

**YORKSHIRE AND THE HUMBER
SPECIALISED COMMISSIONING
OPERATIONAL GROUP**

**Meeting held on Friday, 26 October 2012
At Sandal Rugby Club, Wakefield**

Decision Summary for PCT Boards

1 Strategy and Direction

SCOG 131/12 Transcatheter Aortic Implantation (TAVI) Review

It was agreed:

- (a) that the contents of the report in respect of Transcatheter Aortic Valve Implementation (TAVI) Review be noted;
- (b) that no new providers be considered for this service;
- (c) that LTHT be engaged to deal with the additional cases in 2012-2013; and
- (d) that further discussions be had with NHS North Yorkshire and York about the impact for them.

Kevin Smith

2 Policy

SCOG 127/12 Cancer Drugs Fund

It was agreed:

- (a) to note the changes to the list of medicines approved for routine funding from the Cancer Drug Fund (the CDF Priority Medicines List), including the estimated activity costs;
- (b) that PCTs adopt and implement the general policy for Ruxolitinib; and
- (c) to note the CDF expenditure between 1 April and 30 September 2012.

Paul McManus

3 Governance

SCOG 138/12 North of England SCG Annual Report 2011-12

It was agreed:

- (a) that the North of England SCG Annual Report 2011-2012 be received and the contents noted;
- (b) that PCT Boards be requested to have the NoE SCG Annual Report 2011-2012 presented to them at the earliest opportunity as part of the accountability framework for specialised commissioning.

Cathy Edwards

YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING OPERATIONAL GROUP

**Meeting held on Friday 26 October 2012
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MINUTES

Present:

Steve Hackett Matt Neligan	Director of Finance (Chair) Director of Commissioning Development	NHS South Yorkshire & Bassetlaw LAT NHS Airedale, Bradford & Leeds and representing NHS Calderdale, Kirklees & Wakefield
Caroline Briggs	Director of Strategy & Joint Commissioning	NHS The Humber and representing NHS North Yorkshire & York
David Black Eleri De Gilbert	Medical Director Commissioning Director	NHS South Yorkshire & Bassetlaw LAT NHS South Yorkshire & Bassetlaw LAT

In Attendance:

Cathy Edwards Kevin Smith Paul Crompton Lisa Marriott Anthony Prudhoe	Director Medical Advisor Business Manager Assistant Director of Commissioning Assistant Director of Contract & Performance	North of England SCG (Y&H) North of England SCG (Y&H) North of England SCG (Y&H) North of England SCG (Y&H) North of England SCG (Y&H)
Neil Hales	Assistant Director of Contract & Performance	North of England SCG (Y&H)
Paul McManus Frances Carey Laura Sherburn	Pharmacy Advisor Deputy Director of Finance Deputy Director of Commissioning	North of England SCG (Y&H) (Item 8) North of England SCG (Y&H) North of England SCG (Y&H) (Left after item 8b(i))

**SCOG Apologies
116/12**

Andy Buck Ann Ballarini	Chief Executive Executive Director of Commissioning & Service Development	NHS South Yorkshire & Bassetlaw LAT NHS Calderdale, Kirklees & Wakefield
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**SCOG Chair's Remarks
117/12**

The Chair welcomed Eleri De Gilbert the Commissioning Director in the NHS South Yorkshire & Bassetlaw Area Team and noted that this was Neil Hales final Y&H SCOG meeting.

**SCOG Declarations of Interest
118/12**

There were no declarations of interest.

SCOG 119/12 Minutes of the Yorkshire & the Humber SCOG meeting held on the 27 July 2012

It was agreed that subject to the inclusion of the apology of Anthony Prudhoe that the minutes of the Yorkshire & the Humber SCOG meeting held on the 28 September 2012 be approved as a true and accurate record.

Paul Crompton

SCOG 120/12 Matters Arising

(a) Women's Low Secure Services in York

A verbal update in respect of Women's Low Secure Services in York was presented to the meeting. Formal approval from the North of England SHA was still awaited. A discussion followed on potential further action and it was proposed that the South Yorkshire & Bassetlaw Finance Director should contact the SHA.

