### Developing an OPAT service

*Treating appropriate patients in the community through an outpatient parenteral antimicrobial therapy (OPAT) service for care closer to home with realised operational efficiencies*

- The new OPAT service launched at King's College Hospital on 5 September. This is a major achievement, for the clinical, operational, communications, and contracting teams who continue to work together to identify appropriate patients for this new service across spine, brain abscess, diabetic foot, infective endocarditis, and bone and joint pathways.
- New teammates have been recruited to support this service (secretary, pathway coordinator, pharmacist, and two clinical nurse specialists).
- Read more about the [KCH OPAT service](#).

##### Addressing ethnic inequalities in treatment of aortic stenosis

*Reducing variances in access and treatment for diverse populations plus increased public education and awareness*

- Phil Maccarthy, clinical lead, and network teammates met with Lewisham GP Federation to discuss the community mobile valve clinics pilot. Together, they are working through the logistics of location and how to best ensure patient access across the borough.
- The team will then work with GP practices and primary care networks on developing and implementing the referral criteria, appointment booking process and clinic logistics.
- Recruitment will progress simultaneously for an anticipated winter launch.
- Due to the Queen's passing, the Heart Valve Voice heart check event in Peckham, supported by the network, was postponed. The national charity will reschedule its bus tour which will raise public awareness of heart valve disease.

#### **Addressing heart valve disease in Black African and Black Caribbean communities**

Clinicians in the South London Cardiac Operational Delivery Network (ODN) tackle the underrepresentation of Black African and Black Caribbean communities in South East London in the diagnosis and treatment of heart valve disease.

The ODN devised a service improvement project to understand beliefs, behaviours and perceptions of health services in these communities. They worked with a local community interest company with expertise in developing culturally sensitive information for these groups, Mabadiliko, to co-design a project targeted at these communities, ensuring the Mabadiliko team had a thorough understanding of heart valve disease. The project used qualitative and quantitative methods to gain insights on the local population and an evidence-based model for understanding health behaviours.

The team is:

- Developing culturally appropriate promotional materials to raise community awareness of heart valve disease, symptoms and treatment and improve uptake, and guidance for clinicians.
- Analysing data to make and monitor service improvements.
- Publishing a report with recommendations for autumn 2022.

# Transformation

## South London pilot updates



### HIV

HIV testing in Emergency Departments (EDs)  
*Opt out testing in high prevalence areas for patients already having blood tests.*

- More than 98,000 HIV tests were taken in South London in the first quarter of this year.
- St Helier Hospital significantly increased testing uptake 800%, from 300 tests in April to 2,400 in July.
- The [BBC](#) and the [Evening Standard](#) highlighted opt-out HIV testing in EDs, featuring Croydon.
- Enquiries may be directed to [Kathryn Harrop](#).
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**130,000+**  
HIV tests in  
South London

### Neurology

#### Network overview

Managing chronic conditions – *Improving case management across care settings for the four most common neurological conditions – epilepsy, Parkinson's, multiple sclerosis and neuromuscular disorder – for care closer to home with seamless patient navigation.*

- [Sarah Murray](#) has been appointed Collaboration Manager for the network, and is initiating a stocktake and review of network governance and reporting.
- Networks have been established with named chairs in multiple sclerosis, Parkinson's disease, epilepsy, and functional neurological disorder (FND). Baseline data packs for all areas have been completed to support prioritisation and improvement opportunities.
- An expression of interest will be shared for a population health management pilot.

**44**

people previously  
undetected now receiving  
treatment and support

# Transformation

## South London pilot updates

### Hepatitis B and C

#### Hepatitis B/C testing in EDs

*Extending testing to detect, diagnose, treat, and manage patients earlier.*

Additional funding has been provided by the national hepatitis C elimination programme to extend testing to Hepatitis C and B to form a blood-borne-virus (BBV) screening programme through 2024. hepatitis tests.



Memorandums of understanding (MOUs) have been agreed and funding allocations have been received by South London sites.

With pathway implementation led by the Hepatitis C ODNs, Hepatitis C and B testing has launched this month at two South London sites, Guy's and St Thomas' and Croydon University Hospital.

This builds on the opt-out HIV testing currently in place, where more than 13,000 HIV tests are taken every month – similar to the number of expected hepatitis tests.

[Link to full size image](#)

### Hepatitis B/C Testing in Emergency Departments

There are an estimated 81,000 people with hepatitis C in the UK, and an estimated 180,000 people with hepatitis B.

