

YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING GROUP

**Minutes of the meeting held on
Friday, 25 February 2011**

Hope Room, National Coal Mining Museum, Wakefield

Present:

Ailsa Claire	Chief Executive	NHS Barnsley (Chair)
Nigel Parkes	Contracting & Commissioning Manager	NHS Rotherham
Steve Broughton	Assistant Director of Acute Contracting	NHS Barnsley
Steve Hackett	Director of Finance	NHS Barnsley
Annette Laban	Chief Executive	NHS Doncaster
Ian Atkinson	Deputy Chief Executive	NHS Sheffield
Mike Potts	Chief Executive	NHS Kirklees
Ann Ballarini	Director of Strategy	NHS Wakefield
Jayne Browne	Chief Executive	NHS North Yorkshire & York
Simon Morritt	Chief Executive	NHS Bradford & Airedale
John Lawlor	Chief Executive	NHS Leeds
Graham Wardman	Executive Director of Public Health	NHS Calderdale
Julia Mizon	Assistant Director – Contracting and Performance	NHS Hull
Caroline Briggs	Director of Strategic Commissioning and Development	NHS North Lincolnshire
Julie Warren	Director of Strategy Partnerships and Performance	North East Lincolnshire CTP
Karen Ellis	Assistant Director of Strategy	NHS East Riding of Yorkshire

In Attendance

Cathy Edwards	Director	Y&H SCG
Laura Sherburn	Deputy Director of Commissioning	Y&H SCG
Frances Carey	Deputy Director of Finance	Y&H SCG
Paul Crompton	Business Manager	Y&H SCG
Chris Welsh	Medical Director	NHS Yorkshire & the Humber

SCG Apologies 205/10

Steve Wainwright	Deputy Chief Executive	NHS Barnsley
Rob Webster	Chief Executive	NHS Calderdale
Ivan Ellul	Chief Executive	NHS East Riding of Yorkshire
Jane Hawkhard	Director of Strategy & Market Development	NHS East Riding of Yorkshire
Chris Long	Chief Executive	NHS Hull
Maddy Ruff	Director of Commissioning	NHS Hull
Kevin Smith	Medical Advisor	Y&H SCG
Lisa Marriott	Assistant Director of Commissioning	Y&H SCG
Paul McManus	Lead Pharmacy Advisor	Y&H SCG

Action

SCG Declarations of Interest 20610

There were no declarations of interest.

SCG 207/10 Minutes of the meeting held on Friday 28 January 2011

The minutes of the meeting held on the 28th January were agreed as a true and accurate record. **Paul Crompton**

SCG 208/10 Matters Arising

(a) Review of Children's Congenital Cardiac Services in England

A verbal update report in relation to the review of Children's Congenital Cardiac Services was presented to the meeting.

A meeting in public of the Joint Committee of PCTs (JCPCT) took place on the 16th February 2011 and the recommendations for changes to children's congenital heart services had been discussed and the options for reconfiguration were agreed.

The consultation in respect of the review would focus on four key areas:

- standards of care and the proposed adoption of national standards
- congenital heart networks to co-ordinate care and ensure more local provision
- the number and location of hospitals that would provide surgical services (4 options)
- improvements to monitoring data

In terms of the options, there were four of these, two with seven centres and two with six centres. Leeds as a centre only appeared in option D, a six centre option.

The consultation process would run from the 28th February for a period of four months.

The public consultation event in the Y&H area would be held on the 10th May as an evening event, with a further session in the afternoon if required.

A discussion took place on the possible implications of the options and other related matters that may impact on the decision making.

It was felt that an impact assessment of the options should be undertaken by the Specialised Commissioning Team (SCT) and in particular to consider the following:

- the impact of the networks;
- the impact of the current centre not designated as a surgical centre;
- actual patient flows vis a vis assumed patient flows set out in the review; and
- the impact on the numbers presenting, dealt with locally, which are referred for opinion and which go on to radiology and surgery.

It was acknowledged that discussions with PCT Boards would be difficult but that the important point was to remember that the consultation was taking place on options that had been determined by the JCPCT. The main focus of the review was to establish long-term sustainability for the service.

