YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING GROUP

Minutes of the meeting held on
Friday, 25 March 2011
at Sandal Rugby Club, Sandal, Wakefield

Present:

Ailsa Claire	Chief Executive	NHS Barnsley (Chair)
Steve Wainwright	Deputy Chief Executive	NHS Barnsley and also representing NHS Sheffield
Steve Hackett	Director of Finance	NHS Barnsley
Jackie Pederson	Associate Director, Commissioning and Strategic Development	NHS Doncaster
Kate Tufnell	Head of Contracts & Service Improvements – Mental Health, Learning Disability & Specialised Services	NHS Rotherham
Idris Griffiths	Interim Director of Performance	NHS Sheffield
Graham Wardman	Executive Director of Public Health	NHS Calderdale and also representing NHS Kirklees
Sue Metcalfe	Deputy Chief Executive	NHS North Yorkshire & York
Matt Neligan	Director of Strategy	NHS Bradford & Airedale
Kevin Gallacher	Director of Contracting	NHS Leeds
Julia Mizon	Assistant Director – Contracting and Performance	NHS East Hull
Jane Hawkard	Director of Strategy & Market Development	NHS East Riding
Caroline Briggs	Director of Strategic Commissioning and Development	NHS North Lincolnshire
Julie Warren	Director of Strategy Partnerships and Performance	North East Lincolnshire CTP
Andy Buck	Chief Executive	South Yorkshire & Bassetlaw Cluster

In Attendance

Cathy Edwards	Director	Y&H SCG
Kevin Smith	Medical Advisor	Y&H SCG
Paul McManus	Lead Pharmacy Advisor	Y&H SCG
Laura Sherburn	Deputy Director of Commissioning	Y&H SCG
Frances Carey	Deputy Director of Finance	Y&H SCG
Lisa Marriott	Assistant Director of Commissioning	Y&H SCG
Paul Crompton	Business Manager	Y&H SCG
Chris Welsh	Medical Director	NHS Yorkshire & the Humber

SCG 235/10 Apologies

Ian Atkinson	Acting Chief Executive	NHS Sheffield
Mike Potts	Chief Executive	NHS Kirklees
Simon Morritt	Chief Executive	NHS Bradford & Airedale
John Lawlor	Chief Executive	NHS Leeds
Christopher Long	Chief Executive	NHS Hull
Ann Ballarini	Director of Strategy	NHS Wakefield

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SCG 236/10 Declarations of Interest

There were no declarations of interest.

SCG 237/10 Minutes of the meeting held on Friday 25th February 2011

The minutes of the meeting held on the 25 February 2011 were agreed as a true and accurate record. **Paul Crompton**

SCG 238/10 Order of Meeting Business

The chair of the meeting requested that agenda items 8 (a), (b) and (c) be considered at this point, together with an update on the national picture in respect of specialised services.

SCG 239/10 Specialised Services – National Developments

A verbal update was provided to the meeting in respect of the national developments relating to specialised services.

Specialised services will be commissioned by the NHS Commissioning Board from April 2012.

The definition list of what will constitute specialised services will be agreed in June/July 2011 by the Secretary of State and is likely to be a more comprehensive list than the current 3rd version of the definition set.

From October 2011 the 10 SCGs and the National Specialised Commissioning Team will work more closely and be perceived as one national team with governance provided through PCTs. In 2012-2013 the finance for specialised services will be allocated to PCTs, but then 'clawed back'.

The transition priorities for the Yorkshire & Humber Specialised Commissioning Team (SCT) will therefore be contributing to the development of service specifications, currencies and commissioning policies with the aim of creating single national versions by April 2012.

It is also the intention that the budget for specialised services will be determined by September 2011. It is estimated that there will be £10b of specialised services expenditure, nationally.

In terms of the contract situation for 2011-2012 it has been agreed that the contracts will be concluded under existing arrangements, but that from June 2011 onwards the contracts will have to be separated out, so that the SCG becomes a co-ordinating commissioner in its own right, and this needs to be referenced in the contract.

