**Enclosure: A**

# YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING OPERATIONAL GROUP

**Meeting held on Friday, 27 July 2012**
**At Sandal Rugby Club, Wakefield**

## Decision Summary for PCT Boards

**1 STRATEGY & DIRECTION**

**SCOG 55/12 Children's Neurosurgical Services Review**

**It was agreed:**

(a) that the contents of the report in respect of the Children's Neurosurgical Service Review be noted; and

(b) that Option 1 (Newcastle, Leeds and Sheffield) be supported as the strategic option for future development of a Network. **Lisa Marriott**

**SCOG 58/12 Implementing the Neonatal Task Force Recommendations**

**It was agreed:-**

(a) that the contents of the report recommendations be noted;

(b) that the NORCOM recommendation to retain the neonatal surgical service at SCH be confirmed as consistent with the Y&H SCG Board decision in November 2011;

(c) that progress to meet compliance with the less than 27 week threshold be noted;

(d) that in terms of the current service a three centre NICU be supported for the Yorkshire Neonatal Network area; with a longer term option to reduce this to two centres;

(e) that the centres to provide the current service be Leeds, Hull and Bradford;

(f) that these changes would not require a formal consultation;

(g) that the Chair and Y&H Office Director hold an urgent meeting with Calderdale regarding the Y&H SCOG decision; and

(h) that the workforce 'hotspots' be identified and notified to the Networks for appropriate action. **Andy Buck, Cathy Edwards, Joanne Poole**

## 2 POLICY

**SCOG 67/12** **Y&H Cancer Drug Fund**

**It was agreed:-**

(a) that the additions to the list of medicines approved for routine funding from the Cancer Drug Fund, including estimated costs be noted;

(b) that the arrangements for the funding of Abiraterone for prostate cancer following publication of NICE TA 259 be noted; and

(c) that the CDF expenditure for Q1 2012-13 be noted. **Paul McManus**

**SCOG 68/12** **Policy Recommendation**

**It was agreed** that the NICE TA 260 for Botulinum Toxin type A in the treatment of migraine, which replaces the existing Y&H local policy for this indication be noted. **Paul McManus**

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**Meeting held on Friday, 27 July 2012**
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**Present:**

| | | |
|---|---|---|
| Andy Buck | Chief Executive | NHS South Yorkshire & Bassetlaw |
| Steve Wainwright | Chief Operating Officer | NHS Barnsley and representing NHS Doncaster, and NHS Rotherham |
| Ann Ballarini | Executive Director of Commissioning & Service Development | NHS Calderdale, Kirklees & Wakefield |
| Sue Metcalfe | Deputy Chief Executive/Director of Localities | NHS North Yorkshire & York (left after item 9b) |
| Matt Neligan | Director of Commissioning Development | NHS Airedale, Bradford & Leeds |
| Jane Hawkard | Director of Strategy and Market Development | NHS East Riding representing NHS The Humber |

**In Attendance:**

| | | |
|---|---|---|
| Cathy Edwards | Director | North of England SCG (Y&H) |
| Kevin Smith | Medical Advisor | North of England SCG (Y&H) |
| Paul Crompton | Business Manager | North of England SCG (Y&H) |
| Lisa Marriott | Assistant Director of Commissioning | North of England SCG (Y&H) |
| Paul McManus | Pharmacy Advisor | North of England SCG (Y&H) (Item 8a) |
| Anthony Prudhoe | Assistant Director of Contract & Performance | North of England SCG (Y&H) |
| Neil Hales | Assistant Director of Contract & Performance | North of England SCG (Y&H) |
| Frances Carey | Deputy Director of Finance | North of England SCG (Y&H) |
| Ged McCann | Associate Director Secure & Specialist Mental Health | North of England SCG (Y&H) (Item 4a) |
| Joanne Poole | Neonatal/Paediatric Network and Commissioning Manager | North of England SCG (Y&H) (Item 7c) |
| Laura Sherburn | Deputy Director of Commissioning | North of England SCG (Y&H) |
| Hazel Carsley | General Practitioner | Calderdale CCG (Item 7c) |

**SCOG 49/12 Apologies**

| | | |
|---|---|---|
| Steve Hackett | Director of Finance | NHS South Yorkshire & Bassetlaw |
| Ian Atkinson | Chief Operating Officer | NHS Sheffield |
| Chris Long | Chief Executive | NHS North Yorkshire & York and NHS Humber Cluster |
| Caroline Briggs | Director of Strategy & Joint Commissioning | NHS The Humber |

**SCOG 50/12 Declarations of Interest**

There were no declarations of interest.