It was also felt to be important to take a pro-active role at PCT level, in terms of the communications and briefings with a range of stakeholders, including local MPs.

It was noted that a consultation strategy and additional material would be available for PCT Boards in the near future. The technical papers relating to the review were already available to the public.

For clarity it was noted that when reference was made to 'surgery' this also included 'interventional cardiology'.

It was agreed that:

- (a) the verbal update report be noted;
- (b) the SCT prepare an Impact Assessment (for the Y&H area) relating to the proposed options in respect of the Children's Congenital Cardiac Services in England, and in particular to consider:-
 - (i) the impact of the creation of networks;
 - (ii) the impact of the current centre not being designated as a surgical centre;
 - (iii) the impact between the assumed centre referrals and the likely centre referrals; and
 - (iv) the impact on the numbers presenting, which are dealt with locally, which are referred for opinion and which go on to radiology and surgery;
- (c) the Impact Assessment be brought back to the SCG Board;
- (d) PCTs proactively manage communications with their local stakeholders, including MPs; and
- (e) it be noted that the consultation was in respect of options recommended by the JCPCT and that the SCG Board should agree a collective position.

Cathy Edwards

SCG 209/10 Equality Impact Assessment – SCG Principles

A verbal update report was made to the meeting. It was noted that North Yorkshire and York PCT were in the process of agreeing documentation on this matter and it was felt that this would be helpful to informing the development of SCG principles. A further report would be made to the March SCG Board meeting.

Kevin Smith

SCG 210/10 Paediatric Standards Stocktake

A verbal update report was made to the meeting. The Chief Executives Forum had considered the matter and agreed that the proposed process be refined to ensure that 'subsequent risks' were not highlighted until clarity and interpretations had been established and confirmed with all the stakeholders.

A letter from the Chief Executive of Rotherham PCT had been forwarded to all the PCTs and the service providers setting out the next steps in the process.

A clinical meeting was to be arranged in April/May for discussion on the wording in the standards to reduce the risk of ambiguity, and a further report on overall progress would be made to the SCG Board meeting in July 2011.

It was agreed that:-

- (a) the verbal update report in respect of the Paediatric Standards Stocktake be noted; and
- (b) a further report be presented to the SCG Board in July 2011.

Cathy Edwards

SCG 211/10 SCG Risk Share Policy

A report and proposed final version of the SCG Risk Share policy was presented to the meeting.

It was agreed that:-

- (a) the SCG Risk Share Policy be approved

Frances Carey

SCG 212/10 Vascular Services Review – Draft Post Consultation Recommendations and Implementation Plan

A first draft of the Post Consultation Recommendations and Implementation Plan in respect of the Vascular Services Review was presented to the meeting.

It was noted that the final version of the plan would be presented to the SCG Board meeting in March 2011 for approval.

A discussion followed on the contents of the documents. It was suggested that consideration be given to including the consequences of a 'no change option' in the documentation.

It was noted that the SCT required information from PCTs on the likely numbers relating to varicose vein interventions. It was suggested that the Public Health Observatory may be able to assist with corporate data and whether the conclusion were robust in the light of reduced varicose vein numbers.

It was also noted that the Vascular Society was intending to raise the thresholds of complex surgery cases for consultants, and was seeking to raise the quality of outcomes, both of which would need to be taken into account in the implementation.

It was felt that a response should be made to those who had raised the issue of a 'lack of consultation' in their responses.

It was requested that copies of the relevant consultation responses be forwarded to each PCT.

It was noted that section 11.1 (page 11) of the plan required amendment to provide clarity in respect of West and North Yorkshire issues.

It was agreed that:-

- (a) the Draft Post Consultation Recommendations and Implementation Plan be updated in the light of the suggested amendments and that the final version be presented to the SCG Board meeting in March 2011;
- (b) a response be made to those consultees who indicated a 'lack of consultation', to set out the details of the consultation undertaken; and
- (c) copies of the relevant consultation responses be forwarded to each PCT.

**Cathy
Edwards/Kathy
Abbs**

**SCG
213/10**

Paediatric Neurosurgery

A verbal update report was provided to the meeting. A meeting had taken place between Leeds and Hull provider hospitals. There had been a full agreement to strategically align paediatric neurosurgery and paediatric neurology. It was agreed that with regard to paediatric neurosurgery Hull was now a satellite of the Leeds centre. It was reported that this development had been communicated to the national review team.

