





Item: 8.4

Report to:	NHS Hull CCG Board		
Date of Meeting:	22 March 2019		
Title of Report:	Designation of Commissioner Requested Services (CRS)		
Presented by:	Emma Sayner, Chief Finance Officer		
Author:	Joy Dodson, Deputy Chief Finance Officer-Contracts, Performance, Procurement and Programme Delivery		
STATUS OF THE R	EPORT:		
To appro	ve 🗸 To endorse		
To ratify	To discuss		
To consid	der For information		
To note			
PURPOSE OF REPORT: The purpose of this report is to outline the approach undertaken by NHS Hull Clinical Commissioning Group (CCG), in conjunction with NHS East Riding of Yorkshire Clinical Commissioning Group, to designate Commissioner Requested Services (CRS). This paper will provide an overview of the CCG work undertaken to identify, review and redesignate CRS in line with NHS Improvement's (NHSI) designation framework. This report will also detail how the CCG will fulfil its statutory obligations with regard to ensuring continuity of healthcare services for the population of Hull, should a provider become significantly financially distressed. RECOMMENDATIONS: Members are requested to: 1. Review the approach undertaken for the designation of Commissioner Requested Services 2. Approve the overall strategic direction outlined and to support the next steps and timeline for full implementation to contracts from 1 April 2019 or as soon as deliverable thereafter.			

REPORT EXEMPT FROM PUBLI	C DISCLOSURE	No 🗸 Yes	
If yes, detail grounds for exemption	Sensitive		

CCG STRATEGIC OBJECTIVE

1. Integrated Commissioning

Aligned commissioning with partner CCG

2. Integrated delivery

Resilient integrated delivery across Hull and East Riding

3. Delivery of Statutory Duties

Designation of CRS is a statutory duty of the CCG

IMPLICATIO	IMPLICATIONS: (summary of key implications, including risks, associated with the paper),			
Finance	There are no identified financial implications for the CCG.			
HR	There are no identified workforce implications for the CCG.			
Quality	There are no specific quality issues identified in this report.			
Safety	There are no specific safety issues identified in this report.			

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

There is no formal requirement to engage with the public and patients; although NHSI recommends that decisions regarding designation of services should be communicated to other interested parties and this has been outlined within the next steps.

Executives, Commissioning Leads, Contract Leads and Quality colleagues from both CCGs were involved in the process to review and propose services for designation as CRS.

A subsequent meeting with clinical chairs from both CCGs was undertaken to ratify the clinical overview associated to the services proposed to be designated as commissioner requested services.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

The designation of Commissioner Requested Services in to provider contracts will ensure CCG compliance with its Statutory Duties.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	V
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The NHS Constitution, "The NHS belongs to us all" (March 2012), outlines 7 key principles which guide the NHS in all it does. These are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.

These are:

- 1. The NHS provides a comprehensive service, available to all.
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay.
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers'.
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

This reports supports delivery Key Principles 1, 5, and 7.

DESIGNATION OF COMMISSIONER REQUESTED SERVICES (CRS)

1. INTRODUCTION

The purpose of this report is to outline the approach undertaken by NHS Hull Clinical Commissioning Group (CCG), in conjunction with NHS East Riding of Yorkshire Clinical Commissioning Group, to designate Commissioner Requested Services (CRS). This report will provide an overview of the CCG work undertaken to identify, review and re-designate CRS in line with NHS Improvement's (NHSI) designation framework.

This report will also detail how the CCG will fulfil its statutory obligations with regard to ensuring continuity of healthcare services for the population of Hull, in the event that a provider becomes significantly financially distressed.

2. BACKGROUND

On 1 April 2016 all NHS services provided by NHS Foundation Trusts lost their automatic ('grandfathered') status as CRS. CRS designation works to provide assurance to commissioners for the continuity of provision for 'hard to replace' services. Each CCG has a statutory duty to designate services as CRS in the event of provider failure.

Providers will become subject to the continuity of services (CoS) conditions for CRS upon designation of their services. Each provider will be obliged to provider financial information to NHSI to provide assurance on their financial stability. This early warning system will support both the regulator and commissioners in identifying financial difficulty within both NHS and Independent Sector providers.

In the rare event of a provider getting into serious financial difficulties, the CCGs will work with NHSI to ensure that patients can continue to access services that are critical to them. NHSI will appoint an administrator who will use the CRS list to help determine which services must continue to be provided.

