

Uncovering



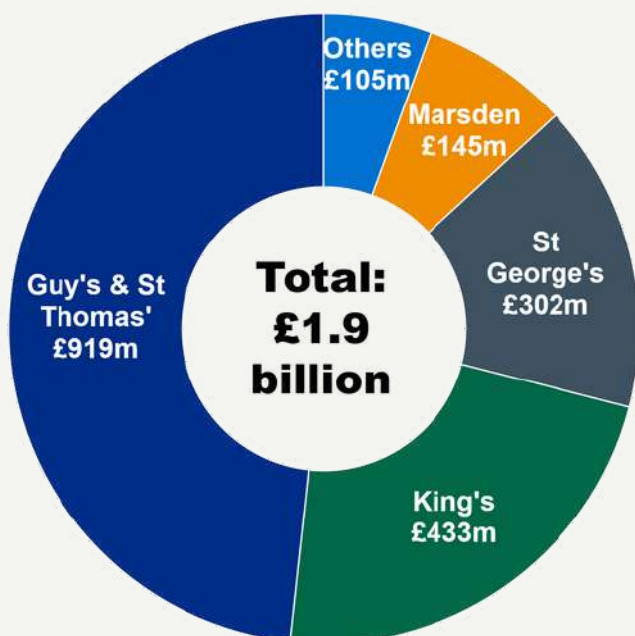
Learn how we're reducing costs and increasing impact

Page 4

In 2023/24, the total South London specialised spend (excluding high cost drugs and devices) is approximately £1.9B -- of which £1.5B is categorised for delegation to ICBs.

Learn what we're doing to deliver savings and pathway / resource efficiencies across the area.

Specialised spend by South London provider



INSIDE

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NHS England updates

Assessing ICB delegation readiness: PDAF

The NHS England pre-delegation assessment framework (PDAF) for specialised services was developed to support ICBs to prepare for delegation arrangements.

As a region, NHSE (London) has assessed its five ICBs (North West London, North Central London, North East London, South West London and South East London), noting the substantial progress made by the systems towards delegation aims over the last year.

This includes delivery of the national Pathfinder programme in South London, which has served to test the implementation of a number of delegation functions, namely contracting, data and payments.

Delegation timetable



20 October

National Moderation Panel

- Chaired by Julian Kelly, NHSE Deputy Chief Executive and Chief Financial Officer, with all regional directors (or their representatives)
- Assess the submissions to ensure consistency of approach – in particular in relation to conditions
- Consider any risks or issues



9 November

Future Commissioning Model Programme (FCMP) Oversight Group

- The national team make a recommendation to the NHS England Executive group
- Final papers to be agreed at the Board shared and discussed
- Regions are represented on this group



7 December

NHS England Board meeting

- NHS England Board will make the final decision on specialised services delegation for 2024/25
- The Delegation Agreement, PDAF with National Moderation Panel recommendations, service portfolio analysis, and assurance guidance are all signed off

NHS England updates

Assessing ICB delegation readiness: PDAF

- All seven regional PDAF submissions were reviewed at a national Moderation Panel on 20 October.
- NHSE London region has stated a preference that delegation occurs for the region in April 2025. This is now the most likely timetable for specialised delegation across London.
- No final decision will be made on the date for delegation for each region until the national NHS England Board meets on 7 December.
- Irrespective of the final date decided for delegation in each region, ICBs and the London Regional NHSE team are clear on the need to continue focus and delivery on specialised service transformation. There is also a clear commitment to joint working, delivering integrated pathways of care, providing best health outcomes and safe and sustainable delegation of specialised services in London. London Region and its ICBs will continue to work towards delegation as the stated NHSE policy direction.
- London ICBs have been assessed as 'ready for delegation' subject to four tasks to be completed:
 - (1) the production of a strategic risk-based clinical framework for specialised services,
 - (2) an articulation of the risks being transferred to ICBs, both financial and quality (i.e. a legacy risk log)
 - (3) finalisation of a future operating model working with a single 'hub' of NHSE staff who are part of the resource to support ICBs on delegation, and
 - (4) to set out a model of joint decision making where some specialised services need to be planned on a population footprint bigger than a single ICB
- London region is reviewing and strengthening its programme management and governance related to the delegation process.
- Regular updates will come to staff and providers through NHSE and ICB leads.

NHS England London region (Oct 2023)



South London programme updates



Efficiency programme

The SLOSS team is developing a multi year efficiency programme, seeking to create benefits to member organisations through a framework focussed around the NHS triple aim (below right).



