

NSD

National Services Division



**National Services
Annual Report 1999/2000**

Foreword

In both national specialist and screening services there were significant changes and achievements during the year. In screening services, breast cancer screening returned to central commissioning; Scottish Office Ministers approved a quality improvement review of the cervical cancer screening programme; and a pilot scheme for colorectal cancer screening was introduced.

In specialist services, an implementation plan to centralise paediatric cardiac surgery in Glasgow, following the Ministerial decision in September 1999, was agreed with Trusts, Health Boards and patient representatives. There was also Health Board and Ministerial approval of a change of focus in the cochlear implantation scheme involving extra funding for improvements in pre-implant assessment and post-implant support and improved access for patients. The commissioning of services for adults with cystic fibrosis was reviewed, and new national services for pancreatic transplant and domiciliary ventilatory care for spinally injured patients were established.

A particularly rewarding aspect of work in 1999/2000 was the development of partnerships with patients' representatives and Local Health Councils. The views of service users are invaluable in planning and monitoring national services and National Services Division is grateful for the willing help and enthusiasm of all those who have been, and continue to be, involved in developing national services.

NSD looks forward to continuing to building on these relationships and on our existing links with colleagues in the Scottish Executive Health Department, Health Boards, and Trusts.

Deirdre Evans, Director, NSD

November 2000

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Introduction to NSD

National Services Division (NSD) ensures the provision of high quality, effective, specialist health and screening services to meet the needs of the population of Scotland.

National Services Division (NSD) has had responsibility for commissioning small scale and low volume, high cost services on behalf of the National Health Service in Scotland since 1992/93. These services are usually highly specialised and invariably provide for the treatment of rare conditions. They include transplantation services (heart, lung, heart/lung, combined kidney and pancreas, small bowel and liver), hyperbaric medicine for the treatment of decompression illness, cochlear implantation and the surgical treatment of congenital heart defects in children.

In addition, from 1 April 1999, the work of National Services Division expanded to incorporate the Central Co-ordinating Unit (CCU) of the Scottish Screening Programmes.

National Services Division therefore now has responsibility for commissioning national screening services for breast cancer and the new pilot for colorectal cancer in addition to commissioning national specialist services; and for co-ordinating the cervical cancer screening programme.

National Services Division negotiates separate service agreements for each specialist service funded nationally.

In 2000/2001 there are 60 service agreements with a value of £49 million. These agreements specify volumes, costs, quality of service and audit requirements, and are monitored by a multi-disciplinary team.

National Commissioning

Local commissioning is the norm in Scotland. Ensuring the provision of services for their population is the responsibility of Health Boards. National commissioning is usually reserved for high cost, low volume services where local or even regional commissioning is not appropriate.

National commissioning can be used to:

- ensure equity of access for all Scottish residents to specialist and screening services;
- ensure the highest possible clinical outcomes;
- foster new services which would otherwise struggle to find funding or to recruit the necessary calibre of appropriately skilled professionals; and
- provide risk sharing arrangements for Health Boards where incidence is sporadic and treatment expensive.

National commissioning can also be applied where, without national co-ordination, there may be unnecessary proliferation of duplicate services which would be neither clinically nor cost effective. This is the case with National Reference Laboratories and some small scale services, for example, where the work is not high cost.

National Services Division receives the majority of its funding directly from the Scottish Executive, through top slicing of the Health Boards' general allocations.

In addition, the Health Board Chief Executives have asked NSD to commission the provision of Recombinant factor VIII and IX blood products for haemophiliacs on their behalf, and funding for this is "bottom" sliced after the Boards have received their allocation.

Co-ordination of Scottish Screening Programmes

There are three key elements to each national screening programme which need to be closely co-ordinated to be effective:

- commissioning screening and support services (such as medical physics);
- commissioning the IT requirements that support screening; and,
- Quality Assurance of screening

In Scotland, it is generally agreed that population-based screening programmes should not be introduced without an adequate quality assurance structure and that this is best organised centrally to minimise variations in services and standards. This approach is well-established in breast cancer screening and a similar approach is being developed in cervical cancer screening.

Two screening programmes are commissioned nationally:

- breast cancer screening
- a pilot colorectal cancer screening programme

Cervical cancer screening is locally commissioned by Health Boards.

There are multidisciplinary National Advisory Groups for Breast and Cervical cancer screening which provide a forum for consideration of changes and developments to the Screening Programmes. NSD provides the secretariat for these groups and should be happy to answer any questions about this Group (see Annex 2 for contact details).

Screening Services: National Advisory Groups

The Scottish Breast Screening Programme (SBSP) and the Scottish Cervical Screening Programme (SCSP) each have a National Advisory Group (NAG) to advise the Scottish Executive Department of Health (SEHD) on the implementation, monitoring and evaluation of the effectiveness of the screening programmes, and to review progress.

Individual membership of SBSP and SCSP NAGs is for a three-year term. NAGs meet twice per annum.

The SBSP NAG is chaired by Dr Lesley Wilkie, Director of Public Health Medicine at Argyll and Clyde Health Board, and contains representatives of:

- Health Board General Managers
- Public Health
- Scottish Executive
- Clinical Consultants
- General Practice
- PAMs
- Nursing
- Health Economists
- the Scottish Association of Local Health Councils

In addition, the Group has observers from the Department of Health (England), Scottish Executive Department of Health, Breast Test Wales and the Northern Ireland Breast Screening Programme.

The SCSP NAG is chaired by Dr Ian Duncan, Clinical Director, Obstetrics and Gynaecology, Tayside University Hospitals NHS Trust, and contains representatives of:

- Public Health
- Scottish Executive
- Clinical Consultants
- General Practice
- the Scottish Association of Local Health Councils
- Laboratory Scientific staff
- Marie Curie
- Lay persons

In addition, the Group has observers from the Department of Health (England), Scottish Executive Department of Health, Cervical Screening Wales and the Northern Ireland Cervical Screening Programme.

Specialist Services: National Services Advisory Group

All proposed national specialist services are evaluated by the National Services Advisory Group (NSAG), which advises Health Board General Managers and the Scottish Executive on designation of national specialist services.

Individual membership of NSAG is for three years (and will be reviewed in 2000/2001). The Group is chaired by Chris Spry, Chief Executive of Greater Glasgow Health Board, and contains representatives of:

- Health Board General Managers;
- primary care;
- secondary care;
- public health;
- the Scottish Association of Health Councils; and
- health economists.

In addition, there are three observers on the Group: two from the Scottish Executive and one from the National Specialist Commissioning Advisory Group (NSCAG), NSAG's equivalent at the Department of Health.

NSD provide the Secretariat and should welcome any queries about NSAG or the designation process for national services (contact details in Annex 2).

Cycle of work

Each autumn, NSAG writes out to all Trusts and Health Boards in Scotland, asking for proposals for national services. This communication details the conditions for application, the timetable for

designation and the criteria that will be applied to all proposals. (Copies of this letter, which was sent out in September 2000 are available from the Secretariat.)

NSAG meet three times per annum: February, May and September. At the first meeting, there is an initial sift of all bids and a decision taken on each, based on the criteria for national designation. If extra information is required on any proposals, this is collected over the spring.