It was agreed that the verbal update in respect of Women's Low Secure Services in York be noted and that the South Yorkshire & Bassetlaw Finance Director contact the SHA regarding when the scheme would be approved to proceed.

**Steve Hackett/
Cathy Edwards**

SCOG 121/12 (b) Neurosurgery Activity at LTHT

A verbal update in respect of neurosurgery activity at LTHT was provided to the meeting and progress remained positive overall. The SCT and LTHT are monitoring trajectories set for delivering the agreed additional activity and for meeting RTT targets. Performance across outpatient and elective activity is good although follow up activity is under plan. The 95% RTT target has been met and will continue to be met and the 90% and 92% RTT targets will begin to demonstrate planned improvement from December 2012 until targets are met in March 2013.

It was agreed that the verbal update in respect of neurosurgery activity at LTHT be noted.

Anthony Prudhoe

SCOG 122/12 (c) Home Oxygen Services

A verbal update in respect of the Home Oxygen Service was provided to the meeting and there was no further progress on the matter.

The meeting was advised that this was another issue that would need consideration on how it was to be managed in the post April 2013 system. The meeting was also reminded that another service for such consideration was the specialist stammering service.

Matt Neligan offered to take these issues up with the Leeds CCGs.

It was agreed:-

- (a) that the verbal update in respect of the Home Oxygen Service be noted; and
- (b) that the NHS Airedale, Bradford and Leeds representative take the matter up with the Leeds CCG with a view to identifying a lead commissioning arrangements from April 2013.

**Matt Neligan/
Cathy Edwards**

SCOG 123/12 (d) Cystic Fibrosis Drug – Ivacaftor

A verbal report was provided in respect of the cystic fibrosis drug – ivacaftor. Further discussions were ongoing regarding this matter and single national advice to the four SCGs was anticipated in the next few weeks. The Y&H Office was acting as the lead on this matter. It was unlikely that there would be any financial impact in 2012/13.

It was agreed that the verbal report in respect of the cystic fibrosis drug – ivacaftor be noted.

Cathy Edwards

SCOG 124/12 **North of England SCG**

The meeting was advised that the draft minutes from the North of England SCG were not yet available and would be circulated as soon as possible..

SCOG 125/12 **Transition – General Update**

A verbal update was provided in respect of general transition issues.

The final authorisation of the South Yorkshire & Bassetlaw Area Team staffing structure was with the NHSCB Regional Director. Once this was agreed the process of job matching would commence.

NHSCB jobs were being advertised and it was acknowledged that there were issues around the process and timings.

The Clinical Reference Groups were continuing to deliver products; 130 service specifications and 25 policies had been produced to date. Impact assessments would be carried out in respect of these products in November/December.

The draft Commissioning Intentions for 2013-14 were nearing the final version and this document would be issued via the Regional Directors.

There was a discussion on how derogation from national specifications and policies would be handled. Significant non-compliance would be subject to a formal approval process and an action plan to achieve compliance would need to be produced.

A manual was to be produced nationally for CCGs; LATs and providers setting out all the service descriptions for specialised services and clarifying commissioning responsibilities. There was a potential risk that budgets would not match the responsibilities.

The meeting was advised that a national piece of work had been undertaken in respect of allocations for specialised services looking at the costs of commissioning convergence for all specialised services. The Department of Health had then determined the budget for specialised services.

A discussion followed and it was felt that there was likely to be less for CCG budgets than some had been expecting. It was felt that there was a need for guidance setting out exactly what things would look like on the 1 April 2013. It was essential that communication with providers and CCGs were maximized to assist in this process.

It was noted that PCTs were still the statutory bodies responsible for the accounts up to the 31 March 2013. It was noted that the North of England SCG

would be meeting in December and March.

The role of the Y&H SCOG was in respect of 2012-13 and securing the effective close down for PCTs on the 31 March 2013.

