

The power of specialism in the future NHS



FSH

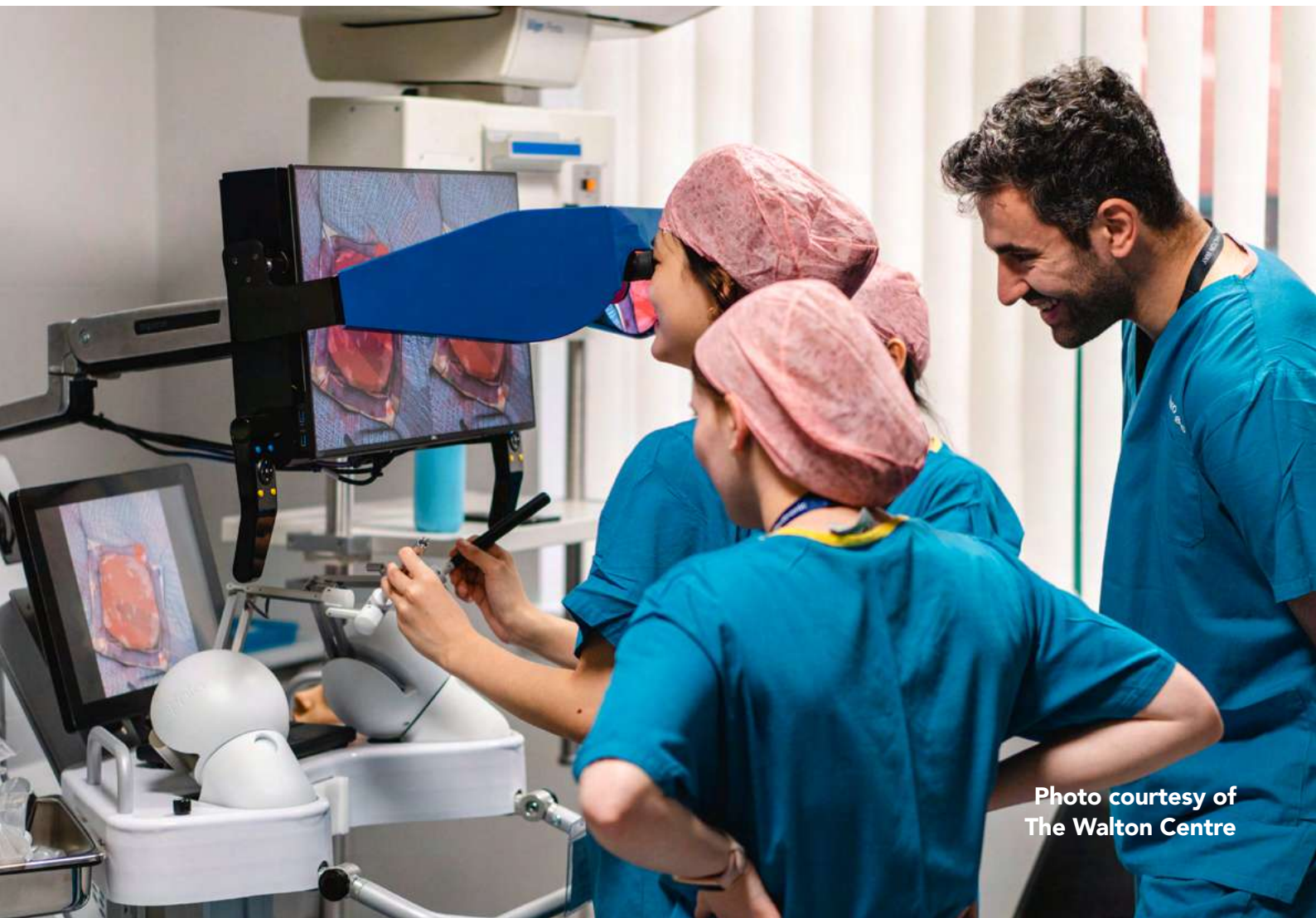


Photo courtesy of
The Walton Centre

Contents

Executive Summary	3
Background	5
Section 1: Delivering High Quality Care	7
Delivering excellent patient experience	9
Training and retaining the best staff	11
Piecing together the productivity puzzle	12
Moving from sickness to prevention	14
Section 2: A strategic approach to specialism	17
Networked care	19
Lead provider models	20
Increasing activity through surgical hubs	22
Specialist hospitals' role in training the specialist workforce	23
Section 3: Contributing to economic growth	25
A key partner to the life sciences sector	27
Pioneering in early-stage research	28
Pioneering in early-stage innovation	30
Spreading and commercialising innovation	34
Conclusions and recommendations	36
What is the Federation of Specialist Hospitals?	39
References	41



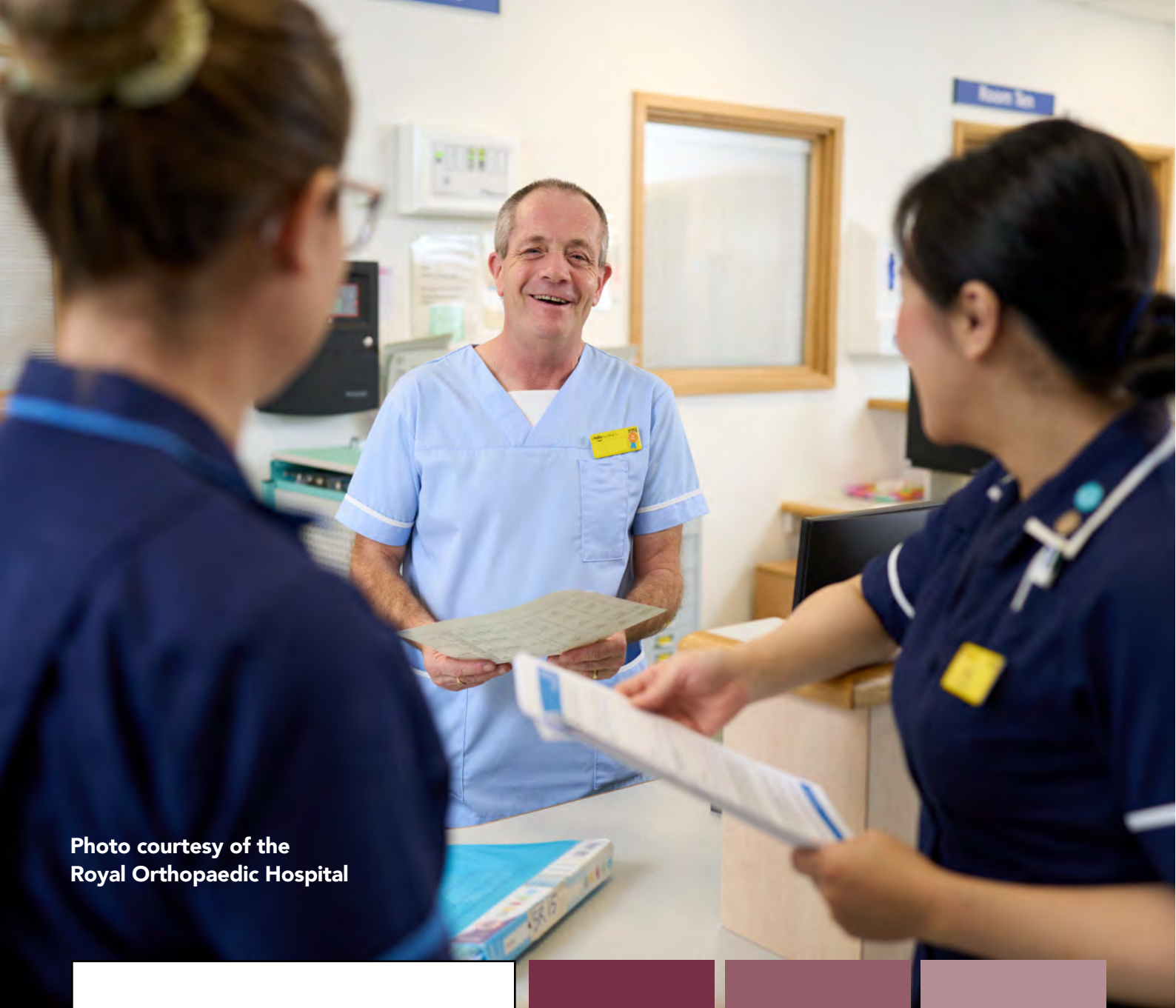


Photo courtesy of the
Royal Orthopaedic Hospital



Introduction



Executive summary

The NHS is navigating multiple challenges. An ageing population, economic uncertainty, and unprecedented demand place significant pressure on the health service. The government has been clear that to meet these challenges – and to build a health and care system “fit for the future” – the NHS needs to “reform or die”.

The Federation of Specialist Hospitals (FSH) presents this report to highlight the pivotal role of specialist hospitals in the future of the NHS. As the NHS embarks on a new 10-Year Plan, there is a unique opportunity for the government to harness the strengths of specialist hospitals to improve patient outcomes, drive innovation, and contribute to economic growth.

The role of specialist hospitals

Specialist hospitals, through world-leading expertise, deliver an exemplary experience and improve outcomes to patients with rare, complex, and chronic conditions, and lead ground-breaking research and innovations in their specialties. They also serve as training hubs for specialist healthcare professionals, fostering innovation in medical research and practice in the rest of the NHS.