**SCOG 51/12** **Minutes of the Yorkshire & the Humber SCOG meeting held on the 25 May 2012**

**It was agreed** that the minutes of the Yorkshire & the Humber SCOG meeting held on the 25 May 2012 be approved as a true and accurate record. **Paul Crompton**

**Matters Arising**

**SCOG 52/12** (a) Women's Low Secure Services in York

A late paper in respect of Women's Low Secure Services in York was presented to the meeting, which set out the latest developments.

The report provided a summary of the outcomes from a meeting held on the 25 July 2012 between the SHA, Y&H Office and North Yorkshire & York PCT.

The meeting had considered a number of issues and in particular; the continuing strategic need for the project, the reduced financial savings that would now accrue, the legal position in respect of procurement and the position of the NHS estate in the 'transition environment'. It was also noted that should the project be abandoned, there would be £1.1m of abortive fees to pay.

The outcome from that meeting was that the following actions would be completed by the 3 August 2012.

- The specialised commissioners to clarify the future strategic need for the project
- The specialised commissioners to review the financial savings anticipated from the project
- The North Yorkshire & York PCT to further clarify the legal position specifically in respect of the contractual position with Leeds and York Partnership Foundation Trust
- That the matter be reported to the Y&H SCOG

A discussion then followed on the matters raised in the report. In terms of the financial savings, it was estimated that there would be around £200k per annum, which was approximately half of that originally predicted.

It was recognised that the strategic need for the project was not absolutely clear as changes in demand, new independent capacity, pathway remodelling and QIPP had significantly changed the context from that in the original business case.

There was no doubt that should the project proceed that the facilities would have a positive impact for services and in particular those in the York area.

There were still outstanding legal questions in terms of procurement and contractual issues. The team were collating the latest responses and pulling together the advice. It was felt that it was important to have clarity on the legal position and the likelihood of any future challenge and the chance of prevailing if such a challenge occurred.

It was agreed that the following matters needed to be resolved by the Y&H

Office as soon as possible.

- Was there still a strategic need for this facility?
- Would the facility, if built, be utilised?
- How much money would the project save?
- Would the project deliver added value?
- Was the procurement of the new service legally and Co-operation and Competition Panel Compliant?
- Was there a need for a service in the York location?
- If the project did not proceed, what were the appropriate governance processes for accounting and payment of the abortive fees?

**It was agreed:**

(a) that the contents of the report in respect of Women's Low Secure Services in York be noted.

(b) that the Y&H Office prepare a report by the 1 August 2012 to address the seven matters highlighted in discussions; and

(c) that the Chair of the Y&H SCOG be authorised to take 'Chair's Action' following the receipt of the report in (b) above, including further communication and actions arising with the SHA. **Ged McCann Andy Buck Cathy Edwards**

**SCOG 53/12 Neurosurgery Activity at LTHT**

A verbal update was provided to the meeting in respect of the ongoing developments regarding neurosurgery activity and waiting times at LTHT. All PCTs with the exception of North Yorkshire & York had agreed to the additional funding of £2.6m to clear the backlog of cases at LTHT. Agreement had been reached with LTHT that they would report, on a fortnightly basis, their progress with clearing the backlog. A contingency plan with independent providers was in place, should the need arise.

Currently, LTHT appeared to be 'on track', however last year problems arose in the period September – October, so close monitoring of the situation was continuing.

It was noted that NHS North Yorkshire & York were in discussions with the SHA to try and enable them to join the approach to the resolution of the problem.

**It was agreed** that the verbal update in respect of neurosurgery waiting times at LTHT be noted. **Anthony Prudhoe**

**SCG 54/12 Home Oxygen Service**

A verbal update was provided to the meeting in respect of the home oxygen service. There was still no resolution and the matter was with the Department of Health.

**It was agreed** that the verbal update in respect of the home oxygen service be noted.

**SCG 55/12 Children's Neurosurgical Services Review**

A report in respect of Children's Neurosurgical Services Review was presented

to the meeting.