At the second meeting, the bids are re-evaluated in light of this additional information and further decisions taken. Over the summer, NSD then meet with the Trusts involved to firm up the details of the proposals.

At the third annual meeting, final decisions on all bids are taken. The Chairman then puts the recommendations of the Group to Health Board General Managers and then, if approved, to the Scottish Executive. New services and major service changes need Ministerial approval.

Over the winter, NSD negotiates with the host Trusts on issues of activity, finance, quality and staffing to ensure service agreements are in place in time for services to commence on 1 April the following year.

Since its inception, the National Services Advisory Group has considered 27 applications for national designation.

Service Reviews

In addition to evaluating services for designation, NSAG also commissions service reviews of all national services on a 3 to 5 year rolling basis, to assess if services still meet the criteria for national designation.

These reviews are undertaken by NSD on NSAG's behalf.

Specialist Service Reviews 1999/2000

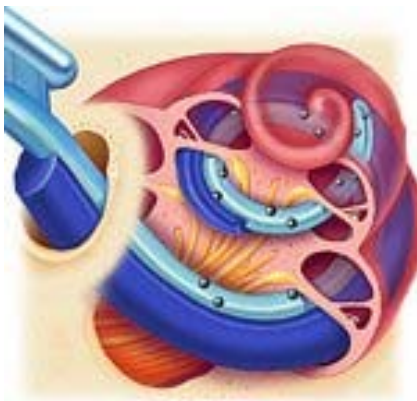
In the course of 1999/2000, National Services Division carried out two major reviews:

- the Cochlear Implantation service, based at Crosshouse Hospital, Kilmarnock, and the City Hospital, Edinburgh
- the Adult Cystic Fibrosis service, based in three centres in Glasgow, Edinburgh and Aberdeen.

In addition, the Reference Laboratory Working Group undertook a review of all National Reference Laboratories on behalf of the Scottish Executive.

Cochlear Implantation

At the time of the review, the services were delivered on two sites - Crosshouse Hospital in Kilmarnock and the Royal Infirmary of Edinburgh. Crosshouse Hospital was performing all cochlear implantation in Scotland and 14 adults implants each year. The Royal Infirmary of Edinburgh was performing 6 adult cochlear implant operations each year.



Implanted cochlea

The review considered the configuration for the future delivery of this service and assessed future costs in light of rapidly increasing caseload. It also sought to address the concerns of referring clinicians and other professionals involved in the rehabilitation of children who have had cochlear implants about the level of outreach and liaison provided across Scotland.

Four options were considered as part of the review. These were –

1. maintaining the status quo;
2. centralising the cochlear implant programme at Crosshouse Hospital in Kilmarnock;
3. centralising the service in Edinburgh at the City Hospital and the Royal Hospital for Sick Children; and
4. splitting the current caseload on a 50/50 basis between Crosshouse and the two Trusts in Edinburgh.

The options appraisal exercise demonstrated that there was no significant additional benefit to be achieved in changing the present configuration of the service. This recommendation was made to, and accepted by, Ministers and work is now underway to implement a Scottish Cochlear Implant Service that fully incorporates the rehabilitation/habilitation of children and adults across Scotland. There has been a considerable amount of work already undertaken to involve local clinicians and therapists in the development of the future service.

Adult Cystic Fibrosis

A second review to consider the future designation or de-designation of the service for adults with Cystic Fibrosis has also been undertaken.

This review has looked at the service currently provided in Scotland and compared it with that currently provided in England as well. Recommendations on the future designation of this service are currently with Ministers and we await their decision.

National Reference Laboratories

The National Reference Laboratories Working Group, which advises the Scottish Executive on policy and funding for National Reference Laboratories, reviewed all Scottish laboratories in 1999/2000.

Following their review, they concluded that there was little clinical benefit in maintaining a national *Campylobacter* reference service and asked NSD to work with colleagues at Grampian University Hospitals NHS Trust to wind down this service.

Their other main conclusion was that there should be a retendering of the *E.coli* O157 service. The tender was awarded to Lothian University Hospitals NHS Trust and the new service began on 1 April 2000 under the direction of Dr John Coia at the Western General Hospital.

Service Reviews in 2000/2001

The following service reviews have been undertaken:

- Hyperbaric Medicine;
- Photobiology; and,
- Hydatidiform Mole and AFP Reagents service.

These reviews were considered by the National Services Advisory Group in September and recommendations on the continuing national commissioning for these services have been made to the Scottish Executive.

New Services in 2000/2001

The following services have been nationally designated and funded since 1 April 2000 (except in the case of the National Managed Clinical Network for Home Parenteral Nutrition, which is an in-year development).

Further information on any of the services is available on request.

Scottish Cervical Screening Programme: Cytology Technical EQA

This is a one-year pilot scheme for assessing the technical quality aspects of cervical cytology; expressly, the routine preparation and staining methods used in non-cervical and cervical cytology.

The pilot aims to address the logistical and ethical issues of obtaining, distributing and assessing cytology specimens and to establish operating criteria for such a scheme, including materials used, staining methods, frequency of circulation and feedback.

In the long term, the scheme will become self-financing through payments from participating laboratories.

National Managed Clinical Network: Cleft Lip and Palate

One in every 700 babies suffers cleft lip and/or palate, which equates to around 100 to 140 each year in Scotland. Treatment starts shortly after birth and can go on until the age of 20. The range of treatment necessary depends on the nature of the cleft, and requires specialist input from a wide range of professionals at various stages during the life of the people affected. The

disciplines include speech and language therapy, nursing, clinical psychology, ENT, orthodontics and maxillo-facial surgery.

At present, treatment takes place in its 6 Scottish centres, with considerable variation in surgical workload between centres. The Scottish Needs Assessment Report on Cleft Lip and Palate (November 1998) recommended that there should be a staged move towards no more than 2 cleft centres in Scotland whilst maintaining a network of high skill levels locally.

Following publication of the SNAP report, those involved in providing the specialist multidisciplinary care for people affected by cleft lip and palate, grouped together and developed proposals for a national managed clinical network.

The aim of the network is to provide a planned and co-ordinated system for delivering better quality patient care through a single Scottish service delivered from many sites. The lead clinician is Dr Arthur Morris of Tayside University Hospitals NHS Trust.

National Managed Clinical Network: Total Parenteral Nutrition

The Scottish Executive Acute Services Group gave approval in principle to the establishment of a new national managed clinical network for Home Parenteral Nutrition in August 2000. A launch is planned in November 2000.

Home Parenteral Nutrition (HPN) is an established but expensive treatment for patients who suffer from chronic intestinal failure. With good management, HPN provides a reasonable quality of life with a small incidence of complications and is a better treatment option than intestinal transplantation. There are 50-70 patients who are receiving HPN in Scotland at any given time.

A National Managed Clinical Network was proposed by clinicians providing the HPN service to ensure:

- equity of access
- the adoption of best practice with standard equipment and management protocols throughout the country
- the delivery of the service via the local hospital which will be supported by a network
- audit and research
- improved opportunities for teaching and training
- more efficient use of resource.

NSD is now working with the lead clinician for the network – Professor Chris Pennington, Ninewells, Dundee to establish the network.