Commissioners, during 2015-16, undertook a review and designation process across CRS providers, both Independent and NHS, to secure the on-going provision of key services. However, it was identified, following a number of service redesigns and procurements, both CCGs should undertake a formal review of CRS collectively as they both commission a number services from shared providers for provision across Hull and East Riding of Yorkshire. Furthermore, in line with the NHSI guidance, 2018/19 was deemed to be the right time to identify any services they commission as CRS as the local health economy was deemed to be operating normally i.e. without large scale procurement.

3. PROCESS AND PRINCIPLES

NHSI guidance outlines CCG statutory duty to identify services for which, in the 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

Both CCG's reviewed all services commissioned across all providers and assessed whether they are to be designated commissioner requested services (CRS) through the following process:

Phase 1: Prepare

Each CCG is to identify the long-term outcome of service provision through the needs assessment of the local population and configuration of health services. This is completed as part of the service specification process and is an integral part of the ongoing commissioning cycle.

Phase 2: Initiate

Commissioners are to notify stakeholders that we are reviewing the CRS eligibility of providers. Both CCG's worked with key stakeholders across commissioning, regulatory and provider bodies throughout the process to date and will continue to do so.

Phase 3: Assess

Commissioners are to assess services in line with the Designation Framework procedure, as follows:

- 1. Information gathered on commissioned services across providers; and
- 2. Each service is assessed as to whether a suitable alternative provider exists; and
- 3. Each service is further assessed as to whether there will be any health inequality impacts should provision cease; and finally
- 4. Each service is assessed as to whether there are any impacts on independent services not aligned to pathways across a number of providers.

Both commissioners collectively reviewed services in line with phase 3 of the designation framework.

Phase 4: Review

Providers will be invited to review whether they agree with the CCG conclusions.

Phase 5: Refresh and update

Designation will be varied into provider contracts and subject to review each time a contract renews.

Both CCGs identified specific leads with service knowledge, such as executives, commissioning managers and contract leads alongside quality leads, to undertake the review process. The process involved assessment of every specialty included within each healthcare service contract across providers.

Each speciality was assessed against the following criteria:

- 1. Is there suitable alternative provision within the relevant geography?
- 2. If there is suitable alternative provision, does it have capacity to absorb additional demand?
- 3. If there is alternative provision is outside of Hull and East Riding, could we reasonably expect patients to travel?

- 4. Would a short delay or gap in provision increase the risk of significant harm? (This has been defined as 2 weeks for the purpose of this exercise).
- 5. Is the service interdependent with another designated CRS service?

In addition, all services were assessed on an elective, urgent, outpatient and community services basis to ensure individual pathways could be appraised and designated beyond the speciality. Following this approach, the assessment team concluded the following overarching principles would be applied to the designation process:

- Services provided as part of a 2 week wait cancer pathway will be designated as CRS
- Services provided as part of an emergency care or non-elective pathway will be designated as CRS
- c. Services provided as part of a critical care pathway will be designated as CRS
- d. Services provided outside of the Hull and East Riding boundary will not be designated as CRS as this is the responsibility of the lead commissioner
- e. Services which form part of a Specialised Commissioning pathway have been excluded from the process, as they will be designated by NHSE.

4. OUTCOME OF REVIEW AND NEXT STEPS

The detailed outcome of the review is documented within Appendix A.

It is proposed both CCG's continue to work collaboratively to engage with providers upon the outcomes of the review and designation process. Subject to the agreement with the provider, each contract will be varied to reflect the designation of services under CRS and it is proposed this will be concluded as part of the renewed contract for 2019/20 onwards. It is acknowledged where a provider disputes the outcomes of the review process, decisions will be deferred to NHSI in line with 'Guidance for commissioners on ensuring the continuity of health care services'.

