NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – 15th February 2016

Strategic Clinical Executive – 17th February 2016

GP Members Committee (GPMC) –

Clinical Commissioning Group Governing Body - 2nd March 2016

Ensuring the Continuity of Health Care Services and Designating Commissioner Requested Services

Lead Executive:	**Keely Firth, Chief Finance Officer**
Lead Officer:	**R Chadburn - Acting Head of Contracts & Service Improvement**
Lead GP:	**Phil Birks, GP Executive**

Purpose:

The purpose of this paper is to:

1. detail the outcome of the CCGs approach to reviewing, identifying and re-designating commissioner requested services in line with Monitor's designation framework;
2. confirm the services that have been re-designated as Commissioner Requested Services from 1st April 2016 for each of the major providers in Rotherham;
3. highlight the key issues and risks associated with each provider.

Background:

On 1 April 2016 all NHS services provided by NHS foundation trusts that were authorised before 1 April 2015 will lose their automatic ('grandfathered') status as commissioner requested services (CRS).CRS status is designed to provide greater assurance to commissioners regarding the on-going provision of otherwise 'hard to replace' services. Commissioners can replace this automatic designation with a proactive identification of CRS specific to individual services in each provider.

CRS status has two main consequences for patients and commissioners:

1. CRS providers come under Monitor's continuity of services licence conditions – where a CRS provider is in significant financial distress, Monitor may ultimately use their powers to protect essential services for patients.
2. A provider cannot stop providing CRS without the commissioner's consent or, in the event of a dispute about whether a service meets the above criteria, Monitor's consent.

The CCG has a statutory duty to identify services for which, in the rare event of provider failure, there is no acceptable alternative provider. This may be due to:

a) There being no alternative provider close enough; or
b) Removing them would increase health inequalities; or
c) Removing them would make dependent services unviable.

Services that meet (one or more of) the above criteria should be designated as Commissioner Requested Services (CRS).

Three options for taking this work forward were proposed at the Operational Executive and Strategic

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Commissioning Executive in December and option 3 'to undertake a desk-top exercise and agree Commissioner Requested Services by 31st March 2016' was agreed.

Analysis of key issues and of risks:

Monitor's Continuity of Services Licence Conditions

The Continuity of Services conditions oblige providers to send Monitor information indicating how financially stable they are and to accept further investigation and support if they do get into financial difficulty. For very small providers, this could prove to be an onerous task. This is all the more important when such providers are delivering services through sub-contractual arrangements with FTs, and are therefore immediately bound to apply for a Monitor Provider Licence, simply on the basis that all such services have automatically been classified as CRS (when in normal circumstances they may be exempt from doing so). Therefore it was extremely important that we completed a thorough review of all services to ensure that only those that genuinely fulfilled the criteria outlined in the agreed assessment framework were designated. For TRFT and RDaSH this has involved de-designating some services that they currently provide and for the Hospice designating some services previously not classed as commissioner requested services.

Impact on 'Other' National Access and Waiting Time Targets

It should be noted that during the course of the designation process, the potential impact that provider failure would have on national access and waiting times targets (excluding the cancer 2 week wait) has not been fully evaluated. However the assessment teams concluded that whilst every effort would be made to uphold the (NHS) constitutional rights of patients in the event of provider failure, this would clearly be an extremely unique and unusual event, therefore upholding patient safety would take priority during any intervening transitional period; meaning certain national targets would potentially not be met.

Assessing Alternative Provision

The assessment teams acknowledged whilst alternative providers of specific services have been identified during the assessment process, the actual capacity and ability of these providers to meet potential demand has not been fully evaluated. The need for additional capacity, and the potential for alternative providers to utilise existing resources (i.e. staff) would be considered on a service-by-service basis. The immediate priority would be to maintain patient safety; therefore a key component of the assessment process was to assess whether certain services need to be protected specifically for safety reasons.

The key issues and risks for each provider are outlined below:

The Rotherham NHS Foundation Trust (TRFT)

RCCG has consistently stated through discussions with TRFT that we will always want an A&E service within Rotherham and hence related emergency services and therefore the assessment has determined that all non-elective/emergency services should be designated as Commissioner Requested Services. However, it has been established that many of the elective, outpatient and community services should not be designated as CRS as they did not fulfil the assessment criteria.