With ever-increasing pressures across the system (inflation, elective recovery), there is a real priority attached to delivering care in the most efficient and effective way possible.

In 2023/24 the total spend on specialised services for South London trusts was approximately £1.9 billion – of which £1.5 billion is earmarked for delegation to ICBs.

There is a recognised need for transformative work that reconfigures pathways and delivers care in new ways to deliver more efficient services whilst improving patient outcomes. There is strong appetite across South East London (SEL) and South West London (SWL) systems for a multi-year efficiency programme to run through 2024/25 and beyond.

Cardiac, neurology, and home care will provide an initial focus given the large service spend, completed pilot work, and opportunities to shift care into the community. Long term workforce planning will also be considered to ensure capacity for transformation changes, such as community care.

SLOSS PILOT ACHIEVEMENTS TO DATE

The infographic highlights three key achievements:

- Improved specialist bed availability:** 17 beds per day. This equates to a generation of £4.8m per year.
- Outpatient Parenteral Antibiotic Therapy:** Transitioned 180 patients into IV antibiotic homecare, saving 4,050+ bed days at King's College Hospital and reducing spell cost by 43%.
- Chronic Neurology:** Data-led population health approach to designing and testing new integrated neurology services across two regions. Enabling network collaboration to transform complex pathways for neurology patients, delivering single point of contacts and provide care closer to home.

Three patient testimonials are included:

- "Routine testing at A&E was a blessing. I know you can get tested in a sexual health clinic but I don't want to go there. The clinic is right off the main road, everyone can see you going in there and I know people would talk" – patient diagnosed in SL through ED testing
- "Exceptional care which enabled my 91-year-old father to receive IV drugs out of hospital, freeing up a bed and giving my father quality of life worth living for" – family member of an OPAT patient
- "[People want] a doctor who listens, a doctor who will sit down with you and look at you as a human. Yes, you are patient, but let's not let's not treat you as a patient number right now. Let's treat you as a human being, that's going through something and we need to work out together how we're going to do this" – patient engaged with the cardiac inequalities report

NHS triple aim

To improve

Population health

Quality

Value for money

South London programme updates

Efficiency programme (cont'd)

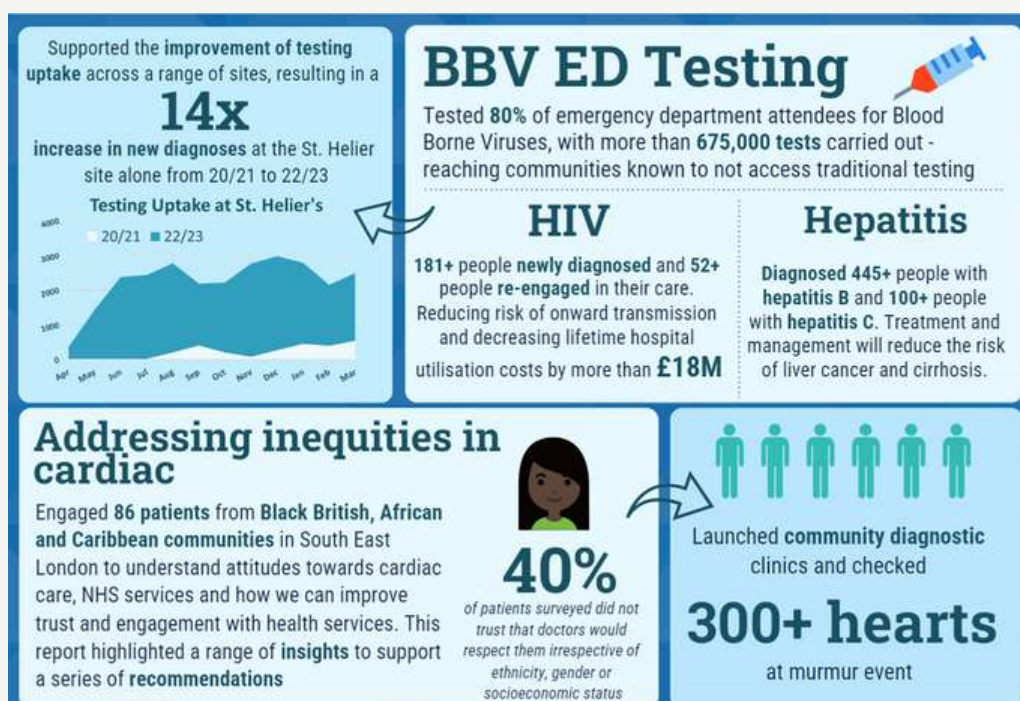
Working with clinical networks, the team is reviewing network business plans to collate opportunities for financial and efficiency impact, shortlisting these into proposed priorities for approval by the Systems Analytics and Finance Group (SAFG) in December. Through this collaboration, we can identify ways to empower networks (such as streamlined decision making processes and governance), reduce barriers and increase consistency.