The Hewitt Review into integrated care systems called for specialist hospitals to be “viewed and supported as national assets”, recognising them as, “global leaders within clinical research and care”.¹ However, current policies do not support specialist hospitals to reach their full potential with barriers to them accessing capital for both current activity and future growth, productivity mechanisms not adequately accounting for their complex caseloads, and changing patient pathways threatening specialist care models.

To overcome these barriers, the government needs to take a strategic approach to specialism and specialist hospitals which leverages the benefits of specialist care highlighted in this report.

Recommendations

If the government is to achieve the three strategic shifts in health, as outlined in the 2025 Mandate to NHS England,² **the potential of specialism must be fully realised.**

The Federation of Specialist Hospitals is calling for policymakers to recognise the unique role of specialist hospitals, and the benefits that they can bring to the wider health system, by ensuring that the **NHS 10-Year Plan details a strategic role for specialist hospitals in the future NHS.**



The Federation would like to work with the government to develop a coherent national strategy for specialist hospitals and specialism which:

- + Recognises specialist hospitals and specialist care models are the most efficient and effective way to deliver high-quality care to patients with rare, complex, and chronic conditions
- + Sets out a clear plan for networked care models to bring specialist expertise closer to communities
- + Develops a national approach to lead provider models to optimise specialty care pathways
- + Expands specialist triage systems to ensure equitable patient access
- + Leverages specialist hospitals as research and innovation hubs to drive scientific advancement and economic growth.

Conclusion

The NHS is at a crossroads, and the future of specialist hospitals must be strategically considered to maximise their impact. By embedding specialism within the broader healthcare ecosystem, the government can ensure the NHS remains a world leader in delivering high-quality, innovative, and efficient healthcare.

The Federation of Specialist Hospitals stands ready to collaborate with policymakers to achieve these goals and build an NHS that transforms lives through excellence in specialist care.

"I wholly endorse the recommendations set out in this report from the Federation of Specialist Hospitals.

"This government have been clear about their ambitions to get NHS back to its best and specialist hospitals, and the specialist care they deliver, have a vital role to play in helping them achieve it.

"When I served as Shadow Health Secretary, I saw firsthand the extraordinary treatment that specialist hospitals give to their patients every day, for some of the most challenging and debilitating conditions. These organisations give us reasons to be proud of our national health service and we must do all we can to harness the expertise and excellence they demonstrate across all parts of the health and care system.

"The upcoming NHS 10-Year Plan should set out a future in which high-quality, accessible and equitable care become the norm rather than the outlier. By drawing on the recommendations laid out in this report and working with specialist hospitals, the government can ensure that specialism and innovation are at the heart of the future NHS."

– Jonathan Ashworth, Former Shadow Secretary of State for Health and Chief Executive of Labour Together

Background

When the NHS 10-Year Plan was announced, the Secretary of State for Health & Social Care, Wes Streeting, emphasised the need to not only restore the NHS but to modernise it for future challenges.

This period of renewal, reform and modernisation offers the whole health service an opportunity to revisit traditional care models, and redesign pathways so they prioritise high quality, timely, and accessible care.

In recent years, reform in the NHS has rightly focused on the joined-up delivery of local health and care services through the introduction of Integrated Care Systems. However, for specialty care and smaller patient populations, it is inefficient – and inadvisable – to replicate care for patients with complex or rare conditions across every local health and care system. These patient populations are better served by specialist care centres, such as specialist hospitals, that treat patients across a much wider geographical footprint and deliver excellent outcomes for patients with reduced readmissions and more efficient care.

Specialist hospitals have evolved over time to meet the needs of patients with rare, complex and chronic conditions, and they deliver a range of important benefits, including exemplary patient experience and outcomes,³ high staff satisfaction,⁴ and world-leading research and innovation. They have also developed their role in treating their local populations, while driving innovation in their specialties.

This report outlines how the potential of specialist hospitals could be fully realised to deliver additional benefits for the UK, both in terms of patient outcomes and experience, training, staff satisfaction and in delivering the government's ambitions for a wealth-creating health service.

A new vision for the NHS through the 10-Year Plan needs to set out the role of specialism within the health service, and how specialist hospitals fit within the wider NHS ecosystem.

To rebuild a health service that's truly fit for the future, the government must harness the full potential of specialist hospitals—not just as centres of care for rare and complex conditions, but as hubs of leadership, coordination and innovation for their specialties.



What are specialist hospitals?

Specialist hospitals provide tertiary care within a clinical specialty. They are widely recognised for their clinical excellence within these individual specialities, particularly in rare and complex cases where patients are often extremely vulnerable. The therapeutic focus of specialist hospitals gives them unique cultural and clinical strengths that are difficult to replicate.

There are different models of specialist hospital:



Standalone

- + Operating as an individual trust
- + Standalone facilities
- + Working in partnership with others



Networked

- + Operating as an individual trust
- + More formally networked with other facilities
- + Offering satellite model of care



Linked

- + Operating as an individual trust
- + Similar to a networked hospital, but linked operationally to other specialist hospitals, for example by sharing back-office functions



Embedded

- + Operating within a wider non-specialist trust
- + Linked operationally to other hospitals or departments within a host trust

Photo courtesy of
The Robert Jones and
Agnes Hunt Orthopaedic Hospital



Section 1

[← back to contents](#)

Section 1: Delivering high quality care

“Specialist hospitals have a unique role in the NHS, especially for people with rare conditions. This report shows that the Federation brings together workforce development, innovation, and world-leading care. In a challenging environment, it is clear that specialist hospitals are vital to delivering the 10-Year Plan and the future of care for rare conditions. Our community is keen to participate in the delivery of this vision for the future.”

– Nick Meade, Interim CEO and Director of Policy, Genetic Alliance UK

Delivering high quality care in the NHS benefits everyone – it improves patient outcomes and experiences; it increases NHS staff satisfaction and retention; and it can contribute to productivity growth.

Through the commitment to a new NHS 10-Year Plan, the government and NHS leaders have set a bold vision: to rebuild a national health service that shifts focus from solely treating illness to one which improves overall public health.⁵ Returning to high quality patient outcomes is a cornerstone of the government’s vision, and specialist hospitals should be used as a vehicle to help level up standards across the country.

Specialist hospitals have a vital role to play in this transformation, acting both as providers of high-quality care within their specialisms and as collaborative partners who can provide expertise, guidance and coordination to the wider system. Research has shown that centralising specialist services results in significantly better clinical outcomes^{6,7} – including reduced patient mortality – for conditions such as stroke,⁸ oesophageal cancers,⁹ and urological cancers.¹⁰ In addition to these improved outcomes, the unique specialist model results in specialist hospitals achieving exceptional patient experience scores too.³

In this section we look at how the delivery of high-quality care from specialist hospitals delivers improved patient experience, staff satisfaction and can deliver productivity growth for local health and care systems.