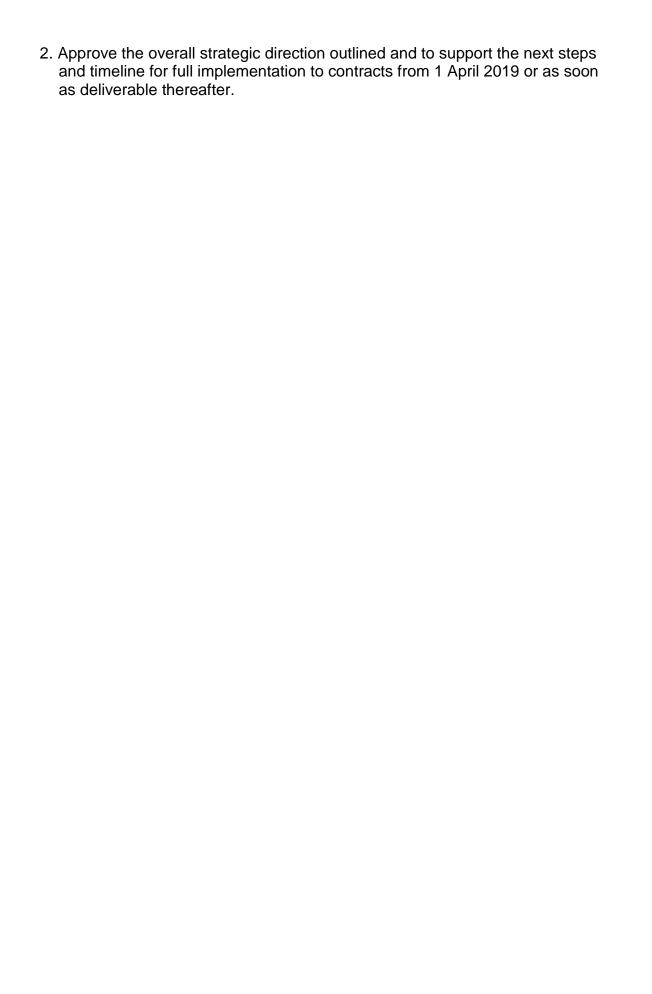
However, whilst designation of CRS forms part of the NHS Standard Contract between the commissioners and the provider; it is acknowledged any services identified as vulnerable or unsustainable in year will be reviewed and solutions implemented through agreement between all parties. Although services have been designated as CRS, this will not impact the requirement to uphold and maintain local discussions between commissioners and providers.

A light touch review will take place annually across the services and designation of CRS will be confirmed or identified for further review, in line with the CCG's statutory duty. As contracts expire for provision of services with providers, it is proposed a full, comprehensive review will be undertaken of the services and designation of CRS will be achieved in line with the national policy.

5. RECOMMENDATIONS

Members are requested to:

 Review the approach undertaken for the designation of Commissioner Requested Services



APPENDIX A - OUTPUT OF CRS REVIEW

Designated		Not Designated	
Non Elective Services			
All Non Elective	All Sites		
Services			
Elective Services			
2WW Breast Surgery	Castle Hill Hospital	Allergy	Castle Hill Hospital
Clinical Haematology	Castle Hill Hospital	Allergy	Hull Royal Infirmary
Clinical Oncology	Castle Hill Hospital	Anaesthetics	Castle Hill Hospital
Colorectal Surgery	Castle Hill Hospital	Breast Surgery	Castle Hill Hospital
2WW Dermatology	Hull Royal Infirmary	Cardiology	Castle Hill Hospital
2WW	Castle Hill Hospital	Cardiology	Hull Royal Infirmary
Gastroenterology	'		
2WW General	Castle Hill Hospital	Diagnostic Imaging	Castle Hill Hospital
Medicine	· ·		'
2WW General	Castle Hill Hospital	Cardiology	York Teaching
Surgery		, and an energy	Hospital
Gynaecological	Castle Hill Hospital	Colorectal Surgery	Hull Royal Infirmary
Oncology			
Gynaecological	Hull Royal Infirmary	Dermatology	Hull Royal Infirmary
Oncology			, , , , , , , , , , , , , , , , , , , ,
2WW Hepatobiliary &	Castle Hill Hospital	Diabetic Medicine	Hull Royal Infirmary
Pancreatic Surgery			
Interventional	Castle Hill Hospital	Endocrinology	Hull Royal Infirmary
Radiology	- Caous I III I Ioophai		Train respair in initially
Interventional	Hull Royal Infirmary	ENT	Castle Hill Hospital
Radiology			Guotio i iii i roopitai
Medical Oncology	Castle Hill Hospital	ENT	Hull Royal Infirmary
Midwife Episode	Hull Royal Infirmary	ENT	Spire Hull And East
l mamie Epiecae	Trail Royal Illiminary		Riding Hospitals
Neurosurgery	Castle Hill Hospital	Gastroenterology	Castle Hill Hospital
Neurosurgery	Hull Royal Infirmary	Gastroenterology	Hull Royal Infirmary
Obstetrics	Hull Royal Infirmary	General Medicine	Castle Hill Hospital
2WW Ophthalmology	Castle Hill Hospital	General Medicine	Hull Royal Infirmary
21111 opininamiology	Cacto i ilii i respitar	General Surgery	Castle Hill Hospital
2WW Pain	Castle Hill Hospital	General Surgery	Hull Royal Infirmary
Management	Odotic i ilii i loopitai	General Surgery	Trail (Cyar Iriii)
Pain Management	Castle Hill Hospital	Geriatric Medicine	Hull Royal Infirmary
Palliation	Odotio i illi i loopitai	Schaine Wedienie	Trail Royal Illimitary
2WW Plastic Surgery	Castle Hill Hospital	Gynaecology	Castle Hill Hospital
2WW Respiratory	Castle Hill Hospital	Gynaecology	Hull Royal Infirmary
Medicine	- Castio i illi i rospitai	Cynaddology	Trail respect minimary
2WW Upper	Castle Hill Hospital	Hepatobiliary &	Castle Hill Hospital
Gastrointestinal	- Caono i illi i loopital	Pancreatic Surgery	- Caolio i illi i loopitai
Surgery		. siloi sallo sui goi j	
2WW Urology	Castle Hill Hospital	Hepatobiliary &	Hull Royal Infirmary
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		Neurology	Hull Royal Infirmary
		Ophthalmology	Castle Hill Hospital
		Paediatrics	Hull Royal Infirmary
		Pain Management	Castle Hill Hospital
		Palliative Medicine	Castle Hill Hospital
		Plastic Surgery	Castle Hill Hospital
		Plastic Surgery	Hull Royal Infirmary
	1	i lastic outgery	Trail Noyal Illillialy