It is understood that a consultation on the new arrangements for specialised services will take place between June and September and that

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business planning for 2012-2013 will commence in September/October.

A discussion followed on the implications of the proposed changes. It was agreed that the implications and risks associated with these were very significant and would need careful management.
It was noted that prices will be determined nationally and there will therefore be significant implications for PCTs. It may require a national transition plan. It was felt to be very important that the financial risks to PCTs were understood.

In terms of the collaborative commissioning (non specialised) that was undertaken by the SCG on behalf of the 14 PCTs, this would be retained in the NHS Barnsley contracts and these would stay in place until PCTs decide to do otherwise.

The capacity of PCTs and the SCT to undertake the associated work, along with the existing commitments and other transitional work was discussed and it was agreed that all organisations are under severe pressure, but it was acknowledged that the work would need to be completed.

Urgent consideration needed to be given to how the situation was to be managed across the SCG and the PCTs.

It was noted that from the 11th April 2011, Andy would be the Accountable Officer for the South Yorkshire Cluster including Barnsley and thus the Accountable Officer for the SCG. Discussions had taken place with the Chair of the SCG and the Director of Specialised Commissioning to focus on how continuity in the SCG could be maintained, in the light of these changes.

It was proposed that the new Accountable Officer would, through and appropriate delegation arrangement 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.

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

In respect of the transition arrangements for the SCT it was proposed that a small 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.

It was requested that the Terms of Reference of the Transition Executive Group be circulated to members of the SCG Board for information.

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It was agreed:-

(a) that the update report on national developments in respect of specialised services be noted;

(b) that the proposed arrangements, to ensure the continuity of existing SCG leadership structures be supported;

(c) that the establishment of an Transition Executive Group with the membership and remit set out be supported; and

(d) that the terms of reference of the Transition Executive Group be circulated to SCG members. **Andy Buck/ Cathy Edwards**

SCG 240/10 SCG Governance and Business – Establishment Agreement

In the light of the establishment of the new PCT 'cluster' arrangements, the SCG Establishment Agreement would require reviewing and a report was presented to the meeting on this matter.

It was proposed that any changes be kept to a minimum.

Each PCT would still be a member of the SCG and would still have a vote.

It was proposed that in terms of the quoracy of meetings, that there be 9 voting members present, rather than the current sub-regional arrangements. Each PCT Board would need to nominate a list of individuals from the new 'cluster' arrangements with delegated powers.

It was proposed that reference to 'Executive Director' be removed from the membership section.

It was agreed:-

(a) that the SCG Establishment Agreement be revised with regard to the quoracy of meetings to the effect that the SCG Board meeting would be quorate with nine voting members present, and that reference to 'Executive Director' be removed. **Cathy Edwards**

(b) that the 'cluster arrangements' of PCTs be asked to nominate a list of representatives from the constituent PCTs who had 'delegated powers' for the purposes of the SCG Board meeting. **PCTs**

(c) that PCTs be asked to endorse and action the proposed minor changes to the SCG Establishment Agreement and the nominated members to the meeting, via the SCG Decision Summary document. **PCTs**

SCG 241/10 SCG Sub Group Arrangements

The meeting was informed that the establishment of 'cluster' arrangements and the reduction in PCT management structures was having a significant impact upon the availability of senior PCT staff to chair and participate in SCG Sub-Group meetings. There was an increasing risk that work and

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actions relating to the SCG Sub-Groups could be affected.

The Sub-Groups provided scrutiny, challenge and reassurance and PCT clusters need to find a way of ensuring representation at the Sub-Group meetings. It was felt after discussions that the Designation Sub-Group could be disbanded and any decisions brought to the SCG. It was felt that the Performance Monitoring Sub-Group had a critical role to perform.

It was agreed:

that the Director of the SCG review the SCG Sub-Groups and then undertake discussion with PCT clusters to review membership, to ensure that meetings could operate in as efficient way as possible to enable quoracy. **Cathy Edwards**

SCG 242/10 **Clinical Network Leadership**

The implementation of the White Paper and the establishment of PCT 'clusters' was inevitably impacting on the availability of PCT Chief Executives to chair clinical networks. There would be a need to consider how to maintain leadership and focus whilst GP consortia arrangements were being developed. In particular the renal, neonatal, cancer and cardiac networks required chairmanship.

