

Looking ahead



***Facing upcoming changing times,
learn what we're doing for the system***

As the South London Office of Specialised Services (SLOSS) team looks ahead to the next financial year, we look to continue our transformation work and the impact it is creating.

We are exploring potential areas of focus and scope for the 2024/25 year in conjunction with our South London partners and beyond.

The South London Pathfinder programme (page 5) has published its Phase II learnings. A formal closing report will be cascaded through key governance channels.

Although we still await the NHS England planning guidance for 2024/25, NHSE has published some tools that may assist in future planning (page 9).

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Want to know more?

[Get in touch](#) and we can share with you and your teams.

Transformation

South London pilot updates

Blood borne virus screening in EDs

OPT OUT TESTING IN ED

Uncovering new diagnoses to get patients the care they need



Diagnosing new patients

We have now **newly diagnosed 1,022 patients** with a blood-borne virus as a result of ED testing since the project began. Of these, 676 have been new hepatitis B diagnoses.



High testing rates

We are consistently **testing more than 80% of patients in ED** who are having a blood test for blood-borne viruses.



South London coverage

With hepatitis B and C testing now launched at the PRUH (February), **all sites in South London offer all three blood-borne virus tests in ED** -- HIV, hepatitis B and C.

Transformation

South London pilot updates

Blood borne virus screening in EDs

HIV

Sharing through global symposiums

The team has submitted data from the lost to follow up (LTFU) and the ED testing projects to conferences including the British HIV Association (29 April - 1 May, Birmingham) and Conference on Retroviruses and Opportunistic Infections (3 - 6 March, Denver Colorado). Both were accepted for an oral presentation.

The LTFU project seeks to re-engage people in their care -- essential to reaching the goal of zero HIV transmissions by 2030.

Opt out testing of blood borne viruses in South London emergency departments is finding newly diagnosed people to get them the care they need. Each person living with HIV newly linked to care could avoid NHS costs of over £200,000.

HIV GP champions

Last month, the network met with HIV GP champions to develop a collaborative workplan with primary care to improve outcomes for patients living with HIV in South London.

Marking World AIDS Day

In recognition of World AIDS Day, MPs took the chance to visit hospitals in South London to gain insight into the impact of opt-out HIV testing in emergency departments.

During the visits, MPs met with teams from HIV, ED, and lab departments to understand the remarkable uptake of HIV testing and how it is contributing to better patient care and outcomes.



(From top)
MP Paul Scully at St Helier Hospital;
MP Helen Hayes at King's College Hospital;
MP Clive Efford at Queen Elizabeth Hospital; and
MP Sarah Jones at Croydon University Hospital



South London programme updates

South London Clinical Networks

Linking up network managers

As Head of Clinical Networks, Alice Ward aims to bring consistency in the structures, resources, and business process of South London networks.

Part of this work includes strengthening relationships and peer support across the patch. By identifying areas for working together and sharing insight or resources, South London networks can increase productivity and more easily deliver on business plans.

Alice has convened monthly meetings of clinical network managers, which serve to update them on news from NHS England, the SLOSS team, and the wider environment. Recent meetings have provided network managers with further opportunities to learn more about financial processes related to network budgets, support available from the SLOSS team, and insight into raising network profiles.

Aligned to the monthly clinical network meetings will be the inclusion of South East London (SEL) and South West London (SWL) acute provider collaborative (APC) colleagues on a quarterly basis.

If you are a network manager or colleague and would like to join these monthly meetings, please contact [Alice Ward](#), Head of Clinical Networks.

SL clinical network manager meeting 14 March

The next meeting for South London clinical network managers and colleagues will be on Thursday, 14 March.

Agenda topics will include the outputs of the South London Pathfinder programme and network involvement in the NHS England legacy risk log.

Please contact [Alice Ward](#) for details and agenda items.



Network news

Each month we will be highlighting a South London network to raise awareness of plans, progress, and achievements.

If you would like your network shared in an upcoming newsletter, please contact [Andrea Marlow](#).

South London programme updates

South London Pathfinder

Phase 2 of the Pathfinder playbook, was published in December, incorporating lessons learned and recommendations arising from the implementation of Pathfinder, plus resources to support systems in local adoption of some of the recommendations.



Since the commissioning of the Pathfinder programme from the South London systems there have been several changes to the national process, including the change in timetable for establishing the commissioning hubs (now April 2025) and the 'mixed economy' of delegation to regions across England. This has resulted in some small changes to the achievable scope of the Pathfinder work, specifically those related to matrix working across BI, finance and contracting teams to deliver post-delegation efficiencies and integrated working.

As the London system is not taking delegation in 24/25 there will be no further changes to contracting but this Playbook does suggest how implementation of delegation could have worked, should delegation have gone forward.

The Phase 1 Pathfinder playbook is also [available on NHS Futures](#) (login required).