Designated		Not Designated	
Doorgriated		Rehabilitation	Castle Hill Hospital
		Respiratory Medicine	Castle Hill Hospital
		Respiratory Medicine	Hull Royal Infirmary
		Rheumatology	Hull Royal Infirmary
		Stroke Medicine	Hull Royal Infirmary
		Trauma &	Castle Hill Hospital
		Orthopaedics	
		Trauma &	Hull Royal Infirmary
		Orthopaedics	
		Upper	Castle Hill Hospital
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		Surgery	
		Upper	Hull Royal Infirmary
		Gastrointestinal	
		Surgery	
		Urology	Castle Hill Hospital
		Vascular Surgery	Hull Royal Infirmary
A&E			
A&E	Hull Royal Infirmary		
Critical Care	T	ı	
General Surgery	Hull Royal Infirmary		
General Surgery	Castle Hill Hospital		
Urology	Hull Royal Infirmary		
Urology	Castle Hill Hospital		
Colorectal Surgery	Hull Royal Infirmary		
Colorectal Surgery	Castle Hill Hospital		
Hepatobiliary &	Hull Royal Infirmary		
Pancreatic Surgery	11 11 5 11 6		
Upper	Hull Royal Infirmary		
Gastrointestinal			
Surgery	Castle Hill Hospital		
Upper Gastrointestinal	Castle IIII Hospital		
Surgery			
Vascular Surgery	Hull Royal Infirmary		
Trauma &	Hull Royal Infirmary		
Orthopaedics	Tidii Noyai iliiliiliaiy		
Trauma &	Castle Hill Hospital		
Orthopaedics	Guotio i illi i loopitai		
ENT	Hull Royal Infirmary		
ENT	Castle Hill Hospital		
Oral Surgery	Hull Royal Infirmary		
Oral Surgery	Castle Hill Hospital		
Neurosurgery	Hull Royal Infirmary		
Neurosurgery	Castle Hill Hospital		
Plastic Surgery	Hull Royal Infirmary		
Plastic Surgery	Castle Hill Hospital		
Cardiothoracic	Hull Royal Infirmary		
Surgery			
Cardiothoracic	Castle Hill Hospital		
Surgery			
Cardiothoracic	Spire Hull And East		
Surgery	Riding Hospitals		
Anaesthetics	Hull Royal Infirmary		