Paediatric Cardiac Surgery

Following a major piece of work by NSD in 1998/99, the Scottish Minister for Health, Susan Deacon, announced in September 1999 that Yorkhill Hospital in Glasgow would be the single site for Paediatric Cardiac Surgery in Scotland as of 1 July 2000.

Paediatric Cardiac Surgery - primarily for children with congenital heart defects - has been an established service in Scotland for many years. In the past, it has been undertaken at both Yorkhill and Edinburgh's Royal Hospital for Sick Children.

Due to falling numbers, it was the clinical opinion of those involved with the service that it would be best to rationalise all services on a single site, which prompted the original work.

In her press statement, the Minister commented:

“Yorkhill and the Sick Kids in Edinburgh are both superb facilities which inspire loyalty and affection within the NHS and in the wider communities they serve. Both indeed could have

developed into the sort of world-class, full-time paediatric surgical facilities that must become our model after the well-documented tragedies at Bristol.

"But Yorkhill already deals with nearly two-thirds of these paediatric cardiac surgery cases. Yorkhill has a wider range of services and facilities, with others about to come on-stream. And Yorkhill is more accessible to a greater number of potential patients from deprived areas."

Scottish Neonatal Screening Laboratory

In 1998/99, the Scottish Neonatal Screening Laboratory requested a move from their current base at Stobhill Hospital, North Glasgow University Hospitals NHS Trust, to Yorkhill NHS Trust. This was on the basis that it was clinically beneficial to be within the same Trust as antenatal testing and that the future service needs and developments would be best served within that environment.

These arguments were wholly accepted by the Reference Laboratory Working Group and NSD. The Laboratory (which is responsible for Guthrie card testing) will move on 1 December 2000.

Combined Renal & Pancreatic Transplantation

Combined renal and pancreatic transplantation is the treatment of choice for a selected minority of diabetic patients, particularly those with associated renal failure. Successful pancreatic transplantation provides near perfect glucose control, which affords a significant improvement in the quality of life and avoidance of many acute and chronic complications.

It is estimated that there are up to 15 patients per annum in Scotland who would benefit from simultaneous kidney/pancreas transplantation. On this basis, this service has been established

in Scotland's two leading renal transplant units – Lothian University Hospitals NHS Trust and North Glasgow University Hospitals NHS Trust – with an outturn ceiling of 15 transplants.

The nationally funded element refers only to marginal costs of adding the pancreatic transplant to the renal transplant (which these patients would receive in any event). The costs of the renal transplant are borne by the renal transplant programme, which is locally funded.

HIV Specialist and Drug Resistance Testing

The Regional Virus Laboratories in Glasgow and Edinburgh have, for some time, been undertaking a range of specialist confirmatory and retrospective tests for the HIV virus. As of 1 April 2000, this will be nationally funded via NSD.

In addition to the standard range of testing provided by the Regional Virus Laboratories, a plasma sample from each new HIV diagnosis will be sent to Dr Yirrell, University of Edinburgh, for subtyping by genotype, in order to monitor the spread of infection both within defined risk groups and in the general population.

Funding has also been made available to allow appropriate samples to be sent to the Anti-Retroviral Susceptibility Unit of the Public Health Laboratory Service for drug sensitivity testing and investigation. This will allow clinicians who are working with HIV+ individuals to make more informed decisions about treatment, particularly in terms of combination therapy.

National Services

Individual Services: Report and Information 1999/2000

Adult Cystic Fibrosis

Providers

Aberdeen Royal Infirmary, Grampian University Hospitals NHS Trust

Gartnavel General Hospital, North Glasgow University Hospitals NHS Trust

Western General Hospital, Lothian University Hospitals NHS Trust (incorporating Dundee outreach clinic)

University of Dundee

Definition of Service

Cystic Fibrosis is a rare hereditary disease caused by the mutation of a particular gene. It causes a deterioration in lung function, persistent chest infections, liver and bowel problems and, without treatment, most people who suffer this disease would die in childhood. There are variations between individuals as to how severely the disease affects them. The treatment of adults with Cystic Fibrosis requires specialist care from an expert multi-disciplinary team and long-term complex drug therapy.

In recent years successful management of Cystic Fibrosis in children has led to an increasing number of adults living more productive and longer lives. Over the next five years adult patient numbers are expected to increase from 310 to approximately 430.

The service offered by the three national specialist centres in Scotland is primarily an outpatient-based service for the assessment, treatment and review of adult patients with cystic fibrosis, but there is also provision for inpatient and day case clinical management.

As a minimum, each Scottish patient will receive one major annual review of their health.

Training and support is given to patients and carers to facilitate patient independence and community based management as far as possible.

In addition, a database is maintained at the University of Dundee to monitor health trends within the Cystic Fibrosis community.

Funding

The total funded value of the service in 1999/2000 was £1,769,501 broken down by centre as follows:

Aberdeen Royal Infirmary	£233,141
Gartnavel General Hospital	£707,001
Western General Hospital (inc. Dundee)	£800,800
University of Dundee	£28,559

In 2000/2001, this funding will rise to £1,980,018.

It is expected that there will be increasing pressure on the drugs budgets in each centre as patients build up resistance to medication and require newer, more expensive drug therapies.

Activity

In 1999/2000, the service agreements specified a total caseload of up to 310 adult patients, split as follows:

Aberdeen Royal Infirmary	48 – 51 patients
Dundee outreach clinic	35 – 37 patients
Gartnavel General Hospital, Glasgow	120 – 130 patients
Western General Hospital, Edinburgh	89 – 92 patients

Activity Trends

Health Board	1997 - 98			1998 - 99			1999-00		
	Edin	Glas	Abdn	Edin	Glas	Abdn	Edin	Glas	Abdn
Argyll & Clyde	-	20	-	-	22	-	-	24	-
Ayrshire & Arran	-	17	-	-	21	-	-	21	-
Borders	5	-	-	-	-	-	4	-	-
Dumfries & Gall.	2	-	-	4	-	-	4	-	-
Fife	22	-	-	22	-	-	28	-	-
Forth Valley	6	1	-	10	2	-	9	3	-
Grampian	-	-	39	-	-	42	1	-	45
Greater Glasgow	-	42	-	1	48	-	1	47	-
Highland	7	-	-	6	-	-	6	-	-
Lanarkshire	-	24	-	-	27	-	-	29	-
Lothian	36	-	-	44	-	-	50	-	-
Orkney	-	-	-	-	-	-	-	-	-
Shetland	-	-	-	-	-	-	-	-	-
Tayside	5	-	-	4	-	-	29	-	-
Western Isles	-	-	-	-	-	-	-	-	-
Totals	83	104	39	96	120	42	132	124	45

The table does not include information on the patients seen at the Dundee outreach clinic for 1997/98 and 1998/99

Online

UK Cystic Fibrosis Database: www.child-health.dundee.ac.uk/

Grampian University Hospitals NHS Trust: www.show.scot.nhs.uk/guh/

Breast Cancer Screening

Providers

Ayrshire & Arran Acute NHS Trust
Grampian Primary Care NHS Trust
Greater Glasgow Primary Care NHS Trust
Highland Acute NHS Trust
Lothian Primary Care NHS Trust
Tayside University Hospitals NHS Trust



(c) IMPERIAL CANCER
RESEARCH FUND, 2000

Definition of Service

There are 7 breast screening units in Scotland, supported by 13 mobile units, each serving an average population of about 59,000 women. Women are invited to a specialised screening unit, which is either in a hospital, community location or on a mobile unit which can be parked at a convenient location such as a shopping centre.