Working Together Programme/Vanguard:

As part of the work under the Vanguard, all associated Providers have conducted a clinical review of all

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services on a tiered basis to assess whether they are sustainable, have capacity constraints or are vulnerable. This review has been utilised as part of the designation process for TRFT. The tiers are as follows:

- Tier 1 - Basic core service and indispensable local service for the Trust
- Tier 2 - Not fundamental to maintain basic core service. Could be delivered by different models of care across a wider network
- Tier 3 - Specialised Services

The assessment team has taken this into consideration in designating commissioner requested services and in some cases has agreed with the assessment particularly in relation to those services assessed as Tier 2. However, there are also a number of services that the Trust has classified as Tier 1 which did not meet the criteria for a CRS and therefore we have not aligned the CRS decision with the Trust's clinical mapping exercise.

Whilst the Trust classified a number of elective and outpatient services as Tier 1, they were assessed as in the vulnerable category. Therefore during the designation process it was agreed that it would be appropriate not to designate those services that the Trust had classified as Tier 1, vulnerable as they did not meet the CRS criteria and it was felt that provision was possible at an alternative location or part of a hub-and-spoke model and that there was opportunity for cross provider working without any significant detrimental effect to Rotherham patients.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) Services

Given the nature of mental health and learning disability services, the assessment team took the view that a short delay or gap in service provision would be assessed on the basis of the gap being a number of weeks rather than days. Given this, the assessment team felt that a large proportion of mental health services would need to be designated as CRS Services.

In addition, whilst the assessment team acknowledged that alternative providers may be available, a realistic clinical judgement was made against all services taking into consideration continuity of care for patients and where the default position may be if these services were not available. In a number of cases the default position was A&E which was felt to be inappropriate given the potential lack of expertise to support these patients' needs. Again, given this, the assessment team felt that a large proportion of mental health services would need to be designated as CRS Services.

Rotherham Hospice Services

Providers of CRS require a Monitor Provider licence, regardless whether they are currently exempt. The Continuity of Services conditions in the licence oblige providers of CRS to send Monitor information indicating how financially stable they are and to accept further investigation and support if they get into financial difficulty. The Rotherham Hospice do not currently have a Monitor Provider Licence, therefore by designating a number of the services that they provide as CRS this will be a requirement they will need to me. Rotherham Hospice is aware of this and will actively pursue this within the required timescales.

Outcome of Review:

Monitor guidance advises that commissioners need to designate Commissioner Requested Services in normal circumstances to comply with the regulatory regime. Commissioners only need to identify Location Specific Services when a provider is in special administration. However, as Commissioner Requested Services are services which commissioners believe would be Location Specific Services should

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the provider fail, the Monitor assessment framework provides a single framework for identifying both.

Therefore, the designation process that has been utilised by RCCG determines that those Commissioner Requested Services that have been identified should also be Location Specific Services, meaning that designated services must be provided locally by the identified provider.

Designation Process:

The CCG devised a methodical process by which to undertake the designation process which was approved by both the Operational Executive and the Strategic Commissioning Executive (Appendix A). This is based on the Monitor guidance 'The Designation Framework: Defining Commissioner Requested Services and Location Specific Services' (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/308812/ToPublishDesignationFramework27March13.pdf) and loosely follows the approach as detailed in the 'Decision-making tool for defining CRS and LSS' (https://www.gov.uk/nhs-commissioners-designate-commissioner-requested-services).

The review has involved those with service specific knowledge including commissioning managers and contract leads alongside the clinical expertise of the GP leads and where appropriate clinicians from provider organisations (particularly around service interdependency and the impact on patients if services were to be delivered away from current locations).

The process has involved assessing every 'speciality level' service (although sub-specialty level services will be assessed as required), as included in each of our clinical service contracts. To date an assessment has been made for each of the following providers:

1. The Rotherham NHS Foundation Trust (Appendix B)
2. Rotherham, Doncaster and South Humber Foundation Trust (Appendix C)
3. Rotherham Hospice (Appendix D)

Officers and clinicians have assessed each service against the following criteria:

1. Is there suitable alternative provision available?
2. If there is suitable alternative provision, does it have the capacity to absorb additional demand?
3. If there is suitable alternative provision, and if this is outside of Sheffield can we reasonably expect the users of this service to travel to other CCG areas?
4. Would a short delay or gap in service provision increase the risk of significant harm?
5. Is the service interdependent with another service that has already been designated as CRS?