General Medicine Castle Hill Hospital General Medicine Hull Royal Infirmary Endocrinology Hull Royal Infirmary Clinical Haematology Hull Royal Infirmary Rehabilitation Castle Hill Hospital Palliative Medicine Hull Royal Infirmary General Medicine Cardiology Gastle Hill Hospital Palliative Medicine Hull Royal Infirmary General Medicine General Medicine Hull Royal Infirmary General Medicine Gen	Designated		Not Designated	
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Adult In-patient Hull/ERY Let's Talk Hull				
		Hull/ERY	Let's Talk	Hull

Designated		Not Designated	
Eating Disorders	Hull/ERY	LD Wellbeing service	Hull
Outpatients			
2WW Anaesthetics	Castle Hill Hospital	Gastroenterology	Castle Hill Hospital
2WW Breast Surgery	Castle Hill Hospital	Gastroenterology	Hull Royal Infirmary
2WW Cardiology	Castle Hill Hospital	Gastroenterology	The East Riding
			Community Hospital
2WW Clinical	Castle Hill Hospital	General Medicine	Castle Hill Hospital
Haematology			·
2WW Clinical	Castle Hill Hospital	General Medicine	Hull Royal Infirmary
Oncology			
2WW Colorectal	Castle Hill Hospital	General Surgery	Castle Hill Hospital
Surgery			
2WW Congenital	Castle Hill Hospital	General Surgery	Hull Royal Infirmary
Heart Disease			
2WW Dermatology	Castle Hill Hospital	General Surgery	The East Riding
			Community Hospital
2WW Endocrinology	Castle Hill Hospital	Geriatric Medicine	Hull Royal Infirmary
2WW ENT	Castle Hill Hospital	Geriatric Medicine	Westbourne NHS
			Centre
2WW	Castle Hill Hospital	Gynaecological	Castle Hill Hospital
Gastroenterology		Oncology	
2WW General	Castle Hill Hospital	Gynaecological	Hull Royal Infirmary
Medicine		Oncology	
2WW General	Castle Hill Hospital	Gynaecology	Bilton Grange Health
Surgery			Centre
2WW Gynaecological	Castle Hill Hospital	Gynaecology	Bransholme Health
Oncology			Centre
2WW Gynaecology	Castle Hill Hospital	Gynaecology	Castle Hill Hospital
2WW Haemophilia	Castle Hill Hospital	Gynaecology	Clifton House Medical
			Centre
2WW Medical	Castle Hill Hospital	Gynaecology	Hull Royal Infirmary
Oncology			
2WW Neurology	Castle Hill Hospital	Gynaecology	Marfleet Primary
0)4744	0 4 1 1 1 1 1 1		Health Care Centre
2WW Neurosurgery	Castle Hill Hospital	Gynaecology	Morrill Street Health
0)4714 0 10	0 4 1 1 1 1 1 1		Centre
2WW Oral Surgery	Castle Hill Hospital	Gynaecology	Sutton Manor Surgery
2WW Orthodontics	Castle Hill Hospital	Gynaecology	The Avenues Medical
0)4044 5	0 4 19911 5 1		Centre
2WW Pain	Castle Hill Hospital	Haemophilia	Castle Hill Hospital
Management	0 4 12011 301	11 120	11.115
2WW Palliative	Castle Hill Hospital	Haemophilia	Hull Royal Infirmary
Medicine	00-1201120-1	Later and Consol	Hall Day at the firms a man
2WW Plastic Surgery	Castle Hill Hospital	Interventional	Hull Royal Infirmary
0)4/14/ D = b = b ::(= t; = c	04-1201	Radiology	The Feet Distinct
2WW Rehabilitation	Castle Hill Hospital	Interventional	The East Riding
OMANA Descriptors	Cootle I III I I conitel	Radiology	Community Hospital
2WW Respiratory	Castle Hill Hospital	Maternity	Bilton Grange Health
Medicine	Cootle I III I I conital	Motornit:	Centre
2WW Rheumatology	Castle Hill Hospital	Maternity	Bransholme Health
2\A/\A/ T=2::=2 2	Cootle I III I I conital	Motornit:	Centre
2WW Trauma &	Castle Hill Hospital	Maternity	Elliot Chappell Health
Orthopaedics	Cootle Hill Hearital	Motorpity	Centre
2WW Upper	Castle Hill Hospital	Maternity	Hessle Health Centre
Gastrointestinal			