The Scottish Breast Screening Programme provides free breast screening by mammography every three years for all women in the UK aged 50 and over. Over 100,000 women are now screened each year. The attendance rate in Scotland now exceeds 70%. Last year, 637 invasive cancers were detected. Pre-operative diagnosis had been made in 80% of these cases.

A Ministerial Task Force, chaired by Neil Campbell and including representatives of commissioners, providers and patients, is developing a strategy for implementing the extension of routine screening to women up to age 70, while maintaining current standards. This group is expected to report to the Health Minister in April 2001.

Funding

Funding for breast screening in 2000/2001 is £5,028,632, split by centre as follows:

Provider	Funding
Ayrshire & Arran Acute NHS Trust	£627,309
Grampian Primary Care NHS Trust	£503,295
Greater Glasgow Primary Care NHS Trust	£1,896,020
Highland Acute NHS Trust	£241,984
Lothian Primary Care NHS Trust	£1,232,269
Tayside University Hospitals NHS Trust	£527,755

In addition, NSD has a recurring annual capital budget of £362,000 to provide a rolling equipment replacement programme for the mobile screening units, some of which are now 10 years old.

Activity

In 1999/2000, activity by centre was:

Provider	Eligible Population	Women Screened
Ayrshire & Arran Primary Care NHS Trust (South West)	17,488	13,267
Grampian Primary Care NHS Trust (North East)	14,894	11,796
Greater Glasgow Primary Care NHS Trust (West)	51,201	40,743
Highland Acute NHS Trust (North)	6,155	4,367
Lothian Primary Care NHS Trust (South East)	42,257	38,344
Tayside Primary Care NHS Trust (East)	14,033	10,939
Scotland Total	174,099	119,456

Cardiothoracic Transplantation

Providers

Adult Heart Transplant Services:

Scottish Cardiac Transplant Unit, Glasgow Royal Infirmary, North Glasgow University Hospitals NHS Trust

Adult Heart/Lung and Lung Transplant Services

Freeman Hospital, Newcastle Upon Tyne Hospitals NHS Trust

Harefield Hospital, Royal Brompton & Harefield Hospitals NHS Trust

Papworth Hospital NHS Trust

Paediatric Heart, Heart/Lung and Lung Transplant Services

Freeman Hospital, Newcastle Upon Tyne Hospitals NHS Trust

Great Ormond Street Hospital for Children NHS Trust

Definition of Service

This service is for all cardiothoracic transplant activity: heart, lung and heart/lung transplants, as well as all associated assessment and ongoing care.

Each individual centre is responsible for the follow-up care of the patients transplanted there.

This is expected to be a lifetime commitment.

2000/2001

The surgical service for adult heart transplantation at Glasgow Royal Infirmary had to be suspended in May 2000 when the existing transplant surgeon left to take up a new job outside Scotland.

The Freeman Hospital in Newcastle, which has been providing transplant services to the Scottish population for 15 years, and currently provides both paediatric heart transplant and heart / lung and lung transplants, immediately agreed to expand the range of services offered to Scottish residents to include adult heart transplantation as of 5 May 2000.

The Glasgow service is expected to be re-instated in Spring 2000 and NSD is planning closely with both the Newcastle and Glasgow Trusts towards this aim.

Funding

Funding for cardiothoracic transplantation in 1999/2000 was £2,281,860, split by centre as follows:

Provider	Funding
Glasgow Royal Infirmary	£1,456,403
Freeman Hospital	£627,000
Great Ormond Street Hospital	£37,207
Harefield Hospital	£54,808
Papworth Hospital	£106,442

In 2000/2001, this will be £2,686,980.

Activity

In 1999/2000, the indicative activity was for 35 cardiac transplants to be undertaken at the Scottish Cardiac Transplant Unit, Glasgow Royal Infirmary, and for 10 to 15 lung and heart/lung transplants to be undertaken at English centres.

Activity Trends

Health Board	1998-99	1999-2000
Argyll & Clyde	2	1
Ayrshire & Arran	4	1
Borders	-	1
Dumfries & Galloway	1	1
Fife	1	2
Forth Valley	4	2
Grampian	3	1
Greater Glasgow	2	5
Highland	2	1
Lanarkshire	4	5
Lothian	4	2
Orkney	-	1
Shetland	-	-
Tayside	3	2
Western Isles	-	-
Totals	30	25

Cervical Cancer Screening

Providers

Screening:

Primary Care Trusts, Acute Trusts and GPs

EQA schemes:

Grampian University Hospitals NHS Trust

Tayside University Hospitals NHS Trust



Definition of Service

Cervical screening is a method of preventing cancer by detecting and treating abnormal changes in a woman's cervix (the neck of the womb) which, if left untreated, may develop into invasive cervical cancer.

The first stage in cervical screening is a smear test. All women between the ages of 20 and 60 inclusive are eligible for a free cervical smear test at least once every five years. In practice, Scottish Health Boards invite women for screening every three years.

Historically, the development of call-recall systems had very little national co-ordination and, as a result, systems have been established in an ad-hoc fashion. A Ministerial Group has been appointed to prepare a business case for a national call-recall system and to make recommendations on the development and implementation of such a system. In addition, recommendations for management arrangements for cervical screening call-recall will also be made.

The Scottish Cervical Screening Programme is provided locally and funded via Health Boards, while NSD are responsible for:

- commissioning the cervical hystopathology and cytology EQA schemes
- developing systems and guidelines which will assure a high quality of cervical screening throughout the country
- identifying important policy issues and helping resolve them, and
- improving communications within the programme and to women

Funding

Funding in 1999/2000 was £77,838, broken down by centre as follows:

Grampian University Hospitals NHS Trust (Cervical Cytology EQA)	£26,094
Tayside University Hospitals NHS Trust:	
- Hystopathology EQA	£26,194
- Cytology EQA	£25,550

In 2000/2001, this will rise to £82,761, including £2,900 for the one-year pilot technical EQA scheme at Lanarkshire Acute Hospitals NHS Trust.

Clinical Chemistry

Provider

Victoria Infirmary, South Glasgow Hospitals NHS Trust

Definition of Service

The service provides bulk internal quality control material for use in the Scottish Clinical Chemistry Laboratories. This work is done in conjunction with Diagnostics Scotland.

In addition, the laboratory also produces testing materials for cardiac troponins.

Activity

This is a three year agreement with an indicative activity level of 250 litres of quality control serum in 1998/1999 rising to 350 litres by 2000/2001.

Funding

In 1999/2000, the total funding for this service was £32,252. This will rise to £37,682 in 2000/2001.

Clinical Scientist Training Schemes

Providers

Grampian University Hospitals NHS Trust	Medical Physics (4 trainees per year)
Lothian University Hospitals NHS Trust	Audiology (1 trainee per year) Microbiology (1 trainee per year)
Tayside University Hospitals NHS Trust	Clinical Biochemistry (2 trainees per year) Cytogenetics (2 trainees per year) Molecular Genetics (1 trainee per year)

Definition of Service

These schemes provide specialist training, through a series of placements, for Grade A Clinical Scientists. Training is undertaken alongside further academic work appropriate to the particular discipline.