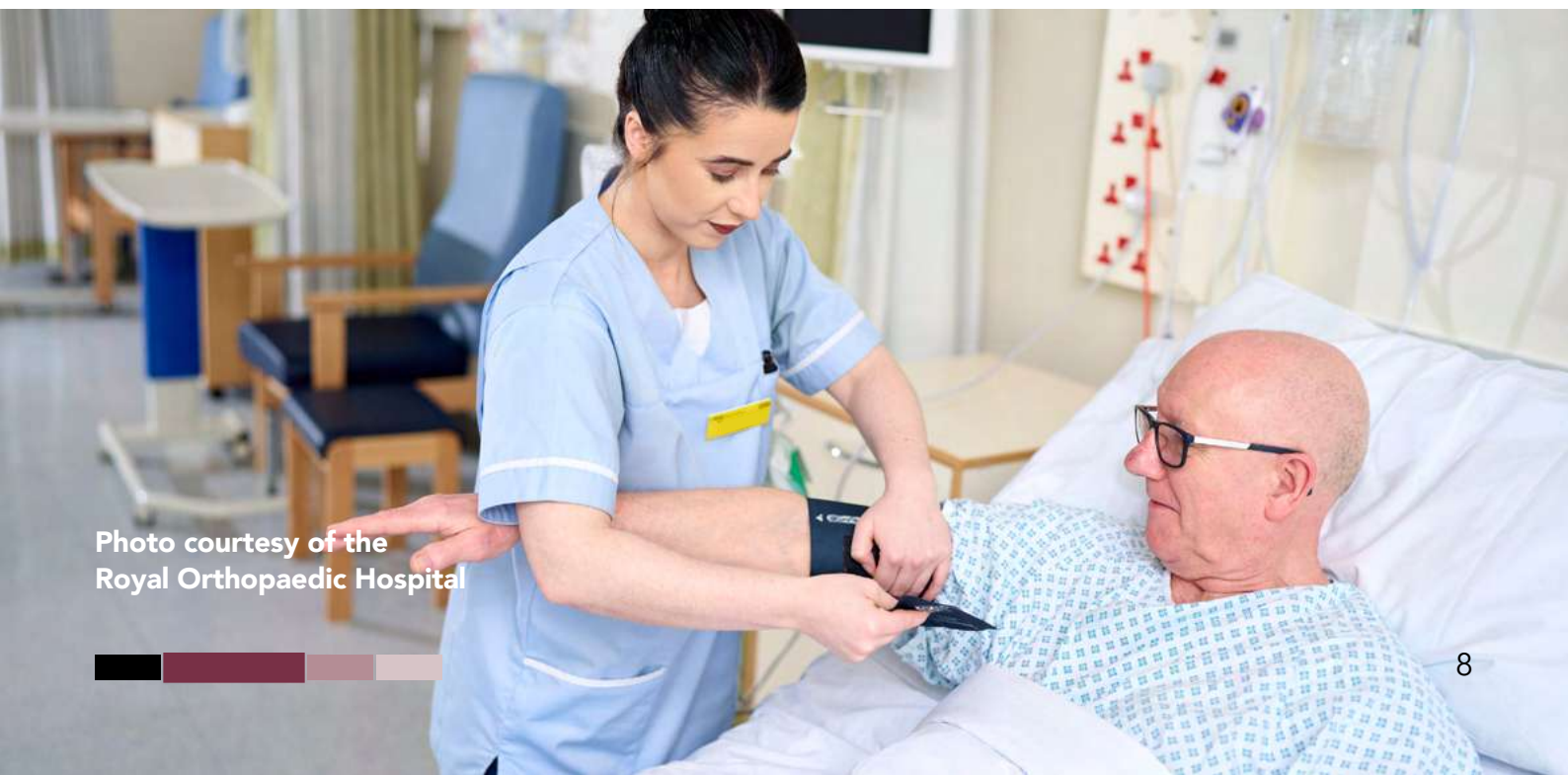


Photo courtesy of the Royal Orthopaedic Hospital

Delivering excellent patient experience

“The Patients Association welcomes the Federation of Specialist Hospitals’ recommendations and their commitment to innovation in specialised care. We are particularly encouraged by the potential for stronger partnerships between specialist hospitals and patients. By combining clinical expertise with patients’ lived experiences, we can create truly responsive specialist services that not only deliver excellence in treatment but also address the practical, emotional, and logistical aspects of accessing specialised care. Working together, we can ensure specialist services evolve in ways that meet diverse patient needs while breaking down barriers to access.”

– Rachel Power, Chief Executive, The Patients Association

Specialist hospitals are renowned for delivering excellent patient outcomes and they occupy the top 11 spots of the recent Care Quality Commission inpatient survey.¹¹

For patients, treatment at a specialist hospital represents more than care—it can be a lifeline. It means being in the care of a team of highly skilled professionals equipped with the latest technology and expertise to provide world-leading treatment for their condition. For many, arriving at a specialist hospital is the end of a diagnostic odyssey through multiple providers. For others, the relationship has been established for many years as specialist providers who support them to live with a chronic condition.

Photo courtesy of Moorfields Eye Hospital



Specialist hospitals can provide unrivalled patient experience due to the level of specialist expertise developed through dedication to that specialism. While this is vital for complex cases, it also elevates outcomes and experiences for routine treatments within these specialties, offering patients the best possible care.

In a system that is seeking to deliver a shift towards care in the community wherever possible, it is important to take a strategic approach to specialist care delivery. The government needs to provide equitable access to specialist centres for all patients who need them, diffusing specialist expertise across the wider system to ensure an overall levelling up of care quality. Specialist input at earlier stages of patient pathways also has the potential to optimise referrals, driving efficiency, and enabling community-based care for more people.

Case study: Life-changing surgery helps patients smile again at Queen Victoria Hospital

Nine-year-old Ravi experienced a weakness of the muscles on the left side of his face which led to him being diagnosed with a brain tumour. During his rehabilitation post-surgery, his family noticed the weakness on the left side of his face was worsening and Ravi was no longer able to smile. He also had difficulties with his balance, sight and hearing.

He was referred to Queen Victoria Hospital (QVH) which runs the UK's first and largest Facial Palsy department, for specialist facial therapy. Until this point his family were unaware whether anything could be done to restore Ravi's smile and improve his quality of life.

On 6 March 2023, he received life-changing facial reanimation surgery aged just seven.

Facial reanimation surgery is used to restore voluntary movement to a person's face. The technique used at QVH involves transferring small nerves and vessels (less than 0.15mm diameter) from another part of the body to restore facial expressions and functions. Taking the nerve with a blood supply enables it to be vascularised and grow three-times faster. By making incisions inside the mouth, patients benefit from scar-less healing and quicker recovery.

This technically demanding surgery reduces the time patients are in theatre and delivers better results.

Ravi was one of the first children to receive the surgery and within nine months he was able to smile again. He continues to receive support from the Facial Palsy team. The pioneering surgery also benefits adults with Facial Palsy by giving them an improved quality of life.



Photo courtesy of
The Robert Jones and Agnes
Hunt Orthopaedic Hospital

Training and retaining the best staff

The NHS' biggest asset is its staff. Delivering high quality patient outcomes is only possible with a well-trained workforce. The Labour manifesto acknowledged the vital role that the workforce has – “getting the NHS back to working for patients means ending the workforce crisis across both NHS and social care” - and the government has already published an NHS long term workforce plan that will be refreshed at least every two years.

Staff engagement and satisfaction drives improved retention, mitigating the cost of training new staff and the loss of valuable experience. Specialist hospitals have an excellent track record of achieving high staff satisfaction levels. In recent NHS staff surveys, FSH members routinely outperform other hospitals on staff satisfaction, including in 'morale', 'engagement', and 'learning' – domains that are vital to staff retention.⁴ This is due to a range of factors, but working at the forefront of clinical innovation is an attractive component of the work in specialist centres. Facilitating greater collaboration between specialists and generalists, through outreach from specialist centres, could generate a positive ripple effect across the wider workforce.

Future workforce planning in the NHS must consider specialist hospitals' role in growing, developing, and retaining the specialist workforce in England, including in much needed areas such as clinical academics where dwindling numbers are negatively affecting the UK's research ambitions.^{12,13}



Piecing together the productivity puzzle

Delivering high quality patient outcomes within the confines of the NHS budget is central to the government's mission. For patients across England, improving productivity in healthcare is not a policy goal or performance target — it is about faster access to life-changing treatment and better care outcomes. Recent reports from the Institute of Fiscal Studies¹⁴ and Institute for Government¹⁵ show that hospital productivity has declined compared to pre-pandemic levels, despite increased funding and staffing.

Productivity metrics can be too blunt to reflect accurately the complex case mix of specialist hospitals. However, specialist hospitals recognise the need for an urgent step-change in NHS productivity and are committed to driving this transformation within their organisations.

Specialist hospitals are already playing their part as system partners to reduce the elective care backlog, offering complex care, efficient delivery of routine care, and mutual aid to trusts nationwide. Not typically having the pressures of an accident and emergency department, specialist hospitals are able to act as a pressure valve for the wider system, taking on specialty-specific cases and freeing up capacity elsewhere. This is an asset to the NHS that should be formally recognised and built into planning. It is important to recognise that a finely balanced case mix can often be an important factor in driving productivity in specialist hospitals. Depending on the specialty, a mix of complex and routine activity can be important for making full use of the NHS estate and ensuring maximum utilisation of theatre lists.



Photo courtesy of
The Walton Centre

Case study: Royal Orthopaedic Hospital Community Appointment Day

The Royal Orthopaedic Hospital (ROH) and partners in Birmingham and Solihull were experiencing high patient waiting lists for Physiotherapy services.

Teams decided to run a 'Community Appointment Day' (CAD) in October 2024. The event objective was to provide 'waiting well' support and condition management to patients, to support them while they waited, and improve clinical outcomes post-pandemic.

The Community Appointment Day is based on a 'What Matters To You' conversation and on-the-day assessment, allowing clinicians and patients to collaborate. The event was located in a convenient leisure centre location, and 'studio sessions' by guest speakers Versus Arthritis were run in tandem to the main patient event.

The Community Appointment Day brought a range of specialist services; physiotherapy services from the three providers, groups from the local voluntary sector, and national charities such as Versus Arthritis, Healthwatch, Age UK and Public Health Services, all under one roof to support patients.

Over 250 patients attended, waiting lists were reduced, and patients supported by specialist services.



Photo courtesy of the
Royal Orthopaedic Hospital



Moving from sickness to prevention

Despite sitting at the tertiary care end of the patient pathway, specialist hospitals have a role to play in the move from sickness to prevention. Key to this is ensuring that patients requiring specialist treatment are fast tracked to specialist care in a timely manner, reducing the number of NHS engagements required before reaching specialist care and preventing a potential worsening of their condition.

Specialist input into the triage process has been demonstrated to play an important role in ensuring patients access the right care in the right setting, be that in the community or a specialist centre, supporting improved outcomes and efficiency.