If any of the answers to questions 1-3 are 'no' or any of the answers to questions 4-5 are 'yes', then consideration should be given to designating the service as CRS. The final decision regarding designation however has been made on a case-by-case basis; utilising clinical expertise and local knowledge alongside the criteria as detailed above.

The Rotherham NHS Foundation Trust (TRFT) Services

Each of the services as listed in Schedule 2 Part A (Service Specifications) of the TRFT contract have been assessed against the criteria as detailed above. The assessment team consisted of:

- Becci Chadburn (Acting Head of Contracts and Service Improvement, Acute and Community Services)
- Dr Phil Birks (SCE Executive Lead, TRFT Contract)

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- Dr Anand Barmade (GP Executive Lead, Clinical Referrals Management)
- Sue Cassin (Chief Nurse)
- Alun Windle (Deputy Chief Nurse / Head of Quality)
- Dominic Blaydon (Head of Long Term Conditions and Urgent Care)
- Janet Sinclair-Pinder (Senior Care Pathways Manager)

Specialties were assessed on an elective, urgent, outpatient and community services basis; given the answers to the criteria questions (as detailed above) would, it was felt, be different depending on the urgency and location from which the service is normally delivered. The team also took into consideration the assessment made by TRFT as part of the clinical services mapping exercise completed by each Trust.

In addition, the assessment team concluded that regardless of the answers to each of the criteria questions, the following services would automatically be designated as CRS in the following circumstances:

1. If the service is provided as part of the 2 week wait cancer pathway;
2. If the service is provided as a follow-up to an acute care episode (within 6 months); and
3. If there are public health issues to consider, such as those relating to infection control and public safety (even if the risk has not been fully evaluated).

It is acknowledged that by applying the above rules this may mean that a proportion of individual services may need to be designated whilst the remainder may not. For example if a particular outpatient service allocated 20% of its capacity to cancer 2 week wait referrals and a further 20% for those requiring follow-up due to emergency surgery, then 40% of the service will automatically be designated as CRS regardless of the answers to the criteria questions; meaning potentially 60% may end up not being designated.

The assessment team agreed that in the event of provider failure, the proportion of all such services that would need to be protected would be agreed on a service-by-service basis.

Of particular note in the outcome of the review detailed below is the designation of a number of services as commissioner requested services that RCCG and TRFT are currently in discussion about with regards to performance, clinical and/or capacity concerns, i.e. Neuro Rehabilitation, Heart Failure and Gastroenterology. These services have been designated on the basis of applying the CRS criteria above however it is recognised that this does not negate any local discussion or resulting solutions and the designation process should be revisited once conclusions have been reached for the future of these services.

The outcome of the review is as follows:

Designated	Not Designated
Non-Elective Services	
All non-elective services	
Elective Services	
Breast Surgery (2 week wait)	General Surgery
Colorectal Surgery (2 week wait)	Breast Surgery
Urology (2 week wait)	Colorectal Surgery
Trauma & Orthopaedics	Vascular Surgery
ENT (2 week wait)	Urology
Anaesthetics	ENT

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General Medicine (2 week wait)	Ophthalmology
Gastroenterology (2 week wait)	General Medicine
Clinical Haematology	Gastroenterology
Dermatology (2 week wait)	Cardiology
Obstetrics	Dermatology
	Respiratory Medicine
	Rheumatology
	Paediatrics
	Geriatric Medicine
	Gynaecology
Outpatient Services	
Breast Surgery (2 week wait)	General Surgery
Colorectal Surgery (2 week wait)	Breast Surgery
Urology (2 week wait)	Colorectal Surgery
Trauma & Orthopaedics	Vascular Surgery
ENT (2 week wait)	Urology
General Medicine (2 week wait)	ENT
Gastroenterology (2 week wait)	Ophthalmology
Clinical Haematology	Orthoptics
Dermatology (2 week wait)	General Medicine
Fracture Clinic	Gastroenterology
	Rehabilitation
	Cardiology
	Anticoagulation Service
	Dermatology
	Respiratory Medicine
	Rheumatology
	Paediatrics
	Geriatric Medicine
	Gynaecology
	Rehabilitation
	Anti-Coagulation Service
	Chemical Pathology
	Orthotics
	Audiology
Community Services	
Neuro Rehabilitation	GPsWI Dermatology
Care Coordination Centre	GPsWI Minor Surgery
Community Hospital	Podiatry
Tuberculosis Nurse	Podiatric Surgery
Integrated Community Nursing	Musculoskeletal Service
Tissue Viability Specialist Nursing Service	Adult Speech and Language Therapy
Integrated Rapid Response	Continence Specialist Nursing Service
Care Home Liaison	Primary Ear Care
Community Stroke Service	Phlebotomy
Community Stroke Service Speech and Language Therapy	Domiciliary Physiotherapy