At the same time, the Head of Clinical Networks will support South London networks to develop an even greater focus on transformation initiatives that help to deliver the triple aim, evidencing impact over activity. (See page 12 for more on networks.)

Current work includes the below:

- High cost drugs – The SLOSS team has established a working group of chief pharmacists and finance colleagues to develop proposals for NHSE for savings in this significant budget.
- Renal – The SLOSS team, along with leads from the London Kidney Network, have agreed five proxy measures that would serve as a first step towards quantifying financial impact of renal projects in future, such as the annual cost per dialysis patient.
- Procurement – The Cardiac Operational Delivery Network (ODN) has noted potential opportunities for savings in the procurement of devices within the upcoming renewal of contracts.
- Cardiac – Extension into reducing repeat heart attacks using integrated prevention clinics
- Neurology - Moving care into the community with IVIG and early access to specialist care

SLOSS PILOT ACHIEVEMENTS TO DATE



London updates

NHSE specialised priorities: Sickle cell

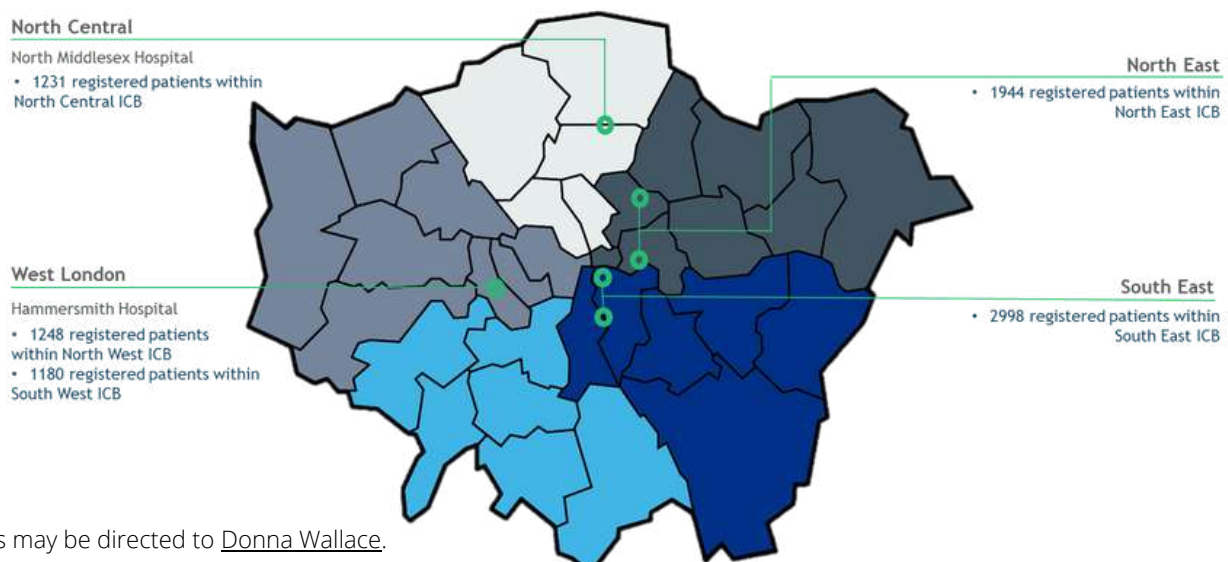
London Sickle Cell Improvement Programme Board

The London Sickle Cell Improvement Programme (LSCIP) board met on 1 November to review progress and next steps across the capital, including:

- **Community services planning:** All London partnerships of ICBs and haemoglobinopathy coordinating centres (HCCs) in NEL, NCL, SEL and West London (comprising NWL and SWL) have made good progress on planning the implementation of comprehensive community services for people with sickle cell disease (PwSCD). Despite the many operational and clinical pressures, the focus is on new clinical staff appointments to ensure that community services can go live from 1 April 2024.
- **ED bypass model:** Hammersmith (NWL) and North Middlesex Hospital (NCL) are implementing an ED bypass model of care with national pilot funding, aiming to enhance patient experience and access to pain relief during crises. St George's (SWL ICB) is considering a similar model for SWL ICB residents within the West London HCC geography.
- **Universal care plan (UCP):** Planning for the implementation of a UCP for PwSCD is advancing. The digital platform for uploading 8,600 PwSCD care plans will be operational from January 2024. Local systems and HCCs are developing plans to upload these as soon as the platform is ready.
- **Communications and engagement:** Recognising the importance of formal communication, the board agreed that it should be a formal workstream, emphasising the need to engage across national, regional, ICS, and Sickle Cell Society leads. Centralised content development and awareness-building activities were noted, to be delivered by local systems.
- **ACT NOW:** The ACT NOW acronym, promoting fast pain relief for PwSCD, will pilot in select sites from January 2024. Engagement initiatives, especially in Emergency Departments, will aim to increase understanding and ownership of the acronym. Communications materials will use digital and traditional channels to link healthcare professionals to a wide range of support information.
- **Evaluation and sustainability:** Evaluation partners have been commissioned to assess key workstreams (NHSE national for UCP and hyper acute / ED bypass model; NHSE regional for community). Aligning key performance indicators (KPIs) across London systems and both evaluation programmes will ensure coherence and minimise duplication. This evaluation is crucial for demonstrating the case for continued funding beyond the initial two years.

The December board meeting will focus on evaluation and ICB implementation of the Sickle Cell Society peer-to-peer mentoring initiative. [Learn more about the London programme.](#)

London sickle cell patients by ICB



London updates

NHSE specialised priorities: Sickle cell

Sickle cell infographics: Download and share!

The SLOSS team has published a series of infographics on the London Sickle Cell Improvement Programme's (LSCIP) background, workstreams, and peer to peer mentoring programme. Offering a visually appealing snapshot of the LSCIP, we encourage you to download and share with colleagues.

LSCIP workstream aims

London Sickle Cell Improvement Programme
Aims of the programme

NHS England Quality Improvement Actions
The London Sickle Cell Improvement Programme (LSCIP) was established following work done in sickle cell disease care pathways by the NHS England, based on recommendations made in the 'No One's Listening' report by the All Party Parliamentary Group on Sickle Cell and Thalassemia (see [istd.org/uk](#)).

NHS England identified 10 Quality Improvement Actions to be addressed for sickle cell services. The LSCIP's three distinct workstreams address four of these 10 actions. Funding by NHS England national and regional teams will provide the resource needed to progress these plans.

01 Workstream 1: Urgent and emergency care pathways
Workstream 1 aims to improve urgent and emergency care pathways for people living with sickle cell by addressing two specific actions:

- ACTION:** Prevent acute exacerbations of end-organ complications
- ACTION:** Improve patient experience

02 Workstream 2: Community pilots
NHS England and the Integrated Care Boards (ICBs) in London designated sickle cell care as one of the three priority clinical areas for the capital. Together, they will invest in community based care models that contribute to improvements in the above two actions, plus:

- ACTION:** Address primary prevention strategies.

03 Workstream 3: Universal care plan
The third workstream is focused on the universal care plan (UCP) digital record system, which will support the upload of all patient care records related to sickle cell. This will help to create a seamless and integrated digital pathway across all settings of care – primary, community, emergency departments, acute care, and specialised services – and cover a further action:

- ACTION:** Address data, access, and digital tools, including electronic care plans.

SUMMARY
The overarching goal of the LSCIP is to enhance sickle cell services across all care settings in London. This involves the integration of patient health records into a comprehensive digital care plan, increased support within the community, and investments in urgent and emergency care pathways for improved care, patient experience, and outcomes for individuals living with sickle cell disorder in London.

This programme will be operated in collaboration with NHS England, London ICBs, Sickle Cell Society, and the Haemoglobinopathy Coordinating Centres covering London.

LSCIP: What we're doing -- and why

London Sickle Cell Improvement Programme
What we're doing in the capital -- and why

1 Disproportionate affect on African and Caribbean communities
Sickle cell is a life-long, genetic condition, affecting the red blood cells, causing them to be a different shape - which can cause blockages in blood vessels. The disorder primarily affects people from African and Caribbean backgrounds, although it can impact anyone. The most prevalent symptoms are anaemia, painful episodes (known as crises), and increased risk of serious infections (NHS, 2022).