It was acknowledged that CCGs were finding it difficult to understand in relation to the new system and how they related to providers and the NHSCB. A key issue would be around how all the commissioners for a provider worked together.

It was agreed that the verbal update in respect of general transition be noted.

Steve Hackett

SCOG 126/12 Non Specialised Services – Activity Transfers

A verbal update was provided in respect of non specialised services and activity transfers. The previous meeting had considered the importance of local pathway development being taken forward by CCGs in respect of paediatric cardiac surgery and fertility.

The Y&H Office were in the process of writing a legacy document for CCGs that would be circulated in the next few weeks,

It was noted that the following organizational leads had been ascertained in respect of fertility:-

- Leeds West CCG for LTHT
- Sheffield CCG for STH
- North Yorkshire and Humber CSU and East Riding Fertility
- Rotherham CCG for Care Sheffield
- Still to be confirmed for Care Nottingham

The meeting was also advised of the non-specialised activity that was currently 'bundled' with specialist activity across the country. It was estimated that 20% of some charges from providers were for non-specialist activity. The question needed to be raised with CCGs as to whether they would deal with these charges on an individual or collaborative basis.

It was agreed that the verbal update in respect of non specialised services – activity transfers be noted.

Leeds Cluster

SCOG 127/12 Cancer Drug Fund

A report in respect of the Cancer Drug Fund was presented to the meeting. From the 1st October 2012 the Priority List of Medicines included the addition of Ruxolutinub for symptomatic splenomegaly due to myelofibrosis, and a draft policy statement was attached. There were no additional activity costs for PCTs anticipated with this change.

As advised at the July SCOG meeting, abiraterone for the treatment of castration-resistant metastatic prostate cancer was removed from the CDF Priority List of routinely funded medicines on 1st October following publication of a positive NICE appraisal in June 2012.

PCTs were requested to note that the tariff status of abiraterone, which was a hormonal treatment, had been the subject of significant debate. The DH had suggested that it was a hormonal agent and, therefore, not classified as chemotherapy that was excluded from PbR Tariff. However, at £1,325 (+VAT) per month, the cost of abiraterone was disproportionate to tariff payment to

providers and a pragmatic solution would be for it to be considered for pass through payment as a tariff-excluded high-cost medicine.

A list of patients receiving CDF funding for abiraterone had been circulated to each PCT. At 30 September, 65 patients were receiving the drug through the CDF.

Since 1 April, 500 new applications for funding had been received with a total of 507 patients currently receiving treatment funded by CDF.

In 2012/13, a total of £17.6M has been committed to funding approved applications for cancer medicines.

The meeting was advised that four teams would be established across the country to administer the CDF after 1 April 2013.

It was agreed:-

- (a) to note the changes to the list of medicines approved for routine funding from the Cancer Drug Fund (the CDF Priority Medicines List), including the estimated activity costs;
- (b) that PCTs adopt and implement the general policy for Ruxolitinib; and
- (c) to note the CDF expenditure between 1 April and 30 September 2012.

Paul McManus

**SCOG
128/12 Major Trauma**

A verbal update in respect of major trauma was provided to the meeting. Progress since April 2012 had been reviewed and activity was (with the exception of Sheffield) lower than the contractual values. There were some concerns that new service standards might not be met as the anticipated income streams to sustain resources were not being realized. In the following discussion it was suggested that the standard might need to be re-visited. Providers were also concerned at the lack of clarity from the NHSCB and that they were now in a critical time-scale for planning resources in 2013-2014. The number of major trauma centres in the Y&H area could also come under review. TARN data was now available and work was underway to analyse this. The meeting was also advised that there were instances of major trauma centres not completing the rehabilitation prescriptions as required.

It was agreed that the verbal update in respect of major trauma be noted.

**SCOG
129/12 Y&H Office Risk Register and Assurance Framework due October 2012**

The Y&H Office Risk Register and Assurance Framework for October 2012 was presented to the meeting.