Funding

The total cost of Clinical Scientists' training in 1999/2000 was £539,980. This will rise to £553,480 in 2000/2001.

Cochlear Implantation

Providers

Crosshouse Hospital, Ayrshire & Arran Acute Hospitals NHS Trust (Paediatric & Adult)

Royal Infirmary of Edinburgh, Lothian University Hospitals NHS Trust (Adult)

Definition of Service

Cochlear Implantation is the surgical implantation of electrodes into the inner ear to allow profoundly deaf adults and children to hear sounds and is now established as an effective option in the habilitation and rehabilitation of people with profound hearing impairment.



COCHLEAR IMPLANT



POST-AURAL PROCESSOR

The vast majority of deaf adults who have a cochlear implant derive great benefit from them. Many of these people are able to understand some speech without lipreading and around a third are able to successfully use a telephone. In children, improvements in speech acquisition and perception are reported as the primary benefits.

The Scottish service provides detailed assessment of adults and children who have either:

- a) become profoundly deaf after having acquired speech and language; or,
- b) who do not have any useful residual hearing.

The service also supports the rehabilitation (including device re-tuning and speech/hearing therapy, long term maintenance of processors and their upgrades) of those who have undergone implantation.

Funding

The total funded value of the two agreements in 1999/2000 was £1,064,777 broken down by centre as follows:

Crosshouse Hospital	£923,097
Royal Infirmary of Edinburgh	£141,680

In 2000/2001, the funding level will be £1,097,138.

Activity

The activity levels in the 1999/2000 service agreements were as follows:

Provider	No. of Adult Implants	No. of Paediatric Implants	No. of patients receiving follow-up
Crosshouse	14	20	235
Royal Infirmary of Edinburgh	6	0	Not Applicable

The agreed numbers of implants will be the same in 2000/2001.

In recent years, there has been additional pressure on adult activity caused by the increased incidence of meningitis, which can cause deafness. NSD has funded these cases on an individual basis.

Activity Trends

Health Board	1996 - 97		1997-98		1998- 99		1999-2000	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Argyll & Clyde	1	1	1	4	1	2	1	2
Ayrshire & Arran	1	2	2	4	1	3	-	5
Borders	-	-	-	-	-	-	-	-
Dumfries & Galloway	2	-	-	-	2	1	-	3
Fife	2	-	2	-	1	-	-	1
Forth Valley	1	-	4	1	1	-	1	1
Grampian	1	2	-	1	1	3	6	1
Greater Glasgow	3	3	4	4	4	6	3	9
Highland	2	1	3	2	1	1	1	2
Lanarkshire	2	4	1	-	2	3	3	3
Lothian	2	4	4	1	4	2	5	6
Orkney	-	-	-	-	-	-	-	-
Shetland	-	-	-	-	-	-	-	-
Tayside	-	2	1	3	3	2	4	1
Western Isles	-	-	-	-	-	-	-	-
Totals	17	19	22	20	21	23	24	34

Online

Ayrshire & Arran Acute NHS Trust:

www.show.scot.nhs.uk/aaht/

Colorectal Cancer Screening Pilot

Provider

Fife Acute Hospitals NHS Trust
Grampian University Hospitals NHS Trust
Tayside University Hospitals NHS Trust



Definition of Service

This pilot scheme has been established for a two-year period (in the first instance) to evaluate the feasibility of introducing a national programme of screening for bowel cancer.

People registered with a participating GP based in one of the pilot sites will be sent a Faecal Occult Blood Test (FOBT). This is a simple test that can safely be carried out in the privacy of a person's own home. The test looks for tiny amounts of blood (too small to see) in a sample of bowel motion. Individuals will be asked to smear small samples from their bowel motion onto a special test kit. The kit is then posted back, in the specially provided envelope, to the screening unit for testing. Results are notified within three weeks. Anyone with an abnormal test result will be offered further investigations which will be explained by a specialist nurse. An abnormal test result is NOT a diagnosis of cancer, and can occur for a variety of reasons, including having eaten certain foods.

The Colorectal Cancer Screening Pilot is being independently evaluated and annual reports will be submitted to the National Screening Committee.

Funding

The Scottish Executive awarded £2.5million for the first two years of this pilot.

Hydatidiform Mole & AFP Reagents

Provider

Ninewells Hospital, Tayside University Hospitals NHS Trust

Definition of Service:

Hydatidiform Mole Service

The service provides for centralised registration and laboratory follow-up of women who have been treated in Scottish hospitals for Hydatidiform molar pregnancies, to ensure that disease recurrence, or the onset of choriocarcinoma, is detected and reported to their attending obstetrician and general practitioner at an early stage.

AFP Service

The development and routine supply of immunodiagnostic reagents for use in the programme outlined above and programmes for the antenatal detection of neural tube defects and other antenatal screening programmes.

Funding

In 1999/2000, this funding for these services was £167,419. In 2000/2001, funding will be £170,042.

Online

UK Choriocarcinoma Information & Support: www.hmole-chorio.org.uk

Hyperbaric Medicine

Provider

National Hyperbaric Centre, Grampian University Hospitals NHS Trust

Definition of Service

The service is for the diagnosis, treatment and ongoing management of diving related illness where recompression/decompression treatment is required.



Treatment is also provided for carbon monoxide poisoning, smoke inhalation and air/gas embolism among other conditions.



The service does not include diving assessments.

As of 1 April 2000, the service will assess the standards in - and suitability of - privately-run Scottish hyperbaric chambers, many of which treat patients under the NHS, as part of a National Registration and Accreditation Scheme. This will allow divers, clinicians and Health Boards to have confidence in the suitability of the chambers being used in treating NHS patients.

Funding

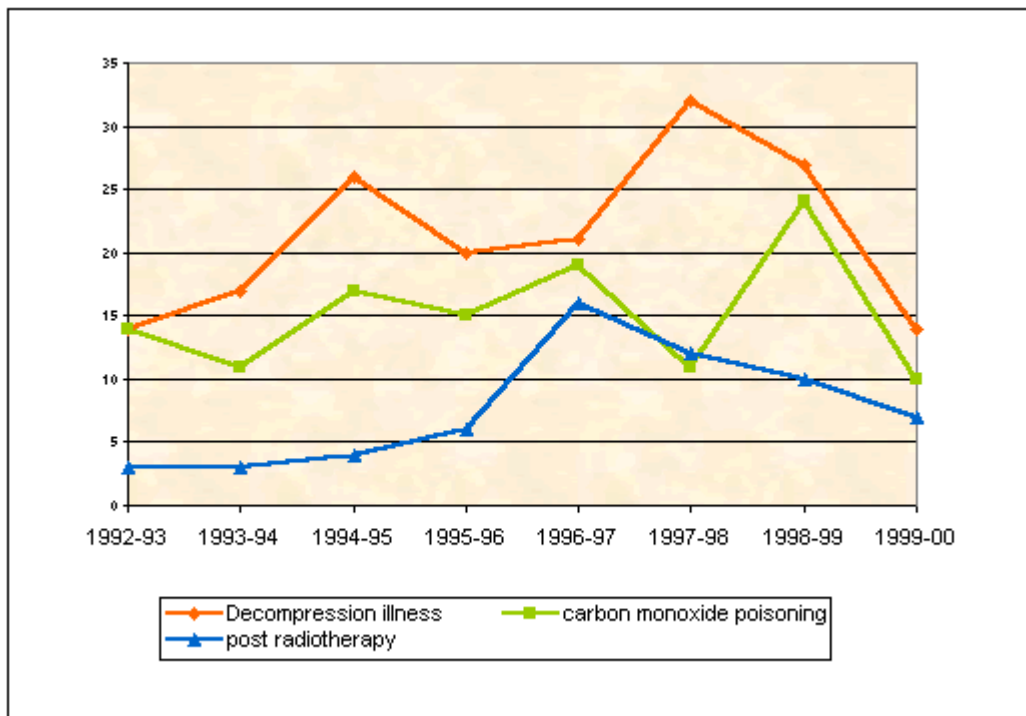
The total funded value of this agreement in 1999/2000 was £552,944. Funding in 2000/2001 will be £654,307.

