

NORCOM

North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium

(Joint Meeting)

10.30am on **Friday, 11 March 2011**

In the Board Room, NHS Sheffield

Present:

Andy Buck	NHS Rotherham (Chair)
Steven Swift	Chesterfield Royal Infirmary
Jill Turner	Doncaster & Bassetlaw Hospitals NHSFT
Ian Atkinson	NHS Sheffield
Steve Wainwright	NHS Barnsley
Phil Mettam	NHS Bassetlaw and representing NHS Doncaster
Andy Turner	Sheffield Teaching Hospitals NHSFT
Kirsten Major	Sheffield Teaching Hospital
Mike Pinkerton	Rotherham Hospitals
Suzanne Stubbs	Rotherham Hospitals

In Attendance:

Kim Cox	Yorkshire & the Humber Specialised Commissioning Group
Clare Hillitt	North Trent Network of Cardiac Care
Cathy Edwards	Yorkshire & the Humber Specialised Commissioning Group
Kim Fell	North Trent Cancer Network

1 Apologies

Annette Laban	NHS Doncaster
Ian Greenwood	Doncaster & Bassetlaw Hospitals NHSFT

2 Minutes of the meeting held on 11 February 2011

The minutes of the meeting held on 11th February 2011 were agreed as a correct record.

3 Matters Arising

a) Paediatric services

The meeting noted that NHS Rotherham was working closely with Rotherham FT to road test the paediatric standards, as discussed at the previous meeting.

Providers were already in the process of determining whether the potential risks highlighted in the stocktake were real or related to the interpretation of the relevant standard. Sheffield Teaching Hospitals had confirmed that the potential red risks in their self assessment were as a result of interpretation and were not actual red risks.

b) Brain/CNS Improving Outcomes Guidance

Further to the discussion in February, no further information had been received regarding the change of neurosurgical pathway for Lincolnshire Hospitals Trust patients from Sheffield to Nottingham. In addition there had been no further communication from East Midlands SCG. Andy Turner confirmed that the change was expected to affect about 34 patients with an associated financial value of circa £250k.

c) Network Work Programmes

It had been agreed at the previous meeting to produce a formal communication for PCT and Foundation Trust Boards detailing the network work programmes. This action had been completed and the appropriate links had been made to ensure the network priorities and organisation priorities were appropriately integrated.

d) Clinical Network Funding

Cathy Edwards reported that it had been confirmed that there would be some national funding for networks; however the amount was as yet unknown. It had not been confirmed yet whether there was an expectation that networks would achieve the same levels of management cost reduction as PCTs but it would be prudent to assume so.

There were still significant monies uncommitted from 2010/11 network budgets which would be carried forwards. It had been confirmed that there would be no new money for stroke, therefore the only potential for new money would be for cancer and cardiac.

There would be a discussion regarding budget setting in the commissioner only meeting. It was recognised that there were still some significant risks inherent in the 2011/12 funding arrangements.

**Cathy
Edwards/
Kim Fell/
Clare
Hillitt**

e) Vascular Services Review

It had been agreed at the February meeting that there would be a further discussion between Sheffield Teaching Hospitals, Doncaster & Bassetlaw Hospitals and the relevant PCTs regarding potential commissioning changes for varicose veins. The meeting had been arranged for 17 March. It was noted that the output from that meeting would be fed into the SCG final decision making on 25 March.

**Cathy
Edwards**

4 Cancer Services

a) Service Changes - Specifications

i) Bowel Screening

The bowel screening service specification had been discussed at the earlier Cancer Board meeting. The specification had been agreed in principle, pending some minor amendments.

The NORCOM Board agreed that the specification should be amended in accordance with the Cancer Board recommendations and then distributed to contract leads for inclusion in the 2011/12 contracts.

Kim Fell

ii) Breast Screening

The breast screening service specification had also been discussed at the earlier Cancer Board meeting. It had been agreed in principle, pending some minor amendments.

The NORCOM Board agreed that the specification should be amended in accordance with the Cancer Board recommendations and then distributed to contract leads for inclusion in the 2011/12 contracts.