Designated		Not Designated	
Surgery			
2WW Urology	Castle Hill Hospital	Maternity	Hornsea Cottage Hospital
2WW Vascular Surgery	Castle Hill Hospital	Maternity	Kingswood Health Centre
Maternity	Hull Royal Infirmary	Maternity	Market Weighton Surgery
Paediatrics	Hull Royal Infirmary	Maternity	Morrill Street Health Centre
Ophthalmology Lucentis	Hull Royal Infirmary	Maternity	Pocklington Health Centre
Postnatal and Antenatal	Alfred Bean Hospital	Maternity	Priory Children's Centre
Postnatal and Antenatal	Hull Royal Infirmary	Medical Oncology	Castle Hill Hospital
Postnatal and Antenatal	Market Weighton Surgery	Nephrology	Hull Royal Infirmary
Postnatal and Antenatal	Priory Children's Centre	Neurology	Alfred Bean Hospital
Postnatal and Antenatal	The East Riding Community Hospital	Neurology	Bartholomew Medical Group
Palliative Medicine	Castle Hill Hospital	Neurology	Bilton Grange Health Centre
		Neurology	Bransholme Health Centre
		Neurology	Castle Hill Hospital
		Neurology	Elliot Chappell Health Centre
		Neurology	Hornsea Cottage Hospital
		Neurology	Hull Royal Infirmary
		Neurology	Kingswood Health Centre
		Neurology	Marfleet Primary Health Care Centre
		Neurology	Orchard Park Health Centre
		Neurology	Sutton Manor Surgery
		Neurology	The East Riding Community Hospital
		Neurology	Westbourne NHS Centre
		Neurosurgery	Castle Hill Hospital
		Neurosurgery	Hull Royal Infirmary
		Neurosurgery	Scunthorpe General Hospital
		Neurosurgery	The East Riding Community Hospital
		Ophthalmology	Hull Royal Infirmary
		Ophthalmology	The East Riding Community Hospital
		Ophthalmology Cataracts	Hull Royal Infirmary
		Oral Surgery	Castle Hill Hospital
		Oral Surgery	Hull Royal Infirmary

Designated	Not Designated	
_ = 00.9.10100	Orthodontics	Castle Hill Hospital
	Orthodontics	Hull Royal Infirmary
	Orthoptics	Hornsea Cottage
	·	Hospital
	Orthoptics	Hull Royal Infirmary
	Orthoptics	The East Riding
		Community Hospital
	Paediatric Cardiology	Hull Royal Infirmary
	Paediatric Clinical	Hull Royal Infirmary
	Immunology And	
	Allergy	
	Paediatrics	Hessle Health Centre
	Paediatrics	Hornsea Cottage
		Hospital
	Paediatrics	Marfleet Primary
		Health Care Centre
	Paediatrics	The East Riding
	.	Community Hospital
	Paediatrics	Withernsea Hospital
	Pain Management	Castle Hill Hospital
	Pain Management	Hull Royal Infirmary
	Pain Management	The East Riding
		Community Hospital
	Physiotherapy	Hull Royal Infirmary
	Plastic Surgery	Castle Hill Hospital
	Plastic Surgery	Hull Royal Infirmary
	 Podiatry	Hull Royal Infirmary
	 Rehabilitation	Castle Hill Hospital
	Rehabilitation	The Artificial Limb Unit
	Respiratory Medicine	Bilton Grange Health Centre
	Respiratory Medicine	Castle Hill Hospital
	Respiratory Medicine	Hull Royal Infirmary
	Respiratory Medicine	The East Riding
	. ,	Community Hospital
	Rheumatology	Alfred Bean Hospital
	Rheumatology	Castle Hill Hospital
	Rheumatology	Hull Royal Infirmary
	Rheumatology	The East Riding
		Community Hospital
	Stroke Medicine	Hull Royal Infirmary
	Stroke Medicine	Westbourne NHS Centre
	Trauma &	Hull Royal Infirmary
	Orthopaedic -	
	Fracture	
	Trauma & Orthopaedics	Castle Hill Hospital
	Trauma &	The East Riding
	Orthopaedics	Community Hospital
	Upper Gastrointestinal Surgery	Castle Hill Hospital
	Upper	Hull Royal Infirmary
	1 1	