Activity

The service is designed to provide 24 hour access to the facility with associated medical cover for diving related emergencies.

Activity Trends

The following table shows the rise in usage of hyperbaric oxygen as a treatment for decompression illness, carbon monoxide poisoning and post radio-therapy injuries.



Online

Grampian University Hospitals NHS Trust:

www.show.scot.nhs.uk/guh/

Scottish Diving Medicine:

www.nerc-oban.ac.uk/dml/sdm/

National Hyperbarics Ltd:

www.demon.co.uk/hyperbar/

Liver Transplantation

Provider

Scottish Liver Transplant Unit, Royal Infirmary of Edinburgh, Lothian University Hospitals NHS Trust

Definition of Service

This service provides:

- assessment of adult patients with liver failure;
- orthotopic transplantation for acute and chronic liver failure; and
- post operative and follow-up management as appropriate in conjunction with secondary and primary care providers near to the patient's home.

The service **does not** provide for the care of patients with fulminant hepatic failure unless selected for transplant.

Funding

The total funded value of this agreement in 1999/2000 was £2,222,954. In 2000/2001, funding will be £2,332,351.

Activity

The agreed indicative level of activity for this service is 50 adult transplants (40 with chronic liver disease and 10 with fulminant hepatic failure). Actual activity, however, is determined by the availability of donor organs.

Activity Trends

Health Board	Activity Trends			
	1996 - 97	1997 - 98	1998 - 99	1999 - 2000
Argyll & Clyde	4	4	4	4
Ayrshire & Arran	2	3	1	5
Borders	1	1	2	-
Dumfries & Galloway	-	1	2	-
Fife	1	2	3	3
Forth Valley	1	2	4	3
Grampian	5	4	3	5
Greater Glasgow	11	11	10	8
Highland	3	1	1	3
Lanarkshire	1	3	2	1
Lothian	9	8	10	8
Orkney	-	1	-	1
Shetland	-	-	-	2
Tayside	3	3	4	3
Western Isles	-	2	-	1
Totals	41	45	46	47

Online

Scottish Liver Transplant Unit:

www.show.scot.nhs.uk/sltu/

Molecular Genetics

Providers

Aberdeen Royal Infirmary, Grampian University Hospitals NHS Trust

Ninewells Hospital, Tayside University Hospitals NHS Trust

Royal Hospital for Sick Children, Yorkhill NHS Trust

Western General Hospital, Lothian University Hospitals NHS Trust

Definition of Service

This service provides a national molecular genetic based diagnostic service to the population of Scotland, distributing workload within the consortium of providers so as to make the most effective use of available resources. There are a number of disorders recognised as core disorders for which analysis can be provided by all laboratories in the consortium. In addition, the service also undertakes diagnostic DNA analysis for a number of rare disorders as agreed by the Scottish Molecular Genetics Consortium (SMGC).

Funding

The total funded value of the Molecular Genetics Laboratory Service in 1999/2000 was £1,071,609 broken down by centre as follows:

Provider	Funded value
Aberdeen Royal Infirmary	£265,634
Ninewells Hospital	£364,151
Western General Hospital	£237,244
Yorkhill Hospital	£204,580

National Reference Laboratories

Providers

Lothian University Hospitals NHS Trust	Mycobacteria E.Coli 0157 Neisseria Gonorrhoea
North Glasgow University Hospitals NHS Trust	Inborn Errors (Guthrie Test) Legionella Methicillin Resistant Staphylococcus Aureus (MRSA) Meningococcus and Pneumococcus Parasitology Salmonella Trace Elements
Highland Acute Hospitals NHS Trust	Toxoplasma
PHLS	Reference Services not available in Scotland

Definition of Service

The purpose of these laboratories is to provide a service for the confirmation and typing of the appropriate organisms in order to provide information both for the management of individual patients and epidemiological information for public health purposes. Serological, and when relevant, molecular typing methods are used. When appropriate, information on antibiotic sensitivities may be provided.

Funding

The total costs of National Reference Laboratories in 1999/2000 were £1,569,07 and will be £1,783,977 in 2000/2001.

Ophthalmic Oncology

Providers

Tennant Institute, North Glasgow University Hospitals NHS Trust
Clatterbridge Centre for Oncology NHS Trust, The Wirral, Merseyside

Definition of Service

This service includes the provision of a diagnostic and treatment service for patients with, or suspected of having, a tumour of the eye.

Some patients (8-10) per annum will be referred on to Clatterbridge Centre for Oncology for proton beam therapy.

Funding

The total funded value of this agreement in 1999/2000 was £465,022 (including £100,000 for proton beam therapy).

Activity

Planned activity is based on 100 referrals per annum, with 40-45 cases of uveal melanoma per annum requiring treatment.

Activity Trends

Health Board	Activity Trends			
	1996-97	1997-98	1998-99	1999-2000
Argyll & Clyde	12	19	15	16
Ayrshire & Arran	10	3	7	5
Borders	-	-	1	-
Dumfries & Galloway	2	5	-	4
Fife	1	-	-	4
Forth Valley	3	7	10	1
Grampian	-	-	1	1
Greater Glasgow	43	38	34	43
Highland	-	-	2	5
Lanarkshire	17	17	9	5
Lothian	1	9	8	5
Orkney	-	-	-	-
Shetland	-	-	-	-
Tayside	2	-	2	-
Western Isles	-	1	-	-
Totals	91	99	89	89

Paediatric Cardiac Surgery

Providers

Royal Hospital for Sick Children, Yorkhill NHS Trust

Royal Hospital for Sick Children, Lothian University Hospitals NHS Trust (until 30 June 2000)

Birmingham Children's Hospital NHS Trust

Definition of Service

The service provides open and closed cardiac surgery for all congenital and acquired heart disease for children up to and including 16 years of age. The only exceptions to this are surgery for hypoplastic left heart syndrome and heart transplantation.

Treatment for hypoplastic left heart syndrome, a very rare heart condition which affects 2-4 babies per year in Scotland, is carried out at Birmingham Children's Hospital, the accepted UK centre for this condition. Transplantation is carried out at either great Ormond Street or the Freeman Hospital, Newcastle.

