KING EDWARD'S HOSPITAL FUND FOR LONDON

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HER MAJESTY THE QUEEN

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Dear Minister,

**The Post-Tomlinson Specialty Reviews**

When we met recently, you said you would welcome our thoughts on specialty reviews and asked for them as a matter of urgency.

I attach a short paper which outlines our ideas for a process to guide the conduct of the reviews recommended in the Tomlinson report, as we promised when we met on 2 December.

As you will see, the approach sketched here draws on the King's Fund's experience on organising consensus development conferences on particular issues of clinical practice. We have found that this approach is an effective and constructive way of focusing a number of different points of view on complex clinical/managerial problems.

Clearly, the reviews will require skilled project management if they are to be done in a timely and appropriate fashion.

The process has to begin from Ministers, since you need to determine the topics and approve the terms of reference, and has to end in managerial decisions. In between, we have suggested a way of balancing provider knowledge with public scrutiny.

If we could assist with this, we would be happy to do so. Our experience with consensus conferences - coupled with our independence from any of the institutional interests which make the impartial conduct of reviews of this kind difficult to achieve - could perhaps be useful to you. In addition, we have developed a good pan-London data base which covers both health service activity and wider information on the demographic characteristics and morbidity and mortality of the capital's population. We will be very happy to pursue these suggestions with Tim Chessells and Bob Nicholls.

What matters most, however, is not whether we ourselves play any part in all this but to get a process that will be effective. It would be only too easy to devise one that will do the intellectual bit, but will either not engage the commitment of the London specialists and provider institutions, or will give them undue influence. That is quite a tricky problem to resolve, and we are pretty confident that what we are proposing will work.

With kind regards

Yours sincerely

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# THE POST-TOMLINSON SPECIALTY REVIEWS:
# Towards a strategic process for London

## Introduction

The *Report of the Inquiry into London's Health Service, Medical Education and Research* (Tomlinson report) recommends that working parties be formed under the direction of the London Implementation Group to review a number of medical specialty services 'make recommendations for the capacity required to serve the demand likely to arise, and for the disposition of this capacity within the London hospitals in an efficient, effective and economical manner' (paragraph 150).

The report recommends that the review process should begin with cardiac services, cancer services, neurosciences, renal services and plastic surgery (paragraph 148). It goes on to say that the specialties of orthopaedics, paediatric surgery and neonatal intensive care 'should also be a high priority for review' (paragraph 150), along with consideration of how accident and emergency should be provided in the capital (paragraph 152). Other specialties - for example, paediatrics and burns - could also be included.

This paper outlines a process for the specialty reviews. In doing so, the intention is to sketch a way of conducting them which would both make good use of the available scientific evidence on the grouping and disposition of medical specialties at the same time as it builds agreement amongst service purchasers, providers, influential clinicians and the public for new service configurations in London.

This will not be easy. Regional Health Authorities' shelves are stacked with reports on possible ways of rationalising specialties, very few of which have ever been implemented. It is clear that the process is one in which the need for building agreement amongst key stakeholders at local level needs to be balanced with a strategic, pan-London view. For this, the health needs of the capital's population will need to be considered as a whole. It will also be important to ensure that institutional interests do not contaminate the review process.

What follows is designed to circumvent these pitfalls, in order to arrive at an answer to the question "How could we organise specialty services to provide high quality, cost effective care for Londoners?" However, it may be that a review process of this type will prove unnecessary for all the medical specialties listed in the Tomlinson report - certain of them might be sufficiently 'mainstream' to permit London purchasers to manage availability at local level.

A process for the post-Tomlinson specialty reviews

**Aim**

To array services in the capital in a way which provides Londoners with high quality, efficient, effective, accessible and economical medical specialty care.

**Objectives**

* To make the best possible use of the available evidence on the caseloads, equipment, staffing and support from other specialties required to produce a high quality, cost effective service for a given medical specialty in London.

* To make the decision making process transparent to key stakeholders, clinical experts and the interested lay public.

* To build agreement amongst London purchasers, providers, clinicians and the public for new service configurations.

**Method**

The aim would be to keep the basic process as similar as possible for each specialty, although some degree of variation might be needed in certain instances - for example, accident and emergency services are rather different from the others being reviewed.

A central secretariat with some public health expertise would be needed to assemble and assess evidence. This would need to be led by a project manager, who would have critical oversight of the project as a whole.