Pathfinder programme: Close

The Pathfinder Programme Board held its last meeting on 29 January to review final actions and the plan for closing down the programme. A formal closing report will be cascaded through key governance channels.

The final series of actions arose from recommendations in the Pathfinder Phase 1 and Phase 2 reports. The national NHS England team will own these actions, working with regional colleagues as appropriate, taking them forward through the national Future Commissioning Model Programme (FCMP).

Programme Board members reflected on the shared work through the programme, emphasising the power of team working and collaboration in achieving outcomes that wouldn't have been possible for individual team members or organisations.

NHS England colleagues thanked the programme board members for the significant achievements through the Pathfinder programme, which has substantially moved forward the national delegation programme.

London updates

NHSE specialised priorities: Sickle cell

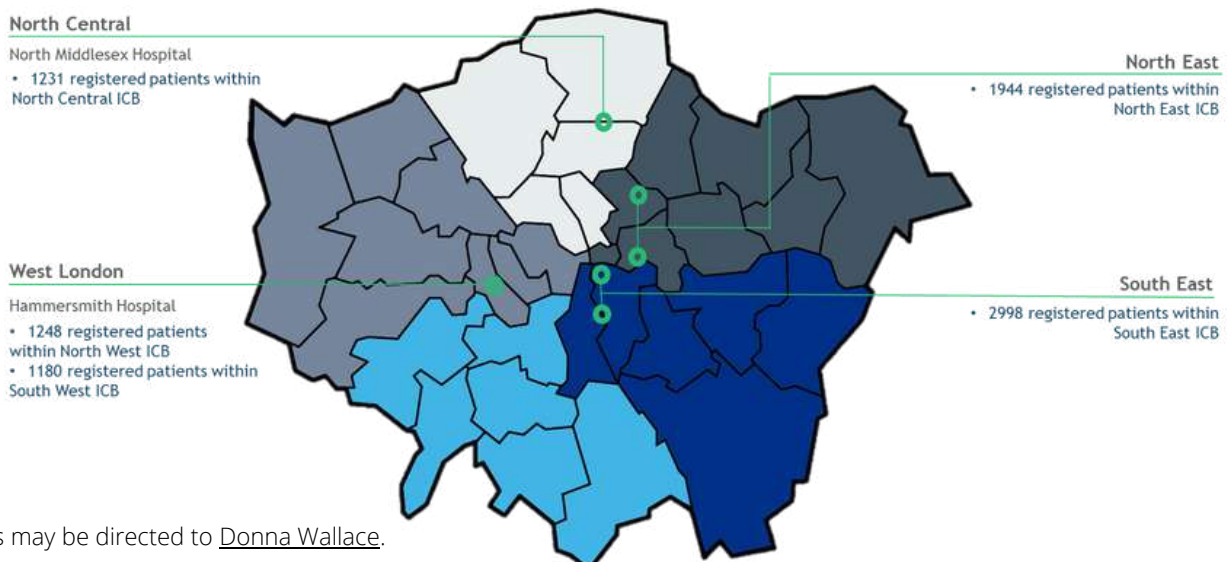
London Sickle Cell Improvement Programme Board

Vimbai Egaru, Director of Transformation and Programmes, Specialist Commissioning, NHS England, chaired the January meeting of the London Sickle Cell Improvement Programme (LSCIP) board.

- **Communications** - A communications sub group has been established to progress the agreed framework. This will provide consistency in messaging and information, coordination of existing activities, and wider sharing of advancements in sickle cell services. Using insight from the many patient groups and engagement events across the London ICBs, a London wide narrative can be developed to share what is being done to address services and the wider environment for the benefit of people with sickle cell. disease (PwSCD).
- **Community services planning:** All London partnerships of ICBs and haemoglobinopathy coordinating centres (HCCs) in NEL, NCL, SEL and West London (comprising NWL and SWL) are progressing their plans to implement comprehensive community services for PwSCD. Key to their planned 1 April go live date is the recruitment of new clinical staff appointments. (nursing, specialist pharmacist). Communications plans are in tow to ensure awareness of these new services and how to access them.
- **Hyper acute sites:** Lewisham and Greenwich (LGT) and St George's Hospital (SGH) are developing bids for their hyper acute units. At LGT, this will provide for PwSCD to bypass the ED using 24/7 triage lines of specialist assessment, led by advanced clinical practitioners (ACPs).
- **Universal care plan (UCP):** A three stage approach for the UCP rollout is in process: 1.) defining all groups and teams; 2.) stakeholder engagement on design, layout, and data fields; and 3.) final development and rollout. Now in stage 3, the team is finalising implementation plans and relevant training / documentation resources so that the system can be ready for patient record uploads from mid-March.
- **ACT NOW:** Materials for the ACT NOW acronym pilot are being finalised. This campaign seeks to promote fast pain relief for PwSCD, and will be trialled across several London sites to raise awareness to non sickle cell healthcare professionals. The letters in ACT NOW provide clear and concise instructions for managing those in sickle cell crisis, emphasising the urgent nature of action required. Posters, banners, and cards will be distributed to pilot sites for use, with a scannable QR code that links to the NHS England website for further information.

