

BUILDING ON SUCCESS





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For information on terms and abbreviations used in this report please see appendix one (page 46).

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Welcome

Once again we have had 12 months of hard work in a constantly changing environment. East Midlands Specialised Commissioning Group (EMSCG) has undergone a pre-assessment for World Class Commissioning competence to ensure that the elements of service commissioned by EMSCG are subject to the same rigour and standard as those commissioned directly by individual PCTs.

Importantly, this assessment included ensuring the model we have in the East Midlands for commissioning specialised services is robust, and that the underpinning governance is sound. This gives us an excellent platform for further developing specialised services in the region.

It is also crucial in ensuring that we are treating all patients the same, and that we have the best possible systems for commissioning the best services for all patients.

All nine East Midlands PCTs and NHS East Midlands have continued to support EMSCG in its ambitious work programme. Our clear commitment to collaboration has produced policy and service changes outside of specialised services, which is adding value for the whole East Midlands.

An exciting part of the work EMSCG has engaged in has been playing an important role in the Next Stage Review. This has provided an important platform for the small specialised services that we commission to be part of a wider quality improvement process across the East Midlands. This has had tangible benefits for patients, as described in the achievements section of this report.

I hope you enjoy this report. We are very proud of the progress we have made and of the resulting improved services for our East Midlands' patients.

Catherine Griffiths
Chair, East Midlands Specialised Commissioning Group





Building on success

I am extremely proud of the work the EMSCG team has undertaken with clinical colleagues from all East Midlands hospitals, along with both commissioning and clinical colleagues across the East Midlands' PCTs.

There was significant investment into specialised services in 2008/09, which has been used to bring care to as near to people's homes as possible. We have seen clinicians changing the way they work so everyone who lives in our region has fair access to services.

Most importantly of all, we have seen clinical services starting to collaborate in ways that mean we can put new models of care in place to truly make the best use of the excellent clinical services we have across the region.

Engagement with patients and the public has improved, although there is still much we need to do. We are actively working with PCTs to utilise their involvement and consultation networks, so that we really are communicating with the population that we serve.

These improvements are set to continue into 2010/11, when I will be able to report that lay members on our Board have produced tangible benefits, and how patient and public engagement is really shaping the way we commit resources.

We recognise the next year will bring more hurdles to overcome, particularly around the economic challenges we know lie ahead. We are preparing for this by putting in place clear and fair prioritisation processes.

Thank you to everyone who has contributed to our success over the last 12 months, and I look forward to hearing from you.

Kate Caston
Director, East Midlands Specialised Commissioning Group



ABOUT US

Who we are

The East Midlands Specialised Commissioning Group (EMSCG) works on behalf of all nine primary care trusts in the East Midlands:

- Bassetlaw Primary Care Trust
- Derbyshire County Primary Care Trust
- NHS Derby City
- NHS Nottinghamshire County
- NHS Nottingham City
- NHS Lincolnshire
- NHS Leicestershire County and Rutland
- NHS Leicester City
- NHS Northamptonshire

Our role

- We plan, assess needs, procure and performance monitor specialised services, based upon the national specialised service definition set
- We develop, negotiate, agree, maintain and monitor contracts with providers of specialised services

- We undertake reviews of specialised services and manage the introduction of drugs and new technologies
- We co-ordinate a common approach to the commissioning of specialised services outside the NHS East Midlands boundary
- We manage the pooled budget (from PCT allocations) for commissioning specialised services and put financial risk sharing arrangements in place
- We put in place clear processes for the designation of specialised service providers and ensure ongoing clinical quality through a rolling programme of service review
- We ensure that a formal process of public and patient involvement underpins EMSCG work.

Our organisation has been established primarily to ensure that patients, the public and NHS staff across the East Midlands broadly know who to speak to about planning, developing and ensuring the quality of specialised services.



What we do

Commissioning is the process of planning, buying, delivering and monitoring public services including health services.

Commissioning specialised services involves the same process, but for those services that affect small numbers of people. The staff involved have developed the range of specialised skills necessary to ensure that we have the same robust approach to specialised services as to other NHS services.

In 2007 the East Midlands PCTs established EMSCG so that they could work together to ensure that the whole population of the East Midlands has fair and equitable access to the full range of specialised services. This followed a review by Sir David Carter, published in 2006, which recommended proposals for improving how the NHS commissions specialised services.

In establishing the EMSCG the nine East Midlands PCTs recognised that the most efficient and effective way of planning services for small numbers of people was to work together to reduce duplication, ensuring that the NHS across the whole of the region has a clear focus on the quality of services and access to the best possible specialised services.

This collaboration is especially important in ensuring that the entire population of the East Midlands has the same access to specialised treatments and that no-one is disadvantaged because of where they live.

Because the number of patients who need specialised services is small, it is important to consolidate commissioning responsibilities in one place

Our vision

EMSCG's vision for how specialised services will develop in the East Midlands is:

- The entire population of the East Midlands will have fair and equitable access to the full range of specialised services
- All care will be patient centred, pathway based and delivered as near to home as possible
- Each patient will receive the right treatment in the right place at the right time.

Our vision encompasses six key deliverables:

- Accessible services
- Integrated systems of care
- Innovative and excellent services
- Developing a sustainable workforce
- Ensuring value for money and affordability
- Developing a research and development approach to commissioning specialised services.

What are specialised services?

Specialised health services are usually services that affect small numbers of people (see appendix two for the full range of specialised services). These services tend to be expensive because of the nature of the treatments involved so are a complex and costly element of the portfolio of services provided by the NHS. Particular aspects of specialised services, such as the relatively small number of specialised hospitals (tertiary centres) and the unpredictable nature of activity require specific commissioning arrangements that make optimal use of scarce resources and mitigate risk through a process of collaboration.

Currently, there are 35 nationally defined specialised services. However these are subject to review and may well change in the future. As services develop and become more mainstream they move away from the responsibility of specialised commissioners and back to PCTs.

Specialised services are not provided by every hospital as only those that have the right numbers and types of staff with access to the right equipment should be dealing with the most complex conditions. It is also important that we develop services that are experienced in treating

patients with the rarest conditions, as it is only through ensuring this critical mass of patients can we:

- achieve the best outcomes and maintain clinical competence
- sustain the training of specialised staff thereby ensuring a competent and effective workforce for the future
- ensure clinical and cost-effectiveness in provision
- make the best use of scarce resources (including staff expertise, high-tech equipment, donor organs)
- identify efficiencies through economies of scale, service redesign and system reform.

Under the current definition, the term 'specialised' means that the service needs to be commissioned for a population of at least one million, and many of the rarer conditions need much larger populations than this. Generally, PCT populations are around a third of a million and so, for these services, PCTs group together at different levels from local up to national to ensure that such services are planned and paid for at the level appropriate to the condition. This is illustrated in the chart shown right.

National - National Specialised Commissioning Group
50 million people
e.g. heart transplants

Supra regional
Specialised commissioning groups
5 - 50 million people
e.g. severe burn care

Regional
East Midlands Specialised Commissioning Group
1 - 5 million people
e.g. haemophilia / children and young people's

Local
Primary Care Trusts
100,00 - 1 million people
e.g. hip replacements

Practice based commissioning
Less than 100,000 people
e.g. district nursing





The region covers 12 percent of England's land area with a population of 4.4 million. It is predicted to be the fastest growing region in England between 2006 and 2016.

About the East Midlands

The NHS East Midlands region comprises the counties of Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland. The main population centres are the cities of Derby, Leicester, Lincoln and Nottingham and the large town of Northampton.

The region covers 12 percent of England's land area with a population of 4.4 million. It is predicted to be the fastest growing region in England between 2006 and 2016.

The current population comprises 19 percent school age, 62 percent working age and 19 percent of pensionable age.

In summary:

- The health of people in the East Midlands is generally close to the average for England as a whole. Life expectancy at birth for men is 77.3 years (England average 77.3) and for women is 81.3 years (England average 81.6).
- Health across the region is improving, people are living longer and fewer people are dying early from major killers such as heart disease, stroke and cancer
- However, there are large health inequalities within the region. The health of people living in the more deprived areas is generally worse than that of those living in more affluent areas. Tackling and reducing these inequalities is a key priority for the region.
- Lifestyle indicators are generally similar to the England average, one in four adults smoke, more than one in six binge drink and only 12 per cent meet the recommended levels of physical activity. However, one in four adults are obese, which is higher than the national average.
- The percentage of mothers smoking during pregnancy is high compared with the England average
- Overall, smoking kills more than 7,000 people in the East Midlands each year
- The rate of road injuries and deaths is higher than average, around 2,750 people die or are seriously injured on the region's roads each year
- The percentage of people diagnosed with diabetes in the region is higher than the England average.

Working with clinical networks

EMSCG works closely with a number of managed clinical networks which bring together clinical expertise from across the East Midlands. The purpose of managed clinical networks is to share best practice and improve the interaction among individuals, professions and organisations and break down professional and organisational boundaries that hinder service provision and affect quality.

These networks handle the full spectrum of care for each of their speciality areas. We have worked hard with them over the last 12 months to strengthen the specialised elements of these. For further details see the 'our achievements' section of our report.

EMSCG hosts two of the key clinical networks in the East Midlands. New appointments to network managers for both the burns and renal networks have been made and are accountable through the EMSCG management structure. Both networks have clinical leads in place, who together with the network managers, have developed collaborative working between our clinical teams in order to create the culture where we can continuously drive service improvements for renal and burns patients across the East Midlands.

The clinical networks we have engaged with include:

- East Midlands Cancer Network
- network director is Dr Elspeth Macdonald
- East Midlands Renal Network
- manager is Wendy Hope
- East Midlands Cardiac and Stroke Network
- network director is Rebecca Larder
- Central Newborn Network
- director is Tony Dinning

- Trent Perinatal Network
- director is Tony Dinning (as above)
- East Midlands Perinatal Mental Health Network
- medical director is Dr Margaret Oates
- The Midlands Burn Care Network
- manager is Dr Owen Jones
- Mid Trent Critical Care Network
- network director is Sue Shepherd
- North Trent Critical Care Network
- network coordinator is Joanne Poole
- Central Trent Critical Care Network
- network manager is Sue Cooke

Collaborative work

Over the last year the EMSCG has worked on behalf of all PCTs on a number of areas that sit outside of specialised commissioning. This is an important step to creating collaborative working between local NHS organisations, so we work together, where appropriate, to ensure that we use public money wisely, and importantly that we standardise the way we do things, making processes more transparent and access to treatment fairer.

Examples of this include developing policies on behalf of the nine East Midlands PCTs, working with them to develop fair policies for individual funding requests and top up treatments so that all East Midlands patients can now pay for additional private healthcare on top of their NHS treatment. For further details see the key achievements section of this report.



