

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 MARCH 2014

Title:	IMMUNOLOGY AND ALLERGY SERVICE DEVELOPMENT
Responsible Director:	Dr Andrew Toogood, Divisional Director (Acting), Division D
Contact:	Sharon Lewis, Deputy Director of Operations, Division D

Purpose:	To request support for the development of sustainable Immunology and Allergy services at University Hospital Birmingham
Confidentiality Level & Reason:	Confidential – Staff
Annual Plan Ref:	<ul style="list-style-type: none"> • Always put the needs and care of patients first. • To improve quality and efficiency along the patient pathway • To maintain our reputation and position at the leading edge of performance and quality.
Key Issues Summary:	<ul style="list-style-type: none"> • There is a service gap for Immunology and Allergy at UHB • There is increasing demand for Immunology and Allergy services as evidenced by increasing activity • Key appointments are required to deliver nationally accredited services
Recommendations:	<p>The Board of Directors is requested to:</p> <ol style="list-style-type: none"> 1. Approve the investment in the expansion of the Immunology and Allergy service. 2. Approve the appointment of a substantive Consultant.

Signed: Andrew McKirgan	Date: 18 March 2014
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BOARD OF DIRECTORS

THURSDAY 27 MARCH 2014

IMMUNOLOGY AND ALLERGY SERVICE DEVELOPMENT

PRESENTED BY THE CHIEF OPERATING OFFICER

1. Purpose

The purpose of this paper is:

- To request recurrent funding to support and embed an infrastructure to enable delivery of Immunology services at University Hospital Birmingham (UHB) and to expand our current level of service.
- To request recurrent funding to support the development and implementation of an Allergy service at University Hospital Birmingham.
- To support the Division in delivering the range of services required for UKPIN and IQAS national accreditation and therefore meet the specification for National commissioning.

2. Strategic Context

2.1 Immunology

Clinical Immunology disease may be due to an inherited cause (the most prevalent affecting 1:20,000) or acquired due to underlying disease or immunosuppression. There are no specialised Immunology or Allergy services south of Birmingham city centre to Bristol and the majority of patients are currently being referred out of trust to either HEFT or SWBH.

An Immunology outpatient clinic has been held once a month within Haematology, since May 2011. It is delivered by three Immunology consultants and a senior lecturer from the Clinical Immunology Laboratory Service (CIS) based in and funded by the University of Birmingham (UoB).

The clinic supports 3 patients on intravenous immunoglobulin (IVIg) therapy who are treated on Ward 621 every 3 weeks for an infusion.

The immunologists support 2 patients on subcutaneous home therapy with home visits undertaken by one of the consultants. This is a role that is undertaken by a Clinical Nurse Specialist at other providers.

One consultant attends the Immunoglobulin advisory committee, which reviews immunoglobulin prescribing at UHB. In addition to this, the clinicians support an inpatient advice and guidance service to reduce the number of readmissions.

2.2 Allergy

Specialist allergy services should be provided when optimal first line therapy has failed in primary care. There is considerable secondary care support required to ensure this is the case in South Birmingham.

Specialised Allergy services have a small presence at UHB through a multidisciplinary allergy clinic that runs once a month. The majority of the treatments required need specialist allergy input which is currently not provided at UHB, therefore patients are currently referred to other providers in the region.

3. **Drivers for Change**

3.1 Immunology and Allergy Service gap at UHB

UHB is the largest hospital in the UK not to provide Immunology and Allergy clinical services. Establishing services at UHB will ensure that new referrals are not transferred out of Trust. Existing patients within UHB catchment area will have the option to be managed closer to home.

UHB also has a significant problem of secondary immunodeficiency due to the number of specialist clinics and procedures undertaken at UHB including transplantation, autoimmunity and cancer. Managing the risk of infection including early identification and treatment leads to improvement in quality of life in patients, reduces the need for hospital admission and decreases the risk of end organ damage.

3.2 Immunology and Allergy Activity Growth

Activity performance for Immunology commenced in May 2011 with an average number of 2 new patients and 2 followup patients being seen per month. A second clinic was implemented November 2012 and a third in May 2013 increasing slots to 24 a month, covered by the existing clinical workforce and is not sustainable with existing resources.

In addition to the increased number of referrals there has also been a demand for a wider breadth of services with patients being sent to other providers in the area. Allergy patients from UHB have historically been referred to HEFT and SWBH for allergy testing and this is estimated at 100 new patients a year.

To comply with national commissioning guidelines Allergy patients should be seen in a designated clinic.

3.3 Compliance with National accreditation standards

In order to achieve national accreditation UHB is required to deliver Immunology and Allergy services to a standard that can be accredited by UKPIN (Immunology) and IQAS (Allergy). Without investment UHB will be unable to comply with UKPIN registration or IQAS registration.

4. **Proposal**

To invest in Clinical Immunology and Allergy to enable expansion of the current service by increasing the market share of the workload directly from other organisations. This would also allow us to offer a service that is UKPIN and IQAS compliant.

Two options have been considered:

- Option 1 - Invest in the infrastructure required to support and expand the ongoing immunology service and not the Allergy service.
- Option 2 - Invest in the infrastructure required to support and expand the ongoing immunology and allergy service, which is UKPIN and IQAS compliant.

Option 2 is the preferred option.

The proposed service will provide a consultant led immunology clinic, general allergy clinic and practical allergy clinic per week and an additional CNS led clinic per week

This service would also provide weekly immunology monitoring in addition to specialist advice to other UHB specialties. The postholders would attend specialty MDTs and support the existing UoB laboratory services, as well as providing an opportunity to develop a nationally leading centre for Immunology services, research and training.

To deliver existing and projected activity for both Immunology and Allergy this requires substantive recurrent investment to key posts as follows:-

- 1 WTE consultant- 5 PA's supported by Trust and 5 PA's supported by UOB (clinical immunology service)
- 1 WTE specialist Immunology nurse- band 7
- 0.5 WTE Secretarial support - band 4

Both UKPIN and IQAS registration stipulates that a CNS is essential to Immunology and Allergy services.

5. **Financial Analysis**

The preferred Option 2 would cost an additional £212k p.a. to deliver, but yield additional income to the trust of £200k p.a. based on the current tariff for

general Haematology activity.

Other trusts (HEFT & City) have agreed local tariffs for which to charge for immunology activity and these prices are considerably higher than Haematology tariffs. If UHB were to agree similarly priced local tariffs, then the tariff income generated from immunology activity would equate to approx £285k.

6. **Risk/Benefit Analysis**

The evidence of increasing activity for Immunology and Allergy services over the last year suggests that demand is likely to further increase.

There is a risk that commissioners are unwilling to pay for existing and increased activity. This is considered a low risk as there has been a steady increase in activity over the last 18 months since services have commenced.

There is a financial risk due to the significant investment in resource to deliver the proposed service. The Division are confident that this will be met via future locally agreed tariffs and maintained activity, however would look to reabsorb staff back into other roles within the organisation if future disinvestment required.

7. **Recommendations**

The Board of Directors is requested to:

- 7.1 **Approve** the investment in the expansion of the Immunology and Allergy service
- 7.2 **Approve** the appointment of a substantive Consultant.