Further information is available on the [NHS Futures LSCIP work space](#).

London sickle cell patients by ICB



NHS England updates

Needs based allocations

NHS England will use a needs based allocation methodology for population based commissioning of specialised services. Its aim is to support resource allocation to ICBs by estimating the relative need for resources for the populations registered with practices associated with each ICB.

NHS England has no intention to move allocations from their historic position to the new target position immediately. Rather, it will move towards the target distribution over time, through a process known as convergence.

The ICB level specialised commissioning allocations figures will be published along with other system allocations as part of the 2024/25 planning guidance. *(See update, next page.)*

The 2023/24 distance-from-target estimated from expected spending this year and the recommended target model, for physical health services and high cost drugs and devices is [available on the NHSE website.](#)



Impact to providers

As specialised service funding is population based, providers will receive funding from a range of ICBs, based on the proportion of patients that come from those ICBs. Aggregating these together, we can calculate the estimated “distance from target” for providers.

We can then use those figures to estimate the impact of various convergence scenarios, for example, whether an 8 year or 12 year convergence. These would be indicative estimates only, as growth rates and associated convergence policy have not yet been published. Such policy is likely to be complex, unlikely to be received until next year, and may be revised.

Ongoing work: **South London implications**

The SLOSS team will continue researching the model's implications for South London.

For more details, contact
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NHS England updates

Update on planning for 2024/25

In December 2023, NHS England published its [2024/25 planning update](#).

NHSE is still in discussion with the government on funding and actions, given industrial action. Thus, the 2024/25 priorities and planning guidance will be published this calendar year.

Financial allocations for 2024/25 have been published, and the overall financial framework will remain consistent, including the elective recovery approach. Colleagues are encouraged to begin planning now.

Details on the national planning process and timetable will be published separately. However, systems should maintain that initial planning returns will be expected by the end of February.

Specialised services webinars

The NHS England Specialised Commissioning team will be holding a series of webinars which will look to share further information on delegation in several key areas, including contracting, financial flows, and data and BI. This will also be an opportunity to ask any questions you may have to colleagues in the national team.



Register now for upcoming NHS England webinars

- 4 March, 16:00-17:00 - **Understanding how cash will flow in 24/25** in respect of specialised commissioning
 - From a national perspective, how allocations have flowed to ICBs for those areas going live with delegation, and to regions for those areas not going live with delegation – including any hosting arrangements, low value activity thresholds, and arrangements for ERF and HCD
 - From a regional perspective, regionally-specific cashflow arrangements for any provider-ICB relationships above the LVA threshold for “green” services for ICBs live with delegation in 24/25.
- 6 March, 16:00-17:00 - **Quality oversight and governance arrangements** for delegated services from 24/25
 - Quality Framework for 24/25
 - The regional adaption and high level principles which will be applied in 24/25
 - Working together to ensure good oversight - how will this look in 24/25

View previous session recordings

- Contracting: How specialised services will be contracted in 24/25
- Data infrastructure, governance and analytics to support specialised service commissioning in 24/25

For details on how to join, please go to [NHS Futures](#) (login required) or contact [Jen Gospel](#), National Specialised Commissioning Delivery Lead, NHS England.

NHS England updates

NHS England publications

Despite the delay to the full publication of planning guidance, NHSE have published a number of supporting tools that are key to successful submission and analysis of 24/25 specialised services data:

- Identification rules
- Commissioner assignment methodology
- ICB delegation status reference table
- Service line reference table

Providers are required to make changes to logic within their data submissions from April 2024, and can use these tools to begin preparations for this.

Identification rules

Identification rules (part of the prescribed specialised services planning tool) provide logic for how activity can be attributed to many (but not all) service lines.

These include multiple lists of criteria, including:

- Procedure and/or diagnosis codes
- Admission method and/or referral source codes
- Provider eligibility lists (PEL)

Service line reference table

NHS England has updated the 24/25 valid service codes by year document with a column to show delegation status (red/amber/green/blue), for a single comprehensible list.

Commissioner assignment methodology

From April, providers will be required to enter relevant ICBs as commissioners for delegated specialised services.

This requires each data item to be evaluated to determine whether it is ICB or NHSE commissioned, using the logic within the commissioner assignment methodology.

ICB delegation status reference table

NHS England has published a list of each ICB and its corresponding delegation status. Providers can use this to determine whether activity is commissioned by NHSE or by the responsible ICB.

The landscape is changing.

South London ICBs and specialist 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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