We have played a key role in the Next Stage Review (NSR) of the NHS and are part of the East Midlands' Evidence to Excellence programme

From Evidence to Excellence

In June 2008, the outcome of the work led by Lord Darzi *High Quality Care for All: NHS Next Stage Review Final Report* was published. NHS East Midlands also published its response and regional vision entitled *From Evidence to Excellence*. EMSCG has played a key role in the Next Stage Review (NSR) of the NHS and we are part of the East Midlands' Towards Excellence programme.

The EMSCG vision reflects the priority areas set out in the Next Stage Review (NSR) as follows:

- Maternity and newborn care
- Children's health
- Planned care (including cancer)
- Dentistry
- Mental health
- Learning disabilities
- Staying healthy
- Long term conditions
- Acute care
- End of life care.

In achieving our vision for specialised services in the East Midlands we will ensure that any planned changes will meet the five pledges made by Lord Darzi in launching the Next Stage Review: Our NHS our Future.

Any changes will be:

- Always to the benefit of patients
- Clinically driven
- Locally led - but for some of our more specialised services will be nationally co-ordinated
- Involving of the public and specific patient groups
- Obvious with clear evidence of benefit to patients and their carers.

For some services however, NHS East Midlands has recognised the need to develop one system of care for the whole region and for these areas it has set

up dedicated project teams with expertise drawn from across all NHS organisations in the East Midlands to take this forward.

The EMSCG is providing the project management support to deliver the following key regional priorities as part of the process to improve services in the East Midlands:

- Specialised children's services: neonatal, children's cancer, children's critical care and children's heart surgery
- Specialised mental health services: mother and baby (perinatal), eating disorders, low secure learning disabilities, child and adolescent mental health services (CAMHS).

EMSCG has undertaken extensive work on these projects this year. See the achievements section of this report for more details.

How we spend public money

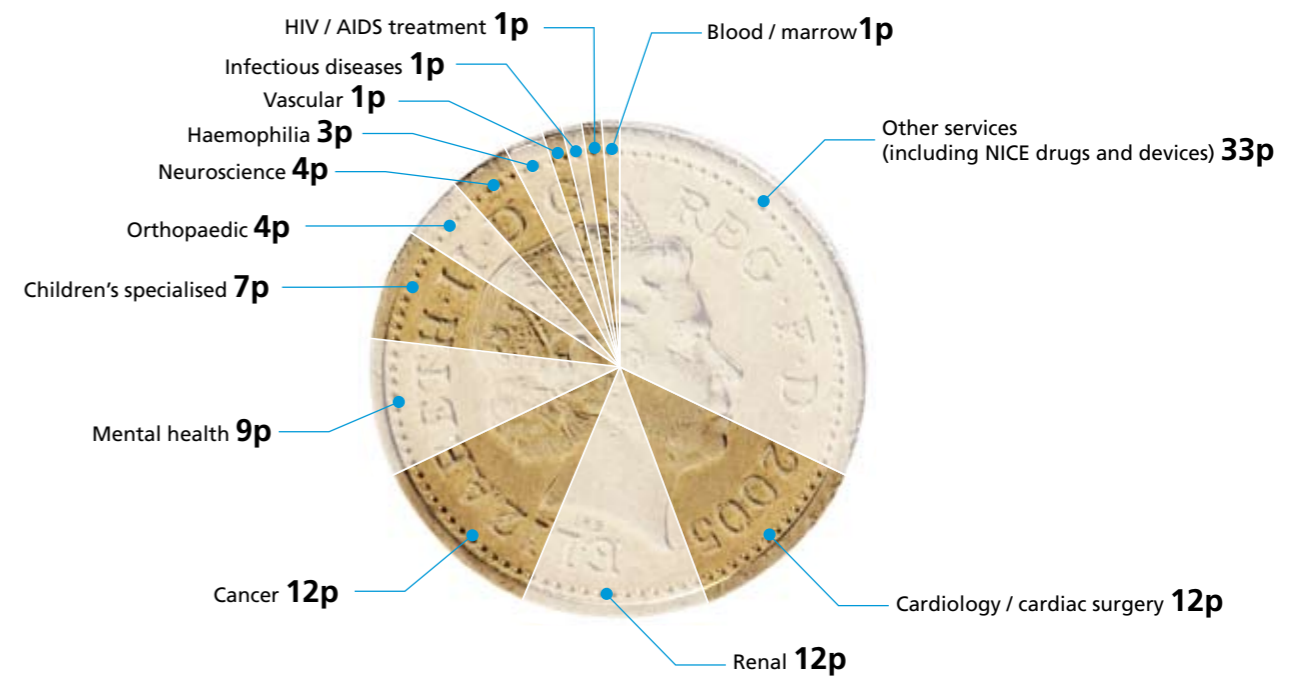
We buy a range of specialised services from a large number of hospitals across England. However, most patient treatments are purchased from NHS or independent sector healthcare providers that are based in the East Midlands, as they provide services closer to our population. Services are purchased from outside the East Midlands in order to improve access for patients, provide additional capacity or, in some cases, because the service is not provided locally within the East Midlands.

In 2008/09 our East Midlands contract covered a large proportion of the 35 nationally defined specialised services. This included whole services and parts of services, for example some elements of children's services were contracted for, but not all. The PCTs retained contracts for the remaining specialised services.

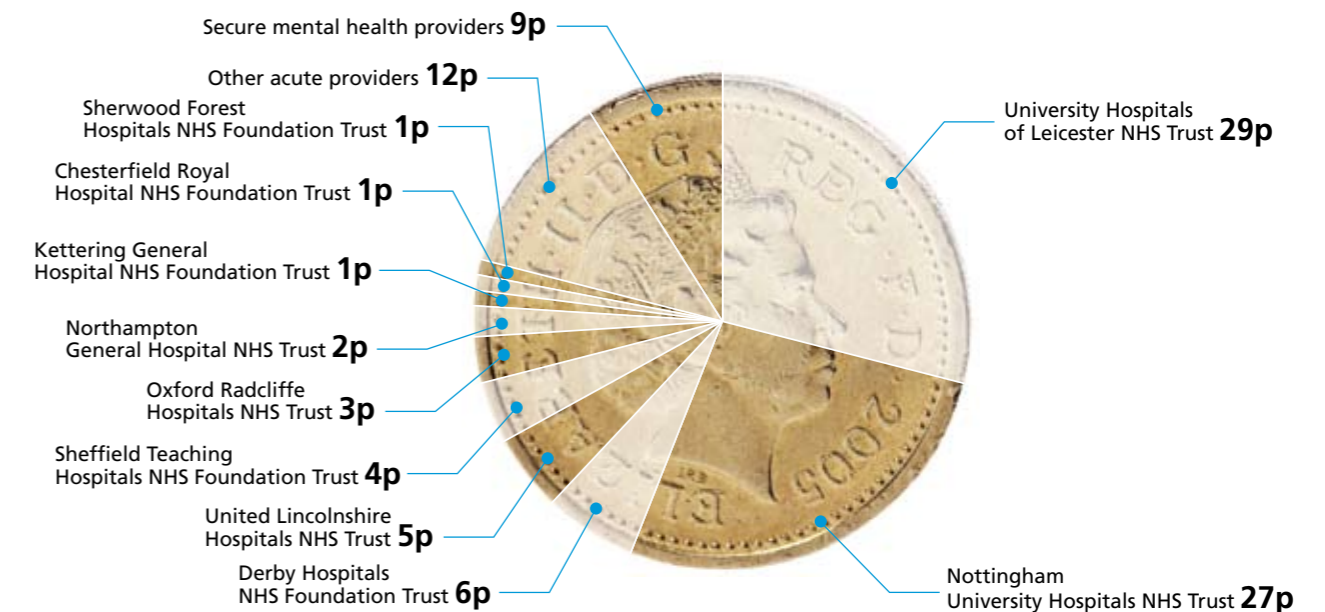
EMSCG spent over £500m buying specialised health services for the East Midlands population during 2008/09. We are responsible for ensuring the public money we are given to spend on planning and delivering specialised services across the East Midlands is used fairly and effectively.

The diagram on the right shows how much is allocated to each specialised service from every pound we spend.

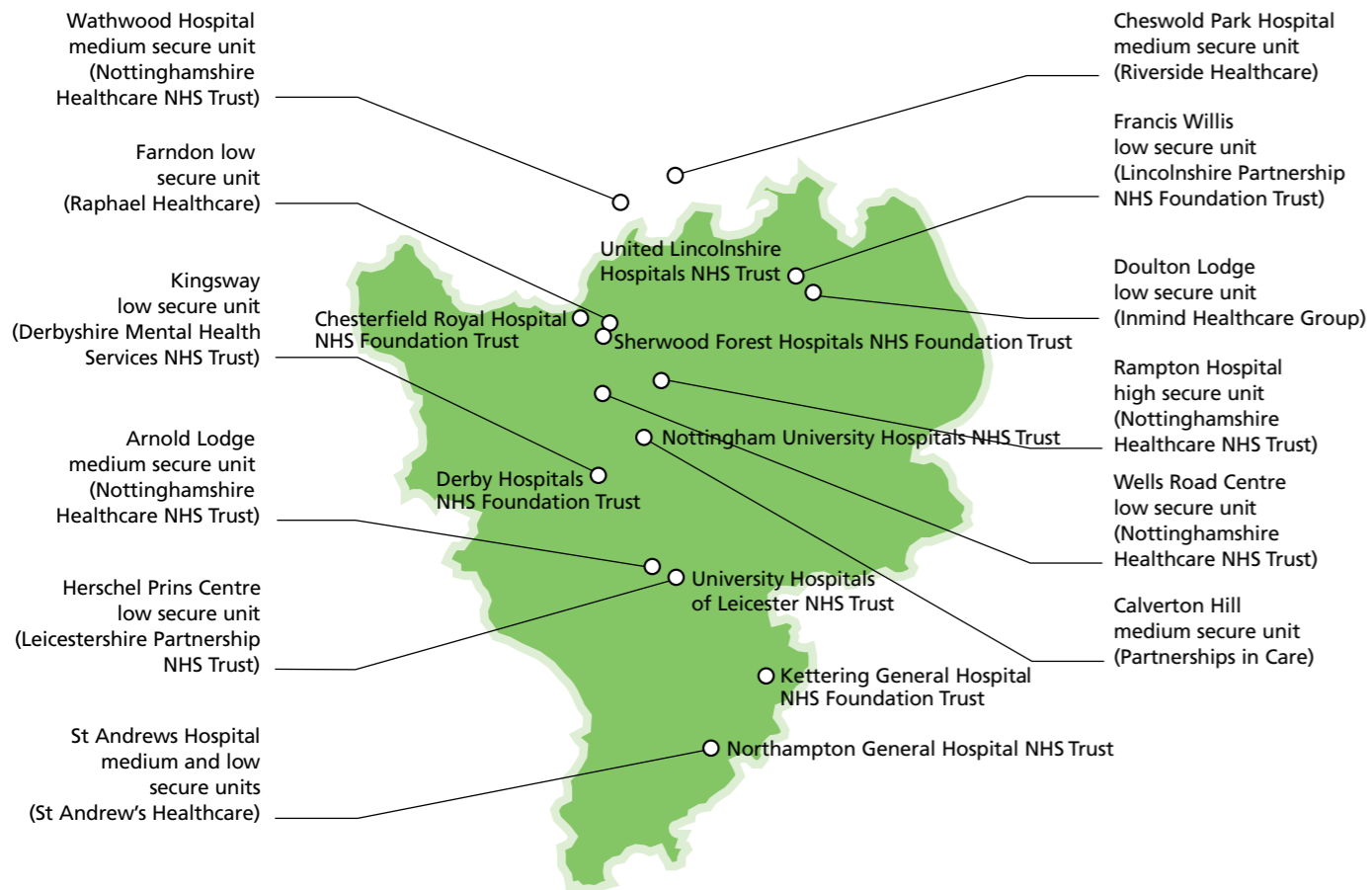
How many pence we allocate to each specialised service from every pound we spend



