

November 2018

Dear Chief Executive,

RE: Establishment of Urology Area Networks. Response required by: 14 January 2019

Urology Area Networks

The Getting It Right First Time programme National Specialty Report for Urology was published in July 2018. One of the key recommendations of that report was that Urology Area Networks (UANs) should be established in order “to provide comprehensive coverage of urological services, beyond existing network arrangements, to optimise quality and efficiency”. The national review of urology services led to the conclusion that organising urological care on a trust by trust basis was unsatisfactory, as only a few trusts could offer comprehensive urology services in isolation. This led to the recommendation that UANs be developed, with the expectation that they will deliver:

- An increase in service quality through consolidation of emergency care, improved access to subspecialist services and the creation of services which reach a “critical mass” of population served and treatments provided.
- Increased efficiency of service delivery through the ability to balance workloads across different facilities within a geographical area and increased flexibility in the way in which people work and facilities are used.
- Improved cost-effectiveness as a result of optimising use of the skills of the clinical team, making best use of the available facilities and being efficient in equipment procurement and usage.

The Process for Establishing Urology Area Networks

It is envisaged that a stepwise process will be followed:

1. Develop a national framework for UANs so that there is some structure in the system that will allow UANs to develop in a coordinated way.
2. The group of trusts that make up an individual UAN hold discussions to explore how a UAN might work in their particular circumstances - exploring potential opportunities/benefits and associated risks.

3. It is anticipated that most UAN groups will find that there are practical advantages in developing a more formal UAN structure, although some may choose to collaborate in a few specific areas and not develop a full blown UAN arrangement.
4. For those that want to develop a formal UAN, there will need to be a project-managed process that looks at the principles of the UAN, governance arrangements, management structures and financial flows. There will need to be liaison with stakeholders - notably commissioners – and evaluation of the costs and benefits of adopting new ways of working. Enclosed is a short paper setting out some recommendations as to how UANs might be developed.

The Need for a National Configuration of Urology Area Networks

Since publication of the GIRFT urology report, we have been contacted by a number of departments for whom progression with the development of a UAN is felt to be an urgent priority. However, it is imperative that there is clarity over which urology departments would most appropriately work together within a UAN. A haphazard “organic” development of UANs would be likely to lead to difficulties with boundary disputes and leave some departments without network partners. It therefore makes sense to build a consensus about a national configuration of UANs in order to avoid such problems.

It must be recognised that a UAN would cover a defined geographical area. However, the borders of such networks will be porous as not all networks will provide a comprehensive range of services. For example, major urological cancer surgery may be provided in a centre out with an individual UAN. There is no suggestion that the existing configuration of cancer services should be affected by the development of UANs. Furthermore, there is no absolute requirement that networks need to align rigidly with the configuration of STPs across the country; there will be examples of networks which span STP boundaries.

The GIRFT Urology Review Team has looked at the potential arrangements of UANs across the country and has developed two possible national model for such networks, which are included with this letter (Option One and Option Two). The models have been assembled, taking into account geographical considerations, populations served by individual trusts and the nature of the urology services provided by different organisations.

There are a few trusts which, in effect, are already working as a UAN, as they cover a large population and do not need to collaborate with other organisations to gain the advantages of a UAN.

There are three situations where individual trusts have two urology departments that do not appear to be natural partners within a UAN. County Durham and Darlington NHS Foundation Trust has already established collaborative working arrangements with two other trusts, and it is anticipated that that arrangement will continue. The proposed models contain the suggestion that a similar arrangement might apply to the urology departments of the Hampshire Hospitals NHS Foundation Trust and those of the Western Sussex Hospitals NHS Foundation Trust.

Action Required

This letter is being sent in order to discover the extent to which there is agreement on a national configuration for UANs, and to determine where in the country there needs to be more discussion as to which urology departments should work together.

Please respond to this letter by **14 January 2019** to urology@gettingitrightfirsttime.co.uk providing the following information:

- Is your trust's collaboration in the urology area networks proposed in one or both of the GIRFT UAN options appropriate?
- If yes, please can you advise if your trust is already working with the trusts in the proposed urology area network, or if work is yet to commence?
- If you feel that the network arrangement in your region could be improved, please provide a suggested alternative configuration.