2 Mistakes made in care
In 2019, a 21 year old man with sickle cell, Evan Nathan Smith, died in hospital. There was an inquest into his death that found mistakes made in his treatment, and neglect from hospital staff, which led to his avoidable and premature death. As a result, the No One's Listening report was published (APPG, 2021).

3 The No One's Listening report
The report details the substantial evidence found for inadequate care in hospital wards and emergency departments, including a concerning pattern of negative attitudes towards people with sickle cell, with evidence implying that these attitudes often stemmed from racial biases, and a lack of awareness of SCD among clinicians coupled with limited education and insufficiency of resources for sickle cell care.

4 Mistrust in the healthcare system
These findings have resulted in people with sickle cell losing trust in the healthcare system, making them apprehensive to seek care or treatment. They fear poor treatment by healthcare staff and their lack of sickle cell knowledge. These findings show the significant health inequalities and issues around sickle cell care and the need for change (APPG, 2021).

5 NHS England sickle cell priority and programme
Following the recommendations in this report, NHS England established a sickle cell work programme, highlighting 10 quality improvement actions. In addition, the NHS England team in London worked with Integrated Care Systems (ICS) in the capital, identifying sickle cell as one of three priority pathways for improvement.

6 London Sickle Cell Improvement Programme
This has led to the London Sickle Cell Improvement Programme, which seeks to improve sickle cell services across all settings of care – integrating patient health records into a London wide digital care plan, increasing support in the community and investing in urgent and emergency pathways to improve care, experience and outcomes for those living with sickle cell in London.

LSCIP: Children and young people mentoring programme

London Sickle Cell Improvement Programme
Children and young people peer-to-peer mentoring programme

Innovative peer-to-peer mentoring
In 2017, City and Hackney Clinical Commissioning Group (CCG), in collaboration with the Sickle Cell Society, introduced a ground breaking peer-to-peer mentoring initiative, helping to deliver health and social care services tailored to children and young people aged 10 to 24 affected by sickle cell disorder (SCD).

Roll out across London
Due to the success of the year-long pilot in City and Hackney CCG, North East London ICB funded the programme across the ICB geography. As part of the NHS England funding available for the community workstream within the London Sickle Cell Improvement Programme, this innovative peer-to-peer mentoring programme for children and young people will be rolled out across all five London ICBs, in partnership with the Sickle Cell Society.

Sickle Cell Society
Established as an official charity in 1979, the Sickle Cell Society is a prominent UK-based national organisation dedicated to enhancing the wellbeing of individuals affected by SCD. Collaborating with those living with sickle cell conditions, their families, and healthcare professionals, the Society has actively promoted awareness of this condition and campaigned to improve the overall quality of life of those affected.

Benefits
The programme, focusing on self-care, education, emotional support, visits during crises, has yielded significant benefits, reducing A&E visits, inpatient stays, and bed days, ultimately enhancing local resident care. Specifically working with children and young people provides the opportunity to support them in developing personal management skills, and through their transition from paediatric to adult services. The programme principles are rooted in community and workforce collaboration, creating an integrated, holistic system driven by local voices.

Contact
If you want to learn more, or to refer yourself, a relative, or one of your patients to the programme, please get in touch, mentors@sicklecellsociety.org, or visit the Sickle Cell Society website, www.sicklecellsociety.org.
Furthermore, for more details on the London programme and to get involved, visit our website, [here](#).

London updates

NHSE specialised priorities: Sickle cell

Sickle cell in South East London

The South East London ICB team are progressing the following priorities:

SCD working group - A dedicated sickle cell working group has been established in South East London to progress improvements to community services. The group includes partners from the SEL ICB, the local HCC, acute sites, and community services. Robust project governance will link into the existing HCC infrastructure.

Community services - A mapping exercise of existing services has been completed to understand variation by geography and population groups, analysing service types, staffing levels, and caseload, alongside non statutory services such as the Sickle Cell Society and Citizens Advice. Following this, members came together for a workshop to develop a proposed model of community care, as they seek to expand services to include specialist support and partnership working with third sector organisations.

Primary care - The team has initiated links with these colleagues, aiming to identify GP / primary care leads who can support the programme and serve as a liaison for education.

Education - Exploratory work is underway for knowledge sharing opportunities using existing channels, such as the King's Health Partners e-learning modules, aimed at GPs and other healthcare professionals.