The national service offers a complete package of care: from pre-operative outpatient surgical assessment, through admission for heart surgery, up to discharge or transfer from post-operative ward and onto post operative surgical review.

Funding

The total value of the three agreements in 1999/2000 was **£3,759,084**, broken down by centre as follows:

Birmingham Children's Hospital	£99,308
Royal Hospital for Sick Children, Edinburgh	£1,505,337
Royal Hospital for Sick Children, Glasgow	£2,154,439

In 2000/2001, indicative funding will be £4,825,042, including specific funding from the Scottish Executive for double running costs in this transitional year.

Activity

In 1999/2000, there were agreements for a total national caseload of 300 children: 125 at Edinburgh Sick Kids and 175 at Yorkhill.

In 2000/2001, agreements were put in place for a national caseload of 275 to reflect a continuing shift towards treatment of less complex cases by increasingly advanced interventional cardiology methods.

Up to four cases per year will be referred to Birmingham Children's Hospital for treatment of hypoplastic left heart syndrome.

Activity Trends

Health Board	Activity Trends			
	1996-97	1997-98	1998-99	1999-2000
Argyll & Clyde	28	26	26	31
Ayrshire & Arran	17	22	20	20
Borders	10	4	7	8
Dumfries & Galloway	14	16	6	4
Fife	14	1	18	14
Forth Valley	15	30	11	8
Grampian	10	22	14	20
Greater Glasgow	74	62	46	42
Highland	27	10	10	8
Lanarkshire	28	26	37	29
Lothian	50	39	45	47
Orkney	1	-	1	-
Shetland	-	-	2	1
Tayside	19	15	17	18
Western Isles	1	1	2	1
Totals	308	274	262	251

NB Table does not include activity from Birmingham

Photobiology & Photodermatology

Provider

Ninewells Hospital, Tayside University Hospitals NHS Trust

Definition of Service

This is an expert tertiary referral service for the diagnosis of photosensitive dermatological conditions. The service provides clinical management arising from the consultation, and both investigations and clinical advice for continuing care. In addition, it offers cutaneous porphyrin scanning.

The service is also a world leader in clinical development activity, research and training.

Funding

The total funded value of this agreement in 1999/2000 was £301,125. In 2000/2001, this will be £307,817.

Activity

The agreed indicative level of activity for this service is 245 referrals.

Activity Trends

Health Board	Activity Trends			
	1996-97	1997-98	1998-99	1999-2000
Argyll & Clyde	14	20	17	10
Ayrshire & Arran	2	9	3	7
Borders	-	1	1	2
Dumfries & Galloway	-	1	-	1
Fife	24	30	34	33
Forth Valley	3	6	8	4
Grampian	6	7	12	6
Greater Glasgow	23	38	32	39
Highland	3	9	6	5
Lanarkshire	4	8	8	8
Lothian	29	25	23	22
Orkney	-	-	-	1
Shetland	-	1	1	-
Tayside	69	88	86	89
Western Isles	-	-	-	2
Totals	177	243	231	229

Pulmonary Vascular Hypertension

Providers

Scottish Pulmonary Vascular Unit, North Glasgow University Hospitals NHS Trust
Papworth NHS Trust (thromboendarterectomy only)

Definition of Service

Pulmonary Vascular Hypertension is a rare condition in which the blood pressure in the arteries supplying the lungs is abnormally high. To maintain an adequate blood flow, the right side of the heart must contract more rigorously, causing enlargement of the muscle wall and eventually right sided heart failure.

Treatment of these patients is primarily with drugs (either very high dose calcium antagonists or continuous intravenous Prostacyclin), but part of their management may also involve highly specialised surgery (thromboendarterectomy).

Funding

The total funding in 1999/2000 was £608,190. This will rise to £618,506 in 2000/2001.

Activity

It is expected that there will be 40 referrals, of which 20 will require further specialist treatment. Five of those patients will require intravenous prostacyclin and a similar number will undergo thromboendarterectomy.

Recombinant Blood Products

Providers

West Coast: Glasgow Royal Infirmary, North Glasgow University Hospitals NHS Trust

East Coast: Royal Infirmary of Edinburgh, Lothian University Hospitals NHS Trust

Definition of Service

NSD commissions the purchase of Recombinant Factor VIII and IX concentrates on behalf of the Scottish Health Boards. Scottish Healthcare Supplies (also part of the CSA) are responsible for the management of the national supply contracts with the various drug companies.

There are 6 haemophilia centres in Scotland divided into two provider groups:

- east coast (Aberdeen, Dundee, Edinburgh and Inverness); and
- west coast (Glasgow Royal Infirmary and Yorkhill Hospital).

The two designated providers are expected to co-ordinate the provision of Recombinant Factor VIII and IX concentrates for individuals with congenital Haemophilia resident in Scotland and attending Haemophilia Centres in their provider group. The clinical protocols for Recombinant concentrates currently cover all children and all adults under age 35. Most, but not all, adults over 35 are covered and the clinical protocols provide for all haemophiliacs in Scotland to be offered Recombinant concentrates by 31 March 2001.

Funding

In 1999/2000, funding for this service was £11.1m. This will rise to £12million in 2000/2001.

Scottish Poisons Information Bureau

Provider

Royal Infirmary of Edinburgh, Lothian University Hospitals NHS Trust

Definition of Service

This service provides a 24 hours a day, 365 days a year, poisons information and clinical toxicological advice service, by telephone, for medical practitioners and other health care professionals working within the NHS.

In addition, the Scottish Poisons Information Bureau maintains the national TOXBASE database of poisons and undertakes analysis and surveillance of the calls received.

Activity

The number of telephone enquiries received in 1999/2000 was 6,979.

Funding

The total funded value in 1999/2000 was £172,846. This will rise to £199,865 in 2000/2001.

Online

SPIB/TOXBASE: www.show.scot.nhs.uk/spib/

Spinal Injuries

Provider

Queen Elizabeth National Spinal Injuries Unit, Southern General Hospital, South Glasgow University Hospitals NHS Trust

Definition of Service

The QENSIU continues to be an international leader in the treatment of patients with spinal cord injury. The purpose-built unit offers an integral outpatient department, therapy area, gymnasium and exercise/hydrotherapy pool. Other facilities for patients include an all weather racing track, an area for field events and a halfway house to allow patients and families the opportunity to practise the skills they will require when the patient returns home.

In 1999/2000, the service was expanded to include a domiciliary ventilation unit where carers can be trained to facilitate home ventilation. This now allows patients to be effectively discharged to their own home rather than to a local ITU or HDU unit. The service does not, however, cover the costs associated with home ventilation.



In addition, the unit has established a surgical neuroimplant service, one of only 2 units in the UK to offer this service. The implants allow patients to regain function in one arm. At present, the assessed Scottish need is for two implants a year, but this may expand in the future.

Funding

The total funded value of this agreement in 1999/2000 was £4.436 million. In 2000/2001, funding will be £4,699,546.