The report noted that the national consultation on the service framework and specification standards had concluded in May 2012. The review was now focussing on the development of Networks.

There were two children's neurosurgery providers in Yorkshire and Humber, Sheffield Children's Hospital NHS FT (SCH) and Leeds Teaching Hospitals NHS Trust (LTHT). Currently neither met the proposed service standards, with fully compliant rotas. In addition there were adult services provided by LTHT, Sheffield Teaching Hospitals NHS FT (STH) and Hull and East Yorkshire Hospitals NHS FT (HEY). Children's neurosurgery was provided in Newcastle in the North East (NE) and in Manchester and Liverpool in the North West (NW).

The service framework identified a number of requirements that need to be met in determining the configuration of the network including; the requirement that there was a minimum of two Children's Neuroscience Centres (CNCs) in the network and availability of a complimentary range of subspecialties.

The NoE SCG had been asked to complete proposals for Children's Neuroscience Networks by the 21 September 2012. The areas to be covered in a 'template return' were set out.

It had been agreed that there would be a joint North East and Y&H submission to reflect the inter-dependency of the service in forming a Network. The North West had sufficient critical mass to form a separate network.

A regional workshop had been held in September 2011 including commissioners, clinicians and managers from Leeds, Sheffield and Newcastle at which the following options had been considered.

Option 1 - Newcastle, Leeds & Sheffield
Option 2 - Newcastle and Leeds in a Network and Sheffield in the Birmingham and Nottingham Network

It was noted that since this event Sheffield Children's Hospital had expressed a strong preference for joining a Network with Nottingham and Birmingham.

The subsequent discussion considered a range of factors including, clinical relationships and linkages, activity levels, critical mass of infrastructure and travel times.

It was noted that a network of Newcastle, Leeds and Sheffield was viable. Sub-specialisation may mean further travel for a very small number of patients with rare conditions.

It was noted that related clinical links to children's cancer services and children's trauma had patient flows that were predominantly in a northerly direction, rather than to the south.

It was also noted that the recent national announcement of the strategic configuration for clinical networks and clinical senates had a Yorkshire and the Humber footprint. It was agreed that the splitting of network arrangements for different specialties did not make sense within this context.

However, it was recognised that there were strong existing links between SCH and Nottingham particularly in respect of children's neurology.

Taking all of the above into account it was felt that Option 1 should be supported as the strategic option for future developments of a Network.

**It was agreed:**

(a) that the contents of the report in respect of the Children's Neurosurgical Service Review be noted; and

(b) that Option 1 (Newcastle, Leeds and Sheffield) be supported as the strategic option for the future development of a Network. **Lisa Marriott**

**SCOG 56/12 North of England SCG**

A verbal report indicated that there were no new significant items to report from the meeting held on the 13 July 2012.

**It was agreed** that the verbal report in respect of the North of England SCG meeting be noted. **Cathy Edwards**

**SCOG 57/12 Transition**

A verbal update was provided to the meeting in respect of transition.

It was noted that proposals for clinical senates and networks had been recently published.

A tranche of Local Area Team (LAT) Directors had been appointed. The meeting offered its congratulations to the Chair on being appointed to the South Yorkshire & Bassetlaw LAT Director post. The Chair had met with the NHSCB Regional Director to discuss financial and staffing issues. There would be an ethos of 'one organisation' in the NHSCB. There would be a single operating model for the structure of specialised commissioning teams.

**It was agreed:**

(a) that the verbal update report in respect of transition be noted; and

(b) that the Chair be congratulated on his appointment as Director of the South Yorkshire & Bassetlaw Local Area Team. **Cathy Edwards**

**SCOG 58/12 Implementing the Neonatal Task Force Recommendations**

A report was presented to the meeting in respect of progress in implementing the Neonatal Task Force recommendations.

The agreed focus had been upon the integration of surgery, capacity and workforce ratios. The report provided an update on these three issues.