Work was ongoing to establish appropriate workload flows and governance arrangements.

It was agreed that :

- (a) The verbal update report in respect of Paediatric Neurosurgery be noted.

Cathy Edwards

**SCG
214/10**

Neonatal Taskforce Principles – Implementation Update

A report on the Neonatal Taskforce Principles – Implementation Update was presented to the meeting.

The meeting was advised that the first recommendation in the report should be deferred pending the consideration of the matter at the NORCOM meeting in April.

A discussion followed on the contents of the report and it was noted that all providers except York were reporting data via the BADGER system.

The development of additional neonatal intensive care capacity at Bradford Royal Infirmary was under consideration and the potential solution could have positive impacts across other hospitals. It was felt that Bradford PCT should be asked to liaise with the hospital to support the proposals for developing a

business case to address this matter.

It was agreed that:-

- (a) the consideration of gestational age cut-off times be deferred to a future meeting;
- (b) Bradford PCT be asked to liaise with Bradford Royal Infirmary, and express strong support for the hospital to develop a business case, which could potentially unlock capacity around the region;
- (c) continuation of work to track and cost out of region activity by PCTs be supported; and
- (d) continuation of work with providers to implement the national currencies and examine reference costs in 2011/12, to reach more accurate pricing models for 2012-2013 be supported.

SCG 215/10 Sarcoma – NEYCHOM Update

A verbal update report was made to the meeting which included a brief summary of the discussion about the potential of York and Scarborough Hospitals', patient flows going to Hull. A report would be made to NEYCHOM in March 2011 in relation to this matter.

It was agreed that:

- (a) the verbal update report in relation to sarcoma treatments and discussions in NEYCHOM be noted and that a further report be made to the SCG Board.

Jayne Brown

SCG 216/10 Brain/CNS Implementing the Improving Outcomes Guidance in the North Trent area

A report on implementing the 'Improving Outcomes Guidance' in relation to Brain/CNS tumours in the North Trent area was presented to the meeting. The report advised of the potential changes to referral pathways to the Sheffield neurosurgical service from Lincolnshire. The review of patient flows had been undertaken by the East Midlands SCG and East Midlands Cancer Network.

It was agreed that:-

- (a) the potential changes to referral pathways to the Sheffield neurosurgical service and the uncertainty relating to the size of the change in terms of patient numbers and, therefore, the associated impact of this change at this stage be noted;
- (b) the actions agreed with the East Midlands SCG be noted, and;
- (c) the SCT forward clarification of timings to Sheffield PCT

**Cathy Edwards
/ Kim Fell**

SCG 217/10 Inherited Cardiac Conditions Strategy and Designation Pack

The Inherited Cardiac Conditions Strategy and Designation Pack that had been developed by the Expert Panel were presented to the meeting. Both documents had been approved by the Clinical Standards and Designation Sub Groups.

It was agreed that:

- (a) the Inherited Cardiac Conditions Strategy and Designation Pack be approved.

Lisa Marriott

SCG 218/10 Transcatheter Aortic Valve Implantation (TAVI) – Review

A report was presented to the meeting in respect of the TAVI review.

At the SCG Board meeting in December 2010 it had been agreed that the current contracted activity be maintained with LTHT subject to negotiation and that a further report be made in respect of future commissioning (SCG 162/10). The report set out the case for active commissioning and the likely increase in demand; and the issue of a second provider.

A discussion took place on the matters raised and in particular the financial risks and significant potential cost implications. It was felt that the financial impacts in 2011-2012 and beyond needed to be determined before any change in the current level of commissioning could be agreed.

It was agreed that:-

- (a) the contents of the report in respect of the TAVI review be noted; and
- (b) before any further change to the current commissioning position be approved, that further work be undertaken to determine the financial impacts in 2011-2012 and beyond to be considered in the context of the overall SCG Financial Plan.

Kevin Smith

SCG 219/10 Spinal Cord Injury – Ventilated Beds

A report was presented to the meeting in respect of Spinal Cord Injury (SCI) and ventilated beds.