Case study: The North Central London Single Point of Access as a tool to improve system productivity, efficiency, equity and outcomes

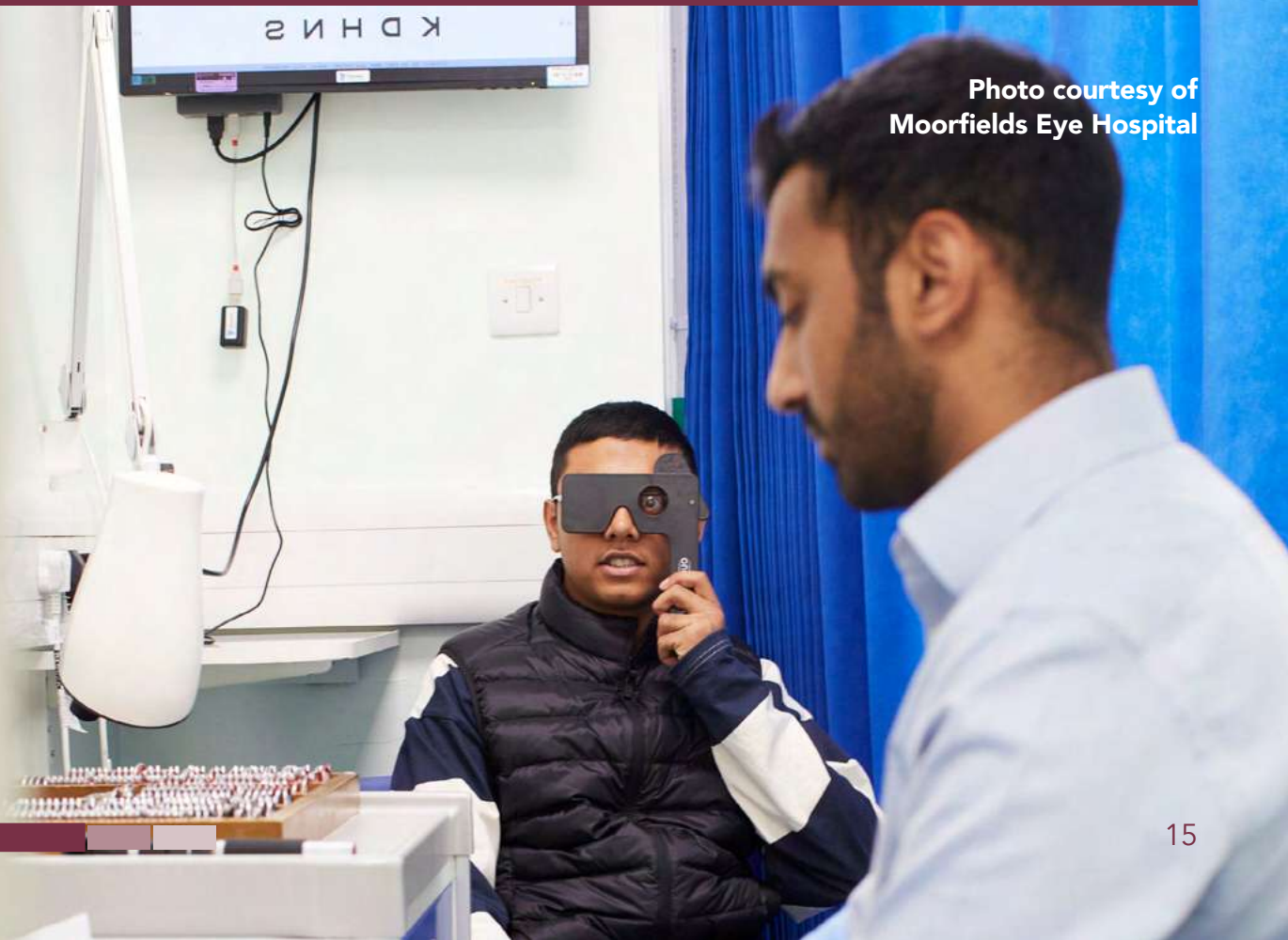
Timely and effective expert triage is essential for ensuring that patients receive the right level of care at the right time, prioritising those in urgent need of specialist care while managing resources efficiently.

The introduction of Moorfields' Single Point of Access (SPoA) system supports community optometrists to send through referrals directly to the patient's preferred hospital for triage and management. In addition, it integrates patient choice based on the metrics that matter most to people requiring care, and improves equitable, transparent and accurate access to service information and availability.

This integrated pathway improves referral processing and reduced patient journey time from point of referral to hospital appointment. Open to patients living in North Central London and parts of North East London, the service accepts non-emergency referrals from optometrists and ensures that those referrals get to a suitable ophthalmology provider as quickly as possible.

The service has reduced referral processing time from 11 days to 2 hours, while delivering annual financial savings of £808,570.

Photo courtesy of
Moorfields Eye Hospital



Specialist hospitals are also at the forefront of evolving approaches to diagnosis, treatment and care, which will be pivotal to driving a more preventative approach to health. For example, research expertise at specialist hospitals has been deployed to support the evolution of genomic medicine in the NHS. Specialist hospitals provide a research-focused environment to test and develop preventative approaches that can then be rolled out more widely.

Tackling health inequalities must form an important part of the shift towards a more preventative approach to care. Specialist hospitals are working to understand how they can ensure specialist care is provided to all those patients who need it, wherever they live and whatever their socioeconomic status.

As noted in the Darzi review, children are particularly affected by health inequalities and are increasingly likely to experience lengthy hospital stays.¹⁶ Investing in children and young people's health is vital to ensure early intervention and should be a cornerstone of the shift to preventative healthcare.

It is vital that patients with rare and complex conditions, including children and young people are at the heart of the shift to prevention. With a more local approach to managing specialised commissioning in the future, specialist hospitals will have an important role to play in advocating for these patient groups who must not be forgotten in the delivery of this important shift.

Case study: Working with national charities to support patients in innovative ways

In June 2020, Guys & St Thomas' Trust launched a programme of health and wellbeing webinars to drive member engagement. Simultaneously, Harefield Lung Transplant team, in collaboration with the Heart/Lung Transplant Patients' Club (The Hamsters), hosted a webinar to reach out to vulnerable, shielding lung transplant recipients in the aftermath of the first COVID lockdown.

Following the success of the first Transplant webinar, three more followed in 2020/2021, with increasing patient involvement in the design, content and delivery of the webinars. These well-attended webinars initially focused on fulfilling patients' desire to receive relevant COVID updates from a trusted source and have since evolved into a programme of patient-driven webinars delivering benefits to patients and the services involved.

Patients reported gaining a great deal of new knowledge about living well following a transplant and refreshing their memory on aspects of being a transplant recipient they had either forgotten or they may have originally not fully understood. The webinars have also enabled the medical teams to identify areas where information and care can be improved.

[← back to contents](#)

Section 2:

A strategic approach to specialism

Specialist care has evolved and developed in response to the needs of patients, but recent policy focus on localised care planning and delivery has led to challenges for specialist hospitals, which operate beyond the geographical footprints of the integrated care boards in which they reside.

The Hewitt Review provided a compelling articulation of why specialist hospitals should be considered national assets and notes concern about how specialised services fit in with the new ICS healthcare landscape:

“Specialist units, whether free standing or within larger trusts, are global leaders within clinical research and care. They deliver cutting-edge care and are a catalyst for innovation, supporting pioneering clinical practice in the NHS. As such they need to be viewed and supported as national assets within the context of... plans for delegation of the commissioning of the services they provide.”

- Rt Hon Dame Patricia Hewitt DBE, The Hewitt Review

Unfortunately, the review was unable to consider the issue in detail in the time available.¹ The new NHS 10-Year Plan gives us the opportunity to address this, ensuring that specialist hospitals are considered and leveraged as part of plans for the future NHS.

This report focuses on opportunities and solutions, however, in developing a strategic approach to specialism and specialist hospitals, it will be important to review policy that prevents specialist hospitals from delivering on their potential. In particular, the government must address policy that risks destabilising specialist hospitals and the services that they provide, including:

- + Productivity and payment mechanisms that do not adequately recognise complexity.
- + Challenges specialist hospitals face in accessing capital due to serving patients from multiple ICBs.
- + Restrictions on the availability of capital to fund strategic developments that could unlock commercial revenue for the NHS.
- + Risks that changing patient flows may present to “fragile services”, which rely on the expertise of a small number of staff or even a single individual.

The government’s plans to shift care from hospitals into the community will likely mean transitioning to a system with more generalists who are able to cover the full range of conditions they will encounter in a community setting. However, generalist care is not appropriate for all patients and there needs to be a better way of integrating specialism across the patient pathway.

In this section, we look at current models that future strategic planning can draw upon.



Photo courtesy of
The Robert Jones and
Agnes Hunt Orthopaedic Hospital

Networked care

Many specialist hospitals are already embedding their expertise into the broader health system, ensuring that high quality care within their specialties reaches beyond their hospital sites. For example:

- + Moorfields has a networked physical delivery model spanning six integrated care systems and 20 sites in London, Hertfordshire and Bedfordshire. In tandem Moorfields is integrating more digital clinical services with primary care to provide care closer to where people live and work. This includes working with population health data to put preventive care more systematically in place across served neighbourhoods.
- + Queen Victoria Hospital specialises in life-changing reconstructive surgery, burns care and rehabilitation services, and has been sending its consultants into different hospitals for decades.
- + The Walton Centre, a leading hospital in the treatment and care of neurology and neurosurgery, has also followed a similar model for many years when its neurologists visit all the other hospitals in Cheshire and Merseyside, North Wales and Isle of Man. Their neurology nurses also do clinics in primary care and secondary care settings around the region to support chronic disease management.