Kim Fell

b) Cancer Drugs

i) Pazopanib for the first line treatment of advanced renal cell carcinoma

The Cancer Board had discussed and supported the implementation of NICE guidance on the use of Pazopanib for the first line treatment of advanced renal cell carcinoma. The NORCOM Board endorsed the support of the Cancer Board. The estimated costs of implementation would be included in the LOP.

ii) Bendamustine for the first line treatment of chronic lymphocytic leukaemia

The Cancer Board had discussed and supported the implementation of NICE guidance on the use of Bendamustine for the first line treatment of chronic lymphocytic leukaemia. The NORCOM Board endorsed the support of the Cancer Board. The estimated costs of implementation would be included in the LOP.

iii) Bevacizumab in combination with a taxane for the first line treatment of metastatic breast cancer

The Cancer Board had discussed the use of Bevacizumab in combination with a taxane for the first line treatment of metastatic breast cancer and had not supported funding its use in line with the NICE guidance. The NORCOM Board endorsed the decision of the Cancer Board.

iv) Cancer Drug Fund

NORCOM received the notification from the Department of Health regarding the Interim Cancer Drugs Fund for 2011/12. It was noted that SHAs would still need to have clinically-led panels in place for 2011-12 to make decisions on the appropriate use of resources.

In 2010/11 £5m had been allocated. £1m had been committed and would be spent. A further £3m had been pre-committed for 11/12. The report sent with the agenda gave an analysis by drug. Most of the expenditure had been dealt with through the pre agreed notification process, though some was still via individual panels. Most applications had been approved.

It was noted that there was a need for clarity on how to deal with ICDF applications for drugs approved by NICE in the context that NORCOM had previously tended to implement Technological Appraisal Guidance at the 90 day implementation point. This meant that, for a period of 90 days, funding for some NICE approved cancer drugs was being requested either through the Individual Funding Request (IFR) process or more recently through the ICDF. It was agreed that there should be a discussion regarding consistency of approach at the next SCG Board.

**Cathy
Edwards**

c) PET/CT Usage

NORCOM received a paper which detailed the usage of PET/CT by PCT. It was noted that there was an increase in referrals for PET/CT, though this was not quite as high as had originally been predicted.

d) National Cancer Information Network report 30 day mortality post colorectal cancer surgery

Provisional data on 30 day mortality post colorectal cancer surgery had been sent out to trusts. The data covered the period 1998-2006. It was noted that North Trent was an outlier and that some individual providers were also outliers. Providers have agreed to share the data and work with the North Trent Cancer Network team to understand the position.

**Providers/
Kim Fell**

5 Critical Care

a) Audit System

Adult critical care services in the network were moving from the current audit system to one from a new provider following a change in the contract from 1 April 2011. Once the process for closing down the current audit system had been finalised a note would be sent round to confirm the process. It was expected that a full years for 2010/11 data would be available from the current system provider and that they would produce a final report.

There were still significant amounts of development work to do with the new provider of the audit system, and this would be supported by the clinicians.

Kim Fell

b) PbR Implementation

NORCOM received a paper updating on the implementation of the new national critical care currencies. There remained some concern that the data used may not be reliable.

Providers, with the exception of Sheffield Teaching Hospitals, would use the new currencies for 2011/12 and cross reference the information against the old. STH would contract in old currency and shadow the new. A meeting had been arranged in May to review Quarter 4 2010/11 data, with a further meeting planned to look at Quarter 1 2011/12 data as soon as possible.

The overall plan was to try and set up a system that provided financial stability for both commissioners and providers during the transition to the new currencies, with the aim of the new currencies being fully implemented by 1 April 2012.

6 Children's Congenital Heart Services

NORCOM was reminded of the national review of children's congenital heart services which had reported with a series of options for change, now out to consultation. It was noted that the purpose of the review was to ensure that children with congenital heart disease received a world class service.

There were a number of recommendations that were part of the consultation, though the most focus had been on the configuration of paediatric heart surgery and the location of surgical providers. The consultation was running until 1 July 2011.

With respect to the configuration of paediatric heart surgery, only one option included the continuation of surgery in Leeds. There was a need to understand the patient flows with respect to the centres that NORCOM patient would use in each of the four surgical configuration options and what the likely numbers using each centre would be. This would be fed back into the process as a series of shared observations on the impact of the options from the PCT cluster in South Yorkshire. It would also include the views of providers.

**Cathy
Edwards**

7 Any Other Business

There was no other business.

8 Date and time of next meeting

Friday, 8 April 2011 in the Board Room, NHS Sheffield