How many pence in each pound we spend with each of our main NHS Trusts



Who provides our services



See appendix three for the list of our key service providers and the range of specialised services they provide.

World Class Commissioning

World Class Commissioning (WCC) was launched by the Department of Health in the NHS in June 2008, following an extensive period of co-production between the Department of Health, strategic health authorities, primary care trusts and other key stakeholders. It sets out an expectation that PCTs will continue to grow into strong commissioning organisations and that they will bring together the best commissioning practices and health systems from across the globe, into one health system.

The standards developed for PCTs can be applied to specialised commissioning, and during 2008/09 EMSCG carried out a baseline assessment of our ability to become world class commissioners. We have drafted a development plan which will help EMSCG continue to develop before being formally reviewed in 2009/10.

WCC addresses ten key commissioning responsibilities, as shown in the chart below.

During 2008/09 EMSCG carried out a baseline assessment of our ability to become world class commissioners

Responsibility	WCC competency
Provide leadership for specialised commissioning agenda at the highest level in the health community	1
Use open and transparent processes that build confident partnerships and work in partnership to maximise innovation, effectiveness and reduce barriers to services	2
Engage with public, patients and clinicians to inform strategy and shape service design	3 and 4
Provide timely information to providers and work constructively with them to look beyond the immediate circumstances of current service users and develop a long term view of their needs and the wider needs of communities	5
Spend money wisely according to agreed priorities to secure effective and efficient services, decommissioning services where necessary	6
Work to understand the current and future provider requirements to ensure a range of responsive providers is available	7
Work with providers to identify and agree quality standards and outcome measures for specialised services	8
Continuously evaluate current and developing services and ensure they represent best practice and have clear impact on outcomes	8
Ensure that we have the people with the right skills to establish excellent procurement and contracting processes	9
Work closely with providers to ensure constructive performance discussion to facilitate continuous improvement	10

MEET THE BOARD

Up to date as of
31 March 2009



Catherine Griffiths
- chair of EMSCG Board
and chief executive of
NHS Leicestershire County
and Rutland



Dr Martin McShane
- vice chair of EMSCG Board
and director of strategic
planning and health outcomes,
NHS Lincolnshire



Dr David Black - representing
directors of public health
(director of public health,
Derbyshire County PCT and
Derbyshire County Council)



Louise Newcombe
- chief executive, Bassetlaw
Primary Care Trust



Jonathon Rycroft
- deputy director of service
development and market
management, NHS Derby City



David Sharp
- director of commissioning
and informatics, Derbyshire
County PCT



Vikki Taylor
- director of strategy
and market management,
NHS Leicester City



Peter Huskinson
- director of commissioning,
NHS Leicestershire County
and Rutland



Avril Johns
- director of strategy
and system development,
NHS East Midlands



Anthony Kealy
- strategic programmes
director, NHS East Midlands



Gill Scoular
- director of finance and
deputy chief executive,
NHS Northamptonshire



Michelle Rhodes
- director of commissioning
and performance,
NHS Nottingham City



Dr Chris Kenny
- director of public health, NHS
Nottinghamshire County



Kate Caston
- director, East Midlands
Specialised Commissioning
Group



Kath Murphy
- associate director,
East Midlands Specialised
Commissioning Group



Paul Thefaut
- commercial director,
East Midlands Specialised
Commissioning Group

The EMSCG Board agrees the strategic direction and work programme of the EMSCG. The Board meets bi-monthly and is made up of representatives from all nine member PCTs and is chaired by Catherine Griffiths, chief executive of NHS Leicestershire County and Rutland.

The EMSCG Board is a sub committee of each member PCT Board. It is not a public Board meeting.

ACHIEVEMENTS

In this section we look back at some of the highlights of the last 12 months, and look ahead at our plans for the future.

NEXT STAGE REVIEW

The EMSCG has been identified as the lead organisation to support the delivery of key regional priorities within the Next Stage Review as part of the process to improve services in the East Midlands. Key milestones for these specialised service areas include the following:

Mental health

Key developments in 2008/09

- Working groups were created for perinatal (mother and baby mental health), eating disorders and child and adolescent mental health services (CAMHS). The working groups were led by commissioners in the East Midlands made up of representatives from the PCTs and providers. Data was gathered, epidemiological evidence researched to estimate need and current services within the East Midlands were mapped. This was worked up and presented to the PCTs.
- After careful consideration of the CAMHS work, it was agreed by the PCTs and providers that

further work would be undertaken locally on tier three services (intensive community support) before the EMSCG addressed tier four work (in patient services). If intensive community support services were improved it would reduce the extent of the need for in patient services. Work would therefore be carried forward into 2009/10 to consider with the PCTs their intensive community support services need.

- In January 2009 the work taking place in perinatal and eating disorders services was reviewed by the PCTs. It was decided more detailed work was required in some areas and the project plan was revised. The aim of the perinatal and eating disorders work is to improve these services across the East Midlands to ensure they are:
 - Accessible
 - Equitable
 - Appropriate
 - Effective
 - Integrated
 - Comprehensive.



Future planning

- The work undertaken in 2008/09 is being taken forward to 2009/10 to ensure a wide range of engagement, financial detail and service specifications are developed.

Dr Margaret Oates, NHS East Midlands' clinical lead for perinatal mental health and medical director for the East Midlands Perinatal Mental Health Network said:

"The East Midlands Specialised Commissioning Group provides support to the regional Next Stage Review mental health workstream. Their expertise, pragmatic approach and project management skills have come in very useful in helping us work towards our aim of ensuring all women in the East Midlands with serious mental illness complicated by pregnancy and in the year after giving birth, have access to specialised perinatal psychiatric services."

"Their expertise, pragmatic approach and project management skills have come in very useful"

Dr Margaret Oates - NHS East Midlands' clinical lead for perinatal mental health and medical director for the East Midlands Perinatal Mental Health Network

- retain as much local access as possible for patients and their families
- ensure that patients have access to the same high level of service, regardless of where they live in the region.
- Investment in the integrated model from East Midlands PCTs in 2009/10 has enabled us to:
 - provide the necessary infrastructure to support the new way of working,
 - appoint a joint clinical service director who will lead the new service and ensure it is launched in April 2010.

Dr Johann Visser and Professor Richard Grundy have been jointly appointed to the new role of clinical director for children's services. Both are consultant paediatric oncologists, UHL's Dr Visser works at the Leicester Royal Infirmary and NUH's Professor Grundy is based at the QMC campus in Nottingham. They said: "The new integrated children's cancer service for the East Midlands is a fantastic opportunity for us to create a centre of excellence that will be accessible to all children with cancer from around the region."

"Thanks to the support from the East Midlands Specialised Commissioning Group we are able to merge the expertise of the NUH and UHL doctors and nurses into a sustainable service for the benefit of patients for generations to come."

Future planning

- As part of developing this new model of care, we have worked extensively with parents and patients to identify where improvements to services can be made. These will be addressed through a service improvement project, with parent representatives involved in the work groups.
- A clinical working group has also been established to design appropriate services for patients in the 19 to 24 year old age group. This work includes close collaboration with national charity the Teenage Cancer Trust, which is due to launch a fund raising campaign in Autumn 2009 on behalf of EMSCG to support the provision of appropriate environments and facilities to meet the specific needs of patients in this age group.



SPECIALISED CHILDREN'S SERVICES

Children's cancer services

Work has been ongoing during 2008/09 to improve children's cancer services across the East Midlands. The work has taken place in response to NICE Improving Outcomes Guidance (IOG) 2005 *Improving Outcomes in Children and Young People with Cancer*.

Key developments in 2008/09

- We have worked in partnership with our providers in Nottingham and Leicester, the Cancer Network and patients and parents to design a centre of excellence for children with cancer in the East Midlands.
- This is an integrated service between our Nottingham and Leicester providers, who are working in partnership as one team. Working as one team provides us with a critical mass (enough patients) to sustain a service for the future. This approach has enabled us to:
 - build on the expertise and excellence in both the Leicester and Nottingham services

Paediatric intensive care

The EMSCG will be reviewing paediatric intensive care (PICU) and high dependency care (HDU) services in the East Midlands. Paediatric intensive care services underpin many specialised children's services and the review aims to ensure our services are able to provide sustainable support to specialised children's services across the East Midlands. The review will assess the current service provision against the nationally defined service quality standards and assess the efficiency and effectiveness of current in-patient and transport services. The review will make recommendations for improvement and will determine the most effective clinical and cost effective model of care for the East Midlands.

The overarching principles for the review will be to ensure that services:

- Deliver consistently high standards of clinical care and achieve good clinical outcomes (as benchmarked against national standards)
- Meet the needs and expectations of the East Midlands population and are consistent with national policy and evidenced-based good practice
- Deliver value for money and are clinically and economically sustainable.

"The new integrated children's cancer service for the East Midlands is a fantastic opportunity"

Dr Johann Visser and Professor Richard Grundy - joint clinical director for children's services and consultant paediatric oncologists

Key developments in 2008/09

- A clinical steering group has been established. Activity data for the East Midlands has been collected and initial analysis has taken place.
- Benchmarking against draft designation standards has been undertaken.

Future planning

- Modelling of configuration options will take place in Autumn 2009 and the preferred model approved by April 2010.