In terms of the integration of neonatal surgery, discussions had taken place between the Y&H Office, Sheffield Teaching Hospitals, (STH) and Sheffield Children's Hospital (SCH), regarding the location of such surgery within the North Trent Neonatal Network. In November 2011 the Yorkshire & Humber SCG Board had agreed (SCG 148/11) to marginally increase capacity at SCH to ensure all babies were in the best location to meet their needs under the existing model of surgery provided at SCH. Since that time STH had asked the Y&H office to consider moving the surgical unit to the Jessop Wing at STH as this would potentially allow greater compliance with the Tool Kit standards. Discussions had been held with the two Trusts. The conclusion was that there were significant workforce issues and clinical governance concerns that would make the proposal unfeasible.

The NORCOM meeting held on the 6 July 2012 considered the matter, as SCH was anticipating the return of tenders for building work, following the Y&H SCG Board approval in November 2011. NORCOM recommended that the neonatal surgery service be retained at SCH.

In terms of capacity, the North Trent Network now worked to a less than 27 week threshold and the Yorkshire Network had introduced an interim less than 26 week threshold. In order to move to a less than 27 week threshold in the Yorkshire Network LTHT would be opening additional intensive care/high dependency cots in September and increasing the neonatal nurse staffing levels.

Bradford THFT had agreed a business case for a capital build that would allow two new intensive care cots to be opened in 2013. Discussions with Hull and Calderdale Trusts were unresolved. This position had led to the specialised commissioning team undertaking a full review to consider the optimum number and location of level three intensive care units within the Yorkshire Network. The key conclusion from the review was that based on demand, geography and service co-location, the optimum configuration for neonatal intensive care units with the Yorkshire Network was a two centre model with locations in Leeds and Hull. However, LTHT could not accommodate the required activity before April 2015 at the earliest. Therefore, within the medium term, further capacity in a second level three unit would be required in West Yorkshire.

This second site would need to have sufficient demand to provide the throughput needed to maintain medical and nursing staff experience of caring for the more extremely pre-term babies and to justify the staffing costs required for maintaining this level of service. The benchmark being used for critical mass, based on expert clinical advice, was 10 level three intensive care cots. Within

the current options this level of critical mass could only be achieved by locating the neonatal intensive care unit in Bradford.

In terms of workforce ratios the report highlighted that both Networks had yet to comply with the Taskforce standards on nurse staffing and that some units did not comply with agreed local commissioning standards. There remained inconsistency and there was no pattern of higher bed day pricing resulting in better staffing ratios. It was felt unlikely that the matter would be resolved until the introduction of a national neonatal tariff in 2014/15 at the earliest.

A discussion followed on the matters raised in the report. After considering previous decisions and the evidence it was felt that the NORCOM recommendations that the surgical service be retained at SCH should be supported.

In respect of the NICUs, it was noted that Calderdale would not be able to meet the critical mass criteria. It was noted that the future strategic picture would be one of more centralisation in an environment of reducing resources and capacity. The aspirations of Calderdale to be a level three intensive care unit also had to be considered in this context.

The meeting then systematically reviewed all four options for NICUs set out in the report in terms of the long-term options for the Yorkshire & Humber area.

It was agreed that the one NICU option was not feasible based on geographical access. The four NICU option did not enable all the NICUs to meet the optimum critical mass of 10 level three cots.

The two NICU option met the criteria in terms of critical mass co-location and geographical access but this could not be achieved in the short to medium term due to the need to increase cot capacity in Leeds. It was agreed therefore that in the interim the only feasible option was three NICUs with a further review about reducing to two in the long term. The three centres would be Leeds and Hull, with Bradford in the medium term.

The question was raised whether the proposed changes would require a consultation to be undertaken. It was felt that this would not be required as it was not a significant service change; particularly as the number of babies involved was very small indeed.

Communications relating to the issue would have to be carefully considered.

The Chair and the Director of the Yorkshire & Humber Office would hold an urgent meeting with Calderdale to convey the decision of the Y&H SCOG.

The discussion then considered the workforce issues and it was felt that the ‘hotspot’ locations should be identified and reported to the Networks for action.