It was agreed:

that the PCT cluster chief executives be asked to nominate suitable replacements to chair the network meetings. **Cluster Chief Executives**

SCG 243/10 **SCG Infrastructure**

There had been a number of changes over the past year to the SCG Sub-Groups, Expert Panels and Network configurations. A diagram of the current arrangements was presented to the meeting.

It was agreed:

that the updated SCG infrastructure be noted. **Laura Sherburn**

SCG 244/10 **Review of Children's Congenital Cardiac Services – England**

A report on the Review of Children's Congenital Heart Services and a copy of the slide presentation that was made by the Director of the Y&H SCG to the Y&H Overview and Scrutiny Committees which took place on the 14th March, was circulated to the meeting. In the Y&H area there would be a Joint OSC led by Leeds City Council.

It was reported that the Royal Brompton Hospital was seeking a judicial review of the cardiac review proposals as it affected them, the outcome of this would not be known whilst July.

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Four areas of the review are out to consultation:-

- Standards
- Congenital Heart Networks
- Fewer, larger surgical units
- Measuring quality

The Y&H SCG Director had advised the OSC meeting that there was agreement with the case for change and the service model.

On the 10th May there would be the regional public consultation event to be held in Leeds and the national team was arranging this.
PCTs can arrange local events if they wish, but should not directly comment on the proposals as they are the consultors.

A number of points were highlighted: there was confusion with regard to the definition of surgical procedures and the quality criteria used in the evaluation was open to debate. The patient flow information was also fairly crude and further national work was being undertaken to refine this.

The Y&H SCT would be coordinating the Y&H Impact Assessment of the proposals, with local providers, Y&H Congenital Network and the national SCT team. The Impact Assessment would look at the following:-

- Regional epidemiology
- Access and travel times
- Network configurations
- Independent services
- Quality and patient experience
- Finance
- Staffing

The first draft of the Impact Assessment should be completed by the end of April.

It was agreed:-

(a) that the outline report on the Y&H Regional Impact Assessment in respect of the Review of Children's Congenital Heart Services in England be supported; and

(b) that the information provided to the Y&H Overview and Scrutiny Committees be noted. **Cathy Edwards**

SCG 245/10 Equality Impact Assessment – SCG Principles in respect of Thresholds

A verbal report was made to the meeting in respect of the need for Equality Impact Assessments in the work on treatment thresholds.

A report to the North Yorkshire and York PCT was referred to. In respect of the Equality Impact Assessment in respect of treatment thresholds, this was something that would need to be considered by a PCT prior to

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implementation. It was not a process that would be undertaken by the Y&H SCG.

It was agreed:-

that the verbal update report in respect of Equality Impact Assessment in relation to treatment thresholds be noted. **Kevin Smith**

SCG 246/10 Sarcoma

A verbal report was made in respect of the issue. NEYCHOM would be undertaking a self assessment using the draft standards and a full report would be made to the Y&H SCG meeting in May 2011.

It was agreed:-

that the verbal update report in respect of Sarcoma be noted, and that a full report be made to the Y&H SCG meeting in May 2011. **Jayne Brown**

SCG 247/10 SCG Financial Plan

A report was presented to the meeting which provided a summary of the changes and principles that had been applied to the plan since July 2010. The SCT was using the current Financial Plan as the basis of agreeing financial baselines with providers for 2011/2012.

It was agreed:-

(a) that the current version of the Financial Plan be used as the basis for contract baselines for 2011-2012; and

(b) that the updated financial position set out in the Financial Plan be noted. **Frances Carey**

SCG 248/10 SCG QIPP Programme 2011-2012

A report was presented to the meeting to review the SCG QIPP programme and consider whether additional or replacement schemes were required to achieve the level of savings required.