Networked paediatric surgery

To ensure safe and sustainable surgical services are provided for children in the East Midlands, EMSCG has commissioned a baseline analysis of trends in surgery on children across the East Midlands.

Future planning

- The development of a paediatric surgical network, with detailed service specifications and protocols for district general hospitals and tertiary centres across the East Midlands in 2009/10.

PARTNERSHIPS WITH CLINICAL NETWORKS

The EMSCG works with a range of managed clinical networks to improve the specialised services we commission through the sharing of best practice and partnership working between providers. This has led to improvements in a number of specialised service areas.

Neonatal intensive care

One of our top priorities is to ensure our neonatal services achieve the highest possible standards and deliver care that meets the needs and expectations of our population. This is part of our Next Stage Review work.

Key developments in 2008/09

- Over the last twelve months, EMSCG has worked in close partnership with the neonatal networks and service providers to develop the optimum configuration of neonatal intensive care for the East Midlands:
 - Together we have developed proposals that identify our units in Nottingham and Leicester as the lead perinatal neonatal intensive care centres
 - We have also developed unit-specific clinical thresholds for our other neonatal units, which determine the gestational age limits for the

units and the supporting clinical care that each unit will provide. This will enable us to ensure that the most appropriate care is provided in the right place at the right time and enables us to optimise the use of our precious resources. The improved configuration will be introduced early in 2010 once approved.

- The introduction of a 24/7 stand alone neonatal transport service was supported by the nine East Midlands PCTs in the 2008/09 planning and prioritisation process. We have begun implementing the new service, which will be phased in from December 2009. Benefits will include:
 - The new transport service will strengthen staffing on the units and ensure that at least 95 percent of care is provided within our networks in the East Midlands, ensuring mothers and babies are cared for as close to home as possible



- The new service will include a cot management system, which will ensure the management of capacity is optimised and that transfers are managed as effectively as possible.

Future planning

- The establishment of a joint paediatric intensive care (PICU) and neonatal intensive care (NIC) transport and retrieval system is our strategic vision. We are planning how we can achieve this during 2009/10/11.
- The first step is to establish one call handling centre for the neonatal intensive care transport service in the East Midlands.

Jon Dorling, consultant neonatologist at NUH and Trent Perinatal Network medical lead said: "EMSCG has been instrumental in putting in place plans for a new improved model of neonatal intensive care, with the hospitals in clinical networks across our region working closer together to ensure our sickest babies are treated in the right place at the right time.

"A real flagship scheme the EMSCG team has been working hard with clinicians on is the new neonatal transport service, which will make the safe transfer of babies between units much easier."

Specialised cardiac services

Cardiology services are available across the region with specialised services provided by UHL and NUH. These centres also carry out cardiac surgery. Leicester also provides cardiac surgery for children, with supporting adult congenital heart services, and hosts the country's largest extracorporeal membrane oxygenation (ECMO) service for patients requiring cardiac and respiratory support.

Services are provided within a managed clinical network which is made up of public health specialists, cardiac clinicians, commissioners, managers and patients from across the region. It co-ordinates and steers development of cardiac services across the East Midlands. The EMSCG works collaboratively with the network to ensure the specialised elements of cardiac services are effectively delivered.

"The Department of Health recognises the support of the EMSCG in bringing together national experts to plan how TAVI should be made available to patients with damaged heart valves"

Dr Roger Boyle, the Department of Health's national director for heart disease and stroke

Key developments in 2008/09

Transcatheter Aortic Valve Insertion (TAVI) offers a new and innovative way of replacing a damaged heart valve without the need for open heart surgery:

- It provides an opportunity for those who are not suitable for surgery to have the valve replaced and may in the future be an alternative to open heart surgery for those patients where surgery would be particularly risky
- EMSCG played a central role in developing a national commissioning strategy for TAVI with expert clinicians, NICE and the Department of Health
- The strategy included a commitment to undertake a national clinical research programme into the long-term benefits of TAVI, through the TAVI collaborative research group, and to explore its cost-effectiveness alongside open heart surgery
- A successful business case secured funding for 70 patients in the East Midlands to receive this treatment in 2009/10. Patients will be treated at UHL, with plans for NUH to also provide this service in the future.

Future planning

- A comprehensive audit of East Midlands' cardiac services is planned in conjunction with the East Midlands Cardiac Network
- A review of commissioning policy for implantable cardioverter defibrillators (ICD) to consider extending the criteria for use for some cardiac patients which sit outside NICE recommendations
- To work with the TAVI collaborative research group to develop a national research programme into the long term benefits of TAVI, and to explore its cost-effectiveness alongside open heart surgery.

Dr Roger Boyle, the Department of Health's national director for heart disease and stroke, said: "The Department of Health recognises the support of the East Midlands Specialised Commissioning Group in bringing together national experts to plan how TAVI should be made available to patients with damaged heart valves. The EMSCG has also been a key contributor to ensuring that research is undertaken to determine who should be offered TAVI in the future alongside open heart surgery."

Specialised renal services for adults

Nationally the number of people starting or receiving some form of renal replacement therapy each year i.e. dialysis or transplant, have increased over the last few years, and the numbers continue to rise. The East Midlands is no exception to the national picture and given the shortage of kidneys for transplant, dialysis facilities are expanding across the region. The East Midlands currently has three major renal units at Derby Hospitals, NUH and UHL, with smaller renal units across the region affiliated to a major renal unit. Transplantation surgery is undertaken at NUH and UHL. All providers are part of the East Midlands Renal Network which was launched in autumn 2008, bringing two previous networks together.

The overarching purpose of the network is to provide clinical and managerial expertise to develop and continuously improve renal services across the region. Working in partnership with a range of organisations the network advises and make recommendations to the East Midlands commissioners via the EMSCG Board and PCT Boards as appropriate. For example, dialysis is expensive and any future expansion has to be

planned in a coherent and structured way to ensure it meets the needs of the population and delivers value for money. The network and the EMSCG work collaboratively to ensure this is delivered.

Key developments in 2008/09

- Two new temporary dialysis units have opened in Leicester City and Corby. These units have a total of 16 dialysis stations meaning that up to 96 additional patients can be treated.
- These temporary units will move to permanent accommodation in 2009/10 and will provide even more dialysis stations.

Future planning

- Improved access to dialysis services is planned for Nottingham City, Nottinghamshire and Lincolnshire over the next 12 months
- A piece of work to explore demand and predict future need for dialysis will be undertaken during 2009/10.

As well as delivering developments in dialysis services, the EMSCG and the network have worked to improve access to kidney transplant services.

Dennis Cawdron's story

Dennis Cawdron is a renal dialysis patient who lives in Lincolnshire and receives his treatment at Peterborough District Hospital satellite unit (affiliated with the major renal unit at UHL). He is also a patient representative and member of the East Midlands Renal Network. Dennis said:

"I have been receiving dialysis at the hospital in Peterborough for nearly four years and I can honestly say the care from the staff on the unit is excellent. They are very professional and caring - I can't praise them enough.

"I believe that the renal units from across the East Midlands coming together to form a single clinical network means renal teams are starting to work together better. Just by talking to each other I'm pleased to say staff are sharing best practice and new ideas, and learning from one another. This can only be good news for patients, who I'm sure will feel the benefits in months and years to come."

Transplantation is considered to be the best form of renal replacement therapy for suitable patients. Transplants can come from a deceased donor or a suitable live donor. Waiting lists for transplants are growing and work is being undertaken nationally to raise awareness and increase the number of deceased donors.

Future planning

Recent improvements in transplant technology mean that the potential for a patient to receive a kidney from a live donor with an incompatible blood group has become a reality:

- This year the EMSCG commissioned a new technique for allowing a kidney to be transplanted into an ABO (blood groups) incompatible donor with end stage renal failure. The additional investment given by EMSCG to the transplant centres at UHL and NUH for this innovative procedure is £266,805. Up to nine patients across the region could benefit from this new treatment in 2009/10, which alleviates the need for the patient to receive dialysis.

Wendy Hope, the East Midlands Renal Network manager, said the new development was a real step forward: "In the past, if there was no compatible live donor, a patient needing a kidney transplant simply remained on the waiting list until a match was found, but the technology now allows us to perform successful kidney transplants from non-compatible ABO blood group donors.

"Naturally, it will take some time for us to fully establish the new approach and there is generally a three-month lead-in time for patients to prepare them for the operation, but this does offer real hope to more people in need of a kidney than ever before."

As a network hosted by the EMSCG the renal network is able to work more closely with us and this in turn strengthens the network function. The network has strong patient representation, and links with the local kidney patient associations across the region are being reinforced. Their views will be incorporated into the planning of future service provision.

"The technology now allows us to perform successful kidney transplants from non-compatible ABO blood group donors"

Wendy Hope -
East Midlands Renal
Network manager

Specialised burn care services

Burns care in the Midlands is managed by a clinical network which was established in 2008. The main purpose of the network is to improve the care of burns patients across the Midlands. The strategic vision of both the commissioners and providers of burns care in the Midlands is to develop a world class burns service in the region that is capable of meeting the physical, psychological and social needs of all patients in the region.

An additional £2.7m has been invested in hospital and community services to improve burns care in the Midlands. A similar amount will be made available to continue the improvement programme for 2009/10. This investment will enable the network to deliver a safe and effective level of care to all patients and contribute to the wider provision of beds available for patients with complex burns from within and outside the Midlands.

Most patients with a significant burn in the East Midlands will be managed at hospitals in Nottingham or Leicester. NUH treated 329 adults and children with acute burns as in patients last year. Double this amount was treated as out patients in either Leicester or Nottingham. For the small number of patients in the East Midlands who have significant injuries and require very specialised care (four to six patients a year) their initial acute care may be in either Birmingham Children's Hospital or University Hospital Birmingham. It is the role of the network to ensure that processes are developed in order that patients are transferred nearer to their home as soon as it is practical and appropriate to do so.

Key developments in 2008/09

- The network has worked with the clinicians in Nottingham, Leicester and Birmingham to reach a consensus on the clinical thresholds for patients in the Midlands. This will ensure that the optimum level of care is available for all patients.
- The coordination of regional audit meetings to help improve the standard of care
- Establishment of outreach or community burns nurse service. A recent anonymous survey of patients and carers highlighted the value that patients and carers place on this service.

Future planning

- The introduction of a nurse specialist in Leicester to improve the out patients' experience for burns patients
- To develop a system for the network to take regular account of what patients want from the burns service in the Midlands in order that practices can be reviewed to meet local demands
- Development of protocols for the management of burn injuries in local A&E departments which will improve patients' initial care
- We recognise the need to communicate with patients, clinicians and managers. To enable the network to engage with patients and carers it intends to seek the opinions of stakeholders through:
 - a series of local open forum events
 - conduct a service wide user survey
 - produce regular network newsletters
 - develop a website.