*Assembling the evidence*

The review secretariat would marshal the evidence available from the scientific literature and from best international practice on the optimal organisation of each medical specialty, and analyse it in an attempt to answer the following policy questions:

* what do we know about the prevalence of the conditions that this specialty treats?

* how is this prevalence likely to change over the next 5 - 15 year period?

* what do we know about the effectiveness of the procedures it uses?

* what do we know about the optimal organisation of this specialty - the therapeutic and diagnostic equipment it needs; medical staffing; other specialist staffing requirements; palliative care and counselling etc?

* what population base is needed for a viable service?

* how far does this specialty need to be integrated with other specialty services?

* what other facilities does it need to work effectively?

* what volume of this specialty's services do Londoners currently use, and at what cost?

* how is this specialty likely to develop over the next 5 - 15 year period, and what are the implications of this for the organisation of service delivery?

* are there any other important quality criteria for this specialty of which we need to take account?

* how should this specialty service relate to more local health service provision?

Information about each specialty will need to be supplemented by a common data set about London's population, its distribution and key characteristics. It will also be important to arrive at a careful definition for each of the medical specialties to be reviewed.

*Expert assessment*

A panel of experts would then be invited to use the evidence to compose a draft service specification for London, to specify the number of centres needed to cover the volumes of treatments required and their staffing, equipment and access requirements. The panels might comprise 2 or 3 clinical experts in the specialty or complementary specialties identified by the Chief Medical Officer; a primary health care practitioner; a representative of London purchasers; a statistician/health economist; a consultant in public health medicine; a nurse and lay representatives.

Purchasers, clinicians and the public would then be consulted on the draft service specification, which would be amended in the light of their comments.

*Provider bids*

London purchasers and the NHSME/LIG would then invite bids from providers wishing to become designated centres for particular specialties. Provider proposals would need to specify their existing resources for undertaking the work; indicate any additional resources which they would require; explain how they would meet the quality criteria in the specification; outline a 5 year development plan for the

specialty at their centre and be subject to a site visit by experts to validate their bid. London purchasers and the NHSME/LIG would determine successful bids.

It might be advisable to designate centres for a limited period only - for example, 5 years - and to make them subject to annual data reporting and quality reviews. Revalidation could follow a similar process, and permit specialty provision to be adjusted to the changing needs of London's population. Where government subsidies are involved, they should be directed to designated specialty centres.

Ongoing reviews of this kind have the advantage of permitting specialty services which have become routine to be dropped from the process, and become subject to market forces. New specialties can be added as technological change dictates.

*Timing*

Specialty reviews and specialty service specifications organised in this way could take place within six months, although the overall review process would need skilled project management. Organising provider bids and adjudicating upon them would take additional time, although it would be quite possible for interested London providers to work up outline bidding proposals in parallel with the review process.

Conclusion

The process outlined above has the following advantages:

* It separates expert assessment of population needs and appropriate ways of organising specialty services in London from institutional considerations.

* It permits outside scrutiny, and thus can be used to build agreement for the future configuration of services within stakeholder groups (that is, clinicians, health service managers, London purchasers and provider institutions) and the public.

* It will stimulate positive and innovative responses from London's hospitals through the bidding process.

This approach to the post-Tomlinson specialty reviews builds on the King's Fund's consensus development conference programme, which focused on particular issues of clinical practice. It also draws on senior King's Fund staff's experience of configuring major medical specialties in other complex urban environments - for example, in New York City. Our work in organising and running consensus panels with a range of expert and lay representation convinces us that this method is an effective and constructive way of focusing a number of different points of view on complex clinical/managerial problems, and arriving at concrete proposals without undue delay.

**SUMMARY DIAGRAM:**

**Post-Tomlinson Specialty Reviews**

| | SPECIALTY REVIEWS | PROVIDER BIDDING |
|---|---|---|
| STAGE I | Information Gathering<br>Evidence on best practice, organisation and management assembled by specialty review secretariat | |
| | ↓ | |
| STAGE II | Expert Assessment<br>Expert panel drafts service specification for the specialty | |
| | ↓ | |
| STAGE III | Consultation Period | Outline bids prepared by interested providers |
| | ↓ | ↓ |
| STAGE IV | Service Specification Finalised | Formal bids invited |
| | | ↓ |
| STAGE V | | Bids assessed by NHSME/LIG and London purchasers |