Yours sincerely,



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GIRFT Programme Chair and
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Establishing a Urology Area Network
Draft Model: Option One
Draft Model: Option Two

Establishing a Urology Area Network

Introduction

A Urology Area Network (UAN) is a collaborative arrangement between several urology departments that establishes a coordinated and comprehensive urology service. Between one and four trusts can be involved; a network will typically cover a population between 750,000 and 1.5 million people.

Urology services are currently commissioned on a trust by trust basis but this model is under severe pressure as many smaller departments are now at the limit of sustainability. Getting It Right First Time (GIRFT) discussions with trusts have identified the development of UANs as a means of enabling services to develop resilience while helping to increase the efficient use of resources and address unwarranted clinical variation.

Of particular concern to smaller urology units are:

- Problems with recruitment and retention of urology staff, which is threatening the long-term viability of some district general hospital departments.
- Poor integration of services with larger urology centres. In many parts of the country, the degree of integration of services between smaller units and the larger urology centres is limited, leading to variable access to sub-specialist care and inefficient use of high-cost equipment, such as extracorporeal shockwave lithotripters.
- Problems meeting the requirements for increased levels of consultant involvement in the provision of on-call services and timely consultant review of emergency urology admissions.

Particular issues that should be addressed by the development of a UAN are:

- The establishment of more robust, consultant-delivered, comprehensive and efficient emergency services.
- Improved access to better developed subspecialist services.
- Mitigation for recruitment problems into small urology units.

- More effective use of resources and procurement of equipment.
- An ability to balance workloads across a network's facilities, therefore improving compliance with NHS targets.

Developing a Country-Wide Plan for UANs

It is essential that every UAN is developed with the assurance that its formation is compatible with an overall national plan for developing UANs. The danger of ad-hoc development of UANs is that "orphan" urology departments may be left out of UANs and the pattern of UANs that emerges might not be optimised with regard to patient access, population-served and facilities.

A national consultation on a draft arrangement for UANs is underway, which will allow providers to identify alternative configurations, as long as the emerging UANs continue to meet the requirement for compatibility with a cohesive national model.

Once it is established that a UAN is compatible with the national model, it will be necessary to liaise with stakeholders, such as commissioners, neighbouring providers and STP/ICS's in order to ensure that the proposal is compatible with wider regional planning. Patient perspectives will also be important.

A key feature of UAN development is that, while a UAN should be part of an overarching national model for UANs, the way in which a UAN develops and is run is locally determined, not externally imposed. In other words, having agreed the geographical boundaries of a UAN, the challenge to local UAN Clinicians and Managers is to design a coordinated urology service which is optimised with respect to both quality and cost effectiveness.

Dealing with Core Issues

There is already considerable experience within the NHS in establishing networks. In urology, the establishment of a urology cancer network means that there is experience of network development within the specialty. Key issues that need to be considered, as the first phase of establishing a UAN, include the following:

(a) Clinical Leadership

A Clinical Leadership Team needs to be established in order to ensure that there is clinical expertise at the forefront of the development of the UAN service. Leadership should not be confined purely to urology Consultants, although it is inevitable that Consultants will play key roles.

(b) Management Structure

There needs to be a clear management structure for a UAN which is able to make decisions about service development across all of the trusts that are participating in the UAN. There should be clarity as to which decisions would need escalation to higher tiers of management within the participating organisations.

(c) Governance Arrangements

It is important that there is clarity as to the way in which governance issues will be dealt with across the participating trusts.

(d) Financial Arrangements

Networking will inevitably mean that there are patient flows between different trusts. Mechanisms need to be put in place that ensure that the way in which financial arrangements underpin patient flows is understood and agreed. It is essential that finance mechanisms are seamless and do not unduly complicate patient pathways.

(e) Liaison with Stakeholders and Communication

There is a need to establish the stakeholders that have an interest in a UAN. Clarity is required regarding communication arrangements within the UAN, and with external bodies and the public.

(f) Project Management Methodology

As with any significant change project, it is important that there is a structured project management approach embedded in UAN development.