Manda Knights's story

31 year old Manda Knight from Skegness in Lincolnshire recently suffered burns to 38 percent of her body. She has been cared for by the burns team at NUH. During her time in hospital she has had a number of specialist procedures and required specialist care from doctors, nurses and therapists. She has just returned to the burns unit from intensive care where she is making good progress. When asked how she was feeling she said:

"I have good days and bad but the doctors and nurses have been brilliant. They have always made time to spend with me which has really helped me. I would not be here today without their help, they are fantastic."



COLLABORATIVE COMMISSIONING

The EMSCG was established so that PCTs could work together to ensure that the whole population of the East Midlands has fair and equitable access to the full range of specialised services. To support this the Clinical Priorities Advisory Group (CPAG) was established in early 2008 to oversee policy and make recommendations about access to specific treatments relating to specialised services on behalf of EMSCG's Board and the nine East Midlands-based PCTs. CPAG membership comprises of representatives from our PCTs including public health consultants and commissioners.

In its first year CPAG established the underpinning principles around which the EMSCG approves policy. This ensures access to new therapies is reviewed in a systematic fashion and in particular provides access of service to our East Midlands population that is both equitable and timely.

Key developments 2008/09

- CPAG established a work programme that targeted those treatments that were identified as having a significant benefit to the patient and/or a significant cost impact. In particular CPAG focused on those treatments due to be reviewed by NICE or interventions that clinicians identified as being clinically relevant to our population.
- Specifically CPAG agreed the following policies in 2008/2009:
 - In vitro fertilisation (IVF) / Intracytoplasmic sperm injection (ICSI)
 - EMSCG commissioning policy for access to bariatric surgery
 - Policy for funding sunitinib, sorafenib, bevacizumab and temsirolimus as treatments for renal cell cancer
 - Hepatitis C treatments.





- In addition CPAG worked closely with the East Midlands Cancer Network to prioritise funding for cancer treatments in collaboration with cancer clinicians. Prioritisation for funding included cancers such as:

- Non small cell lung cancer
- Renal cell cancer
- Multiple myeloma
- Chronic lymphocytic leukaemia
- Colorectal cancer

- In response to the NHS Constitution in relation to access to treatments, CPAG has produced policies on behalf of NHS East Midlands including an individual funding requests (IFR) policy and a policy about top up payments. These policies will be implemented by all PCTs in the region in 2009/10 and will ensure all decisions relating to individual funding requests will be made using a standard process.

- Overall, the recommendations endorsed by CPAG resulted in an additional £16m investment in specialised treatments, £7m relating to entirely new investments

“I have been particularly pleased with the way we have been able to work collaboratively with the East Midlands specialised commissioners this year”

Ben Kennedy - consultant haematologist at UHL

- Through collaboration between EMSCG, the PCTs and the cancer network, the EMSCG now manages the entire chemotherapy budget for the East Midlands. As a result we are able to look at clinical variation across the whole population and work with the East Midlands Cancer Network to address inequity of provision and inconsistent clinical practice.

Future planning

- As in 2008/09 CPAG is to agree a work programme based on identified priorities for future commissioning in 2010/2011. In addition to policies relating to cancer treatments that will be developed by the East Midlands Cancer Network, the following policies are due to be published in the next 18 months:

- Stem cell transplants for multiple myeloma and non-hodgkins lymphoma - plerixafor
- Iron chelating treatments for thalassaemia
- Treatments for idiopathic thrombocytopenia
- Treatments for HIV
- Treatments for Hepatitis B

- Treatments for cystic fibrosis
- Gender dysphoria (gender reassignment services)
- Policy relating to neuroscience interventions e.g. vagal nerve stimulation, deep brain stimulation.
- CPAG will work closely with the East Midlands Cancer Network and other clinical networks such as the East Midlands Renal Network and East Midlands Cardiac Network to identify new technologies and therapies. This work stream will prioritise those treatments that are considered to have the most benefit for our population as a whole.

Clinicians have praised EMSCG’s quick response to implementing NICE guidance. Ben Kennedy, consultant haematologist at UHL said:

“I have been particularly pleased with the way we have been able to work collaboratively with the East Midlands specialised commissioners this year. By working together we have been able to prioritise funding for rituximab, a very important leukaemia medicine. In this case clinicians in the East Midlands have been able to anticipate NICE funding in good time and develop policies accordingly.”

Alison Green’s story

Alison Green (58), a secretary from Oadby in Leicester was diagnosed with chronic lymphocytic leukaemia (CLL) at University Hospitals of Leicester more than seven years ago, after noticing a swelling in her throat. Her consultants, including consultant haematologist Ben Kennedy, recommended she start treatment when her blood test results showed her white cell count had increased after six years of living with the disease.

They recommended a combination of three treatments, including rituximab, a new drug which the East Midlands Specialised Commissioning Group now funds. Alison is one of the first patients to benefit from the treatment in Leicester.

Alison said: “I’m absolutely delighted to have been given the chance to be given rituximab, which thanks to the East Midlands Specialised Commissioning Group is now available to patients on the NHS across the region. It has been perfect timing for me that the decision to fund it co-incided with when I needed treatment.

“The drug in combination with two others is I understand the latest first line treatment for CLL. I’ve just completed my first 28 day cycle of treatment which includes having an infusion of rituximab on the day ward at the Leicester Royal Infirmary. I noticed the benefits straight away - for example a swollen lymph node on my neck reduced in size immediately.

“I recognise there is no cure for my condition but I have been told this is likely to keep me in remission for longer. That’s got to be good news, not just for me but for my family and friends.”

SERVICE DEVELOPMENT

Haemophilia services

More than 160 East Midlands patients with complicated bleeding disorders receive treatment at hospitals in the East Midlands. Specialist haemophilia teams at NUH and UHL provide support to the other regional hospitals for patients requiring higher levels of care. We are one of the first areas in the country to facilitate this kind of network.

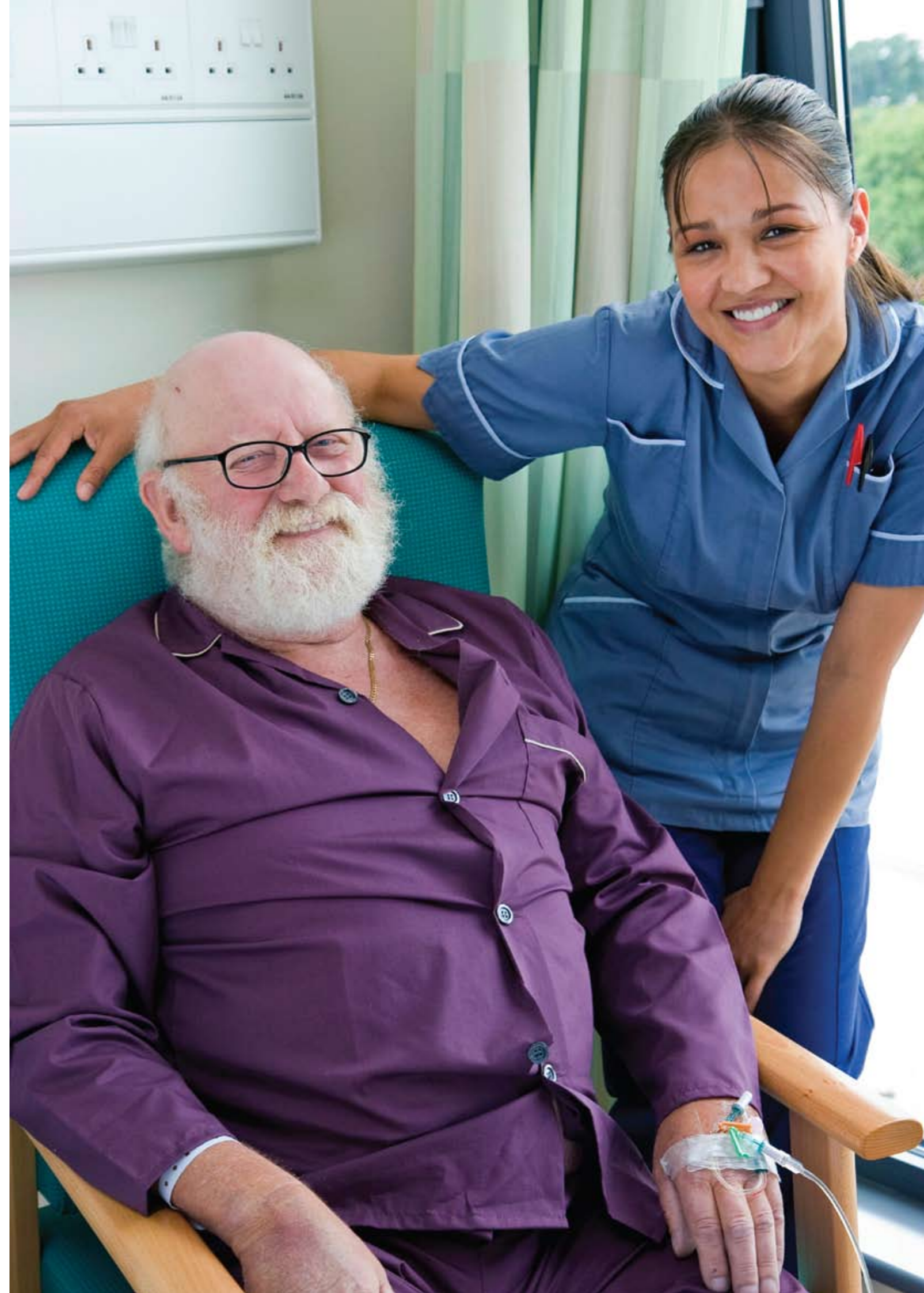
Key developments in 2008/09

- A clinical network was formed in November 2008 to inform the development of regional services and provide clinical support
- With network support, EMSCG inputted into the development of national designation documentation.

Future planning

- To undertake an audit of haemophilia centres and designation in order to optimise care across the region for all patients
- To review available platelet and molecular testing across the region and standardise access
- To develop a review group for discussing the management of complex and high-cost patients.

Sue Pavord, consultant haematologist and director of the Haemophilia Comprehensive Care Centre at UHL said "EMSCG has established a network of clinicians specialising in bleeding disorders from hospitals across the East Midlands. Already this has given us the chance to share expertise and it provides an invaluable forum for discussing individual patients' care with colleagues, to make sure patients get the best possible treatment available."



