YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING GROUP

Minutes of the meeting held on
Friday, 23 July 2010
NHS Rotherham

Present:
Ailsa Claire  Chief Executive (Chair)  NHS Barnsley
Steve Wainwright  Director of Strategy & Contracting  NHS Barnsley
Jo Forrestall  Commissioning Manager – Specialised Services  NHS Doncaster
Andy Buck  Chief Executive  NHS Rotherham
Jan Sobieraj  Chief Executive  NHS Sheffield
Ann Ballarini  Director of Strategy & Commissioning  NHS Wakefield
Mike Potts  Chief Executive  NHS Kirklees
David Cockayne  Director of Strategy  NHS North Yorkshire & York
Kevin Howells  Executive Director of Finance  NHS Leeds
Graham Wardman  Director of Performance  NHS Calderdale
Ivan Ellul  Chief Executive  NHS East Riding
Julia Mizon  Assistant Director – Contracting and Performance  NHS Hull
Caroline Briggs  Director of Strategic Commissioning & Development  NHS North Lincolnshire
Sue Rogerson  Director of Collaborative Commissioning  North East Lincolnshire Care Trust Plus

In Attendance:
Cathy Edwards  Director  Yorkshire & the Humber SCG
Kevin Smith  Medical Advisor  Yorkshire & the Humber SCG
Lisa Marriott  Assistant Director of Commissioning  Yorkshire & the Humber SCG
Frances Carey  Deputy Director of Finance  Yorkshire & the Humber SCG
Paul McManus  Lead Pharmacy Advisor  Yorkshire & the Humber SCG
– from item 49/10
Pia Clinton-Tarestad  Asst Director of Commissioning – Specialised Services  Yorkshire & the Humber SCG
Simon Kaye  Asst Director of Finance – Specialised Services  Yorkshire & the Humber SCG
– for item 53/10 only
Ged McCann  Associate Director of Commissioning – Specialised Services  Yorkshire & the Humber SCG
– for item 53/10 only
Paul Crompton  Business Manager  Yorkshire & the Humber SCG
Chris Welsh  Medical Director  NHS Yorkshire and Humber

SCG 38/10
Apologies
Steve Hackett  Director of Finance  NHS Barnsley
Annette Laban  Chief Executive  NHS Doncaster
Maddy Ruff  Director of Commissioning  NHS Hull
Laura Sherburn  Deputy Director of Commissioning  Yorkshire & the Humber SCG
**Declarations of Interest**

There were no declarations of interest.

**Minutes of the Meeting held on Friday 28th May 2010**

The minutes of the meeting held on the 28th May 2010 were accepted as a true and accurate record.

**Matters Arising**

(a) **Paediatric Critical Care Services**

An update was provided to the meeting. A further meeting had taken place in respect of workforce issues. The feedback from the Deanery and Trusts was that the situation was looking more positive and there was less risk for the Autumn/Winter period. The proposed expansion of EMBRACE was now on track. It was envisaged that the 5 closed paediatric intensive care unit (PICU) beds in Sheffield would be reopening from the beginning of August 2010.

Strategic and medium term issues would be discussed at the PCT Chief Executives meeting in September/October. It was agreed that there was logic in having a host employer for trainees and then rotating these between Trusts.

(b) **World Class Commissioning**

The SHA had undertaken a review meeting with the Specialised Commissioning Team and the Chair of the SCG Board focussing primarily on the delivery of the QIPP work programme. (See item 44/10 below for more detail).

(c) **Vascular Services**

An update paper on the review of vascular services was presented to the meeting. It was noted that a national report had been published relating to strokes and vascular conditions, which supported the direction of travel of the SCG review. Discussion with stakeholders in the Leeds area should be concluded in the next two weeks.

Cathy emphasised that whilst the sub-regional discussions were important in identifying potential solutions, the Task and Finish group would need to recommend the solution for the region.

(d) **Paediatric Cardiac Surgery**

A verbal update was given to the meeting. The public consultation event held on the 17th June in Leeds had been very successful with over one hundred stakeholders attending, including public, patients, carers and clinicians.

There was an on-line facility to put forward views on the ‘weighting criteria’.

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Pia Clinton-Tarestad

Andy Buck/
Cathy Edwards
A national Joint PCT Committee had been established to make decisions on the matter and once a final report had been published every PCT would need to consider this.

It was envisaged that the outcome would be a reduction in the number of centres from the current eleven.

There would be a three month consultation exercise running from October to January 2011. It was agreed that MPs and Overview and Scrutiny Committees should be proactively briefed and engaged well in advance of any decisions being made.