Specialist hospitals have been harnessing the power of collaboration through these models for decades and are working to develop them further to support changing care models. Taking a more systematic approach to networked care from specialist hospital hubs across the wider NHS could help support the shift to community care and efforts to increase prevention, as well as diffusing higher staff and patient satisfaction linked to specialist care across a wider footprint. Digital care models will play an important role in supporting these models and specialist providers have demonstrated that they can quickly deploy digital care models if given the right support from the centre.





Photo courtesy of
The Christie

Case study: Moving care into the community at The Christie

The Christie has supported the move to care in the community by developing a network of 13 local centres and new ways of delivering treatment at home. According to the Christie's Clinical Outcomes and Data Unit, these networks have handled at least 56,207 appointments in the last year, and have saved Christie patients more than 1.7 million miles of traveling. On average, each patient using a local Christie treatment centre saves 30 miles per round trip for each appointment.¹⁷

Lead provider models

Given their deep understanding of the entire patient pathway and desire to eliminate unnecessary referrals into hospital, specialist hospitals could successfully take on lead provider roles within their specialties, providing system coordination and working to optimise patient pathways in the most efficient way.

This model is starting to gain greater traction. For example, Moorfields Eye Hospital has held the lead provider contract in North Central London since December 2024 and is taking on an active role working with partners across primary and secondary care on reviewing data and co-designing options for system optimisation and redesign based on that emerging shared evidence base. The Robert Jones and Agnes Hunt Hospital has also recently agreed to be the lead provider for all rheumatology activity across Shropshire, Telford & Wrekin.

In future, a clearer national policy on lead provider models, and the potential role of specialist hospitals, would help to formalise existing collaborations and to develop new pathways for delivering fully integrated specialist care. While lead provider models have great potential to improve neighbourhood health, we should not miss the opportunity to coordinate specialty care at scale.



Photo courtesy of the
Royal National
Orthopaedic Hospital



Case study: Leading the UK Clinical Phage Network for orthopaedic infection at the Royal National Orthopaedic Hospital

The Royal National Orthopaedic Hospital (RNOH) is the first hospital in the UK to use phage therapy to treat a prosthetic joint infection.

Phage therapy uses bacteriophages and viruses that specifically target and kill bacteria. Interest in this treatment is growing due to the rise in antimicrobial resistance.

The first patient was an elderly man with a long-term infection caused by *Staphylococcus aureus*. Because of other health issues, he could not undergo implant exchange surgery. To treat him, phages were imported from Belgium. This required successfully navigating the complex clinical and regulatory processes.

Starting a phage therapy service is important as it supports regional orthopaedic revision networks and national efforts to combat antibiotic resistance while addressing existing challenges. This initiative has received strong support for formally establishing phage services at RNOH.

However, challenges remain, such as rules that limit patient access, high treatment costs, paucity of clinical trial data to optimise use and lack of facilities for large-scale good manufacturing (GMP) production within UK. A coordinated effort is needed to ensure all eligible patients can access this treatment.

RNOH leads the UK Clinical Phage Network for orthopaedic infection, which aims to tackle these challenges. The network wants to create national phage services for easier access to treatment and to support the UK's plan against antibiotic resistance (AMR). It also aims to improve training for healthcare professionals. The network is dedicated to addressing regulatory barriers and advocating for changes to make phage therapy more accessible to those who need it most.





Increasing activity through surgical hubs

Accredited Surgical Hubs help to increase surgical capacity by bringing together surgical skills and expertise in a single location, reducing waiting times for common procedures that can be performed quickly and effectively in a single hub.¹⁸ Several specialist hospitals are already Accredited Surgical Hubs, and more plan to develop this model in the future - taking advantage of an evolving accreditation that acknowledges the mix of routine and complex surgical and medical care in the specialist setting.

The success of the Accredited Surgical Hub model shows what is possible. By planning caseloads and adhering to high clinical and operational standards, these hubs have significantly increased elective activity—22% higher in their first year compared to similar non-hub hospitals.¹⁹ For patients, this means shorter waiting times and quicker access to vital surgeries.

Specialist hospitals are committed to expanding this model, further enhancing efficiency and throughput. In planning for a future where more care is delivered at community level, the government can learn from the success of the surgical hub model in concentrating some types of care to deliver system-wide patient benefit and increased productivity.



Specialist hospitals' role in training the specialist workforce

Specialists must remain a vital part of the NHS workforce, delivering the highest possible quality care to patients with rare, complex, and chronic conditions, whatever their locality. Future workforce plans must ensure that specialist hospitals can continue to train in their respective clinical specialty to enable the delivery of high-quality, routine specialty care, specialist care and specialist advice and guidance. As well as being vital to support the development of the NHS workforce in clinical specialties, retaining and training specialist expertise is essential to furthering world-leading research and to delivering growth in partnerships with the life sciences sector.

Case study: Training NHS partners in the use of robotic surgery at the Royal Marsden

The Royal Marsden was the first hospital in England to introduce the da Vinci robotic-assisted surgical system. The team worked hard to support others in the NHS to set up their own robotic-assisted surgery programmes with hands-on support and training provided to over 16 trusts in the UK. The Royal Marsden has also played a direct role in training surgeons of the future by hosting a robotic surgery fellowship programme funded by the Royal Marsden Cancer Charity. Since 2015/16, they have trained 10 fellows and have a further two currently in training.

Photo courtesy of
The Royal Marsden





Photo courtesy of
Royal Brompton
and Harefield hospitals

As centres of specialist care, with access to specialist equipment and high volumes of patients requiring specialty care, specialist hospitals must have a central role in training and coordinating the specialist workforce, as well as supporting generalists to upskill in specialty areas, including the use of emerging treatments and technologies. Future iterations of the NHS workforce plan²⁰ should specifically consider specialist hospitals' role in training and coordinating this workforce.

Case study: Training the specialist workforce at the Royal Orthopaedic Hospital

The Royal Orthopaedic Hospital (ROH) hosts the Birmingham Orthopaedic Training Programme (BOTP), one of the largest and most successful orthopaedic training programmes in the UK and comprises 40 trainees rotating through 12 hospitals across the West Midlands, all of which are committed to training. The ROH hosts weekly teaching sessions, with 17 registrars rotationally working and learning with the Trust whilst delivering great patient experience and outcomes. Many of the BOTP trainees achieve their Certificate of Completion of Training and take forward their specialist expertise into neighbouring Trusts across the Midlands, as well as further afield.

[← back to contents](#)

Section 3:

Contributing to economic growth

"This report highlights the important role of specialised services in leading improvements and supporting innovation in the NHS. They are at the cutting edge of care for physical and mental health services, offering solutions for the most complex and rare conditions. They also play a key role in supporting economic growth, building prosperity in their communities and helping people to stay well. We need to prize and nurture their learning and expertise for the benefit of patients across the NHS."

- Saffron Cordery, Interim Chief Executive, NHS Providers

One of the government's key ambitions is making the Department for Health and Social Care a "department for economic growth" in support of its wider mission of securing the highest sustained growth in the G7. Specialist hospitals can contribute to this ambition both in terms of getting people with complex, rare, or chronic conditions back to work, but also through their contributions to the life sciences.

The Commission for Healthier Lives found that around 300,000 people aged 16–64 have left the workforce and report having a work-limiting health condition. Once out of the workforce, people who have left due to a health condition are three times less likely to return to employment.²¹

Given the complexity of long-term and chronic conditions, specialist care is a key part of the puzzle for returning people to work and contributing to the economy.

However, specialist hospitals can make a distinct and unique contribution to driving economic growth through research, innovation, and partnership with life science organisations.

**Photo courtesy of
The Christie**



A key partner to the life sciences sector

By committing to the development of a Life Sciences Sector Plan, the Labour Party has identified the life sciences sector as a vital driver of growth in the UK, as well as a sector that is central to its missions of building an “NHS fit for the future” and “pioneering breakthroughs that will transform and extend lives for the better”.²² The NHS 10-Year Plan is expected to show how the NHS can be a better partner to the life sciences sector, promoting closer working to achieve sustained growth and patient benefit.

The government wants the UK’s R&D system to deliver early-stage research, data- and practice- driven innovation that is then brought to scale through early adoption and, later, wider uptake. Specialist hospitals are already working hard to deliver at each stage of this process and are often well-known brands that attract inward investment from life sciences companies, and which typically have name-recognition abroad.

With greater strategic planning through the NHS 10-Year Plan, updates to the Life Sciences Sector Plan and, in the longer term, a dedicated specialist hospitals strategy, more could be done to increase the impact that members of the Federation of Specialist Hospitals have on the government’s life sciences ambitions.



Photo courtesy of
The Walton Centre

Pioneering in early-stage research

“Specialist hospitals provide fantastic care for patients across a range of conditions and have been at the forefront of innovating and adopting innovation. However, the current challenges offer the opportunity to provide new models which support networked care, cross-organisational working and the use of technology to support patients and less-experienced staff working in remote/isolated locations. This offers an opportunity to improve the reach of specialist hospitals in delivering high-quality care to more people at lower cost that we should embrace. Specialist hospitals can also act as anchor institutions in commercialising innovation and hence improve outcomes while also driving economic growth for the UK positioning them well to benefit the health and wealth of the nation.”

