

"Centres of Excellence"

4. Units which might qualify for this title are those where a special expertise has been developed in a particular area of medicine.

Overlaps between Supra-Regional Services and Other Centres of Excellence

5. All supra-regional services will be provided in units which would fall within the "centres of excellence" definition. What distinguishes them from other units is the fact that they meet all the criteria set out above (Para 2). Many of the difficulties faced in considering applications have, in practice, been resolved because the services put forward did not meet some of the basic criteria, for example;

- a. They were still at the developmental stage
- b. The difference between the unit concerned and units providing a service elsewhere in the country was mainly due to its research or medical education role
- c. The total cost was too small
- d. The distinction between the units concerned and other units treating similar patients was only that they provided diagnostic services for those other units
- e. The treatment was not generally accepted within the medical profession.

6. In the case of services which are not automatically excluded for the sort of reasons listed in a-e above, health authorities may be asked for details of the patients already being treated and their region of origin. Other regions will be asked whether they provide the particular service or treatment suggested for supra-regional designation. This information helps the Group to decide

- a. whether there is a discrete group of patients requiring the particular service
- b. whether such patients are treated locally in most or all regions
- c. whether the units proposed for supra-regional recognition are treating a considerable proportion of patients from outside their own region.

Hospitals managed by Special Health Authorities

7. By their very nature hospitals managed by SHAs are involved in the development of highly specialised clinical services at the forefront of medical knowledge. They are, therefore, centres of excellence and may be providing some services which have a supra-regional element. They are, however, in a different financial position from units within health districts which rely on funding via Regional Health Authorities and where protection both from RAWP and from appropriation of the funds for other local purposes is vital for their stability. SHA funding comes directly from DHSS and there are, therefore, other mechanisms for negotiating support for them.