(e) Low Secure Mental Health

The Chair advised the meeting that discussions had taken place with representatives of the prison service, in respect of establishing appropriate services, for prisoners with mental health problems in two prison wings. The proposals would be brought to the SCG Board meeting in September 2010.

(f) Evidence Based Commissioning (EBC)

The chair advised the meeting that the EBC process would result in a large number of policies for medicines and treatments being presented to the meeting. It was agreed that an extra hour be allocated at the September 2010 meeting to accommodate this matter.

SCG Draft Annual Report

The first draft of the ‘Yorkshire and the Humber SCG Annual Report 2009-2010’ was presented to the meeting. The theme of the report was ‘Commissioning through Partnerships’, and examples were set out in respect of various specialised services.

It was the intention to present the draft report to the NHS Barnsley Board meeting in August, with the final version of the report going to the SCG and PCTs in September. It was part of the accountability arrangements that each PCT presented the report to their Board meeting.

The final document would be made available as an electronic copy as it was not intended to produce any printed versions.

Subject to the inclusion of a pie chart identifying the percentage spend of the Yorkshire and Humber SCG per specialty, and a table identifying the Yorkshire and Humber percentage of expenditure of overall PCT spend being included in the finance section; the draft Yorkshire & the Humber SCG Annual Report 2009-10 was approved.

SCG Financial Plan 2011/12 to 2014/15

The paper set out the principles against which the Specialised Commissioning Team (SCT) would pull together the financial plan for the SCG for 2011/2012 to 2014/2015. The main focus within the paper was on 2011/2012 in particular in terms of timescales and process.
It was recognised that the plan would need to be set within the overall financial context of the NHS now and for the next few years, in a time with little or no growth and the requirement to ensure efficiencies were achieved. There was also a need to take account of individual PCT financial positions and there was an assumption that as a starting point any additional costs would be funded by additional efficiencies.

Part of the process to improve financial planning had been to pull together a timetable and this was attached to the report. The report set out a number of principles that would need to be established in terms of the suggested basis of the funding for 2011/2012 onwards.

It was agreed that the principles set out in the paper for the financial planning round 2011/12 and the timelines set out in the Appendix be endorsed and that each PCT would need to engage with the process as outlined in the report.

**SCG QIPP Update**

In light of the new policy direction set by the Coalition Agreement, it had been agreed to replace the original World Class Commissioning (WCC) assessment of SCG business with a more focussed scrutiny of the SCG QIPP plans. The SCG Chair and Director and Finance Director along with other senior members of the SCT had met with colleagues from the SHA on 13 July, and presented the QIPP programme particularly focussing on demonstrating the evidence base for the opportunities, the scale of the challenge, the level of alignment with provider strategies, and the capacity and capability existing to deliver the programme.

There would be a formal response letter produced by the SHA which would be presented to the SCG Board. The initial feedback had been very positive and a number of areas for future work and SHA support had been identified.

It was noted that the requirement for an SCG programme manager was a priority for the use of Commercial Procurement Collaborative (CPC) resources in 2010/11. An identified CPC individual would work with the SCG for 3 days a week.

In addition to this was the requirement for additional finance support. There was a risk to the achievement of the QIPP without this support. In particular there were issues identified in the ‘White Paper’ around the introduction of tariffs on a number of services, and this represented considerable risk in terms of the financial implications and the capacity to respond to the implication of the changes. A fixed term post could be funded for one year, outside management costs, using national ring fenced monies.

It was agreed that the SCG Director would contact all the PCT Chief Executives with a copy of the job description for the post, together with advice from NHS Barnsley as to how the post could be filled as quickly as possible in the current circumstances.

It was requested and agreed that the QIPP submissions made to the SHA be placed on the members section of the SCG website.
Neonatal Taskforce Principles; Implementation and Risk Assessment

At the May 2010 SCG Board meeting, consideration had been given to the development of the neonatal services in Yorkshire and the Humber, within the context of QIPP. The Board had been requested that a further paper be submitted to the July 2010 meeting.

The report highlighted four key areas from the Taskforce report that had particular resonance for the Yorkshire and Humber area as they had significant financial, planning and workforce implications. These were:-

- Gestational cut-offs
- Workforce; including 1:1 nursing ratio for intensive care
- Surgery/medical integration
- Capacity planning

The report went on to outline the risks relating to these factors, in terms of implementation and none implementation of the Taskforce recommendations.

A discussion followed on the issues raised and gaps that may exist between the current and Taskforce standards. It was suggested that each network should undertake an assessment of these gaps.