National campaign launched to help people save money on prescriptions

A new NHS England campaign aims to raise awareness of prescription saving schemes.

A Prescription Prepayment Certificate (PPC) will save people money if they pay for more than three items in three months, or 11 items in 12 months. The certificate covers all NHS prescriptions for a set pre-paid price, which can also be spread over 10 direct debit payments.

People on a low income could be entitled to help with costs or even free prescriptions through the low income scheme, depending on their circumstances.

The campaign is specifically targeting those living with long-term conditions as well as people living in deprived areas as data shows these populations receive significantly more prescription items than those living in less deprived areas.

- More information on PPCs: nhsbsa.nhs.uk/ppc
- Low income scheme eligibility checker: nhsbsa.nhs.uk/check

Two NHS campaign posters. The top poster has a blue header with the NHS logo and the text 'If you live with Sickle Cell, you could save money on your prescriptions'. Below this, it says 'A Prescription Prepayment Certificate will save you money if you pay for more than three items in three months, or 11 items in 12 months.' and features an image of a woman in a yellow top looking at a smartphone. The bottom poster also has a blue header with the NHS logo and the text 'Remind patients with long-term conditions they could save money on their prescriptions'. Below this, it says 'Ask patients to check if they are entitled to free prescriptions at www.nhsbsa.nhs.uk/check.' and features a grid of dots.

Transformation

South London pilot updates

Cardiac

Lewisham community heart valve clinics

Knowledge sharing during GP protected learning time event

A recent Lewisham GP protected learning event provided our clinicians with the opportunity to share team successes, new service development, and research.

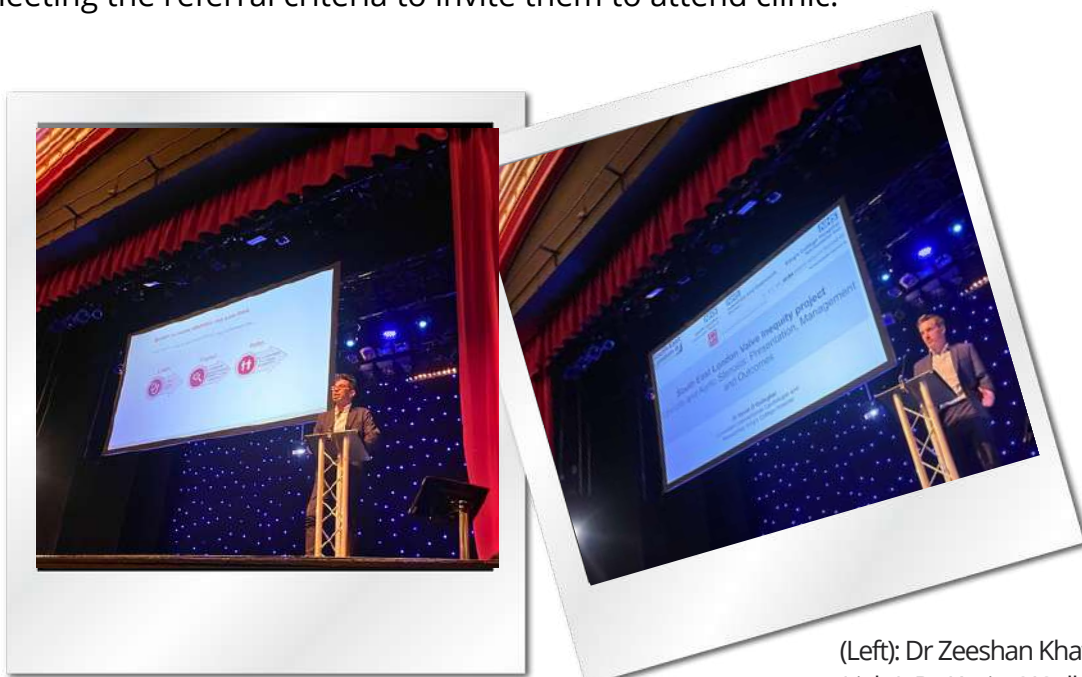
Dr Zeeshan Khawaja (*below left*), Consultant Cardiologist at Lewisham and Greenwich NHS Trust, presented on the new Lewisham community heart valve clinics, whilst also discussing aortic stenosis diagnosis, treatment, management, and referral.