**It was agreed:**

(a) that the contents of the report recommendations be noted;

(b) that the NORCOM recommendation to retain the neonatal surgical service at SCH be confirmed as consistent with the Y&H SCG Board decision in November 2011;

(c) that progress to meet compliance with the less than 27 week threshold be noted;

(d) that in terms of the current service a three centre NICU be supported for the Yorkshire neonatal Network area; with a longer term option to reduce this to two centres;

(e) that the centres to provide the current service be Leeds, Hull and Bradford;

(f) that these changes would not require a formal consultation;

(g) that the Chair and Y&H Office Director hold an urgent meeting with Calderdale regarding the Y&H SCOG decision; and

(h) that the workforce 'hotspots' be identified and notified to the Networks for appropriate action. **Andy Buck Cathy Edwards Joanne Poole**

**SCOG 59/12 Review of Children's Congenital Heart Services**

A verbal update was provided to the meeting in respect of the Review of Children's Congenital Heart Services.

The Yorkshire and the Humber Joint Health Overview and Scrutiny Committee had determined to refer the decision taken by the JCPCT on 4 July to the Secretary of State.

**It was agreed** that the verbal update in respect of the Review of Children's Congenital Heart Services be noted. **Cathy Edwards**

**SCOG 60/12 Major Trauma – Commissioning Principles for Phase 2**

A report was presented to the meeting in respect of the commissioning principles for Phase 2.

The responsibility for the commissioning of major trauma would be with both the NHS Commissioning Board (commissioning of major trauma as a specialised service and complex rehabilitation (level 1 and 2)); and the Clinical Commissioning Groups (commissioning of, trauma unit services, trauma rehabilitation and ambulance services). In Yorkshire and the Humber an arrangement for co-commissioning would be in place to coordinate the commissioning care across the patient pathway.

The national service specification sets out standards required by major trauma centres and trauma units, and ambulance services. As a minimum it was

expected that the standards set out in the service specification would be achieved. However it was likely that there would be local additions to these standards.

In 2013-14 funding would solely be via national Payment by Results tariffs.

The Major Trauma Executive Group had identified that the Directors of the LATs would be responsible for the co-commissioning of major trauma and that the standards set out may not be affordable.

**It was agreed:**

(a) that the report in respect of Major Trauma Commissioning Principles for Phase 2 be noted; and

(b) that the commissioning principles for Phase 2 be approved. **Sarah Halstead**

**SCOG 61/12** **Pathway for Children with Major Trauma in NEYNL**

A report in respect of the pathway for children with major trauma in North East Yorkshire and North Lincolnshire (NEYNL) was presented to the meeting. This set out position statements produced by the Major Trauma Network and PIC Network, which confirmed the arrangement that would be put in place for the care of children in this area who had a major trauma.

**It was agreed** that the position statements set out in the report be noted. **Sarah Halstead**

**SCOG 62/12** **Developing Options for Expansion of Radiotherapy**

A report was presented to the meeting in respect of options for the expansion of radiotherapy in the Y&H area.

In February 2012 Y&H SCOG agreed that a group be set up to take forward a set of actions to determine the optimum configuration of radiotherapy services to meet expected demand by 2016. The Y&H Radiotherapy Development Group met in May 2012 and agreed the terms of reference, a set of service model principles and a number of actions for each Network to take forward, including modelling demand, appraising service models, determining optimum locations based on patient flows and identifying preferred options.

**It was agreed:**

(a) that the aims and approach of the Y&H Radiotherapy Development Group be noted;

(b) that the intention to present recommendations in respect of the optimum location of additional sites (where needed) by January 2013 be noted; and

(c) to note that the location recommendations may impact across more than one Cancer Network. **Kim Fell**

**SCOG 63/12** **Y&H Shared Haemodialysis Care Developments**

A report in respect of shared haemodialysis care developments was presented to the meeting.

The report provided background details to the establishment of the Shared Haemodialysis Care Programme which moved into the implementation stage in January 2012. The implementation was split over three phases; phase 1 Sheffield & York, phase 2 Hull and Leeds and phase 3 Bradford and Doncaster.

The over-arching aim was to transform the dynamics between the patient and the nursing staff, leading to improved outcomes. The key areas for the delivery of the programme were; measuring quality improvement, course design and development, stakeholder engagement and communication, speed and sustainability and qualitative research.

A national learning event had been held in Leeds on the 26 June 2012 and approximately 110 delegates attended, including the national clinical lead for renal services and the national director of NHS Kidney Care. The event had been very successful.