The report set out:-

(a) the views of sponsoring Chief Executive officers on the existing projects and whether they would deliver, together with their recommendations;

(b) existing projects underway in other SCGs for consideration; and

(c) additional projects that had previously been discontinued by the Y&H SCG.

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A discussion followed and it was generally felt that the Y&H SCG scheme was more realistic in terms of the delivery potential than some other programmes. It was felt that after considering the comments in respect of fertility, paediatric intensive care and morbid obesity, that these be removed from the programme, which would reduce the projected saving figure by £1.5m.

It was agreed:-

(a) that the fertility, paediatric intensive care and morbid obesity projects be removed from the Y&H SCG QIPP Programme for 2011-2012; and

(b) that the mental health schemes be added to the list of schemes document in the report and that this be circulated to SCG members. **Laura Sherburn**

SCG 249/10 Y&H SCG Work Programme 2011-2012

A report was presented to the meeting which set out the draft work programme for 2011-2012. The work programme had been developed taking into account: local QIPP priorities, ongoing national work programmes and reviews of the transition to the NHS Commissioning Board by April 2012. The latter would require convergence of regional work programmes to a single national position by October 2011.

It was agreed:-

(a) that the Y&H SCG work programme 2011-2012 be approved, and;

(b) that the work programme be monitored in the light of capacity to deliver, in the rapidly changing environment. **Laura Sherburn**

SCG 250/10 SCG Acute CQUIN Scheme 2011-2012

A report was presented to the meeting which set out the final version of the SCG CQUIN scheme for 2011-2012, which had been developed through discussion at the Clinical Standards Sub-Group.

A discussion followed and it was advised that a request had been made to amend indicators 1 and 2 in respect of the 5% target for unplanned referrals to be adjusted to a 10% target for quarters 1 and 2 to enable the providers to be in a position to meet this challenge.

It was agreed:-

that the Y&H SCG Acute CQUIN Scheme for 2011-2012 be approved subject to the amendment of indicators 1 and 2 in respect of the targets for unplanned referrals, to show a revised target of 10% for quarters 1 and 2. **Kevin Smith**

SCG 251/10 National Guidance for SCG Contracting

A report was presented to the meeting which advised that the DH had

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issued two new documents on contract guidance.

- Guidance on completing the National Variation Deeds 2011/2012 for all 2009-2010 and 2010-2011 NHS Standard Contracts
- 2011-2012 Annex to the Guidance for the 2010-2011 NHS Standard Contract

The second document stated that PCTs would need to ensure a separate contract for SCG commissioned services was agreed with all providers (with the SCG as the co-ordinating commissioner). The advice from the SCG Directors Transitional Group was to conclude the 2011-2012 contracts with a transition plan to deliver the separation in year.

It was agreed:-

that the National Guidance in respect of SCG Contracting as set out in the report be noted. **Frances Carey**

SCG 252/10 **Changes to Nationally Commissioned Services from April 2011**

A report was presented to the meeting which advised of the changes to the portfolio of nationally commissioned specialised services that we commissioned by the National Specialised Commissioning Team from 2011-2012. There were 8 new designated services and three changes to existing services. In terms of the Y&H area there were two key points.

Sheffield Children's Hospital would be one of 4 newly designated centres to provide complete childhood osteogenesis imperfecta services; and that Sheffield Teaching Hospital would continue to be a provider of ocular oncology.

It was agreed:-

that the changes to the portfolio of nationally commissioned services from April 2011, including those for the Y&H area, be noted. **Cathy Edwards**

SCG 253/10 **Y&H SCG Budget 2011-2012**

A report was presented to the meeting which provided an update on the management budget for the SCT and the Yorkshire wide networks for 2011-2012. The report set out the changes in the organisation structure, which would allow some management cost savings to be achieved from 2011-2012 onwards. The appendix to the report set out

- the current budgets for 2010-2011 in terms of the split of funding PCT/national and other;
- revised funding following the changes in the management structure; and
- revised invoicing arrangements.