Haemoglobinopathy services

Haemoglobinopathies are hereditary diseases that affect the blood's ability to carry oxygen - sickle cell disease and thalassaemia are the two most common. Black and ethnic minority populations are more likely to be affected with approximately 250 adults and 150 children being cared for across the region. In anticipation of haemoglobinopathy services becoming the responsibility of specialised commissioners in 2009/10, EMSCG participated in the national review of services co-ordinated by the Department of Health.

Transcranial Doppler (TCD) screening is an investigation which identifies those children with sickle-cell disease at a greater risk of suffering a stroke. In common with the rest of the country, access to TCD screening for children was a particular concern in the East Midlands. Successful treatment of these children can lead to an 11 percent reduction in the number suffering a stroke, so improving access to screening was a priority.

Key developments in 2008/09

- Investment of £190k was secured to improve current haemoglobinopathy services and access to TCD screening for children in 2009/10
- A clinical haemoglobinopathy network was formed to inform the development of regional services and provide clinical support.

Future planning

- TCD screening to be offered to all eligible children in the region
- Regional policies for the management of children and adults with sickle cell and thalassaemia
- Outreach specialist support roles to be put in place
- Production of patient information.

Claire Chapman, consultant haematologist at UHL said: "The Transcranial Doppler screening test is simple and painless. Children with sickle cell disease are often at a higher risk of having strokes as their blood is more 'sticky'. This test will help us identify those patients at higher risk so we can treat them with medication before they suffer a stroke."

"The Transcranial Doppler screening test is simple and painless ...it will help us identify those patients at higher risk so we can treat them with medication before they suffer a stroke."

Claire Chapman -
consultant haematologist
at UHL

Medical genetics services

Within the East Midlands there are three main providers of genetics services for the East Midlands population based in Nottingham, Leicester and Northampton. A core genetic service is an integrated clinical and laboratory service provided for those with or concerned about a disorder with a significant genetic component, and their families (this includes inherited and sporadic genetic disorders). Genetic services incorporate a range of clinical, laboratory and screening techniques in order to provide an effective co-ordinated service to patients and families.

Genetic disorders can affect all body systems and all age groups. The aim of the genetic service is to help those affected by, or at risk of, a genetic disorder to live and reproduce as normally as possible.

Key developments in 2008/09

EMSCG has secured £292k to fund a screening programme due to start in 2009/10 to identify more patients predisposed to colorectal cancer in the East Midlands. This reduces the surveillance needs of those at lower risk, meaning doing away with the need for some patients to have as many invasive tests.

Patients who have relatives with colorectal cancer (CRC) have been shown to have, on average, an increased risk of CRC themselves, and are offered frequent surveillance such as a colonoscopy every three years in order to detect the tumours as early as possible. Approximately two percent of people with CRC have hereditary non-polyposis colorectal cancer (HNPCC) and have inherited a gene mutation predisposing them to the CRC. These patients usually have a family history because some of their relatives have also inherited the same mutation.

This scheme, which is set to benefit 180 patients per year across the region, aims to:

- Increase the proportion of HNPCC patients identified (from 70 percent to 90 percent) and as a result will be able to detect more gene carriers before they present with CRC, and reduce the surveillance of their relatives who do not carry the mutation
- Identify those CRC sufferers with a family history of CRC who don't have HNPCC, allowing greatly reduced surveillance in their relatives.

Future planning

- An East Midlands-wide clinical genetics meeting has been established with both clinical and managerial representation from each of the main providers of the service in the region. This group will meet on a quarterly basis and will be the forum for the process of quality assuring the medical genetics services for the region. In addition it will look to share good practice and standardise access to services for the East Midlands population, as well as make recommendations to EMSCG on genetics services.

Gareth Cross, consultant clinical scientist at NUH and head of Nottingham Regional Molecular Genetics Service said: "The opportunity to increase or decrease surveillance in relatives of colorectal cancer patients, depending on microsatellite instability testing and gene sequencing results, will prolong the lives of patients who are more likely to develop colorectal cancer. Other benefits of the colorectal screening service include a reduction in the morbidity and cost associated with colonoscopies in those patients found to have a reduced risk of developing the disease."





Morbid obesity services

Specialised services for morbidly obese patients in the East Midlands includes bariatric (weight loss) surgical treatment - gastric band and gastric bypass operations.

Across the East Midlands there are two main providers of morbid obesity surgery, UHL and Derby Hospitals. There are also cross border providers which some East Midlands patients are sometimes referred to. These include services in Sheffield, Manchester, Birmingham and Luton.

Key developments in 2008/09

- The criteria for patients who are eligible for bariatric surgery is due to change, so from 1 April 2009 patients who have a BMI of 50 and above or a BMI of 45 to 50 with co-morbidities are eligible for surgery.
- This releases resources from very specialist services to establish the journey of care for very overweight patients in the community, and will mean that fewer patients will require bariatric surgery because their condition will be managed in the community at a earlier stage.

Future planning

- EMSCG is planning to undertake more surgical work within East Midlands providers by repatriating the current flow of patients going to Leeds for gastric bypass surgery to Derby Hospitals, so more patients are treated closer to home
- The service for the East Midlands will be market tested, so bariatric surgery can be tendered to ensure a high quality, cost effective service can be provided for East Midlands patients.

Mental health and learning disabilities - secure services

Secure services are those which have a combination of environmental, staffing and procedural measures to detain patients and restrict their liberty. The extent of these measures will determine whether they are considered high, medium or low secure. There are national guidelines developed for what constitutes high and medium secure services with low secure currently being drafted by the Department of Health.

We commission secure mental health and learning disabilities services on behalf of the nine PCTs in the East Midlands. During 2008/09 EMSCG commissioned services for patients requiring high, medium and some (three PCTs) low secure care. Each patient was allocated a case manager to ensure they were in the most appropriate service to meet their needs. Close liaison was maintained with patients' local PCTs so that as their treatment progressed and their needs for a secure service diminished, the most appropriate care pathway could be arranged.

As the year progressed, more information was shared with PCTs so that they could see the overall trend in activity and expenditure, to assist in planning services for the future.

Key developments in 2008/09

- The national high secure commissioning team (NHSCT) was established to co-ordinate the commissioning of high secure services on behalf of England and Wales from the three high secure hospitals - Rampton, Ashworth and Broadmoor Hospitals
- EMSCG is a member of the NHSCT which consists of a national director, director of finance and the other two regional specialised commissioning groups (SCGs) where a high secure hospital is located - London and the North West
- We lead as commissioners for our local high secure hospital - Rampton Hospital. This includes the national high secure service for women and the national learning disability service for men. We also lead on behalf of three other SCGs for the commissioning of personality disorder and mental illness services for men at that hospital.
- We ensured the repatriation of high secure patients to their designated catchment hospital
- 2008 saw the occupation of the purpose-built 50 bed women's unit at Rampton Hospital and the start of construction of a new facility for 54 learning disability male patients
- Medium secure services for women were further developed with the opening of a purpose built unit in Nottinghamshire
- Learning disability male patients requiring medium secure services were repatriated to nearer the East Midlands, leading to a significant cost saving
- Medium secure services were audited in relation to the best practice guidance published in 2007

- Work for the national pilot for women's enhanced medium secure services in Arnold Lodge, Leicester and the Department of Health has continued.

- The commissioning of low secure services on behalf of three PCTs started in April 2008, with preparation taking place for the remaining six PCT arrangements to be transferred from April 2009

- We worked with all nine PCTs to ensure the preparation and introduction of the new mental health contract from April 2009

- Work also took place with providers, SCGs and PCTs during 2008/09 to create quality indicators that attracted an incentive payment in the 2009/10 contract period.

Dr Mike Harris, executive director of forensic services for Nottinghamshire Healthcare NHS Trust said: "Nottinghamshire Healthcare NHS Trust is the UK's major provider of secure psychiatric services across the whole care pathway. We work very closely with the East Midlands Specialised Commissioning Group in our provision of high and medium secure services and soon in the field of low secure provision.

"We have always found the relationship challenging but in a way that seeks to ensure the very best quality of service for the service users and the community in the most cost effective manner. The EMSCG is very well informed about our work which in turn leads to a very high standard of commissioning."

Allan Kitt, NHS Lincolnshire's assistant director mental health, learning disabilities, children and planned care said: "Whilst getting collaboration across simple and uncontentious areas can be challenging in itself, through our joint work through EMSCG and its mental health work streams we are now beginning to deliver genuine cooperation and collaboration in some of the most complex and challenging areas. We have a clear shared work plan and agenda which is underpinned by an increasingly more defined shared vision.

"As the Chair I would like to thank the team from EMSCG for their support and the member organisations representatives who have come together to make EMSCG's mental health agenda a truly shared one."

"We are now beginning to deliver genuine cooperation and collaboration in some of the most complex and challenging areas."

Allan Kitt, NHS Lincolnshire's assistant director mental health, learning disabilities, children and planned care

Income and expenditure

Income

	Actuals 08/09 £'000
Bassetlaw PCT	6,984
NHS Derby City	33,069
Derbyshire County PCT	58,015
NHS Leicester City	56,209
NHS Leicestershire County and Rutland	84,961
NHS Lincolnshire	73,411
NHS Northamptonshire	76,116
NHS Nottingham City	41,091
NHS Nottinghamshire County	70,982
Total	500,838

Expenditure by provider

	Actuals 08/09 £'000
University Hospitals of Leicester NHS Trust	144,297
Nottingham University Hospitals NHS Trust	135,976
Derby Hospitals NHS Foundation Trust	31,211
United Lincolnshire Hospitals NHS Trust	25,125
Sheffield Teaching Hospitals NHS Foundation Trust	21,939
Oxford Radcliffe Hospitals NHS Trust	16,843
Northampton General Hospital NHS Trust	12,147
Kettering General Hospital NHS Foundation Trust	4,761
Chesterfield Royal Hospital NHS Foundation Trust	3,318
Sherwood Forest Hospitals NHS Foundation Trust	3,147
Other acute providers	57,674
Secure mental health providers	44,400
Total	500,838

Expenditure by specialised service (services exceeding £5m)

	Actuals 08/09 £'000
Cardiothoracic services	60,919
Renal	60,221
Cancer	57,927
Forensic mental health	44,400
Specialised children's services	36,379
Orthopaedic	21,256
Neurosciences	20,134
Haemophilia	13,022
Vascular	7,033
Infectious diseases	6,653
HIV / AIDS treatment	6,475
Blood / marrow	5,490
Other services (including NICE drugs and devices)	160,929
Total	500,838

EMSCG portfolio of services

In accordance with the requirements of the Carter Review, 2008/09 reflected the first year where EMSCG had budgetary responsibility for East Midlands PCTs.