– Rishi Das-Gupta, Chief Executive Officer, Health Innovation Network South London

Despite the UK’s heritage as a world leader in the life sciences, the number of clinical trials held in Britain has fallen by 41% since 2017,²³ with other countries and their patients being chosen as the destination and beneficiaries of scientific breakthroughs.²⁴

Specialist hospitals, with proven track records in delivering research trials and well-established global partnerships, are uniquely placed to help buck this trend. Their focus on specific specialties makes them a natural hub for trials, with high volumes of patients within specific clinical specialty areas - which often constitute hard-to-reach patient cohorts – and significant quantities of existing data and in-house expertise. They also have a deep understanding of their wider specialty and can help to identify additional research sites and support the rapid roll out of non-specialist clinical trials, spreading the positive benefits of clinical research more broadly across the NHS.



Photo courtesy of the
Royal National
Orthopaedic Hospital



Case study: Leading the way in recruiting for clinical trials at Clatterbridge Cancer Centre

Specialist hospitals are a considerable draw to life science companies planning to run clinical trials as they have an unrivalled ability to reach and recruit patients within their specialism. In October 2024, a nationwide clinical research trial hoping to improve treatment for prostate cancer closed with The Clatterbridge Cancer Centre recruiting the largest number of patients in the country. The trial recruited 2,232 patients across 49 sites in the UK between January 2018 and August 2024, and was headed up by Clatterbridge consultant oncologist Professor Isabel Syndikus, the Chief Investigator.

As well as participating in research, hosting clinical trials mean that patients have the opportunity to be offered cutting edge alternatives to standard treatment, funded by the company sponsoring the trial.²⁵

In addition, these world-renowned institutions attract world-class clinical leaders to the UK by offering a chance to focus on clinical speciality interests within a culture of continuous improvement. One of the drivers of declining clinical trials is the ongoing reduction in the number of senior clinical academics in the UK. Research talent is global. By utilising the well-established brands of specialist hospitals within a strategic approach to securing more early-stage research, we can attract the best talent from around the world to contribute to innovative research and practice, in a setting that supports their clinical interest.

Specialist hospitals are also committed to working towards the government's aim of recruiting a more diverse range of patients to clinical trials in England, and would be pleased to continue to work with the NHS and government on achieving this ambition.



Pioneering in early-stage innovation

As well as delivering clinical trials and research in partnership with life sciences companies, specialist hospitals are also the natural home for innovations in treatment, data, technology, and clinical practice. Many innovations in specialty practice that begin in a specialist hospital transition into routine care over time, ensuring that the whole system benefits.

Specialist hospitals are already recognised as being at the forefront of global developments such as genomics, cell and gene therapies, artificial intelligence, robotics and advanced surgical techniques.

The specialist nature of FSH members mean they are afforded greater time and capacity to focus on innovation where other acute providers, who often have to divert resources to urgent and emergency care demands at the front door, are not. Cutting edge innovations such as cell and gene therapies could not easily be delivered elsewhere in the system. **We must ensure we turn this unique advantage for specialist hospitals into a strength for the whole NHS - positioning specialist hospitals as hubs of innovation, and build pathways to ensure that this innovation is translated into generalist contexts whenever possible.**

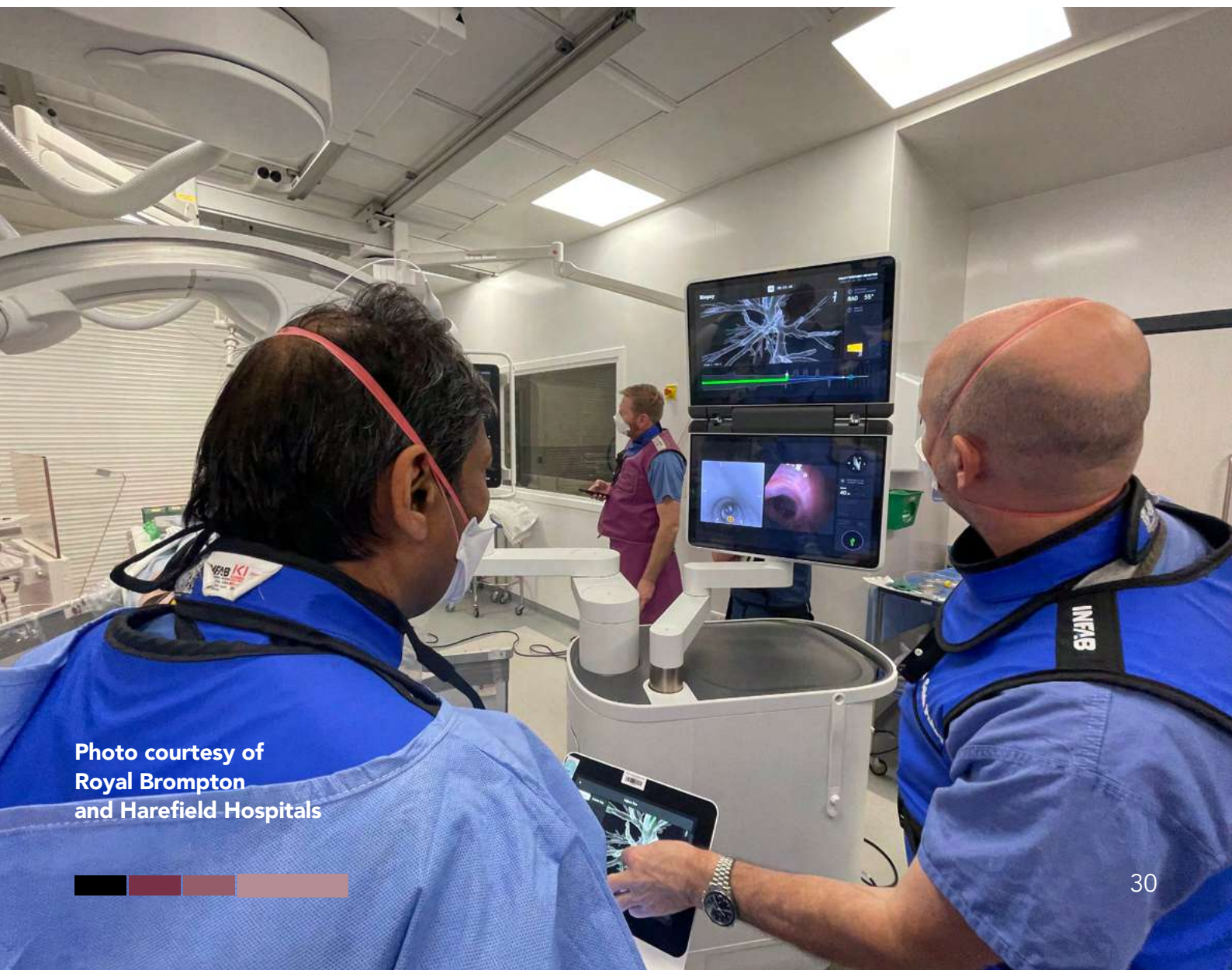


Photo courtesy of
Royal Brompton
and Harefield Hospitals



Case study: Pioneering early innovation at The Royal Brompton Hospital

The Royal Brompton Hospital is one of a handful of UK centres that is pioneering the use of robotic-assisted bronchoscopy. In performing over 375 clinical biopsies to date, the technology at RBH – an Ion Endoluminal System (Ion) - has provided clinical teams with a degree of guided control, precision and miniaturisation of movement that cannot be achieved through traditional approaches.²⁶ Further demonstrating their ability to adopt innovation and drive patient benefit, the Royal Brompton has initiated a trial to investigate the potential for the Ion to be used to deliver a 'one stop shop' of diagnostic biopsy, pathology and ablation therapy in one anaesthetic episode, as an alternative to a multi-episode surgical pathway.

The Health Secretary has repeatedly highlighted the significance of data and technology in reforming the NHS. Specialist hospitals typically enjoy high degrees of patient trust and take their data stewardship responsibilities very seriously. There is scope to use specialist hospitals as a testbed for data-driven innovations that may have broader applications across the NHS.

Working with specialist hospitals in this way would lead to findings that resonate across key specialties. The approach is particularly relevant in terms of AI as it would allow a relatively rapid path for testing potential applications.

Making the best use of data on rare and complex conditions

Specialist centres hold vast amounts of data from rare and complex cases, but with individual instances being months or years apart, making best use of this data for secondary uses, such as research, can be challenging and trends easily missed. Innovations with AI and data science developments in specialist centres are showing real-world promise to speed up development of new treatments and provide increased access to clinical trials and appropriate care.