Designated		Not Designated	
		Gastrointestinal	
		Surgery	
		Upper	The East Riding
		Gastrointestinal	Community Hospital
		Surgery	Community Hoopital
		Urology	Castle Hill Hospital
		Urology	Hull Royal Infirmary
		Urology	The East Riding
		Orology	Community Hospital
		Vascular Surgery	Alfred Bean Hospital
		Vascular Surgery Vascular Surgery	Castle Hill Hospital
		vasculai Surgery	Castle Hill Hospital
		Vocaular Curgany	Hull Dayal Infirmany
		Vascular Surgery	Hull Royal Infirmary
		Vascular Surgery	Pocklington Health Centre
		Vacanta a Company	
		Vascular Surgery	The East Riding
Caranavait Camina			Community Hospital
Community Services	A II - 11	OD Out of House	01-
Urgent Treatment Centre	All sites	GP Out of Hours	Goole
Intermediate Care	All ER localities	GP Out of Hours	Beverley
Community Nursing	All localities	GP Out of Hours	Bridlington
Community Therapies	All localities	Integrated Hospital Team	All ER localities
Home Oxygen	All localities	Frequent Flyers	All ER localities
Urgent Care Centre	Hull	Non-Weight Bearers	All ER localities
Emergency Care	Hull	Community Hospital	Beverley
Practitioners	Tidii	in-patients	Beverley
Intermediate Care	Hull	Community Hospital	Withernsea
and Reablement	Tidii	in-patients	VVIIICITISCA
Community Nursing	Hull	Community Hospital	Bridlington
(including	Tidii	in-patients	Bridington
Phlebotomy)		in-patients	
Home Oxygen	Hull	Falls Service	All localities
Assessment and	Tiuli	1 alis Service	All localities
Review			
Evening and	All ER localities	Pulmonary	All localities
overnight District	7 til ETC localities	Rehabilitation	7 th localities
Nursing		Rendomation	
Community based	Hull/ERY	Macmillan Clinical	All ER localities
unplanned pregnancy	TIGHT ETCT	Nurse Specialist	7 th ETC localities
and Early Medical		Traise openaner	
Abortion			
DVT and Anti-	Hull	Dietetics	All ER localities
coagulation	· Mil	510101100	, iii Et toodiitioo
Specialist Palliative	Hull	Tissue Viability	All ER localities
and End of Life care	11011	Specialist Nursing	7 III ET TOOGIITIO
and End of End date		Cardiac Rehabilitation	All ER localities
		Bladder and Bowel	All ER localities
		service	/ III LIX IOOUIIIIOS
		Diabetes specialist	Bridlington
		nurses	- Driding Corr
		Diabetes specialist	Driffield
		nurses	Dilliola
		Day Hospital	Driffield
		Day HUSPILAI	ווווופוע

Designated		Not Designated	
		Out-patient services (Driffield only)	Driffield
		Care Home Nurse	Bridlington
		Care Home Nurse	Beverley
		Health Trainers Service	Holderness
		Health Trainers Service	Driffield
		Community Gynaecology- Specialist Menopause	Hull
		Male Sterilisation	Hull
		Management of Male Sexual Dysfunction	Hull
		GP OOH	Hull
		Long Term Conditions /Telehealth	Hull
		Expert Patient Programme	Hull
		Carers Support Service (including dementia nurse specialists)	Hull
		Wound Management (Tissue Viability)	Hull
		Lymphedema	Hull
		Community Respiratory (excluding Pulmonary Rehabilitation)	Hull
		Bladder and Bowel Health (continence)	Hull
		Chronic Pain	Hull
		Podiatry ('at risk' feet, symptomatic/infected toe nails, children under 13 biomechanical needs)	Hull
		Weight Management Tier 3	Hull
		Cardiac Rehabilitation	Hull
		Stroke Rehabilitation	Hull
		Pulmonary Rehabilitation	Hull
		Falls Prevention & Management Service	Hull
		Dietetic Service	Hull
		Integrated Care Centre (new)	Hull
Other Services		, , , , , , , , , , , , , , , , , , ,	
Continuing Healthcare Assessment Services	Hull	Safeguarding Advisory	Hull
		Infection Prevention and Control	Hull
		TB Nursing	Hull

Designated		Not Designated	
		Macmillan GP	Hull
		Facilitators	
		Admin Front of House	Hull
		Health and Safety	Hull
		Sexual Health	ERY
Urgent Treatment Pathways			
Ophthalmology	Hull Royal Infirmary		
Cardiology	Hull Royal Infirmary		