Key financial challenges to come

The next financial year will represent a pivotal year for the NHS in implementing *High Quality Care for All*. The initial stages of the NHS Plan (2000) introduced capacity and investment, the second stage introduced levers to enable reform - choice, contestability and finance (tariff). From 2009/10 our challenge is about using the capacity and levers to deliver quality services that are value for money.

EMSCG control assurance processes and work programmes seek to ensure this is achieved via:

- Responsible commissioner assurance - maintenance and development of systematic contract data checks

- Benchmarking of unit rates - further development of comparisons

- Specialised referral pathways - compliance checks

- Low treatment priorities - maintenance of systematic data checks

- High cost therapy monitoring - maintenance and development of systems and process checks and risk shares

- Contract compliance - assurance checks for contract compliance

- Prioritised specialised investment - management of investment processes

EMSCG's finance function aims to maintain and develop a financial framework and financial strategy that incorporates the requirements of effective, efficient and affordable service procurement (inclusive of new service investments). Additionally, it will seek to contribute to the delivery of statutory compliance and cash flow requirements of the our host PCT - NHS Leicestershire County and Rutland.

The next financial year will represent a pivotal year for the NHS in implementing *High Quality Care for All*



DEVELOPING SERVICE DEVELOPMENT PRIORITIES FOR 2009/10

The EMSCG undertakes a rigorous process to identify its service priorities as part of our annual business planning cycle. In 2008/09 we adopted a structured approach to identifying priorities for action during 2009/10. This included:

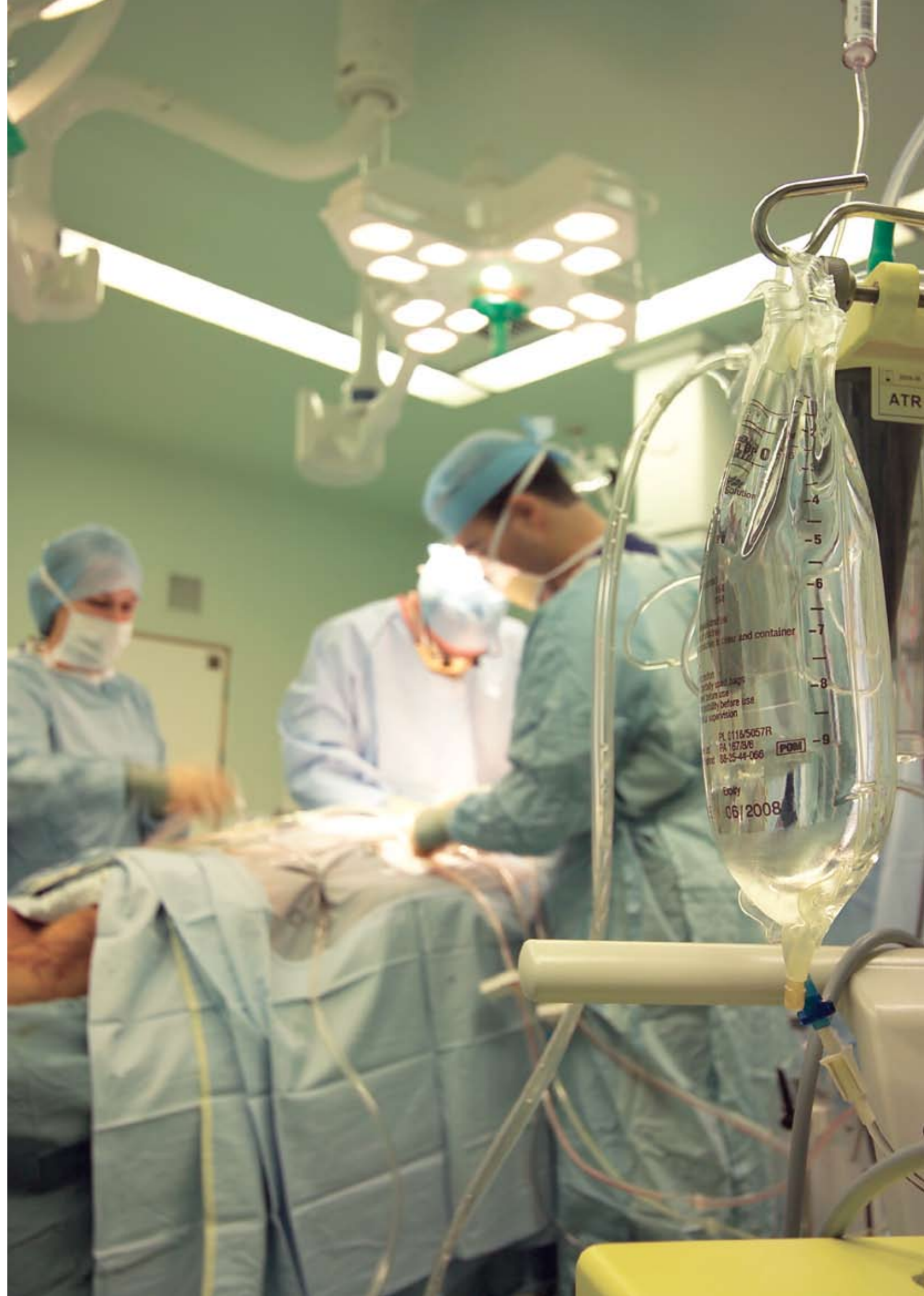
- Intelligence gathering on our services including background information about the service together with key drivers for change and an assessment of strengths and weaknesses derived from information submitted by our providers
- The development of a set of weighted assessment criteria that included:
 - Health needs and demand
 - Capacity
 - Political imperatives and statutory requirements (including clinical quality as far as this is measured and known) - the 'must dos'

- Financial risk
- Service standards - aspirational and non-statutory.

All our services were assessed against these criteria in order to identify those services that would become a priority for action during 2009/10.

The outcome of the prioritisation exercise was shared with PCTs through the dissemination of a first cut draft of the annual operating plan in October 2008.

The prioritisation profile provided a list of those services that would be a priority for action during 2009/10. The next step was to identify appropriate proposals for service enhancement for each of these services. In order to do this EMSCG instigated a process for identifying and prioritising proposals for service enhancement or improvement in terms of quality or equity of



access for the population of the East Midlands. This was undertaken in four key stages:

- Stage one - assessment and prioritisation of expressions of interest from providers
- Stage two - assessment and prioritisation of selected business cases
- Stage three - critical review of short-listed business cases through a confirm and challenge process
- Stage four - approval of developments and associated investments by the EMSCG Board.

The process was finalised at the EMSCG Board in January 2009 where the following funding priorities for new service developments were agreed:

Case	Total 2009/10 £'000	Full year effect £'000
East Midlands children's and young people's cancer services	306	460
Minimal residual disease (MRD) testing	81	81
Haemoglobinopathy	190	241
Transcatheter Aortic Valve Insertion (TAVI) in some cardiac patients	1,400	1,400
Trial of Avastin for neovascular age related macular degeneration in the East Midlands (TANDEM)	274	274
Weight management services	252	261
Child and adolescent mental health services (CAMHS) project management	90	90
Perinatal Mental Health Network	150	150
Perinatal mental health	-	981
Colorectal cancer East Midlands strategy	292	377
ABO renal transplants	267	593
Neonatal transport service development	1,100	1,705
Totals	4,402	6,613

It is essential that the value and benefits offered by the services that we commission are fully understood

Future planning

EMSCG has set out its strategic intentions for the next five years within our Strategic Intentions and Annual Operating Plan.

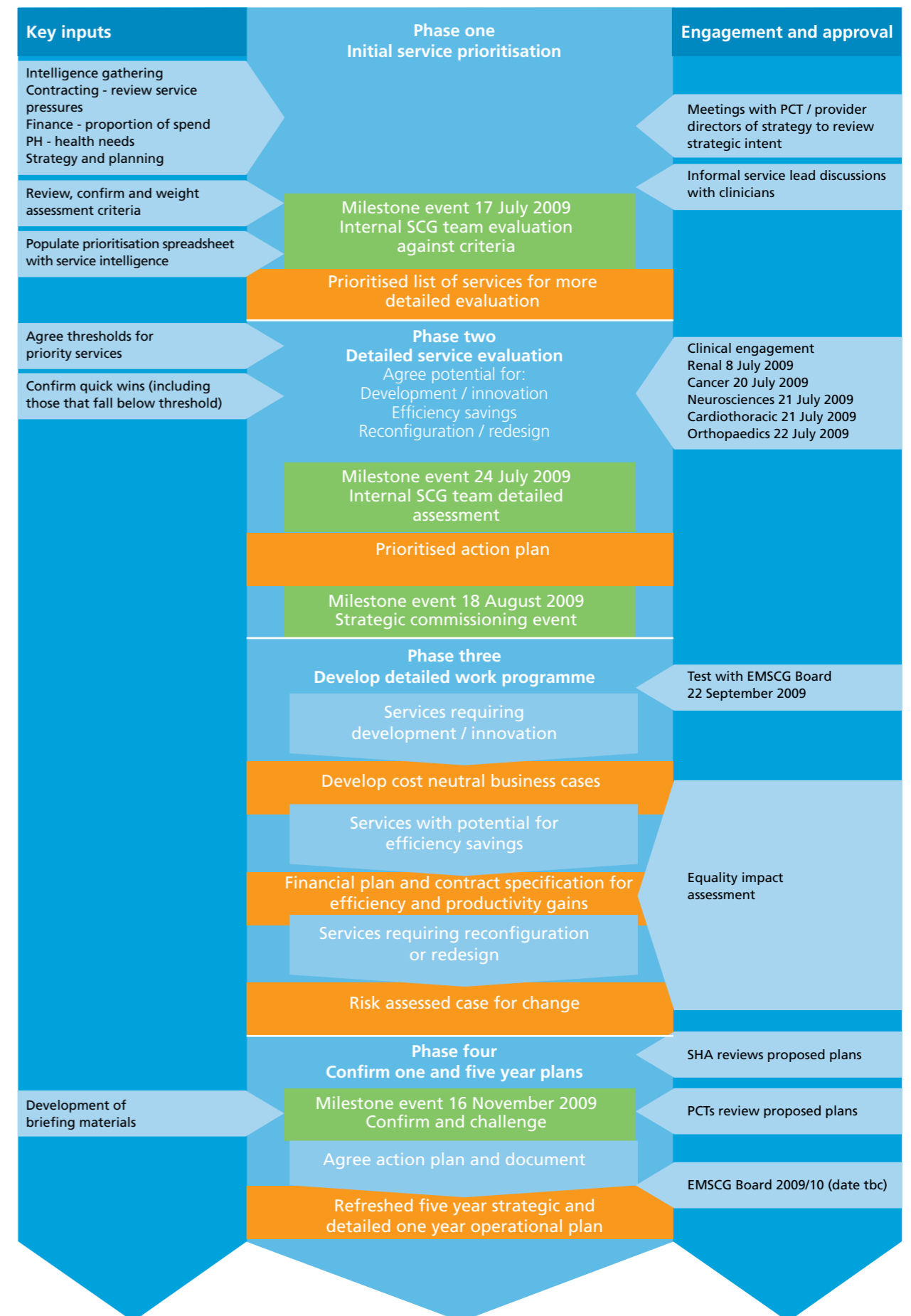
EMSCG has a clear duty to ensure that available resources are used to achieve the maximum possible health gain for patients accessing specialised services across the East Midlands. It also has a responsibility to promote innovation and to manage the introduction of new practices, treatments and technologies where these have the potential to deliver greater benefit than existing practices.