It was agreed that the implementation of the Taskforce standard be endorsed, within the context of managed transition, and underpinned by a review of funding arrangements, data assumptions and risk management.

Cardiac Surgery Activity; WYCOM

A report was presented to the meeting advising of the potential savings that could be realised in respect of cardiac surgery procedures carried out by the Nuffield Hospital Leeds, by moving from the current spot purchases to a contractual relationship of a sub-contract nature through arrangements with Leeds THT.

It was agreed that the option set out in the report be pursued with Leeds THT, and that an update be provided to the Board on progress, which would include details on the listing of patients and the decision making process for this.

Clinical Engagement

An update paper in relation to clinical engagement was presented to the meeting.

The contents of the report were noted and in particular the need for more engagement with primary care GPs.

Commissioning Support Advisory Service (CSAS)

An update from the Commissioning Support Advisory Service was presented to the meeting. The update gave a background to the CSAS which was established in 2009 to establish effective working relationships between NICE and PCTs, particularly relating to consultation on NICE guidance. The paper also advised that there could be greater impact on all the NICE guidance if the investment in this service was increased.

The marginal increase in investment was agreed but it was also agreed that the CSAS be asked for a quantification of the impact of the service.
General Commissioning Policies for Medicines and Treatments

A report was presented to the meeting seeking the approval of four new agreed commissioning policies for adoption by all PCTs in the Yorkshire & Humber area.

Detailed policy statements were submitted to the SCG Board for approval of which the following is a summary:

<table>
<thead>
<tr>
<th>Antifungals (various) for the treatment of chronic pulmonary aspergillosis</th>
<th>To be <strong>routinely funded</strong> by NCG when used in the treatment of patients who meet the criteria for the nationally designated and commissioned chronic pulmonary aspergillosis service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sorafenib</td>
<td>To be <strong>not routinely funded</strong> for the treatment of patients with hepatocellular carcinoma in accordance with NICE TA 189</td>
</tr>
<tr>
<td>Human growth hormone in children</td>
<td>To be <strong>routinely funded</strong> for patients meeting criteria set out in NICE TA 188</td>
</tr>
<tr>
<td>Pemetrexed for maintenance treatment of non-small cell lung cancer</td>
<td>To be <strong>routinely funded</strong> for patients meeting criteria set out in NICE TA 190</td>
</tr>
</tbody>
</table>

It was agreed that the general policies set out above be approved and that these policies be made available to the public in accordance with the directions from the Secretary of State and that a further report be made to the SCG Board in respect of the related NICE Guidance for the pemetrexed drug and the use of this drug in the North Trent area.

Commissioning Statement for Mitral Clip Devices

A report was presented to the meeting setting out a proposed commissioning statement for mitral clip devices.

The number of Individual Funding Requests (IFRs) for this procedure was increasing. Current evidence showed clinical effectiveness but the device was unlikely to be cost-effective at the current device cost. To date, the commissioning position recommended by the Specialised Commissioning Team had been not to fund, even in exceptional circumstances, as this procedure was experimental. More recent evidence had led to a review of this position.

The commissioning statement moved the recommended policy from ‘only in trials’ to ‘in exceptional circumstances’ on the basis of new clinical evidence. Recently funded ‘exceptional’ cases had been in patients unsuitable for open surgery, with very severe consequences of mitral regurgitation, with a high expectation of significant improvement following the procedure, and a high likelihood of death in the following month if untreated. For these cases, expected NHS costs exceeded the cost of implantation.

It was agreed that information and feedback was required on the outcome of cases where this treatment had been approved, and that this be presented at the October 2010 meeting of the SCG Board. It was also agreed that the SCG Medical Advisor would actively support PCTs in the decision making.

Paul McManus

Kevin Smith
Performance Report for the Twelve Months Ending 31 March 2010

The performance report for the year end 2009/10 was presented to the meeting.

The total budget for the year was £561,292,000 and the actual expenditure was £577,394,000 which represented a variance of 2.8%.

The contract with the largest over trade of £6,321,000 was Sheffield Teaching Hospitals NHS FT, which represented a variance of 4.8%, this was due to the incorrect phasing of targets which had resulted in under reporting of variances earlier in the year.

It was agreed that the performance report for the year end 2009/10 be received.

Performance report – Proposed Future Format

A paper was presented to the meeting which set out the proposed format of the Exception Performance Report that would be presented to the SCG Board from the September 2010 meeting onwards.

It was agreed that the format of the exception performance report be approved.