**It was agreed** that the latest developments with respect to shared haemodialysis care in the Yorkshire & Humber area be noted. **Shamila Gill**

**SCOG 64/12** **Neuromuscular Specialist Physiotherapy Service**

A report in respect of neuromuscular specialist physiotherapy service in the Y&H area was presented to the meeting.

The report provided a background to the issue and the further developments that had taken place since the previous report to the Y&H SCOG meeting in February 2012. The Neuromuscular Disease Expert Panel had recommended a sub-regional integrated neuromuscular physiotherapy service based on the model of specialist centres such as Newcastle, where services were provided to both children and adults. The report also set out the financial implications and the proposed method of taking forward the implementation.

A discussion followed and it was noted that this was not a specialised services area and that the implementation would need to be undertaken on a collaborative basis across the Y&H area. The matter needed to be referred to CCGs.

**It was agreed:**

(a) that the contents of the report in respect of a neuromuscular specialist physiotherapy service for the Y&H area be noted;

(b) that as the matter was a non-specialised one it should be referred to CCGs for consideration of implementation on a collaborative basis; and

(c) that a report be prepared for the consideration of CCGs. **Matt Neligan/ Kim Cox**

**SCOG 65/12** **Intestinal Failure Service and HPN**

An update report in respect of intestinal failure and home parenteral nutrition (HPN) was presented to the meeting.

A national process was underway to designate specialist intestinal failure centres. Five Trusts in the Y&H area had expressed an interest.

Doncaster and Bassetlaw NHS FT (DBT)
Sheffield Teaching Hospitals NHS FT (STHT)
Hull and East Yorkshire Hospitals Trust (HEYT)
Leeds Teaching Hospitals FT (LTHT)
Scarborough and North East Yorkshire Hospital (SNEY)

- LTHT was considered to meet the designation standards (subject to clarification on some minor points)
- STH and HEY were considered likely met the designation standards, subject to confirmation through a peer review process
- DBT and SNEY were considered not to meet the designation standards

The national team were expected to provide detailed feedback to all Trusts who had submitted an expression of interest imminently. Peer review visits would be organised for the Autumn, with services being designated shortly afterwards in order for specialist IF services to be commissioned by the NHSCB from April 2013.

As part of the specialist IF strategy it has been agreed that the organisational arrangements needed to change so that hospitals providing specialist IF services contract directly for the HPN provision thereby maintaining a clear link between the clinician managing the care of the patient and the provision of HPN. In addition, it had been calculated that a national procurement of HPN would generate significant cost savings.

**It was agreed** that the contents of the report in respect of intestinal failure services and HPN be noted. **Lisa Marriott**

**SCOG 66/12** **Cancer Pathway Review**

A report in respect of the cancer pathway review in the Humber and North Yorkshire and Lincolnshire areas was presented to the meeting together with the draft summary reports for pancreatic, brain/CNS and sarcoma cancers. The report presented the key themes and recommendations agreed by NEYHCOM.

The key recommendations focused on the need to develop fully IOG compliant services which would involve developing improved infrastructure, clarifying patient pathways and strengthening multidisciplinary team (MDT) working. The work required to take forward the recommendations would need to include the development of a more collaborative approach with another MDT. With specific regard to sarcoma services there would need to be a supra-network MDT.

A discussion followed on the above report and it was felt that the direction of travel set out was sensible. Further discussions were required on the way forward. As the recommendations related to specialised services it was clear that the follow up action needed to be led by the specialised commissioners.

**It was agreed:**

(a) that the contents of the report in respect of the cancer pathways review be noted;

(b) that further discussions be held in respect of the way forward; and

(c) that the next steps of the process be commissioner lead, ensuring the NHSCB was informed of the work. **Cathy Edwards**

**SCOG 67/12** **Y&H Cancer Drug Fund**

A report in respect of the Y&H Cancer Drug Fund was presented to the meeting. The priority list of medicines had been amended from the 1 July 2012 in respect of:

- Bevacizumab for Ovarian cancer
- Rituximab for Mantle Cell Lymphoma
- Abraxane **(**paclitaxel albumin) for Breast cancer
- Bevacizumab for Colorectal cancer
- Abiraterone – NICE Technology Appraisal (TA) 259 – Prostate cancer

There were no activity costs for PCTs anticipated with the above changes.

Financial information for Q1 2012-13 was also set out.