It was agreed:-

that the changes within the SCG structures and the resultant changes in **Cathy Edwards/ Frances**

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the management budgets for 2011/2012 be approved. **Carey**

SCG 254/10 **Vascular Services Consultation**

Cathy Edwards presented to the SCG Board three reports relating to the review of vascular services:

- the consultation report
- post consultation recommendations and implementation plan
- regional transport principles

The formal consultation was undertaken between 26 October 2010 and 28 January 2011. There was a comprehensive response from a range of local NHS organisations, members of the public and national bodies. Some responses questioned the case for change whilst others strongly supported the case for change. No new evidence, which had not already been considered during the impact assessment, was presented to support either argument.
A number of concerns were highlighted which could and would need to be addressed during implementation.

Two specific considerations were raised during the consultation:-

- the impact of other commissioning changes on the viability of existing vascular services e.g. implementing best practice guidance for varicose vein referrals.
- The Vascular Society of Great Britain proposing a higher recommended minimum number for elective abdominal aortic aneurysm procedures from 20 to 30-50.

With regard to the former point Sheffield Teaching Hospitals Trust were specifically concerned about the impact on the financial viability of their vascular service of a reduction in varicose vein commissioning implemented by NHS Sheffield. Cathy Edwards reported back on the recent meeting with the Sheffield and Doncaster commissioners and providers when agreement had been reached to continue to develop the partnership model whilst further work was undertaken to obtain regional benchmarking data on varicose vein activity and to clarify the potential activity and financial implications of the commissioning changes.

With regard to the latter point, it was confirmed that all the proposed service configuration options would exceed the 50 threshold as this point had been explicitly considered by the Task and Finish Group.

In conclusion therefore it was recommended that the SCG continue to support the case for change with the proposals, as outlined, being taken forward as set out in the proposed implementation plan.

It was noted that the SCG decisions would be subject to assurance from the Joint Chief Executive's Forum that the consultation responses had

been adequately considered and that the proposed implementation plan was realistic.

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.

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- 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

The proposed implementation arrangements for each area were also considered. Each sub regional area would need to identify a project lead to provide the local focus and momentum for taking the work forward to meet the agreed timescales.

The recruitment of an SCG Project Manager was in progress and until the person was appointed there could be a risk to the implementation timeline.

The implementation timetable currently assumed the changes to be fully implemented and full service designation across Yorkshire and the Humber by June 2012. However the pace of change and specific actions in each area had a range of deadlines specific to that area.

The headline implementation plans would need to be developed into more detailed plans which would need to address the concerns raised by consultees.

Kevin Smith presented the proposed transport principles which would govern the transport arrangements for suspected AAA cases and patients with acute ischaemic limbs. These cases would be taken to and must be accepted by the nearest on call Vascular Centre. The principles covered both primary referrals and inter facility transfers; including response times.

The principles had been developed with Yorkshire Ambulance Service and had been endorsed by both the SCG Clinical Standards Sub Group and the relevant clinicians in the service providers.

It was proposed that the principles would be fully implemented with effect from 1 April 2011.

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It was agreed:-

(a) to adopt the proposed Vascular Services Review implementation structure;

(b) that each of the sub regional commissioning groups (NORCOM, NEYHCOM, WYCOM) should now clearly identify the project lead for each of the partnerships; and **Cathy Edwards**

(c) to approve and adopt the transport principles.

SCG 255/10 Regional Policy Sub-Group – Recommendations for Policy Developments

A report was presented to the meeting which set out the recommendations from the Regional Policy Sub-Group for the development of required policies in accordance with the processes agreed.

The following topics were recommended for policy development:-

- Stereotactic radiosurgery
- Palivizumab for RSV prophylaxis (specialised)
- Hydrocarbamide (siklos brand) for sickle cell disease (specialised)

The following topics were not recommended for a regional policy but it was recommended that PCTs adopt a policy of 'not routinely funding' which is already adopted by some PCTs in the Y&H area:

- Ranibizumab for diabetic macular oedema/retinal vein occlusion
- Intravitreal dexamethasome for macular oedema

Further work was recommended regarding the use of Bevacizumab instead of Ranivizumab for eye disorders.