We need to make sure the UK has the right infrastructure, not just to attract clinical trials, but also drive innovation, adoption and uptake. **As leaders in innovation, specialist hospitals are well-placed to help advise government on the role they can play in driving early-stage innovation, and how to scale these innovations across the NHS.**

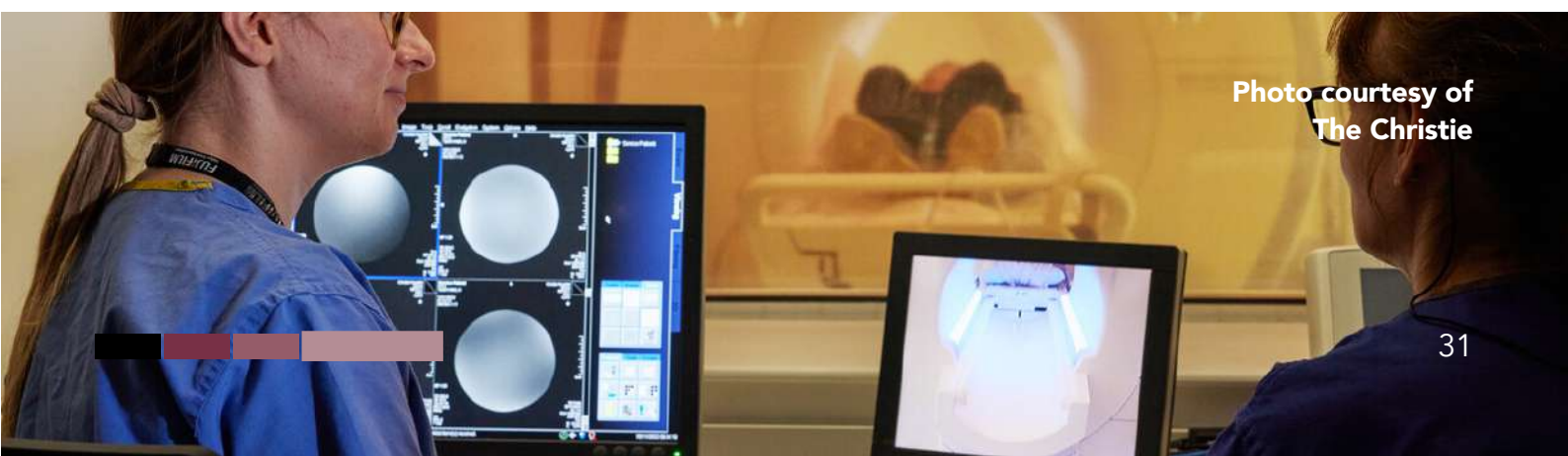


Photo courtesy of
The Christie

Welcome



NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

**Great Ormond
Street Hospital**

Case study: Great Ormond Street Hospital- Roche UK Genomic Information Finder Tool

In 2021, Great Ormond Street Hospital (GOSH) announced a 5-year partnership with Roche UK to bring together capabilities and develop AI and data science solutions for more personalised care for children with rare or complex diseases.

Since the introduction of their Electronic Patient Record System in 2017, GOSH is now collecting more routine data than ever before and hosts Secure Data Environments to run complex data research projects. Often information is stored within chunks of text in reports. While useful for the treating clinician, this means the data is not easily accessible for secondary uses, such as research, with researchers having to read through thousands of reports to find relevant data.

A new AI automated sorting system created by data experts at GOSH and Roche UK can quickly organise important details like symptoms, treatments and test results into a clear structured format.

In one instance, using 24,464 genomic reports, the system was able to accurately collate data in just four hours, a process that would have taken a specialism expert six months to complete manually.²⁷ The tool was developed using a diverse data set to ensure accuracy across a range of scenarios. Speeding up access to this data not only saves precious clinician time but can ensure patients are identified for new clinical trials and accelerate research and advancement in understanding of rare conditions.



Photos courtesy of
Great Ormond Street Hospital



Case study: Life-saving care at Great Ormond Street Hospital

In May 2021, when Alyssa was 13 years old, she was diagnosed with T-cell leukaemia, after a long period of what the family thought were colds, viruses and general tiredness. While she was treated in a number of hospitals using standard therapies – unfortunately the team were unable to get her cancer under control and into remission.

With the only other option as palliative care, Alyssa and her family extensively discussed this clinical trial with the BMT and CAR T-cell therapy experts and haematology service at GOSH and undertook the decision to be the first to try an experimental treatment for her leukaemia.

T-cell leukaemia is notoriously difficult to treat due to the cancerous cells' similarity to healthy immune cells. Traditional therapies often fail, necessitating innovative approaches to target the disease effectively without damaging the patient's immune system. GOSH, in collaboration with University College London, developed a pioneering treatment using **base-edited CAR-T cells**, a world-first approach. By editing the DNA of healthy donor T-cells, the treatment specifically targets and eliminates cancerous cells while sparing healthy ones.

Alyssa received the genetically modified cells and achieved remission, showing no detectable cancer cells in her body. This groundbreaking treatment offers new hope for patients with previously untreatable T-cell leukaemia and demonstrates the potential of genetic engineering in cancer treatment.

The pioneering work at GOSH underscores the commitment of specialist hospitals to innovative patient care and establishes a new benchmark in treating aggressive cancers.



Spreading and commercialising innovation

The November 2024 Innovation Ecosystem Programme Review notes that England has historically been strongest at early-stage innovation and research, but weaker at adopting new technologies and truly innovating practice and delivery.²⁸

Specialist hospitals are not only strong at the early stages of innovation and research but also have a heritage in spreading best practice around the system, driving effective uptake and adoption, and commercialising NHS innovations to secure much needed financial returns.

Innovation initiated in specialist centres can transform care and drive savings for the wider NHS too. For example, Royal Papworth developed a perfusion device to increase affordability for the NHS, compared to the commercial version, while doubling the number of hearts available for transplant. They have also spearheaded the development of a risk stratification model that is now used across the globe to assess cardiac surgery.

Case study: Leveraging commercial partnerships at Liverpool Heart & Chest Hospital

Liverpool Heart & Chest Hospital has leveraged clinical commercial partnerships to enable clinical practice. Utilising fixed spending commitments with commercial suppliers the Trust has been able to refurbish and transform its dated Cath Lab estate into a state of the art facility that will support Cardiology for Cheshire & Merseyside (and beyond) for the future.

Whilst the premise of the contract was to secure capital, the partnerships reach beyond the financial - linking research, clinical innovation, training and education opportunities. An example of just one of the clinical innovations is the delivery of multidisciplinary primary care heart failure services, funded by a commercial partner, that any patient can directly access if required. The new facilities further enhances the unit as a centre of excellence for training Fellowships and as a proctoring centre for complex procedures. All this is made possible by the volume, expertise and complexity of clinical work in specialties and sub-specialisms which Specialist Trusts can foster.





On the commercial side, specialist hospitals also have experience of testing different types of commercial models, including intellectual property value share agreements and equity shares in commercial ventures (e.g. The Royal Marsden have entered a partnership with Guardant Health to transfer in a highly specialised ctDNA assay owned by Guardant and offer it via Royal Marsden labs to the NHS, life sciences and private markets). This would welcome the opportunity to further explore new ways of working that benefit the NHS and how these types of model might be deployed beyond the confines of specialist hospitals.



Conclusions and recommendations

Specialist hospitals already deliver many benefits to the NHS that contribute to the government's ambitions for the future of the health service. The unique qualities of specialist hospitals deliver a combination of:

- + High quality patient care for patients with rare and complex conditions, including children and young people
- + NHS support in and beyond specialist hospital sites in terms of:
 - Training in their clinical specialty
 - Provision of advice and guidance to other health care professionals
 - Mutual aid to relieve pressure on the wider system
 - Shared care to enable patients to receive as much of their treatment as possible close to home
- + Economic growth for UK Plc through leveraging their world leading research and innovation networks at a local, national and global level, supporting academic research and life science partnerships
- + Subsidising investment in the health service with charitable and commercial revenues

The current wave of reform offers the government a once-in-a-generation opportunity to unlock additional benefits from specialist hospitals. Positioning specialist hospitals, and specialism, as an integral part of a thriving, modern healthcare system and enhancing their current contribution through a more strategic approach will maximise their impact on patient care and the ability of the NHS to support economic growth.

To capture this opportunity, we are making the following recommendations to the government:



Recommendations

The Federation of Specialist Hospitals is calling for policymakers to recognise the unique role of specialist hospitals, and the benefits that they can bring to the wider health system. The NHS 10-Year Plan must recognise the strategic role of specialist hospitals in the future NHS.

The Federation would welcome the opportunity to collaborate with policy makers to develop a coherent and compelling strategy for specialist hospitals that leverages their expertise, in the context of the wider NHS, to: deliver high-quality specialist patient care equitably; utilise tried and tested models to strategically deliver specialist care closer to a patient's home; and embed specialism appropriately across the patient pathway. The strategy must also specify how specialist hospitals maximise their contribution to driving economic growth through world-leading research, innovation, and adoption and partnerships with the life science sector.

In future strategic thinking about the role of specialist hospitals, it will be important for the government to:

- + Recognise the specialist hospital model as the most efficient and effective way of delivering care for patients with rare, complex, and some chronic conditions;
- + Protect and enhance specialist care in the context of care moving into the community through the more systematic provision of specialist outreach hub and spoke models;
- + Set out a clearer national policy on lead provider models, and specialist hospitals' place within them;
- + Implement specialist triage more widely across specialties to optimise referral pathways and ensure equitable access to specialist centres for all patients regardless of their characteristics or location;
- + Codify specialist hospitals' role in delivering the workforce of the future within workforce planning;
- + Work with specialist hospitals to leverage their position at the cutting edge of research and innovation to attract more inward investment and ensure that the whole system benefits, including consideration of whether more could be done to capitalise on their well-known brands;
- + Consider how specialist hospitals could be used as test beds for innovative approaches prior to disseminating them across the NHS;
- + Review policy that risks destabilising specialist hospitals and the services that they provide, including:
 - productivity and payment mechanisms that do not adequately recognise complexity,
 - challenges accessing capital for providers that draw patients from multiple ICBs and restrictions on capital investment that is required to drive growth.