**It was agreed:**

(a) that the additions to the list of medicines approved for routine funding from the Cancer Drug Fund, including estimated costs be noted;

(b) that the arrangements for the funding of Abiraterone for prostate cancer following publication of NICE TA 259 be noted; and

(c) that the CDF expenditure for Q1 2012-13 be noted. **Paul McManus**

**SCOG 68/12** **Policy Recommendation**s

A report was presented to the meeting in respect of a NICE Technology Appraisal for Botulinum Toxin type A in the treatment of migraine. The previous Y&H policy was, therefore, no longer valid.

**It was agreed** that the NICE TA 260 for Botulinum Toxin type A in the treatment of migraine, which replaced the existing Y&H local policy for this indication be noted. **Paul McManus**

**SCOG 69/12** **Performance Report Year End Outturn 2011-12**

The performance report for the year end outturn 2011-12 was presented to the meeting, the information had been reviewed by the Performance Monitoring Sub Group (PMSG) meeting on the 11 July 2012

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The actual year-end financial outturn position for SCG contracted services in 2011/12 was an underspend of (£1,112k) or (0.2%) against a budget of £629,526k. This represented an improvement of (£3,415k) against the previously reported forecast outturn, fixed for final accounts purposes on month 9 data, of a £2,303k overspend.

The total underspend included the SCG strategic reserve of £1,800k.

The improved financial position was principally due to changes seen between the forecast for final accounts purposes and the year-end actuals for:

- Mid Yorkshire Hospitals NHS Trust (£1,398k)
- Other providers (£580k)

- National providers (£590k)
- Mental health medium secure services (£574k)

PCTs had been charged or credited with their respective shares of this net improvement in the 2012/13 financial year, corresponding invoices for which had now been raised.

**It was agreed** that the contents of the performance report year end outturn 2011-12 be noted. **Neil Hales**

**SCOG 70/12 Year to Date Position 2012-13**

A verbal update was provided to the meeting in respect of the year to date position. Mental health contracts were showing a projected overspend of £6m. Work was being undertaken by the Mental Health Governance Group and case managers, together with PCTs to clarify the position. There was an issue about the level of funding that had been transferred and the number of patients on the 1 April, there was a mismatch, so it was a question of realigning the budget allocations.

**It was agreed** that the verbal update on the year to date financial position be noted. **Frances Carey**

**SCOG 71/12 E16 Renal Dialysis Contract**

A report was presented to the meeting in respect of the E16 renal dialysis contract.

Under the E16 renal services agreement negotiated by the Department of Health, Fresenius Medical Care delivers dialysis provision to 13 units across the North West and Yorkshire & Humber areas. The pricing structure in the contract was out of step with the costs covered by the PbR tariffs.

The two Trusts affected by the issue in Yorkshire and the Humber were Hull and East Yorkshire NHS Trust and Doncaster & Bassetlaw NHSFT, both had indicated that they were concerned about the need to cover a gap between the contract price and the tariff in 2011/12.

In 2012/13 the gap was likely to be £933k. An apportionment for payment purposes had been suggested and in the Yorkshire & Humber area this would see each of the two provider Trusts paying 50% of the shortfall, with the other 50% being met by the PCTs.

Specialised commissioners had not accounted in budget setting for any additional funding in 2012/13.

A discussion followed on the matters outlined in the report. It was felt that all Finance Directors affected by the issue be advised fully of the situation. From 2013/14 this would be a matter for the NHSCB and the Department of Health.

**It was agreed:**

(a) that the contents of the report on the E16 renal dialysis contract be noted;

(b) that clarification of the two provider trusts positions in respect of the proposals for 2011/12 be sought;

(c) that the Finance Directors of affected PCTs be fully advised of the situation;

(d) that discussions continue with the relevant PCTs and Trusts in respect of the proposals for 2012/13; and

(e) that a planned approach be made to the DH, with a view to negotiating with Fresenius an improved position. **Jackie Parr**

**SCOG 72/12** **Y&H QIPP 2012-13**

A report in respect of the Y&H QIPP Programme for 2012/13 was presented to the meeting. The accompanying tables provided a breakdown of the Y&H QIPP by scheme, provider, PCT and year, together with recurrent savings and new savings for 2012/13.