Low Secure Mental Health Services Risk Share Agreements

A report was presented to the meeting which advised that NHS Sheffield had recently notified its wish to withdraw from the financial risk sharing arrangements for low secure mental health services with immediate effect.

Collaborative commissioning of low risk services had taken place since April 2008 and risk sharing from April 2009. Some PCTs were not yet part of this arrangement. The terms of the risk sharing agreement were that a PCT may not unilaterally withdraw in year from the risk sharing arrangement without the agreement of the SCG.

The report set out the position of NHS Sheffield and in particular the very significant financial challenge it was facing and there was a need to take immediate action to secure financial breakeven.

The financial impact of the proposals was set out in an appendix to the report.

A discussion took place on the principles of risk share and it was felt that the principles had to be maintained. There was recognition of the difficulties of Sheffield and there was support for trying to assist outside of the risk share agreement.

It was also recognised that the operation of all the risk share agreements did not reward PCTs for ‘best practice’ and four other PCTs were already in an overspend situation after only two months on this risk share. However, it was highlighted that low secure needed to be looked at with medium and high secure also.

Following the detailed discussion a recorded vote was taken on whether NHS Sheffield could withdraw from the low secure mental health risk share agreement.

It was, with the exception of NHS Sheffield unanimously agreed that the request to withdraw from the low secure mental health risk share could not be approved and
that a further report on the overall secure mental health risk share and the performance of PCTs be brought back to the September 2010 meeting of the SCG Board.

**Draft Risk Management Process**

A report was presented to the meeting setting out the draft SCG risk management process.

The risk management process had two dimensions, first the risk and assurance framework of the host – NHS Barnsley, and second the delegated sub-groups of SCG Board and the SCT. Both these dimensions had the responsibility of managing risk processes, and escalating to the SCG Board where appropriate.

Risks to SCG business could be categorised against the following headings:

- Clinical risks
- Contract performance risk
- Service delivery risk
- Finance risk
- Corporate risk

It was proposed that all of the above risks were brought together in a fully inclusive SCG risk register. The risk register would be updated on a monthly basis. It was proposed that the Specialised Commissioning Executive Team would review the risk register on a quarterly basis.

Any risks that were assessed and identified as having the potential to directly impact upon the delivery of SCG’s strategic objectives would be collated into an SCG Assurance Framework reported to the SCG Board by the SCT on a quarterly basis. NHS Barnsley Risk Management Committee would use the same checklist to identify SCG risks which would directly impact upon the delivery of NHS Barnsley’s strategic objectives. These risks, which may be different to those already identified by SCT, would also be reported to SCG Board within the same assurance framework.

In addition to the above and given the focus on contract management in 2010-11, the SCG Performance Management Sub Group would be monitoring risks relating to contract performance on a monthly basis, and would include in the monthly Performance (exception) Report to the Board any risks the SCG Board should be made aware of. Similarly, if any of the other formal SCG sub groups identified significant risks in between quarterly reports, these would be brought to the SCG Board’s attention by exception.

It was agreed that the draft risk management process be approved, and that sufficient detail would be provided to enable PCTs to determine if there was a risk that was specific to them.

**Audit Report – Review of the Y&H SCG**

A copy of the Audit Commission Report – ‘Review of Yorkshire and the Humber SCG’ (May 2010) was presented to the meeting.

It was agreed that the Audit Report be received and that copies be forwarded to the constituent PCTs.
Minutes of the Designation Sub Group

The minutes of the Designation Sub Group meeting, held on the 8 June 2010 were presented to the meeting.

It was agreed that the minutes of the Designation Sub Group meeting held on the 8 June 2010 be received.

Minutes of the Clinical Standards Sub Group

The minutes of the Clinical Standards Sub Group meeting, held on the 8 July 2010 were presented to the meeting.

It was agreed that the minutes of the Clinical Standards Sub Group meeting held on the 8 July 2010 be received.

Draft Minutes of the Regional Policy Sub Group

The draft minutes of the Regional Policy Sub Group meeting, held on the 6 July 2010 were presented to the meeting.

It was agreed that the draft minutes of the Regional Policy Sub Group meeting held on the 6 July 2010 be received.

Draft Minutes of the Performance Monitoring Sub Group

The draft minutes of the Performance Monitoring Sub Group meeting, held on the 12 July 2010 were presented to the meeting.

It was agreed that the draft minutes of the Performance Monitoring Sub Group meeting held on the 12 July 2010 be received.

Any Other Business

There was no other business.

Date of Next Meeting

The details of the next meeting are as follows:

Friday, 24 September 2010, 9.00am at Sandal Rugby Club, Wakefield

NB: Meeting to run until 12.30pm