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Cardiac Rehab/Heart Failure	YATT
Children with Complex Needs Team	Wheelchair Service
Looked After Children	Diabetes Specialist Nursing Service
	Breathing Space
	Falls Prevention Service
	Children's Speech and Language Therapy
	Care Leaver and Homeless Service
	Child Development Centre
	Community Orthoptics
	Community Paediatrics
	Paediatric Occupational Therapy
	Paediatric Physiotherapy

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) Services

Each of the services as listed in Schedule 2 Part A (Service Specifications) of the RDaSH contract has been assessed against the criteria as detailed above. The assessment team consisted of:

- Kate Tuffnell (Head of Contracts and Service Improvement, Mental Health, Learning Disabilities and End of Life Care)
- Nigel Parkes (Senior Contracts and Service Improvement Manager, Mental Health, Learning Disabilities and End of Life Care)
- Dr Russell Brynes (SCE Executive Lead, Mental Health, Learning Disabilities and End of Life Care)

Services were split into three different categories, these being Adult Services, Older People's Services, Learning Disability Services and Children and Adolescent Mental Health Services.

The outcome of the review is as follows:

Designated	Not Designated
Adult Mental Health Services	
Access Team (inc. Criminal Justice, Crisis & Home Treatment)	Coral Lodge (Individual Placement)
Inpatient Services (inc. PICU, 136 suite)	Social Inclusion Team
Intensive Community Therapies Team	Mental Health Hospital Liaison Service (Adults, Older People & CAMHS)
Community Therapies Team	IAPT
Recovery Team	South Yorks service for deaf people with MH needs
Assertive Outreach Team	Social Inclusion Team
Early Intervention in Psychosis	
Older People's Mental Health Services	
Inpatient Services	Memory Services
Community Mental Health Services for Older People	
Dementia Outreach Team	
Care Home Liaison Team	
Learning Disability Services	
	Locked Forensic (small numbers, individual placement, as and when required)

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Intensive Support Service (inc. Allied professionals & medic)	Assessment & Treatment Unit (small numbers, individual placement, as and when required)
Health Support Team (inc. Allied professionals & medic)	Peer support
Community Integrated Team (inc. Allied professionals & medic)	
Children and Adolescent Mental Health Services	
Crisis/OOH/Intensive Community Support	
Community Services	

Rotherham Hospice Services

Each of the services as listed in Schedule 2 Part A (Service Specifications) of the Rotherham Hospice contract has been assessed against the criteria as detailed above. The assessment team consisted of:

- Nigel Parkes (Senior Contracts and Service Improvement Manager, Mental Health, Learning Disabilities and End of Life Care)
- Dr Avanti Gunasekera (SCE Executive Lead, Medicines Management, End of Life Care)
- Paula Hill (Clinical Services Manager, Rotherham Hospice)

The outcome of the review is as follows:

Designated	Not Designated
Inpatient Unit	Day Hospice (Social & Psychological, Respite, Complimentary Therapy)
Day Therapies (Treatments - Blood Transfusions etc.)	Patient & Family Support Services - OT, Physio
Community Services – CNS	Patient & Family Support Services - Bereavement Support
Community Services - Hospice at Home	

Next Steps

Following the above, the next step in this process is for letters to be prepared informing each provider of the outcome of the designation process and the requirement to agree this for inclusion in the 2016/17 contract as per the Monitor requirements. However, whilst it is important to convey to providers that the designation of CRS forms part of the commissioner/provider contract, should any of the services in year become vulnerable or unsustainable RCCG would discuss the potential solutions with each provider in order to agree an acceptable way forward for service delivery. The fact that these services have been designated will not impact on local discussions. At this point a review of CRS may be required.

Given the continual financial and workforce challenges facing both commissioners and providers, it is proposed that a partnership review of Commissioner Requested Services is undertaken on a 6 monthly basis. It is proposed therefore that a review is undertaken in August which will take into consideration the financial and workforce challenges at that time as well as the Sustainability and Transformation Plan that is due to be submitted at the end of June 2016. It is recognised that this will set the scene for future service delivery and therefore it would be advisable to review those services that have been designated as CRS in light of this.