Network Principles

UANs should work under an agreed set of principles which can be used to underpin decision-making. The following are principles that might be adopted:

- Create a network of urology departments, each of which was sustainable in the long term, with the staffing and facilities to offer high-quality care.
- Provide equitable access to services and skills for all patients in the UAN catchment area. There should be mechanisms in place to monitor and audit access to services and patient experience.
- Develop an organisation of services which ensures that patients are treated as close to their homes as is compatible with the provision of high-quality care. Inappropriate follow up of patients in departments that are remote from their homes should be avoided, either

by specialists out-reaching or by follow up being transferred on the basis of a protocol of ongoing care.

- Avoid over-centralisation of services, so that centralisation should only occur when there are strong grounds for believing that better quality care can be provided through a centralising model.
- Consider the siting of a specialist service within a network in a way which does not inevitably mean that every specialist service is provided in the network's main urology centre. It is essential to provide a coherent overall plan which, in many cases, would involve developing some areas of specialisation away from the major centre.
- Allocate resources in a way which addresses the needs of all of the departments within a network, with mechanisms to avoid disproportionate allocation of staffing, facilities and equipment across the network.
- Provide clearly defined pathways of care which are underpinned by formal multidisciplinary team processes, where appropriate.
- Make clear what are the responsibilities of those departments that are providing particular aspects of networked care, with mechanisms in place to ensure that departments provided with a particular resource facilitate equal access to that resource from all areas of the network.
- Ensure that the UAN has an inbuilt capacity to develop and sustain the necessary urological workforce, with a particular focus on developing the skills of the urology specialist nursing workforce and supporting the on-call generic surgical teams that will be providing out of hours urological care in the smaller urology units.

Network Design

A starting point for the process of designing the UAN service is to undertake a "stock take" of the existing services, and demand on those services. This will include:

- Personnel.
- Out-patient, day case and in-patient facilities.
- Out-patient, day case and in-patient capacity, e.g. numbers of clinics and lists.
- Equipment.

It will also be appropriate to assess the potential for service re-organisation. For example, is it realistic to build in a major re-timetabling exercise that will affect a host of other specialties, or should the re-organisation be carried out within existing urology facilities? It will also be necessary to look at possibilities for capital investment into the service. A limited amount of capital might be

needed in order to develop a Urological Investigations Unit; investment might also be needed for equipment.

Describing the UAN Service

It is anticipated that a national template will be developed which will be used by UANs to set out a description of their services. The advantage of developing a service description document is that it should provide clarity about a service to clinicians, the provider organisations, commissioners and the public. While the design of the network will be locally determined, there will be an expectation that the model that is produced will move the service in a direction with accords with national directives and the GIRFT Programme National Specialty Report for urology. The following paragraphs set out examples of criteria that would need to be considered in designing a UAN.

(a) Emergency Care

It is anticipated that urological emergency care will be led by consultants with a personal, “hands on” approach. Consideration should be given to the way in which consultant continuity of care is provided, for example, by looking at a consultant of the week model. There will need to be a description as to how patients with emergency and urgent urology conditions access the acute urology service from all of the networked hospital sites. For example, explicit targets should be set for the speed of response to in-patient referrals.

It is recognised that urology on-call consultants who are not supported by a middle grade tier of specialty doctors will be under considerable pressure, as there is a risk of them being called in out of hours to deal with a range of, often relatively minor, conditions. The network description should include details of mitigating actions which are taken to support consultants in this situation.

Emergency arrangements should include details of access to interventional radiology, fully equipped emergency urology theatres and extracorporeal shock wave lithotripsy.

The efficient use of resources may mean that one or more urology departments within the overall UAN work on a five-day basis and close at weekends, thereby converting to a centralised model of urological weekend care.

(b) Urological Oncology

Arrangements for the management of patients with urological cancer are already established through cancer network arrangements. The expectation is that such arrangements will remain in place, with UANs not impacting on this organisation to any great extent. It should be noted that not all UANs will undertake major pelvic cancer surgery and complex renal cancer surgery.

Inevitably, only a minority of UANs will offer management of penile cancer and advanced testicular cancer. This emphasises that a UAN does not work in complete isolation from other urology services, and that there is, inevitably and correctly, going to be some flow of patients between UANs.