Hepatitis B is treatable, not curable. Chronic hepatitis B increases the risk of developing cirrhosis, liver cancer or liver failure.

1. In 2016, the UK signed up to World Health Organization (WHO) targets to eliminate viral hepatitis by 2030.



Since the programme started in April, all EDs in South West London have been doing opt-out HIV tests. Over 13,000 HIV tests are taken every month, so we can expect a similar number of hepatitis tests. 15 patients have been newly diagnosed with HIV since April.

The prevalence of hepatitis in ED attendees in the UK is up to 2% for hepatitis B (HBV) HBsAg and 2.9% for hepatitis C (HCV) RNA. ED testing for HBV and HCV is likely to be cost-effective at a viral prevalence of 0.5% and above.

3. In December 2021, £20 million funding announced for a three-year HIV ED testing programme in high prevalence areas.



5. The hepatitis ODN, ED staff, lab colleagues and hepatologists and gastroenterologists work together to get testing processes and results pathways in place.

BBV tests will be done on all patients in ED who are having a blood test, unless they opt out.

There is no expectation on ED staff to provide additional verbal information or reminders about BBV testing. Information will be prominently displayed on posters in ED.



#### BBV screening programme



2. The number of people with chronic hepatitis C infection in England has fallen by 37% since 2015. Innovative approaches help reach patients who are unaware they have hepatitis B/C.

4. The NHSE Eliminating Hepatitis C team then made £3.8 million available for hepatitis screening in EDs in 22/23. This was extended to hepatitis B to offer full BBV testing.

6. The testing programme has been extended to 23/24 for hepatitis screening in EDs.

Hepatitis B positivity is higher in certain minority ethnic groups in London.

Compared to those who identified as white ethnicity (positivity 0.9%), those who identified as other or mixed ethnicity who were tested for hepatitis B were over 5 times more likely to test positive (5.2%), black ethnicity were almost 5 times more likely to test positive (4.4%) and Asians more than twice as likely to test positive (2.0%)

#### St Thomas' Hepatitis B/C Pilot 2016-2018:

- Over 11 months, 36,865 patients had a blood test. Overall uptake for both HBV and HCV testing was 75%.
- 235 patients tested positive for Hepatitis B surface antigen. With univariable testing, factors significantly associated with testing positive were being male, aged 30 – 49 years or 50-69 years, ethnicity other than White British & positive HIV status.
- Of 27,657 patients tested for Hepatitis C antibody, 523 patients tested positive, corresponding to an HCV-Ab seroprevalence of 1.9%. Seroprevalence of HCV-Ag was highest among homeless people (14.7%) and HIV-positive individuals (7.2%).

# Transformation

## South London pilot updates

### Renal

#### **Chronic kidney disease: Prevent and protect**

*Identifying and managing CKD early to save kidneys, reduce cardiovascular events and reduce dialysis numbers*

The London Kidney Network (LKN) Prevention team launched new clinical guidelines on CKD early identification and clinical pathways for CKD management through a 6 September webinar attended by more than 160 colleagues across London.

These pathways will feature in the national Renal Services Transformation Programme best practice toolkits and have generated significant interest across the country.

In South London, the LKN team is supporting local mobilisation through ICS-wide, multi-professional steering groups:

#### **South West London**

Plans are being presented to the SWL Population Health Management fund to seek financial support in its first phase. These aim to improve the diagnosis and management of CKD in primary care and reduce health inequalities and inequities by targeting populations with the greatest CKD risk, known CKD burden, risk of CKD progression, and potential for CKD management improvement through the analysis of risk factor prevalence data.

#### **South East London**

A multidisciplinary team from the SEL system, including GP, pharmacy, nephrology, primary care transformation and LKN leadership representation, joined a 3 day Spread and Scale Academy, sponsored by the SEL ICS Chief Medical Officers. They used this opportunity to plan the mobilisations and rollout of the LKN pathways in SEL. The work will continue through the SEL CKD Prevention Working Group and report in to the embryonic SEL Renal Network.

Both SWL and SEL continue to seek financial support for these plans to ensure that prevention activities for kidney disease are supported alongside other related long-term conditions including cardiovascular, hypertension and diabetes. For further information, please contact [Linda Tarm](#).



#### **Health equities report**

An LKN commissioned report on kidney health inequalities is being undertaken by the NHS England Public Health Team, with a December publication date. ICS level findings will be shared through the autumn, with a view to identifying priorities for action.

#### **Demand capacity modelling**

The LKN is leading on the development of a demand capacity model for renal replacement therapy. This will provide a validated evidence base for future capacity in five and 10 years.