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It is also proposed that the list of CRS is formally evaluated through a partnership review as part of the contracting round to enable any changes to be made in time for agreement for the next financial year; this would be in February 2017.

Patient, Public and Stakeholder Involvement:

There is no formal requirement to engage with the public and patients; although Monitor recommends that decisions regarding the designation (or de-designation) of services should be communicated to other interested parties (as well as to the provider). This may include neighbouring commissioners, NHS England, local authorities, Health and Wellbeing Boards and local Healthwatch.

Equality Impact:

Although there are no direct equality/diversity issues to note; there may be indirect issues to consider in terms of the health inequalities component of the designation process.

Financial Implications:

There may be potential financial implications for RCCG dependent on the proportion of services which we designate as CRS. The potential financial risks are as follows:

1. Providers may wish to request 'top-up' payments from commissioners for delivering CRS particularly given the licencing conditions that require them to continue to provide services and not make material changes to these services even in times of financial difficulties;
2. Monitor indicated during 2014/15 that it would need to create a national fund to manage situations where trusts get into financial difficulty and CRS services need to be protected in local communities. Values in range of £200m to £400mhave been quoted informally, currently this fund is provided via NHS England but one option under consideration is to impose a levy of CCGs and Providers reflecting the level of CRS designated services.

Human Resource Implications:

Although there are no direct equality/diversity issues to note; there may be indirect issues to consider in terms of those services that are de-designated in the event of provider failure.

Procurement:

Although there are no direct equality/diversity issues to note; there may be indirect issues to consider in terms of those services that are de-designated in the event of provider failure and the requirement for CCGs to provide alternative services.

Approval history:

N/A

Recommendations:

The Governing Body is asked to:

- note the outcome of the CCGs approach to reviewing, identifying and re-designating commissioner requested services in line with Monitor's designation framework and subsequent services that have been designated as CRS;
- note the key issues and risks associated with each provider;
- consider the suggested approach to informing providers of the outcome of the designation

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process and proposed next steps in relation to the continual review of Commissioner Requested Services.

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Appendix A – RCCG Designation Approach

The CCG has devised a methodical process by which to undertake the designation process. This is based on the Monitor guidance 'The Designation Framework: Defining Commissioner Requested Services and Location Specific Services' (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/308812/ToPublishDesignationFramework27March13.pdf) and is an adaptation of the approach as detailed in the 'Decision-making tool for defining CRS and LSS' (https://www.gov.uk/nhs-commissioners-designate-commissioner-requested-services).

The process involves assessing every 'speciality level' service (although sub-specialty level services will be assessed as required), as included in each of our clinical service contracts. Clinical, commissioning and contracting colleagues will then assess each service against the following criteria:

1. Is there suitable alternative provision available?
2. If there is suitable alternative provision, does it have the capacity to absorb additional demand?
3. If there is suitable alternative provision, and this is outside of Rotherham can we reasonably expect the users of this service to travel to other CCG areas?
4. Would a short delay or gap in service provision increase the risk of significant harm?
5. Is the service interdependent with another service that has already been designated as CRS?

If any of the answers to questions 1-3 are 'no' or any of the answers to questions 4-5 are 'yes', then consideration should be given to designating the service as CRS. The final decision regarding designation however will be made on a case-by-case basis; utilising clinical expertise and local knowledge alongside the criteria as detailed above.

Phase 1 Prepare and Phase 2 Initiate

- Execute through full task and finish group including all lead officers and agreed clinicians.

Phase 3 Assess

- Execute through sub-groups of the task and finish group which are provider specific.
- Suggested review template below:

	Criteria Questions					
Service	Is there suitable alternative provision available?	If there is suitable alternative provision, does it have the capacity to absorb additional demand?	If there is suitable alternative provision, and this is outside of Rotherham can we reasonably expect the users of this service to travel to other CCG areas?	Would a short delay or gap in service provision increase the risk of significant harm?	Is the service interdependent with another service that has already been designated as CRS?	**Designated CRS**
Example 1	No	-	-	No	Yes	Yes
Example 2	Yes	Unknown	Yes	No	No	No

Phase 4 Review

- Decisions to be reviewed via CCG Governance Groups for letters to be sent out by lead officers/clinical leads to each provider.

Phase 5 - Refresh and Update

- Agreement on rolling programme to go through CCG Governance Groups.