There had been six new risks added to the risk register since September and three risks had been removed. A further three risks had seen an increase in their residual risk scores.

A discussion followed and it was noted that there was a significant risk in the Y&H Office in respect of the lack of information support and it was felt that urgent liaison was required with the SY&B Commissioning Support Unit (CSU) in respect of this matter. There was also a risk with the Y&H Office capacity generally to deal with all the other issues. A further major risk was in respect of meeting the contract deadline for 2013-2014 on February 28th in view of the lack

of information and tools that were awaited nationally. The Y&H Office had been as open and transparent with providers as possible in the circumstances.

It was agreed that the contents of the Y&H office Risk Register and Assurance Framework for October 2012 be noted.

**Laura
Sherburn**

SCOG 130/12 Transcatheter Aortic Valve Implantation (TAVI) Review

A report on Transcatheter Aortic Implantation (TAVI) Review was presented to the meeting.

TAVI had been commissioned from LTHT at the 2011/2012 outturn position and it had been agreed that the provision be reviewed at the 6 month period. The projection was that there would be over 75 cases in 2012-2013, most from West Yorkshire. Hull and Sheffield referrals were not sufficient to consider additional providers in those localities. It was also noted that there were more providers across the North of England than was necessary to meet demand.

It was noted that there would be an additional cost pressure from meeting the extra cases above the previous forecast. The meeting was also advised that this service would be the responsibility of the NHSCB from April 2013.

A discussion followed and it was felt that the most practical approach was to negotiate with LTHT to cover the increased cases for 2012-2013, and that no new providers should be considered. It was noted that there was a particular impact for NHS North Yorkshire and York and further consultation was required to address this.

It was agreed

- (a) that the contents of the report in respect of Transcatheter Aortic Valve Implementation (TAVI) Review be noted;
- (b) that no new providers be considered for this service;
- (c) that LTHT be engaged to deal with the additional cases in 2012-2013; and
- (d) that further discussions be had with NHS North Yorkshire and York about the impact for them.

Kevin Smith

SCOG 131/12 Cardiac QIPP 'Clinical Compact' Implementation – Update

A report in respect of Cardiac QIPP 'Clinical Compact' Implementation was presented to the meeting. A previous update had been received by the Y&H SCOG at the meeting in February 2012.

The three clinical networks were identified as the vehicle for implementation and audit of the clinical compacts, recognising that the majority of the care pathway for the treatment of stable angina takes place in primary and secondary care and that the decision for a patient to be recommended revascularisation (whether coronary artery bypass graft or percutaneous coronary intervention) comes at the end of this pathway.

The implementation of the clinical compacts had been prioritised by the three cardiac networks in Yorkshire and Humber, all of which had plans in place to progress this work. There was collaboration between the networks, however, the organisational infrastructure and operational priorities did differ, therefore it was agreed that each network would develop its own methodology for

implementation and audit within the overall framework agreement to implement the three clinical compacts.

It was agreed

- (a) that the contents of the report in respect of Cardiac QIPP 'Clinical Compact' Implementation be noted; and
- (b) that the ongoing work within the networks and CCG commissioning be supported.

Lisa Marriott

SCOG 132/12 Paediatric Cardiac Surgery

A verbal update was provided in respect of paediatric cardiac surgery. The Y&H Health Overview and Scrutiny Committee had not yet submitted their referral to the Secretary of State. However, the Lincolnshire HOSC and the Leicester and Rutland HOSC had submitted referrals to the Secretary of State and these had been forwarded to the Independent Review Panel. It was suggested that the response letter from the Independent Review Panel be circulated as this was an excellent summary of the chronology of events to date.

In the meantime a national workshop for providers and clinicians had been held regarding implementation. The Y&H Office was monitoring any impact on existing performance resulting from the situation.

It was agreed that the verbal update in respect of paediatric cardiac surgery be noted.

Cathy Edwards

SCOG 133/12 Paediatric Neurosurgery

A verbal update in respect of paediatric neurosurgery advised that there were no further developments to report.