The Federation and its members are committed to working with the government to achieve its priorities. The NHS is at a crossroads, and the role of specialist hospitals must not be overlooked. By planning strategically for specialism and specialist hospitals in the future NHS, the government can create a healthcare system that does not just treat illness but actively transforms lives—delivering care, innovation, and hope to every patient it serves.

Let's seize this opportunity to secure a brighter, healthier future for England.

**Photo courtesy of
St Mark's Hospital**





Photo courtesy of the
Royal National
Orthopaedic Hospital

What is the Federation of Specialist Hospitals?

The Federation of Specialist Hospitals (FSH) is a coalition of some of the country's best known and regarded hospitals, which provide specialist services to patients drawn from all parts of the UK.

Established in 2009, the FSH ensures the voice of specialist providers is heard as the NHS rises to the multiple challenges and opportunities of modern medicine.

The Federation seeks to contribute to policy debate on behalf of its members and has a particular interest in the following topics where specialist hospitals have a unique perspective:

- + Specialised commissioning and integrated care
- + Elective care recovery
- + Research and innovation
- + NHS Capital
- + Health inequalities
- + Workforce



Federation of Specialist Hospital members

The Federation's members cover a range of clinical specialities and are fully embedded in their local systems whilst also providing specialist services to patients drawn from all parts of the UK.

- + The Christie NHS Foundation Trust
- + The Clatterbridge Cancer Centre NHS Foundation Trust
- + Great Ormond Street Hospital for Children NHS Foundation Trust
- + Liverpool Heart and Chest Hospital
- + Moorfields Eye Hospital
- + National Hospital for Neurology and Neurosurgery
- + The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- + Royal Brompton Hospital and Harefield Hospital as part of Guy's and St Thomas' NHS Foundation Trust
- + The Royal Marsden NHS Foundation Trust
- + Royal National Orthopaedic Hospital NHS Trust
- + The Royal Orthopaedic Hospital NHS Foundation Trust
- + Royal Papworth Hospital NHS Foundation Trust
- + St Mark's Hospital and Academic Institute
- + Queen Victoria Hospital NHS Foundation Trust
- + The Walton Centre NHS Foundation Trust
- + West London NHS Trust
- + Children's Hospital Alliance
- + National Orthopaedic Alliance

To contact the Federation of Specialist Hospitals, please email secretariat@specialisthospitals.org
For more information, please visit <https://specialisthospitals.org/>



**National Hospital
for Neurology and
Neurosurgery**

References

- ¹ Department of Health and Social Care. Road to recovery: the government's 2025 mandate to NHS England [Internet]. 2025. Available from: <https://www.gov.uk/government/publications/road-to-recovery-the-governments-2025-mandate-to-nhs-england/road-to-recovery-the-governments-2025-mandate-to-nhs-england>
- ² Care Quality Commission. Data library - NHS Surveys [Internet]. 2022. Available from: <https://nhssurveys.org/data-library/>
- ³ NHS England. NHS Staff Survey [Internet]. 2023. Available from: https://nhssurveys.co.uk/nss/summary_scores/organisational
- ⁴ Hewitt P. The Hewitt Review An independent review of integrated care systems. 2023 Apr; Available from: <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems>
- ⁵ The Labour Party. Build an NHS fit for the future [Internet]. Labour's Manifesto. 2024. Available from: <https://labour.org.uk/change/build-an-nhs-fit-for-the-future/>
- ⁶ Melnychuk M, Vindrola-Padros C, Aitchison M, et al. Centralising specialist cancer surgery services in England: Survey of factors that matter to patients and carers and health professionals. *BMC Cancer* [Internet]. 2018 Feb 27;18(1):1–9. Available from: <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4137-8>
- ⁷ Ramsay AIG, Morris S, Hoffman A, et al. Effects of Centralizing Acute Stroke Services on Stroke Care Provision in Two Large Metropolitan Areas in England. *Stroke* [Internet]. 2015 Aug 1;46(8):2244–51. Available from: <https://pubmed.ncbi.nlm.nih.gov/26130092/>
- ⁸ Morris S, Hunter RM, Ramsay AIG, et al. Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis. *BMJ* [Internet]. 2014 Aug 5;349. Available from: <https://www.bmj.com/content/349/bmj.g4757>
- ⁹ Coupland VH, Lagergren J, Lichtenborg M, et al. Hospital volume, proportion resected and mortality from oesophageal and gastric cancer: a population-based study in England, 2004–2008. *Gut* [Internet]. 2013 Jul;62(7):961–6. Available from: <https://pubmed.ncbi.nlm.nih.gov/23086798/>
- ¹⁰ Nuttall M, Van Der Meulen J, Phillips N, et al. A systematic review and critique of the literature relating hospital or surgeon volume to health outcomes for 3 urological cancer procedures. *J Urol* [Internet]. 2004;172(6 Pt 1):2145–52. Available from: <https://pubmed.ncbi.nlm.nih.gov/15538220/>
- ¹¹ Health Service Journal. Revealed: the best and worst trusts for inpatient experience [Internet]. 2024. Available from: <https://www.hsj.co.uk/quality-and-performance/revealed-the-best-and-worst-trusts-for-inpatient-experience/7037693.article>
- ¹² UKRI. Report calls for action to tackle decline in clinical researchers [Internet]. 2025. Available from: <https://www.ukri.org/news/report-calls-for-action-to-tackle-decline-in-clinical-researchers/>
- ¹³ Science and Technology Committee (Lords). The future of clinical research in the NHS is under threat [Internet]. 2023. Available from: <https://committees.parliament.uk/committee/193/science-and-technology-committee/news/175630/the-future-of-clinical-research-in-the-nhs-is-under-threat/>
- ¹⁴ Warner M, Zaranko B. Is there really an NHS productivity crisis? [Internet]. 2023 Nov. Available from: <https://ifs.org.uk/articles/there-really-nhs-productivity-crisis>
- ¹⁵ Freedman S, Wolf R. The NHS productivity puzzle [Internet]. 2023. Available from: <https://www.instituteforgovernment.org.uk/publication/nhs-productivity>
- ¹⁶ Department of Health and Social Care. The Hewitt Review: an independent review of integrated care systems [Internet]. 2023. Available from: <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems>
- ¹⁷ The Christie NHS Foundation Trust. Local cancer treatments save Christie patients more than 1.7 million miles [Internet]. 2024. Available from: <https://www.christie.nhs.uk/about-us/news-at-the-christie/latest-news-stories/local-cancer-treatments-save-christie-patients-more-than-17-million-miles>
- ¹⁸ NHS England. Surgical hubs - Getting It Right First Time [Internet]. Available from: <https://gettingitrightfirsttime.co.uk/hv/c/surgical-hubs/>
- ¹⁹ Co M, Marks T, Tracey F, et al. The Impact of Elective Surgical Hubs on Elective Activity in Acute Hospital Trusts in England: A Generalised Synthetic Control Study. 2024; Available from: <https://papers.ssrn.com/abstract=4888136>
- ²⁰ NHS England. NHS Long Term Workforce Plan [Internet]. OECD; 2023. Available from: <https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/>
- ²¹ The Health Foundation. Towards a healthier workforce [Internet]. 2024. Available from: <https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce>
- ²² The Labour Party. A prescription for growth: Labour's plan for the life sciences sector. 2024 Jan;
- ²³ ABPI. NHS patients losing access to innovative treatments as UK industry clinical trials face collapse [Internet]. 2022. Available from: <https://www.abpi.org.uk/media/news/2022/october/nhs-patients-losing-access-to-innovative-treatments-as-uk-industry-clinical-trials-face-collapse/>
- ²⁴ Oxford University Department of Paediatrics. Britain's Covid research led the world – why have our clinical trials fallen off a cliff? [Internet]. 2023. Available from: <https://www.paediatrics.ox.ac.uk/news/britain2019s-covid-research-led-the-world-2013-why-have-our-clinical-trials-fallen-off-a-cliff>
- ²⁵ The Clatterbridge Cancer Centre. Clatterbridge is top recruiter in huge UK cancer study [Internet]. 2024. Available from: <https://www.clatterbridgecc.nhs.uk/about-us/news/clatterbridge-top-recruiter-huge-uk-cancer-study>
- ²⁶ The Standard. Using robots to take lung biopsies could be 'transformative' for cancer patients [Internet]. 2023. Available from: <https://www.standard.co.uk/news/health/hospital-royal-brompton-hospital-doctors-government-cancer-research-uk-b1099200.html>
- ²⁷ Rajendran P, Zenonos A, Sabu S, et al. GIF: An Automated Genomic Information Finder to Extract Data from Reports. IOS Press [Internet]. 2024 Aug. 4642–8. Available from: <https://ebooks.iospress.nl/doi/10.3233/FAIA241059>
- ²⁸ NHS England. The Innovation Ecosystem Programme – how the UK can lead the way globally in health gains and life sciences powered growth [Internet]. 2024. Available from: <https://www.england.nhs.uk/long-read/the-innovation-ecosystem-programme/>

FSH