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Appendix B – The Rotherham NHS Foundation Trust - Outcomes of Designation Process

Service	Is there suitable alternative provision available	If there is suitable alternative provision, does it have the capacity to absorb the additional demand?	If there is suitable alternative provision, and this is outside of Rotherham can we reasonably expect the users of this service to travel to other CCG areas?	Would a short delay or gap in service provision increase the risk of significant harm?	Is the service interdependent with another service that has already been designated as CRS?	Designated CRS		
Elective Services								
General Surgery	Yes	Yes	Yes	No	No	No	Yes	
Breast Surgery	Yes	Yes	Yes	No	No	No	No	
Breast Surgery (2 week wait)	Yes	Yes	No	Yes	No	Yes	N/A	
Colorectal Surgery	Yes	Yes	Yes	No	No	No	Unknown	
Colorectal Surgery (2 week wait)	Yes	Yes	No	Yes	No	Yes		
Vascular Surgery	Yes	Yes	Yes	No	No	No		
Urology	Yes	Yes	Yes	No	No	No		
Urology (2 week wait)	Yes	Yes	No	Yes	No	Yes		
Trauma & Orthopaedics	Yes	Yes	Yes	No	No	Yes		
ENT	Yes	Yes	Yes	No	No	No		
ENT (2 week wait)	Yes	Yes	No	Yes	No	Yes		
Ophthalmology	Yes	Yes	Yes	No	No	No		
Anaesthetics	Yes	Yes	Yes	No	Yes	Yes		
General Medicine	Yes	Yes	Yes	No	No	No		
General Medicine (2 week wait)	Yes	Yes	No	Yes	No	Yes		
Gastroenterology	Yes	Yes	Yes	No	No	No		
Gastroenterology (2 week wait)	Yes	Yes	No	Yes	No	Yes		
Clinical Haematology	No	N/A	N/A	No	No	Yes		
Cardiology	Yes	Yes	Yes	No	No	No		
Dermatology	Yes	Yes	Yes	No	No	No		
Dermatology (2 week wait)	Yes	Yes	No	Yes	No	Yes		
Respiratory Medicine	Yes	Yes	Yes	No	No	No		
Rheumatology	Yes	Yes	Yes	No	No	No		
Paediatrics	Yes	Yes	Yes	No	No	No		
Geriatric Medicine	Yes	Yes	Yes	No	No	No		
Obstetrics	Yes	Yes	Yes	Yes	No	Yes		
Gynaecology	Yes	Yes	Yes	No	No	No		
Non- Elective Services								
General Surgery	No	N/A	N/A	Yes	Yes	Yes		
Urology	No	N/A	N/A	Yes	Yes	Yes		
Trauma & Orthopaedics	No	N/A	N/A	Yes	Yes	Yes		
ENT	No	N/A	N/A	Yes	Yes	Yes		
Ophthalmology	No	N/A	N/A	Yes	Yes	Yes		
Accident & Emergency	No	N/A	N/A	Yes	Yes	Yes		
Anaesthetics	No	N/A	N/A	Yes	Yes	Yes		
Critical Care Medicine	No	N/A	N/A	Yes	Yes	Yes		
General Medicine	No	N/A	N/A	Yes	Yes	Yes		
Gastroenterology	No	N/A	N/A	Yes	Yes	Yes		
Clinical Haematology	No	N/A	N/A	Yes	Yes	Yes		
Cardiology	No	N/A	N/A	Yes	Yes	Yes		
Paediatric Cardiology	No	N/A	N/A	Yes	Yes	Yes		
Stroke Medicine	No	N/A	N/A	Yes	Yes	Yes		
Dermatology	No	N/A	N/A	Yes	Yes	Yes		
Respiratory Medicine	No	N/A	N/A	Yes	Yes	Yes		
Rheumatology	No	N/A	N/A	Yes	Yes	Yes		
Paediatrics	No	N/A	N/A	Yes	Yes	Yes		
Geriatric Medicine	No	N/A	N/A	Yes	Yes	Yes		
Obstetrics	No	N/A	N/A	Yes	Yes	Yes		
Gynaecology	No	N/A	N/A	Yes	Yes	Yes		
Endoscopy	No	N/A	N/A	Yes	Yes	Yes		
Acute Medicine	No	N/A	N/A	Yes	Yes	Yes		