Dr Kevin O'Gallagher (*below right*), Consultant Interventional Cardiologist and Researcher (Clinician Scientist) at King's College Hospital NHS Foundation Trust, then described research into the prevalence of AS in different ethnicities, noting the SLOSS Mabadiliko report findings and recommendations.

The team had a stall at the event, which encouraged further networking and promotion for the new clinics, handing out flyers, posters, and patient information for use in their practices.

Similarly, the team have attended a North London Lewisham PCN wellbeing event -- which resulted in a clinic referral.

The clinic's echophysiolegist and nurse are now searching GP EMIS patient records to identify patients meeting the referral criteria to invite them to attend clinic.



(Left): Dr Zeeshan Khawaja;
(right): Dr Kevin O'Gallagher

Transformation

South London pilot updates Cardiac

Building on the success of OPAT

The outpatient parenteral antimicrobial therapy (OPAT) service at King's College Hospital last month celebrated one year since launch.

Since then, the OPAT business case has been signed off by the KCH investment board, a 2023/24 workplan has been developed with agreed KPIs, and the KCH contracting team will take ownership of the contract, reviewing and amending as required.

HSJ AWARD SHORTLIST



The team have been shortlisted for the 2023 HSJ awards in the *Medicines, Pharmacy and Prescribing Initiative of the Year* category for their work in implementing an OPAT service at King's College Hospital.

King's College Hospital NHS Foundation Trust
South London Office of Specialised Services



Transformation

South London pilot updates

Blood borne virus screening in EDs

HIV

HIV network 2023/24 workplan

The clinical leads for the South London HIV Network, Dr Lisa Hamzah, HIV Consultant at St George's Hospital, and Dr Liz Hamlyn, South London HIV Clinical Lead (SEL) and HIV Consultant at King's College Hospital, presented the HIV Network's plan to the Executive Management Board.

Following engagement with key stakeholders working in HIV care across South London, they have devised an agreed work plan around three key areas:

- Clinical aims - improving services and outcomes for people living with HIV
- Strategic goals - shaping HIV care for the next 10 years, formalising pathways and ensuring cost effectiveness
- Collaborative working - Linking together clinicians, plus those living with HIV and addressing health inequalities

The team have met with ICB medical directors, and have held a workshop to establish working groups for the network's priority areas.

Linking activity and finance

Memorandums of understanding (MOUs) have been signed between the South London ICBs and NHS England to ensure continued success in HIV testing within money distributed to trusts.

The team, with NHS England regional colleagues, are reconciling activity and finance to ensure all trusts are on track for the projected number of test against the finances allocated.

HSJ AWARD SHORTLIST



The team have been shortlisted for the 2023 HSJ awards in the *Acute Sector Innovation of the Year* category for their work in HIV testing in EDs.

World AIDS Day

1 Dec

*This year's theme: Let
communities lead*

[Learn more...](#)

South London programme updates

South London Clinical Networks

Aligning ICBs and networks

The Head of Clinical Networks, Alice Ward, has met with nearly all clinical network managers across South London, to understand their work plans, achievements, and future plans.

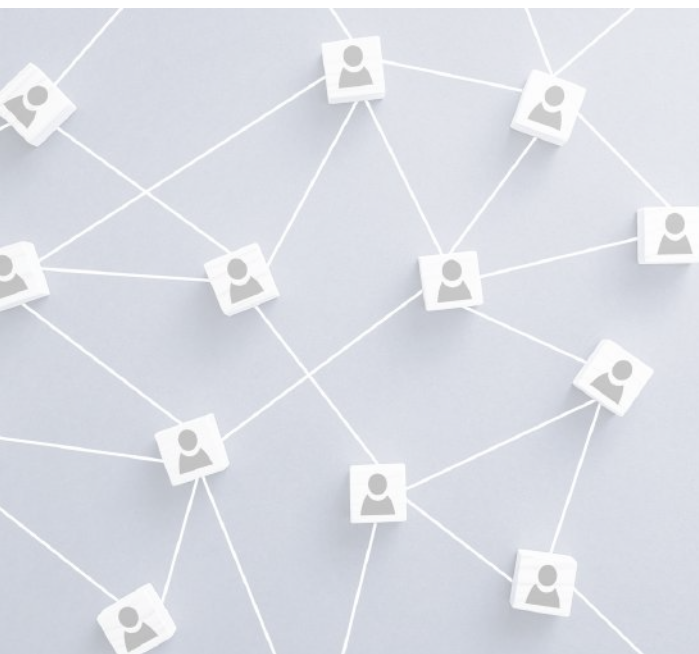
An agreed process for mid-year reporting across the networks will provide ICBs with an overview of their successes, challenges, and interdependencies, as linked back to the NHS triple aim. Additionally, this collaboration will also ensure network involvement into the ICB business planning cycle, for greater clarity and alignment of priorities.

