YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING GROUP

Friday, 25 March 2011 meeting

Decision Summary for PCT Boards

1 STRATEGY AND DIRECTION

SCG 254/10 Vascular Services Consultation

The SCG agreed:

- to adopt the partnership approach to the provision of vascular services.
- that all the partnerships should include the following key functions:
  - a strong co-ordinating clinical leadership role to liaise with commissioners, consult with colleagues and protect the integrity of the partnership
  - a commitment to mutual support, with reciprocal honorary contracts in place
  - a joint approach to consultant workforce planning including joint consultant appointments and, where appropriate, training and development of all staff working within the service
  - standardisation of clinical practice across the partnership
  - shared clinical audit and regular routine review of outcomes
- to implement a single vascular service in North & East Yorkshire and Humberside, with two collaborating centres in Hull and York, with some elective non arterial surgery being carried out at Harrogate, Scarborough, Scunthorpe and Grimsby, along with local outpatient clinics.
- to revise the AAA screening population for the 'East' screening programme to include the catchment of Harrogate and York Trusts.
- to implement a single vascular service in West Yorkshire Central, with all vascular emergencies and major elective vascular arterial surgery carried out on the LGI site, with outpatients, day cases, intermediate cases (including renal access) and ward attenders continuing to take place at Mid Yorkshire hospitals, through a unified partnership of the existing clinical teams.
- to review the AAA screening population for the 'Central' screening programme to ensure best fit with current referral pathways.
- to implement a single vascular service in West Yorkshire West, with two collaborating centres for Level 2, 3 and 4 activity in Bradford and Calderdale

and Huddersfield, with outpatient and daycase activity continuing to be provided in Airedale. Out of hours care will alternate on a weekly basis between Bradford Royal Infirmary and Huddersfield Royal Infirmary.

- to review the AAA screening population for the 'West' screening programme to ensure best fit with current referral pathways.

- to implement a single vascular service in South Yorkshire, with two collaborating centres in Doncaster and Sheffield delivering elective and emergency level 2 and 3 activities across both sites, with some non arterial surgery and outpatient clinics continuing to be carried out in Barnsley, Rotherham and Bassetlaw. Complex Level 4 cases would continue to be undertaken at Sheffield Teaching Hospitals.

- to incorporate into contracts data collection and performance targets for all vascular surgery providers, to provide supportive evidence to the designation process. CQUINs may be an appropriate mechanism for this. This should include all data submitted to the following national databases:-

  - The National Vascular Database
  - The Carotid Endarterectomy Audit
  - The Aortic Aneurysm Repair Audit
  - Amputation Audit
  - Reta Registry
  - The British Society of Interventional Radiology BIAS databases
  - TEVAR
  - IVC Filter Registry

2 POLICY

SCG 256/10 Interim Cancer Drug Fund

The SCG agreed that a policy for switching funding from the ICDF to PCTs for cancer medicines following publication of a positive NICE Technology Appraisal, in line with the latest national guidance, would be as follows:

"The ICDF will cease funding of a cancer medicine on the day that a positive NICE (TA) is published for all new patients AND patients who were already established on treatment, via the ICDF, prior to the publication of the NICE TA".

3 GOVERNANCE

SCG 239/10 Specialised Services – National Developments

In view of the establishment of PCT Cluster arrangements and national developments in respect of specialised services, it was proposed to secure continuity, that the new Accountable Officer would; through appropriate delegation arrangements, enable the current Chair of the SCG to continue in that role and that of the line manager of the Director of Specialised Services, whilst having oversight of the transition arrangements for the SCT.

In respect of the transition arrangements for the SCT it was proposed that a small SCG Transition Executive Group be formed including the Chair of the SCG, the new Accountable Officer, the Director of Specialised Services, Director of Finance (NHS Barnsley) and other SCT staff as appropriate. This group would address four issues; budgets; contracts; HR and residual matters.

These arrangements would not alter the existing governance procedures that the SCG Board would make decisions that impact upon PCTs or clusters.

The terms of reference of the Transition Executive Group be circulated to members of the SCG Board for information.

These proposals would be presented to the NHS Barnsley Board for approval.

SCG 240/10 **SCG Governance & Business – Establishment Agreement**

The SCG clarified how the SCG Establishment Agreement would operate when 'PCT Clusters' were implemented. The key points were as follows:

- SCG membership will continue to be based on PCTs, each PCT will be a member of the SCG and each PCT will have a vote.
- The full SCG will be quorate with either the Chair or Vice-Chair and nine PCT votes represented.
- Each PCT Cluster will identify the attendees for their cluster and ensure appropriate delegation by individual PCT Boards to named individuals.
- It was agreed that this clarification be reported to PCT Boards as soon as possible (via this decision summary).