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Out-Patient Services						
General Surgery	Yes	Yes	Yes	No	No	No
Breast Surgery	Yes	Yes	Yes	No	No	No
Breast Surgery (2 week wait)	Yes	Yes	No	Yes	No	Yes
Colorectal Surgery	Yes	Yes	Yes	No	No	No
Colorectal Surgery (2 week wait)	Yes	Yes	No	Yes	No	Yes
Vascular Surgery	Yes	Yes	Yes	No	No	No
Urology	Yes	Yes	Yes	No	No	No
Urology (2 week wait)	Yes	Yes	No	Yes	No	Yes
Trauma & Orthopaedics	Yes	Yes	Yes	No	No	Yes
ENT	Yes	Yes	Yes	No	No	No
ENT (2 week wait)	Yes	Yes	No	Yes	No	Yes
Ophthalmology	Yes	Yes	Yes	No	No	No
Orthoptics	Yes	Yes	Yes	No	No	No
General Medicine	Yes	Yes	Yes	No	No	No
General Medicine (2 week wait)	Yes	Yes	No	Yes	No	Yes
Gastroenterology	Yes	Yes	Yes	No	No	No
Gastroenterology (2 week wait)	Yes	Yes	No	Yes	No	Yes
Clinical Haematology	No	N/A	N/A	No	No	Yes
Rehabilitation	Yes	Yes	Yes	No	No	No
Cardiology	Yes	Yes	Yes	No	No	No
Anticoagulant Service	Yes	Yes	Yes	No	No	No
Dermatology	Yes	Yes	Yes	No	No	No
Dermatology (2 week wait)	Yes	Yes	No	Yes	No	Yes
Respiratory Medicine	Yes	Yes	Yes	No	No	No
Rheumatology	Yes	Yes	Yes	No	No	No
Paediatrics	Yes	Yes	Yes	No	No	No
Geriatric Medicine	Yes	Yes	Yes	No	No	No
Gynaecology	Yes	Yes	Yes	No	No	No
Fracture Clinic	Yes	Yes	Yes	No	Yes	Yes
Chemical Pathology	Yes	Yes	Yes	No	No	No
Orthotics	Yes	Yes	Yes	No	No	No
Audiology	Yes	Yes	Yes	No	No	No
Community Services						
Neuro Rehabilitation	Yes	Yes	Yes	Yes	No	Yes
Care Coordination Centre	No	N/A	N/A	No	No	Yes
Community Hospital	No	N/A	N/A	No	No	Yes
GPwSI Dermatology	Yes	Yes	Yes	No	No	No
GPwSI Minor Surgery	Yes	Yes	Yes	No	No	No
Podiatry Department	Yes	Yes	Yes	No	No	No
Podiatric Surgery	Yes	Yes	Yes	No	No	No
MSK Service	Yes	Yes	Yes	No	No	No
Adult Speech and Language Therapy	Yes	Yes	Yes	No	No	No
Tissue Viability Specialist Nursing Service	Yes	Yes	Yes	Yes	No	Yes
Continence Specialist Nursing	Yes	Yes	Yes	No	No	No
Primary Ear Care	Yes	Yes	Yes	No	No	No
Tuberculosis Nurse	Yes	Yes	Yes	Yes	No	Yes
Phlebotomy	Yes	Yes	Yes	No	No	No
Physiotherapy - Domicilliary	Yes	Yes	Yes	No	No	No
YATT	Yes	Yes	Yes	No	No	No
Wheelchair Service	Yes	Yes	Yes	No	No	No
Integrated Community Nursing	Yes	Yes	N/A	Yes	No	Yes
Integrated Rapid Response	Yes	Yes	N/A	Yes	No	Yes
Care Home Liaison	Yes	Yes	N/A	Yes	No	Yes
Diabetes Specialist Nurse Service	Yes	Yes	Yes	No	No	No
Breathing Space	Yes	Yes	Yes	No	No	No
Falls Prevention Service	Yes	Yes	Yes	No	No	No
Community Stroke Service	Yes	Yes	Yes	Yes	No	Yes
Community Stroke Service Speech and Language Therapy	Yes	Yes	Yes	Yes	No	Yes
Cardiac Rehab/Heart Failure	Yes	Yes	Yes	No	No	No
Children's Speech and Language Therapy	Yes	Yes	Yes	No	No	No
Children with Complex Needs Team	Yes	Yes	Yes	Yes	No	Yes
Care Leaver & Young Homeless	Yes	Yes	Yes	No	No	No
Looked After Children	Yes	Yes	Yes	Yes	No	Yes
Child Development Centre	Yes	Yes	Yes	No	No	No
Community Orthoptics	Yes	Yes	Yes	No	No	No
Community Paediatrics	Yes	Yes	Yes	No	No	No
Paediatric Occupational Therapy	Yes	Yes	Yes	No	No	No
Paediatric Physiotherapy	Yes	Yes	Yes	No	No	No