Detail from network work plans will be used to identify potential areas for more focussed work between the SLOSS efficiency programme and the networks.

Collaboration across neurosciences

Discussions are underway regarding the structure of the neurosciences networks for potential areas to streamline and optimise.

Engagement with clinical leads, specialised commissioning leads, ICBs, managers and NHS England will seek to listen to contributions and consider all options for a future solution.



Connecting APCs and specialised networks:

Teammates are actively seeking ways to facilitate joint efforts between acute provider collaboratives and specialised networks in South East London and South West London.

Possible areas of focus include

- shared learning and best practices,
- clinical leadership support and development,
- shared resources and peer support for network managers, and
- career progression and talent development.

South London programme updates

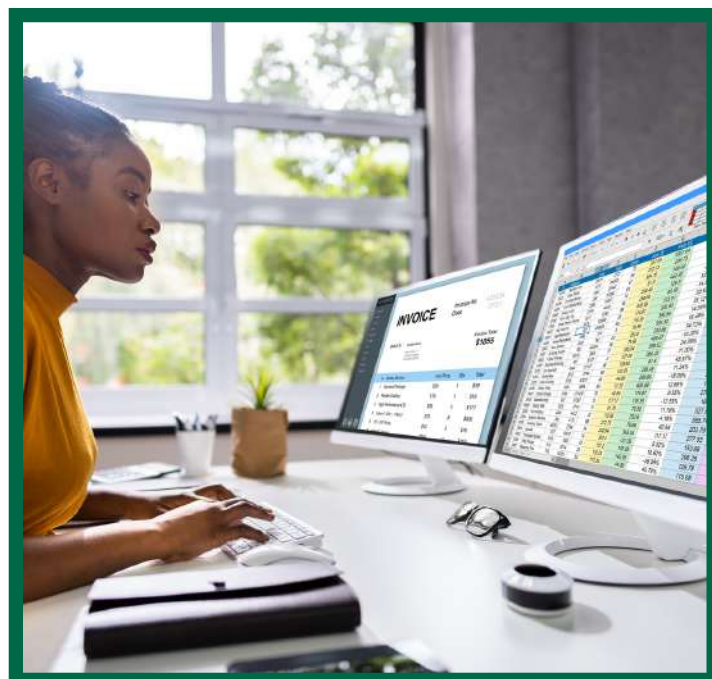
South London Pathfinder

Now in Phase 2 of Pathfinder, the Phase 1 Lessons Learned 'playbook' has been published and is [available on NHS Futures](#) (login required).

Payments were made to providers in July 2023 from the two South London ICBs for the 'green' specialised services in line with the schedule set by NHSE. Feedback from providers has noted that additional information with the payment is helpful to align with payment expectations. The Pathfinder team, along with NHSE colleagues are analysing data to fully understand the costed activity versus contract value for green specialised services. A comprehensive picture, tested by BI and finance colleagues across commissioners and providers, will then be brought with recommendations to the Pathfinder Programme Board.

A key issue within this is to ensure that there is one agreed set of codes for the green services; this is in development. The Pathfinder team will be working with the national team to ensure there is a single set of codes for green delegated services for consideration / sign off by the national programme so that responsible commissioner can be identified in a consistent way.

Related work is underway with the London Operating Model Design Group on the matrix way of working in future. This group will include South London, North London and London NHSE contracting leads. Still within the scope of Pathfinder, this ties together the South London and London workstreams for contracting in a way that, if successful and supported by all stakeholders, could be replicated for finance and BI functions.



Demystifying delegation: Webinar recording

The South London Office of Specialised Services and the [Shelford Group](#) hosted a webinar, *Demystifying delegation*, which shared the South London experience and learnings of the 1.) specialised services programme; 2.) transformation initiatives and 3.) the national Pathfinder programme.

The recorded session and slides are available through the Pathfinder page within the [Specialised Services Future Commissioning Model workspace](#) on FutureNHS (login required).

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.

Integrated care systems (ICSs) in England are taking on delegation of specialised services from NHS England. The South London programme ensures the necessary infrastructure and operating models are in place to achieve success for our patient populations.

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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