The recurrent starting point from April 2012 was an annual saving of £8,888k derived from existing schemes. A further £2,236k was expected to be achieved during 2012/13, giving a total of £11,124k.

**It was agreed:**

(a) that the new format of reports be noted; and

(b) that the anticipated QIPP savings for 2012/13 were £11,124k. **Neil Hales**

**SCOG 73/12** **Y&H Renal Network Annual Report 2011-12**

The Y&H Renal Network Annual Report 2011/12 was presented to the meeting.

The Renal Services Strategy included a five year work programme (2009-2014), which covered sixteen priority areas.

The Annual Report highlighted some of the work that the Yorkshire and the Humber Renal Network had undertaken over the course of 2011-12 against the priority areas. This included developments in primary care, shared haemodialysis care and renal patient transport for haemodialysis. It also highlighted priorities and developments for 2012-13, and these included conservative kidney management, care planning, shared decision making and increasing access to transplantation.

The report included the views of patients and carers. It also sets out an overview of the structure of the Renal Network, including activity and finance information.

There would be significant changes to the NHS in the coming year and these would undoubtedly impact on the Renal Network. The Report identified some of the challenges for the year ahead and set out the priorities, including outcomes and deliverables.

**It was agreed**: that the Y&H Renal Network Annual Report 2011-12 outlining progress during the year be received. **Rebecca Campbell**

**SCOG 74/12** **Exception Risk (Assurance Framework) Report Q1 2012-13**

The Exception Risk (Assurance Framework) Report Q1 2012/13 was presented

to the meeting.

There had been one change to the risks included in the assurance framework since Q4 (2011/12) relating to the inclusion of Bassetlaw in the Y&H contracts.

**It was agreed:** that the contents of the Exception Risk (Assurance Framework) Report Q1 2012-13 be noted. **Neil Hales**

**SCOG 75/12 Minutes of the Performance Monitoring Sub Group meeting held on 9 May 2012**

**It was agreed** that the minutes of the Performance Monitoring Sub Group meeting held on the 9 May 2012 be received. **Neil Hales/ Frances Carey**

**SCOG 76/12 Minutes of the Clinical Standards Sub Group meeting held on 16 May 2012**

**It was agreed** that the minutes of the Clinical Standards Sub Group meeting held on the 16 May 2012 be received. **Kevin Smith**

**SCOG 77/12 Minutes of the Performance Monitoring Sub Group meeting held on 13 June 2012**

**It was agreed** that the minutes of the Performance Monitoring Sub Group meeting held on the 13 June 2012 be received. **Neil Hales/ Frances Carey**

**SCOG 78/12 Draft Minutes of the Congenital Cardiac Network meeting held on the 12 June 2012**

**It was agreed** that the draft minutes of the Congenital Cardiac Network meeting held on the 12 June 2012 be received. **Lisa Marriott**

**SCOG 79/12 Draft Minutes of the Yorkshire Neonatal Network meeting held on 22 May 2012**

**It was agreed** that the draft minutes of the Yorkshire Neonatal Network meeting held on the 22 May 2012 be received. **Joanne Poole**

**SCOG 80/12 Draft Minutes of the Forensic Catchment Group meeting held on 11 June 2012**

**It was agreed** that the draft minutes of the Forensic Catchment Group meeting held on the 11 June 2012 be received. **Ged McCann**

**SCOG 81/12 Draft Minutes of the Renal Network held on the 18 June 2012**

**It was agreed** that the draft minutes of the Renal Network held on the 18 June 2012 be received. **Rebecca Campbell**

**SCOG 82/12 Draft Minutes of the North Trent Neonatology Steering Group meeting held on the 19 June 2012**

**It was agreed** that the draft minutes of the North Trent Neonatology Steering Group meeting held on the 19 June 2012 be received. **Joanne Poole**

**SCOG Draft Minutes of the Children's Surgical Care Network meeting held on the**

**83/12 26 June 2012**

**It was agreed** that the draft minutes of the Children's Surgical Care Network meeting held on the 26 June 2012 be received. **Lisa Marriott**

**SCOG 84/12 Any Other Business**

There were no items of other business.

**SCOG 85/12 Date of Next Meeting**

9.00am on Friday, 28 September 2012 at Sandal Rugby Club, Wakefield