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Appendix C – The Rotherham, Doncaster and South Humber Foundation Trust - Outcomes of Designation Process

Service	Is there suitable alternative provision available?	If there is suitable alternative provision, does it have the capacity to absorb additional demand?	If there is suitable alternative provision, and this is outside of Rotherham can we reasonably expect the users of this service to travel to other CCG areas?	Would a short delay or gap in service provision increase the risk of significant harm?	Is the service interdependent with another service that has already been designated as CRS?	Designated CRS		
Adult Services								
Access Team (inc. Criminal Justice, Crisis & Home Treatment)	Yes	No	No	Yes	Yes	Yes	Yes	
Inpatient Services (inc. PICU, 136 suite)	Yes	No	No	Yes	Yes	Yes	No	
Coral Lodge (Individual Placement)	Yes	Yes	Yes	Yes	No	No	N/A	
Intensive Community Therapies Team	Yes	No	No	Yes	Yes	Yes	Unknown	
Community Therapies Team	Yes	No	No	Yes	Yes	Yes		
Recovery Team	Yes	No	No	Yes	No	Yes		
Social Inclusion Team	Yes	No	No	No	No	No		
Assertive Outreach Team	Yes	No	No	Yes	Unknown	Yes		
Early Intervention in Psychosis	Yes	No	No	Yes	Unknown	Yes		
Mental Health Hospital Liaison Service (Adults, Older People & CAMHS)	No	N/A	N/A	No	Unknown	No		
IAPT	Yes	No	No	No	No	No		
South Yorks service for deaf people with MH needs	Yes	No	N/A	No	No	No		
Older Peoples Services								
Inpatient Services	Yes	No	No	Yes	Unknown	Yes		
Community mental Health Services for Older People	Yes	No	No	Yes	Yes	Yes		
Memory Services	Yes	No	No	No	No	No		
Dementia Outreach Team	Yes	No	No	No	Yes	Yes		
Care Home Liaison Team	No	N/A	N/A	Yes	Unknown	Yes		
Learning Disability Services								
Locked Forensic (small numbers, individual placement, as and when required)	Yes	Yes	Yes	Yes	No	No		
Assessment & Treatment Unit (small numbers, individual placement as and when required)	Yes	Yes	Yes	Yes	No	No		
Intensive Support Service (inc. Allied professionals & medic)	Yes	No	No	Yes	Yes	Yes		
Health Support Team (inc. Allied professionals & medic)	Yes	No	No	Yes	Yes	Yes		
Peer Support	Yes	Yes	No	No	No	No		
Community Integrated Team (inc. Allied professionals & medic)	Yes	No	No	Yes	Yes	Yes		
CAMHS								
Crisis/OOH/Intensive Community Support	Yes	No	No	Yes	Unknown	Yes		
Community Services	Yes	No	No	Yes	Unknown	Yes		

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Appendix D – The Rotherham Hospice Services - Outcomes of Designation Process

Service	Is there suitable alternative provision available?	If there is suitable alternative provision, does it have the capacity to absorb additional demand?	If there is suitable alternative provision, and this is outside of Rotherham can we reasonably expect the users of this service to travel to other CCG areas?	Would a short delay or gap in service provision increase the risk of significant harm?	Is the service interdependent with another service that has already been designated as CRS?	Designated CRS		
Inpatient Unit	Yes	No	No	Yes	Yes	Yes	Yes	
Day Hospice (Social & Psychological, Respite, Compl. Therapy)	Yes	No	No	No	No	No	No	
Day Therapies (Treatments - Blood Transfusions etc.)	Yes	No	N/A	Yes	Yes	Yes	N/A	
Community Services - CNS	Yes	No	No	Yes	Yes	Yes	Unknown	
Community Services - Hospice at Home	No	N/A	N/A	Yes	Yes	Yes		
Patient & Family Support Services - OT, Physio	Yes	No	No	No	No	No		
Patient & Family Support Services - Bereavement Support	Yes	No	Yes	No	No	No		

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