Activity

The agreed indicative activity level for this service is:

- 168 new patients with some form of spinal cord injury;
- 30 new out-patient attendances; and
- 150 patients re-admitted for necessary additional care

Online

Both the QENSIU and the Trust have websites. They can be found at:

QENSIU: www.show.scot.nhs.uk/spinalunit/

Trust: www.show.scot.nhs.uk/sguht/

Activity Trends

Health Board	Activity Trends			
	1996-97	1997-98	1998-99	1999-2000
Argyll & Clyde	28	29	24	28
Ayrshire & Arran	12	12	12	17
Borders	2	3	0	2
Dumfries & Galloway	5	6	16	13
Fife	3	4	1	3
Forth Valley	8	13	6	11
Grampian	6	6	8	4
Greater Glasgow	45	28	37	28
Highland	5	7	10	4
Lanarkshire	20	22	27	40
Lothian	8	14	6	11
Orkney	0	1	0	0
Shetland	2	0	0	0
Tayside	4	8	3	6
Western Isles	5	2	5	0
Totals	153	155	155	167

Annex 1: National Specialist Services

Below is a list of services which are funded at a national level in Scotland or at UK level.

Normal type – These are the designated national specialist services for Scottish residents and are funded by NSD

Locations in Bold – services funded on UK basis by Department of Health in England (open to Scottish residents)

* Service previously funded on ECR basis by Health Boards – to be funded via National Services Division from 1 April 1999

Service funded via a national consortium

Service	Locations
Adult Cystic Fibrosis	Aberdeen Royal Infirmary Western General Hospital, Edinburgh (includes outreach service in Dundee) Western Infirmary, Glasgow
Amyloidosis (diagnosis and advice on management)	* Royal Free Hospital, London
Breast Cancer Screening	Ayrshire Central Hospital, Irvine Forresterhill, Aberdeen 14 Woodside Place, Charing Cross, Glasgow 205 Calder Street, Govanhill, Glasgow Raigmore Hospital Armillan House, Edinburgh Ninewells Hospital
Cardiothoracic Transplantation: Heart Transplantation Heart, Heart /Lung and Lung Transplantation	Glasgow Royal Infirmary (Adult) Freeman Hospital, Newcastle (Adult and Child) Papworth Hospital, Cambridge (Adult) Harefield Hospital, London (Adult) Great Ormond Street Hospital, London (Child)

Cervical Cancer Screening histopathology EQA, cytopathology EQA and proficiency schemes	Aberdeen Royal Infirmary (Cytopathology EQA) Ninewells Hospital (Histopathology EQA and proficiency schemes)
Choriocarcinoma: Diagnosis of Hydatidiform Moles Treatment	Ninewells Hospital, Dundee Charing Cross Hospital, London Weston Park Hospital, Sheffield
Clinical Chemistry	Victoria Infirmary, Glasgow
Clinical Scientist Training Schemes Molecular Geneticists, Biochemists, Cytogeneticists Audiologists, Microbiologists Medical Physicists	Ninewells Hospital, Dundee Royal Infirmary of Edinburgh Aberdeen Royal Infirmary
Cochlear Implantation Adult and Child Adult only	Crosshouse Hospital, Kilmarnock Royal Infirmary, Edinburgh
Craniofacial Surgery	Great Ormond Street Hospital, London Radcliffe Infirmary, Oxford Birmingham Children's Hospital Royal Liverpool Children's Hospital, Alder Hey
Cystic Fibrosis Audit Database	University of Dundee
Endoprosthetic Replacement for Primary Bone Tumours	Royal Orthopaedic Hospital, Birmingham London Bone Tumour Service (Middlesex Hospital, London and Royal National Orthopaedic Hospital, Stanhope)
Gaucher's Disease (Diagnosis and management only)	* Addenbroke's Hospital, London (Adults) * Royal Free Hospital, London (Adults) * Great Ormond Street Hospital, London (Child) * Royal Manchester Children's Hospital (Child)
Gynaecological Reconstruction	*Hammersmith Hospital, London
Henderson Model for Severe Personality Disorders	*The Henderson Hospital, Carshalton, Surrey

Hyperbaric Medicine	Aberdeen Royal Infirmary
Inpatient Psychiatric Service for Deaf Children and Adolescents	*Springfield Hospital, London
Intestinal Failure (Specialist Service)	*St Mark's Hospital, London *Hope Hospital, Salford
Liver Transplantation	Royal Infirmary of Edinburgh (Adult) St James Hospital, Leeds (Adult) University Hospitals, Birmingham (Adult) Birmingham Children's Hospital (Child) King's College Hospital, London (Child) Royal Free, London (Adult) Addenbrokes Hospital, Cambridge (Adult) Freeman Hospital, Newcastle (Adult)
Molecular Genetics	Aberdeen Royal Infirmary Ninewells Hospital, Dundee Western General Hospital, Edinburgh Yorkhill Hospital, Glasgow
Ophthalmic Oncology (includes proton beam treatment where necessary)	Western Infirmary, Glasgow (proton beam at Clatterbridge Centre for Oncology, Liverpool)
Paediatric Bladder Extrophy	* Great Ormond Street Hospital * Manchester Children's Hospital
Paediatric Cardiac Surgery	Edinburgh Hospital for Sick Children Yorkhill Hospital, Glasgow Birmingham Children's Hospital
Pancreatic transplantation (for those also requiring kidney transplantation)	Royal Infirmary of Edinburgh Western Infirmary, Glasgow
Photobiology	Ninewells Hospital, Dundee
Primary Pulmonary Vascular Hypertension	Western Infirmary, Glasgow
Pseudomyxoma Peritonei of the Appendix	* North Hampshire Hospital, Basingstoke
Pulmonary Thromboendarterectomy	* Papworth Hospital, Cambridge
Recombinant Factors VIII and IX	# Glasgow Royal Infirmary # Royal Infirmary of Edinburgh

Reference Laboratory Services Mycobacteria, Neisseria Gonnorrhoea), E-Coli 0157 Legionella, Meningococcus, MRSA, Pneumococcus, Parasitology, Salmonella, Screening of inborn errors (Guthrie tests), Trace Elements Toxoplasma Specialist reference services <u>not provided</u> in Scotland	Lothian University Hospitals NHS Trust North Glasgow University Hospitals NHS Trust Raigmore Hospital, Inverness Public Health Laboratory Service, Colindale, London
Retinoblastoma	St Bartholomew's Hospital, London
Scottish Poisons and Information Bureau	Royal Infirmary of Edinburgh
Severe Combined Immunodeficiency and Related Disorders (SCIDS)	* Newcastle General Hospital * Great Ormond Street Hospital, London
Small Bowel Transplantation (service evaluation)	* St James Hospital, Leeds (Adult) * Addenbroke's Hospital, Cambridge (Adult) * Birmingham Children's Hospital (Child)
Specialist Paediatric Liver Disease Service (including Kasai Procedure)	King's College Hospital, London Birmingham Children's Hospital Leeds Teaching Hospitals
Spinal Injuries	Southern General Hospital, Glasgow
Total Anorectal Reconstruction (TAR) (service evaluation)	* Royal London Hospital

Copies of all Scottish national service agreements are available on request and NSD should be happy to provide further information on any of the services on this list.

Annex 2: NSD Contacts

June 2004:

The information that was contained in this section is out-of date.

Please visit the NSD website for current staff contact details.

<http://www.show.scot.nhs.uk/nsd/>