(c) General Urology

It is anticipated that general urological care will be provided in all of the UAN departments. However, there is a shift towards even general urological procedures becoming more sub-specialist in nature. For example, it is anticipated that a UAN would plot a pathway towards the majority of patients undergoing male bladder outflow obstruction surgery being treated through day case pathways. This may mean that laser prostatectomy is developed in one of the network departments, rather than standard monopolar transurethral prostatectomy being offered on all sites.

(d) Urinary Tract Stones

There is an increasing expectation that patients with urinary tract stones will have the majority of their management under the care of a consultant with a special interest in endourology. The UAN should therefore look to provide good access to specialised stone clinics and clarify the pathway for patients who require expert care for metabolic stone problems. Equitable access should be ensured for the full range of stone treatments, from extracorporeal shock wave lithotripsy to percutaneous nephrolithotomy.

The numbers of patients having some of the more complex stone procedures is relatively small. There needs to be agreement, established through MDT working, as to the UAN's approach to the management of complex stone problems. Complex stone surgery, such as PCNL, should almost certainly only be provided in one trust in order to build up expertise in that trust's team. Such an arrangement does not preclude consultants from other trusts within the network being included in the surgical team carrying out such surgery.

(e) Female Neurological and Urodynamic Urology

Currently, many trusts have a poorly developed female and neurological urology services. Within the UAN, there should be at least one, but preferably more than one, Consultant with a subspecialist interest in this field. They should have a hands-on leadership role with urodynamic investigations and undertake multidisciplinary team working with colleagues in urogynaecology. There is also the potential for them to network more widely and work within a regional MDT.

(f) Andrology and Male Genitourinary Reconstruction

Each UAN should have at least one consultant specialising in this field, although it is ideal to have at least two people involved. They should take a leadership role in relation to the management of the conditions that fall under the umbrella of andrology and, in particular, ensure that nurse-led care is well supported and monitored. Pathways should be in place for referring patients into the specialist andrology service. In many UANs, there will need to be pathways that then lead on to referral to regional centres for patients with the most complex conditions.

(g) Paediatric Urology

The UAN description document should set out how paediatric services are provided. This should cover the management of the child who presents as an emergency with suspected testicular torsion, as well as children undergoing “general urology” paediatric care, for example, management of the undescended testis or foreskin problems, and those requiring specialist paediatric urology input.

Arrangements for MDT working with the Regional Specialist Paediatric Urology Team will need to be described.

Draft National Model for Urology Area Networks (and estimated UAN population): **Option One**

Plymouth Hospitals NHS Trust	Royal Cornwall Hospitals NHS Trust			930,000
Royal Devon and Exeter NHS Foundation Trust	Northern Devon Healthcare NHS Trust	Torbay and South Devon NHS Foundation Trust		920,000
Taunton and Somerset NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust			550,000
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	Poole Hospital NHS Foundation Trust		775,000
North Bristol NHS Trust	Royal United Hospitals Bath NHS Foundation Trust	Weston Area Health NHS Trust	University Hospitals Bristol NHS Foundation Trust	1,670,000
Gloucestershire Hospitals NHS Foundation Trust	Wye Valley NHS Trust			830,000
University Hospital Southampton NHS Foundation Trust	Salisbury NHS Foundation Trust	Winchester (Hampshire Hospitals NHS Foundation Trust)		1,750,000
Portsmouth Hospitals NHS Trust	Isle Of Wight NHS Trust	Chichester (Western Sussex Hospitals NHS Foundation Trust)		1,040,000
Oxford University Hospitals NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Buckinghamshire Healthcare NHS Trust		1,440,000
Royal Berkshire NHS Foundation Trust	Frimley Health NHS Foundation Trust	Basingstoke (Hampshire Hospitals NHS Foundation Trust)		1,700,000
Royal Surrey County NHS Foundation Trust	Ashford and St Peter's Hospitals NHS Foundation Trust			700,000
Epsom and St Helier University Hospitals NHS Trust	Kingston Hospital NHS Foundation Trust	Surrey and Sussex Healthcare NHS Trust		1,380,000
Brighton and Sussex University Hospitals NHS Trust	East Sussex Healthcare NHS Trust	Worthing (Western Sussex Hospitals NHS Foundation Trust)		1,350,000
East Kent Hospitals University NHS Foundation Trust				800,000
Dartford and Gravesham NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Medway NHS Foundation Trust		1,250,000
Southend University Hospital NHS Foundation Trust	Basildon and Thurrock University Hospitals NHS Foundation Trust	Mid Essex Hospital Services NHS Trust		1,140,000