Specialised spinal cord injury services were provided at the Sheffield Teaching Hospitals Foundation Trust and at the Mid Yorkshire Hospitals Trust. Although, in the majority of cases, patients admitted to the Mid Yorkshire Trust were from within the Yorkshire & the Humber region, a significant number of patients admitted to Sheffield were from outside the region.

The Sheffield Centre currently had four beds available for ventilator dependent patients. However, Mid Yorkshire was currently unable to admit ventilator dependent patients. This situation had led to increased pressure on the Sheffield centre and SCI patients occupying critical care beds at other hospitals.

The report recommended that proposed work to convert existing beds at

Sheffield be deferred until development plans at Mid Yorkshire were agreed.

The report went on to indicate that further detailed work was required to understand capacity and demand in the context of emerging pathways and standards. There was also a need to formalise arrangements for referrals and admissions, in partnership with the emerging trauma networks.

A discussion followed, including whether, longer term, two centres so closely located would be an issue.

It was agreed that:-

- (a) a decision regarding the conversion of four existing spinal injury beds at Sheffield Teaching Hospitals be deferred until the development plans at the Mid Yorkshire Hospital were agreed;
- (b) a timescale for the publication and agreement of a development plan for the Mid Yorkshire Trust spinal cord injury service was established and agreed; and
- (c) the further capacity/demand work highlighted in the report be supported.

Jackie Parr

**SCG
220/10**

SCG Financial Plan

An update report on the SCG Financial Plan was presented to the meeting, which incorporated the latest changes and assumptions, together with a list of risks within the current plan.

It was agreed that :

- (a) the update to the SCG Financial Plan be noted.

Frances Carey

**SCG
221/10**

Northern Stammering Centre – Update and Proposed Collaborative Commissioning Arrangements

An update report in respect of the Northern Stammering Centre and proposed commissioning arrangements were presented to the meeting.

Further to the SCG Board meeting on the 22nd October 2010 (minute 121/10), the report set out that key stakeholders had committed to the development of a Northern Stammering Centre. A non-recurrent Department of Education (DfE) capital grant was supporting the refurbishment and equipment required to ensure the regional centre was fit for purpose.

PCTs were asked to support collaborative commissioning arrangements by committing £9k per year for both 2011/12 and 2012/13 which would provide 3-5 care packages.

NHS Leeds would act as the lead commissioner and Leeds Community Healthcare would be the provider.

It was acknowledged that this development had not been considered within the context of the overall financial plan but the SCG had given agreement in principle to ongoing financial support at the meeting on the 22nd October 2010,

and the issue was one that was currently receiving a high level of public focus on a national and international level.

It was agreed that:

- (a) in the current context and national focus on this issue, and further to minute SCG 121/10 which gave agreement in principle to ongoing financial support; the request that all constituted PCTs commit to block funding of £9k per annum for 2011/12 and 2012/13 for tertiary level interventions of 3-5 cases per annum be approved.

NHS Leeds

SCG 222/10 Regional Policy Sub Group – Recommendations for Policy Development

A report was presented to the meeting setting out the topics for policy development that had been recommended by the Regional Policy Sub Group, which were as follows:-

- Amifampridine (Firdapse) for Lambert-Eaton Myasthenic syndrome
- Aztreonam lysine for lung infection in cystic fibrosis
- Plerixafor for stem cell mobilization
- Aesthetic plastic surgery policy
- Pre-implantation genetic diagnosis

Four of the policies were for specialised services and the aesthetic plastic surgery was a collaborative policy development on behalf of PCTs.

It was agreed that:

- (a) subject to confirming that no other SCGs were developing similar policies, the topics as listed be approved for further development by the Regional Policy Sub Group:

Paul McManus

SCG 223/10 Exception Performance Report to 30th November 2010

The Exception Performance Report for the period up to the 30th November 2010 was presented to the meeting.

The position at month 8 showed an over-performance of £3,794,000 with a year end forecast of £5m over-performance.

**Laura
Sherburn /
Frances Carey**

It was agreed that:

- (a) the contents of the Exception Performance Report for the period up to the 30th November 2010 be noted.