It was agreed:- **Paul McManus**

that the decisions of the Regional Policy Sub-Group in respect of policy development be noted.

SCG 256/10 Interim Cancer Drug Fund (ICDF) – Update

A report was presented to the meeting which provided an update on the ICDF. All funds for the ICDF in the Y&H area had now been allocated and a further 25 cases were expected.

A large proportion of the committed costs would fall in 2011-2012. Further advice regarding the budget for the Cancer Drug Fund in 2011-2012 was awaited, and the ICDF commitments may impact upon this. It was anticipated the 2011/12 budget would be around £20m.

The report highlighted the need to agree a regional policy for the funding of drugs that had been made available through the ICDF, but which subsequently become the subject of a NICE Technology Appraisal.

The report set out two recommendations in relation to the switch of funding from ICDF to a PCT following positive NICE guidance.

It was agreed:-

(a) that the performance of the interim CDF in the Y&H area in 2010-2011 be noted;

(b) that the information relating to the Cancer Drug Fund from the 1st April 2011 be noted; and

(c) 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".

SCG 257/10 **Exception Performance Report to 31st December 2010)**

The Exception Performance Report for the period up to the 31st December 2010 was presented to the meeting.

The position at month 9 showed an anticipated year end overspend of less than £4m, which was an improvement from the month 8 position.

It was agreed:-

that the contents of the Exception Performance Report for the period up to the 31st December 2010 be noted.

SCG 258/10 **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 agreed:-

(a) that the contents of the QIPP Programme Summary, Financial Summary and 19 Project Highlight Reports be noted; and

(b) that the submission of the report to the SHA be approved.

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SCG 259/10 SCG Acute CQUINs 2010-2011 – Quarter 3 Results

A report was presented to the meeting in respect of the SCG Acute CQUIN 2010-2011 Q3 results. Reporting in Q3 had been complete for data and reports had been submitted where appropriate. The Clinical Standards Sub-Group had considered the Q3 results at its meeting on the 9th March and the recommendation was that payment should be made to all the providers as appropriate in respect of the 7 Indicators.

It was agreed:-

that in relation to the Y&H SCG Acute CQUIN 2010-2011 scheme (Quarter 3 Results), that payments be made to all providers as appropriate in respect of the 7 indicators.

SCG 260/10 Audit Commission Update Report 2009-2010

A report was presented to the meeting which advised that all the recommendation included in the Audit Commission Report 2009-2010 had now been completed.

It was agreed:-

that the report on the completion of the audit commission 2009-2010 recommendation be noted.

SCG 261/10 Minutes of the Performance Monitoring Sub Group

It was agreed:-

that the draft minutes of the Performance Monitoring Sub Group meeting held on the 14th February 2011 be received.

SCG 262/10 Minutes of the Clinical Standards Sub Group

It was agreed:-

that the minutes of the Clinical Standards Sub Group held on the 9th February 2011 be received.

SCG 263/10 Minutes of the Regional Policy Sub Group

It was agreed:-

that the minutes of the Regional Policy Sub Group meeting held on the 8th February 2011 be received.

SCG 264/10 Any Other Business

(a) <u>Home Oxygen Service</u>

A late report submitted by NHS Leeds – 'Y&H Regional Home

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Oxygen Service (HOS) Procurement – Governance arrangements for the Y&H area', was presented to the meeting together with supporting documentation.

A discussion took place and it was felt that in principle the reports recommendations could be supported, it was concluded that the report should be re-tabled at the SCG Board meeting in April 2011.

It was agreed:-

that the report be reconsidered at the next SCG Board meeting on the 15th April 2011. **NHS Leeds**

(b) PCT Commissioning Policies

It was noted that NHS North Yorkshire & York, NHS North Lincolnshire and NHS East Riding would be taking action to vary their routine commissioning arrangements for specific specialised procedures in the light of the difficult financial position.

It was confirmed that these actions would not have a detrimental impact on other SCG members.

SCG 265/10 **Date and Time of Next Meeting**

9.00am, Friday 15th April 2011 in the Chevet Suite, Sandal Rugby Club, Wakefield.