North Middlesex University Hospital NHS Trust	The Princess Alexandra Hospital NHS Trust			750,000
East and North Hertfordshire NHS Trust	West Hertfordshire Hospitals NHS Trust	Luton and Dunstable University Hospital NHS Foundation Trust		1,450,000
Imperial College Healthcare NHS Trust	The Royal Marsden NHS Foundation Trust			1,500,000
Chelsea and Westminster Hospital NHS Foundation Trust				1,000,000
St George's University Hospitals NHS Foundation Trust	Croydon Health Services NHS Trust			1,030,000
King's College Hospital NHS Foundation Trust				800,000
Guy's and St Thomas' NHS Foundation Trust	Lewisham and Greenwich NHS Trust			1,350,000
Royal Free London NHS Foundation Trust	The Whittington Health NHS Trust			1,150,000
London North West University Healthcare NHS Trust	The Hillingdon Hospitals NHS Foundation Trust			1,100,000
University College London Hospitals NHS Foundation Trust				700,000
Barts Health NHS Trust	Homerton University Hospital NHS Foundation Trust			1,750,000
Barking, Havering and Redbridge University Hospitals NHS Trust				750,000
Worcestershire Acute Hospitals NHS Trust				600,000
The Royal Wolverhampton NHS Trust	Shrewsbury and Telford Hospital NHS Trust	The Dudley Group NHS Foundation Trust	Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust	1,130,000
Sandwell and West Birmingham Hospitals NHS Trust	Walsall Healthcare NHS Trust			750,000
University Hospital Birmingham NHS Foundation Trust	Heart Of England NHS Foundation Trust			1,150,000
University Hospitals Coventry and Warwickshire NHS Trust	George Eliot Hospital NHS Trust	South Warwickshire NHS Foundation Trust		1,170,000
Bedford Hospital NHS Trust	Kettering General Hospital NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust	Northampton General Hospital NHS Trust	1,270,000

University Hospitals Of Leicester NHS Trust	United Lincolnshire Hospitals NHS Trust			1,650,000
North West Anglia NHS Foundation Trust				700,000
Cambridge University Hospitals NHS Foundation Trust	West Suffolk NHS Foundation Trust			730,000
Colchester Hospital University NHS Foundation Trust	Ipswich Hospital NHS Trust			720,000
Norfolk and Norwich University Hospitals NHS Foundation Trust	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	James Paget University Hospitals NHS Foundation Trust		1,300,000
University Hospitals of North Midlands	Mid Cheshire Hospitals NHS Foundation Trust			1,040,000
Derby Teaching Hospitals NHS Foundation Trust	Burton Hospitals NHS Foundation Trust			950,000
Nottingham University Hospitals NHS Trust	Sherwood Forest Hospitals NHS Foundation Trust			1,350,000
Wirral University Teaching Hospital NHS Foundation Trust	Countess Of Chester Hospital NHS Foundation Trust			590,000
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Aintree University Hospital NHS Foundation Trust	Southport and Ormskirk Hospital NHS Trust		880,000
St Helens and Knowsley Hospitals NHS Trust	Warrington and Halton Hospitals NHS Foundation Trust	Wrightington, Wigan and Leigh NHS Foundation Trust		1,030,000
Stockport NHS Foundation Trust	East Cheshire NHS Trust	Tameside Hospital NHS Foundation Trust		850,000
Manchester University NHS Foundation Trust	The Christie NHS Foundation Trust			920,000
Salford Royal NHS Foundation Trust	Bolton NHS Foundation Trust	Pennine Acute Hospitals NHS Trust		1,330,000
Lancashire Teaching Hospitals NHS Foundation Trust	East Lancashire Hospitals NHS Trust	Blackpool Teaching Hospitals NHS Foundation Trust	University Hospitals of Morecambe Bay NHS Foundation Trust	1,650,000
Sheffield Teaching Hospitals NHS Foundation Trust	Chesterfield Royal Hospital NHS Foundation Trust	The Rotherham NHS Foundation Trust	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1,620,000
Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Airedale NHS Foundation Trust		1,040,000
Mid Yorkshire Hospitals NHS Trust	Barnsley Hospital NHS Foundation Trust			790,000