SCG 224/10 SCG QIPP Programme Report

A report was presented to the meeting setting out the QIPP programme summary, financial summary and the 19 project highlight reports.

It was reported to the meeting that in respect of Morbid Obesity the level of savings realised would not be significant.

A discussion followed and concerns were expressed in relation to the delivery

of the QIPP efficiencies in 2011/12, along with some uncertainty as to whether the savings described in the QIPP tracker were being sufficiently scrutinised at executive level, when compared to how individual PCT QIPP schemes were being treated locally.

It was felt that assurances should be sought from each Chief Executive sponsor that from their point of view the respective SCG QIPP projects were due to deliver the projected savings in 2011/12 and that the right level of resources were being committed to each project to ensure this.

It was noted that the SCT were conducting a further review of the scope of the QIPP programme with a view to identifying any further opportunities for cash-releasing schemes in 2011/12.

It was agreed that:-

- (a) each sponsoring CEO be written to and their views sought on the following:
 - will the SCG QIPP project deliver the projected saving in 2011/12?
 - are the right resources in place to enable these savings to be made?
 - what are the salient issues that affect the projects success?
 - should the project be retained in the QIPP programme or removed and taken forward within the SCT work programme in 2011/12?
 - are there any suggested replacement projects?; and
- (b) a further report setting out the responses be made the to SCG Board meeting in March 2011.

**Laura
Sherburn**

SCG 225/10 National Commissioning Group (NCG) Refunds

A report was presented to the meeting setting out the latest position with regard to the National Commissioning Group refunds. The NCG in calculating the year end financial forecast had identified that £1.32m would be returned to the Y&H area. PCTs had been informed by the SHA of the split of this money.

It was agreed that:

- (a) That the contents of the report on the NCG refunds be noted.

Frances Carey

SCG 226/10 SCG Risk Management Strategy

A report and accompanying SCG Risk Management Strategy was presented to the meeting.

It was agreed that :

- (a) the SCG Risk Management Strategy be approved.

**Laura
Sherburn /
Paul Crompton**

SCG 227/10 Bassetlaw

A verbal report was made to the meeting in respect of the position of Bassetlaw in joining the Y&H area. It had been agreed with East Midlands SCG that their contracts would continue to include Bassetlaw activity.

It was agreed that:

- (a) the verbal update report in relation to the position of Bassetlaw joining the Y&H area be noted. **Cathy Edwards**

SCG 228/10 Minutes of the Designation Sub-Group

It was agreed that:

the final draft minutes of the Designation Sub-Group meetings held on the 7th December 2010 and 9th February 2011 be received.

**Cathy Edwards
/ Paul
Crompton**

SCG 229/10 Minutes of the Clinical Standards Sub-Group

It was agreed that:

the minutes of the Clinical Standards Sub-Group meeting held on the 12th January 2011 be received.

**Kevin Smith /
Paul Crompton**

SCG 230/10 Minutes of the Performance Monitoring Sub-Group

It was agreed that:

the minutes of the Performance Monitoring Sub-Group meeting held on the 17th January 2011 be received.

**Laura
Sherburn /
Paul Crompton**

SCG 231/10 Minutes of the North Trent Neonatology Steering Group

It was agreed that:

the minutes of the North Trent Neonatology Steering Group meeting held on the 8th December 2010 be received.

SCG 232/10 Minutes of the Yorkshire Neonatal Network Board

It was agreed that:

the minutes of the Yorkshire Neonatal Network Board meeting held on the 27th January 2011 be received.

SCG 233/10 Any Other Business

North East Lincolnshire Care Trust Plus made a request to have the Scheme of Delegation clarified in respect of the opt out from commissioning policies. It was requested that the SCG Board confirm that there was the flexibility to opt out of a commissioning policy for reasons other than financial, provided that the PCT/CTP notify the SCG of the reason and that this would not be detrimental to other PCTs. This would then enable the North East Lincolnshire CTP to adopt the Scheme of Delegation.

Following discussion it was clarified that this was the position.

Julie Warren

**SCG
234/10 Date and Time of Next Meeting**

9am, Friday 25th March 2011 in the Chevet Suite, Sandal Rugby Club, Wakefield.