It is recognised that the health community is going to be facing severe financial constraints on our budgets for next year. Therefore it is essential that the value and benefits offered by the services that we commission are fully understood. The EMSCG also need to be aware of any emerging developments or changes in practice that could deliver even greater benefits and those services or elements of care may become a lower priority. In this financial climate we may need to make some tough decisions about how we prioritise our investment. We also need to think long term and consider how we can begin to develop and shape services now in order to provide efficient and sustainable services in the future.

The business planning and prioritisation process for 2010/11 builds on our previous prioritisation process. Elements of the process have been developed in response to PCT and provider feedback and in particular the communication and engagement element of the process has been strengthened and enhanced in 2009/10

The process for 2010/11 aims to promote innovation and to manage the introduction of new practices, treatments and technologies where these have the potential to deliver greater benefit than existing practices. Whilst the previous year's process focused on provider-generated development proposals, 2010/11's emphasis is on developments emerging from the application of priority based budgeting principles to the service portfolio.

The process steps are summarised in the diagram shown right.



Terms and abbreviations explained

Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, buying products and services and managing service providers.

NHS East Midlands is the strategic health authority for the region providing leadership of the NHS across Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottinghamshire

Primary care trusts are responsible for managing the NHS in their local area and improving the health of their population. They plan and pay for NHS healthcare at hospitals, GP surgeries, dentists, walk-in centres and some areas of mental healthcare.

The **National Specialised Commissioning Group** (NSCG) has overall responsibility for the oversight of specialised commissioning in England

There are ten regional **specialised commissioning groups** across England responsible for commissioning specialised services on behalf of primary care trusts in their region

The **East Midlands Specialised Commissioning Group** is responsible for commissioning specialised services on behalf of the nine primary care trusts in the East Midlands

Provider is the term used to describe a range of organisations which deliver NHS clinical services. These include public and private hospitals, treatment centres and voluntary organisations.

A **clinician** is a health professional, such as a doctor, psychiatrist, physiotherapist or nurse who is involved in the treatment of patients

An **acute trust** is a NHS organisation which delivers hospital services at one or more hospital sites

A **mental health trust** is a NHS organisation which treats patients with mental health problems

NHS foundation trust is the name given to a hospital in England that has shown it is able to work to high clinical and managerial standards to deliver services that are tailored to meet the needs of local people, with less central government control. A foundation trust has a greater degree of financial freedom but is accountable to a Board of

governors - made up of patients, the local public and hospital staff - as well as to commissioners via legally binding agreements.

A **tertiary centre** is a usually a large hospital, such as Nottingham University Hospitals or University Hospitals of Leicester, which delivers a full range of general services together with some specialist services. Referrals for treatments or opinions will routinely come from consultants at other hospitals as well as the more usual GP route.

Designation is the process specialised commissioners use to gain a detailed understanding of regional services and direct future planning to improve quality, access, clinical and cost effectiveness, and safety

A **care pathway** describes the steps involved in providing care or treatment for patients

The **critical mass** is the smallest number of patients that it is considered safe and cost-effective to treat by any individual clinician or centre

Resources are the things that are needed to provide a service. These include appropriately qualified staff, suitable buildings and equipment, time and the supporting infrastructure.

Abbreviations for all NHS hospital trusts in the East Midlands:

Chesterfield Royal Hospital NHS Foundation Trust - CRH

Kettering General Hospital NHS Foundation Trust - KGH

Northampton General Hospital NHS Trust - NGH

Nottingham University Hospitals NHS Trust - NUH

Derby Hospitals NHS Foundation Trust - Derby Hospitals

Sherwood Forest Hospitals NHS Foundation Trust - SFH

United Lincolnshire Hospitals NHS Trust - ULH

University Hospitals of Leicester NHS Trust - UHL

Abbreviations for all mental health trusts in the East Midlands:

Nottinghamshire Healthcare NHS Trust - Notts HC

Derbyshire Mental Health Services NHS Trust - DMHT

Leicestershire Partnership NHS Trust - LPT

Lincolnshire Partnership Foundation Trust - LPFT

Specialised services national definitions set (third edition)

- 1 Specialised cancer services (adult)
- 2 Specialised services for blood and marrow transplantation (all ages)
- 3 Specialised services for haemophilia and other related bleeding disorders (all ages)
- 4 Specialised services for women's health (adult)
- 5 Assessment and provision of equipment for people with complex physical disability (all ages)
- 6 Specialised spinal services (all ages)
- 7 Specialised rehabilitation services for brain injury and complex disability (adult)
- 8 Specialised neurosciences services (adult)
- 9 Specialised burn care services (all ages)
- 10 Cystic fibrosis services (all ages)
- 11 Specialised renal services (adult)
- 12 Specialised intestinal failure and home parenteral nutrition services (adult)
- 13 Specialised cardiology and cardiac surgery services (adult)
- 14 No definition in 3rd edition
- 15 Cleft lip and palate services (all ages)
- 16 Specialised immunology services (all ages)
- 17 Specialised allergy services (all ages)
- 18 Specialised services for infectious diseases (all ages)
- 19 Specialised services for liver, biliary and pancreatic medicine and surgery (adult)
- 20 Medical genetic services (all ages)
- 21 Specialised learning disability services (all ages)
- 22 Specialised mental health services (all ages)
- 23 Specialised services for children
- 24 Specialised dermatology services (all ages)
- 25 No definition in 3rd edition
- 26 Specialised rheumatology services (all ages)
- 27 Specialised endocrinology services (adult)
- 28 No definition in 3rd edition
- 29 Specialised respiratory services (adult)
- 30 Specialised vascular services (adult)
- 31 Specialised pain management services (adult)
- 32 Specialised ear services (all ages)
- 33 Specialised colorectal services (adult)
- 34 Specialised orthopaedic services (adult)
- 35 Specialised morbid obesity services (all ages)
- 36 Specialised services for metabolic disorders (all ages)
- 37 Specialised ophthalmology services (adult)
- 38 Specialised haemoglobinopathy services (all ages)

2009/10 EMSCG service matrix by key providers

	East Midlands providers													Non East Midlands providers																																				
	NHS						Independent							NHS						Independent																														
	Chesterfield Royal Hospital NHS Foundation Trust	Derby Hospitals NHS Foundation Trust	Kettering General Hospital NHS Foundation Trust	Northampton General Hospital NHS Trust	Nottingham University Hospitals NHS Trust	Sherwood Forest Hospitals NHS Foundation Trust	United Lincolnshire Hospitals NHS Trust	University Hospitals of Leicester NHS Trust	Derbyshire Mental Health Services NHS Trust	Leicestershire Partnership NHS Trust	Lincolnshire Partnership NHS Foundation Trust	Nottinghamshire Healthcare NHS Trust	Inmind Healthcare Group / Doulton Lodge	Partnerships In Care	Raphael Healthcare	St Andrews Healthcare	Birmingham Children's Hospital NHS Foundation Trust	Birmingham Women's NHS Foundation Trust	Papworth Hospital NHS Foundation Trust	Cambridge University Hospitals NHS Foundation Trust	Central Manchester University Hospitals NHS Foundation Trust	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	George Eliot Hospital NHS Trust	Hull and East Yorkshire Hospitals NHS Trust	The Leeds Teaching Hospitals NHS Trust	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Nuffield Orthopaedic Centre NHS Trust	Oxford Radcliffe Hospitals NHS Trust	Peterborough and Stamford Hospitals NHS Foundation Trust	The Rotherham NHS Foundation Trust	Sheffield Children's NHS Foundation Trust	Sheffield Teaching Hospitals NHS Foundation Trust	University College London Hospitals NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	University Hospital of North Staffordshire NHS Trust	NHS Warwickshire	Alpha Hospitals	Care Principles	Cygnets Health Care	Inmind Healthcare Group / Waterloo Manor	Partnerships In Care	Priory Group	Riverside Healthcare Ltd							
1 Cancer	●	●	●	●	●	●	●										●		●	●	●	●	●	●	●	●	●	●	●	●	●	●																		
2 Blood and marrow transplantation					●	●	●										●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●																
3 Haemophilia		●			●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●															
4 Women's health					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●															
5 Complex physical disability equipment					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●															
6 Specialised spinal services					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
7 Specialised rehabilitation for brain injury					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
8 Neurosciences (adult)					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
9 Burns					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
10 Cystic fibrosis					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
11 Specilaised renal		●			●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
12 Home parenteral nutrition					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
13 Cardiology and cardiac surgery					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
14 HIV	●	●	●	●	●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
15 Cleft lip and palate					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
16 Clinical immunology					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
17 Allergy services					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
18 Infectious diseases					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
19 Hepatology					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
20 Genetic services					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
21 Mental health								●	●	●	●	●	●	●	●	●																																		
22 Learning disability														●	●	●																																		
23 Specialised children's services					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●														
24 Specialised dermatology								●	●	●	●	●	●	●	●	●																																		
25 Specialised pathology								●	●	●	●	●	●	●	●	●																																		
26 Specialised rheumatology								●	●	●	●	●	●	●	●	●																																		
27 Endocrinology					●	●	●											●			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
28 Hyperbaric treatment																																																		
29 Specialised respiratory					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
30 Specialised vascular	●	●	●	●	●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
31 Pain management					●	●	●																																											
32 Ear surgery					●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
33 Colorectal	●	●	●	●	●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
34 Specialised orthopaedic	●	●	●	●	●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													
35 Morbid obesity		●			●	●	●													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●													

Building a strong foundation

We both hope that you have enjoyed our report and that it gives you a flavour of our work and the impact it has had.

2010/11 is a big year for us with lots of challenges in it, but we hope you will agree that the baseline we have set this year has given us a strong foundation to build on.



Catherine Griffiths and **Kate Caston**

Tell us what you think

We welcome your views about our work, and any comments you may have about this annual report or our website: www.emscg.nhs.uk

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