Leeds Teaching Hospitals NHS Trust	Harrogate and District NHS Foundation Trust			970,000
Hull and East Yorkshire Hospitals NHS Trust	Northern Lincolnshire and Goole NHS	York Teaching Hospital NHS Foundation Trust		1,600,000
South Tees Hospitals NHS Foundation Trust	North Tees and Hartlepool NHS Foundation Trust	Darlington (County Durham and Darlington NHS Foundation Trust)		800,000
City Hospitals Sunderland NHS Foundation Trust	Durham (County Durham and Darlington NHS Foundation Trust)			750,000
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Northumbria Healthcare NHS Foundation Trust	North Cumbria University Hospitals NHS Trust	Gateshead Health NHS Foundation Trust	1,180,000
			Total	62,064,000

Draft National Model for Urology Area Networks (and estimated UAN population): **Option Two**

Plymouth Hospitals NHS Trust	Royal Cornwall Hospitals NHS Trust			930,000
Royal Devon and Exeter NHS Foundation Trust	Northern Devon Healthcare NHS Trust	Torbay and South Devon NHS Foundation Trust		920,000
Royal United Hospitals Bath NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Salisbury NHS Foundation Trust		1,150,000
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	Poole Hospital NHS Foundation Trust		775,000
North Bristol NHS Trust & University Hospitals Bristol NHS Foundation Trust	Taunton and Somerset NHS Foundation Trust	Weston Area Health NHS Trust	Yeovil District Hospital NHS Foundation Trust	1,520,000
Gloucestershire Hospitals NHS Foundation Trust				610,000
University Hospital Southampton NHS Foundation Trust	Winchester (Hampshire Hospitals NHS Foundation Trust)			1,500,000
Portsmouth Hospitals NHS Trust	Isle of Wight NHS Trust			790,000

Oxford University Hospitals NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust	Buckinghamshire Healthcare NHS Trust		1,390,000
Royal Berkshire NHS Foundation Trust	Basingstoke (Hampshire Hospitals NHS Foundation Trust)			900,000
Royal Surrey County NHS Foundation Trust	Ashford and St Peter's Hospitals NHS Foundation Trust	Frimley Health NHS Foundation Trust		1,500,000
Epsom and St Helier University Hospitals NHS Trust	Kingston Hospital NHS Foundation Trust	Surrey and Sussex Healthcare NHS Trust		1,380,000
Brighton and Sussex University Hospitals NHS Trust	East Sussex Healthcare NHS Trust	Western Sussex Hospitals NHS Foundation Trust		1,600,000
East Kent Hospitals University NHS Foundation Trust				800,000
Dartford and Gravesham NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Medway NHS Foundation Trust		1,250,000
Southend University Hospital NHS Foundation Trust	Basildon and Thurrock University Hospitals NHS Foundation Trust	Mid Essex Hospital Services NHS Trust		1,140,000
East and North Hertfordshire NHS Trust	West Hertfordshire Hospitals NHS Trust	Luton and Dunstable University Hospital NHS Foundation Trust	The Princess Alexandra Hospital NHS Trust	1,800,000
Imperial College Healthcare NHS Trust	The Royal Marsden NHS Foundation Trust			1,500,000
Chelsea and Westminster Hospital NHS Foundation Trust				1,000,000
St George's University Hospitals NHS Foundation Trust	Croydon Health Services NHS Trust			1,030,000
King's College Hospital NHS Foundation Trust				800,000
Guy's and St Thomas' NHS Foundation Trust	Lewisham and Greenwich NHS Trust			1,350,000
Royal Free London NHS Foundation Trust	The Whittington Health NHS Trust	North Middlesex University Hospital NHS Trust		1,550,000
London North West University Healthcare NHS Trust	The Hillingdon Hospitals NHS Foundation Trust			1,100,000
University College London Hospitals NHS Foundation Trust				700,000

Barts Health NHS Trust	Homerton University Hospital NHS Foundation Trust			1,750,000
Barking, Havering and Redbridge University Hospitals NHS Trust				750,000
Worcestershire Acute Hospitals NHS Trust	Wye Valley NHS Trust			820,000
Sandwell and West Birmingham Hospitals NHS Trust	Walsall Healthcare NHS Trust	The Royal Wolverhampton NHS Trust	The Dudley Group NHS Foundation Trust	1,380,000
University Hospital Birmingham NHS Foundation Trust	Heart Of England NHS Foundation Trust			1,150,000
University Hospitals Coventry and Warwickshire NHS Trust	George Eliot Hospital NHS Trust	South Warwickshire NHS Foundation Trust		1,170,000
University Hospitals Of Leicester NHS Trust	Northampton General Hospital NHS Trust	Kettering General Hospital NHS Foundation Trust		1,600,000
North West Anglia NHS Foundation Trust				700,000
Cambridge University Hospitals NHS Foundation Trust	West Suffolk NHS Foundation Trust	Bedford Hospital NHS Trust		1,000,000
Colchester Hospital University NHS Foundation Trust	Ipswich Hospital NHS Trust			720,000
Norfolk and Norwich University Hospitals NHS Foundation Trust	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	James Paget University Hospitals NHS Foundation Trust		1,300,000
University Hospitals of North Midlands	Mid Cheshire Hospitals NHS Foundation Trust	Shrewsbury and Telford Hospital NHS Trust	Robert Jones and Agnes Hunt Orthopaedic District Hospital NHS Trust	1,540,000
Derby Teaching Hospitals NHS Foundation Trust	Burton Hospitals NHS Foundation Trust			950,000
Nottingham University Hospitals NHS Trust	Sherwood Forest Hospitals NHS Foundation Trust	United Lincolnshire Hospitals NHS Trust		2,100,000
Wirral University Teaching Hospital NHS Foundation Trust	Countess Of Chester Hospital NHS Foundation Trust			590,000
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Aintree University Hospital NHS Foundation Trust	Southport and Ormskirk Hospital NHS Trust		880,000

St Helens and Knowsley Hospitals NHS Trust	Warrington and Halton Hospitals NHS Foundation Trust	Wrightington, Wigan and Leigh NHS Foundation Trust		1,030,000
Stockport NHS Foundation Trust	East Cheshire NHS Trust	Tameside Hospital NHS Foundation Trust		850,000
Manchester University NHS Foundation Trust	The Christie NHS Foundation Trust			920,000
Salford Royal NHS Foundation Trust	Bolton NHS Foundation Trust	Pennine Acute Hospitals NHS Trust		1,330,000
Lancashire Teaching Hospitals NHS Foundation Trust	East Lancashire Hospitals NHS Trust	Blackpool Teaching Hospitals NHS Foundation Trust	University Hospitals Of Morecambe Bay NHS Foundation Trust	1,650,000
Sheffield Teaching Hospitals NHS Foundation Trust	Chesterfield Royal Hospital NHS Foundation Trust	The Rotherham NHS Foundation Trust	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1,620,000
Bradford Teaching Hospitals NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Airedale NHS Foundation Trust		1,040,000
Mid Yorkshire Hospitals NHS Trust	Barnsley Hospital NHS Foundation Trust			790,000
Leeds Teaching Hospitals NHS Trust	Harrogate and District NHS Foundation Trust	York Teaching Hospital NHS Foundation Trust		1,520,000
Hull and East Yorkshire Hospitals NHS Trust	Northern Lincolnshire and Goole NHS Foundation Trust			1,050,000
South Tees Hospitals NHS Foundation Trust	North Tees and Hartlepool NHS Foundation Trust	Darlington (County Durham and Darlington NHS Foundation Trust)		800,000
City Hospitals Sunderland NHS Foundation Trust	Durham (County Durham and Darlington NHS Foundation Trust)			750,000
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Northumbria Healthcare NHS Foundation Trust	North Cumbria University Hospitals NHS Trust	Gateshead Health NHS Foundation Trust	1,180,000
			Total	61,915,000