It was agreed that the verbal update in respect of paediatric neurosurgery be noted.

Cathy Edwards

SCOG 134/12 Neonatal Services

A verbal update in respect of neonatal services was provided to the meeting. Further to the update provided at the Y&H SCOG meeting in September a letter had been received from Calderdale and Huddersfield Trust, which set out the Trust's acceptance of the decision resolved by the Y&H SCOG, subject to the resolution of one or two outstanding issues.

The situation at Hull and East Yorkshire Hospital was still to be resolved and meetings were scheduled to progress the required action. LTHT had commenced the recruitment of staff for the additional service.

It was agreed that the verbal update in respect of neonatal services be noted.

Cathy Edwards

SCOG 135/12 Vascular Services

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

There was a need to accelerate the progress of implementation in the Y&H area. The Y&H Office had been unable to obtain a copy of the position statement between LTHT and Mid Yorkshire Hospitals and there appeared to be no agreed

position between the two organisations. The matter may require escalation. Unless there was a strong partnership, it would not be compliant with national specification in 2013.

Calderdale and Huddersfield Hospitals and Bradford Hospital had made good progress.

There were difficulties in South Yorkshire between Sheffield and Doncaster and the commissioners were working closely with the two Trusts to resolve outstanding issues relating to the partnership working and in particular interventional radiology. The discussions had identified the need for standardised protocols and record keeping for inter-organisation communication and decision making. The concept of multi-disciplinary working across different providers needed to be robust and well documented.

There would be a formal report submitted to the November meeting of the Y&H SCOG.

It was agreed

- (a) that the verbal update in respect of vascular services be noted; and
- (b) that a further report be submitted to the Y&H SCOG meeting in November 2012.

SCOG 136/12 Renal Services E16 Contract

A report in respect of the Renal Services E16 Contract was presented to the meeting.

The report set out the background to the Department of Health agreement for the independent provision of dialysis services in Yorkshire and the Humber and the North West from December 2007. Within the Y&H area Doncaster & Bassetlaw had two E16 satellite units and Hull & East Yorkshire Hospital had five E16 satellite units.

A number of issues had been identified with the way that the contract currently operates. These included: issues relating to the capacity provided; significant overstaffing due directly to terms in the contract; under utilisation due to costs out of line with tariff; and a high burden of clinical and management information reporting. It was stressed that the clinical quality was of a high standard and the patient satisfaction with the services was also very high.

The contract runs until 2017 with no break clauses. A full report based on the review of issues was being prepared detailing the risks and opportunities which would facilitate early discussion with the Department of Health with a view to opening re-negotiation of the E16 contract.

The meeting was advised that a meeting with the DH was scheduled for the 5 November 2012.

It was agreed that the content of the report in respect of the Renal Services E16 contract be noted.

Jackie Parr

SCOG 137/12 Exception Performance Report as at 31 August 2012

The Exception Performance Report as at the 31 August 2012 was presented to the meeting.

The overall month five position was a projected £7.7 overspend. The majority of this related to mental health which had been explained at the Y&H SCOG meeting in September.

In terms of the acute contracts there were a range of variances and these would need to be managed carefully for the remainder of the year and the following were of particular note:-

- significant increase in cost per case spend at Sheffield Teaching Hospitals contributing to current £3.4m overspend
- drugs and devices at Leeds Teaching Hospitals £3.6m overspend which is outside the block contract
- cardiology and burns at Mid Yorkshire Hospitals contributing to forecast overspend of £1.8m.
- underspending at Hull and East Yorkshire Hospital which will require validation and is expected to reduce
- underspending at the Providers, particularly in relation to vascular and neonatal intensive care were expected to continue

A discussion followed and it was agreed that there was an urgent requirement to resolve the mental health issue. The SY&B Finance Director and Y&H Office Deputy Finance Director would liaise with the NHS Airedale, Bradford & Leeds representative to clarify the required action.

It was agreed

- (a) that the contents of the Exception Performance Report up to the 31 August 2012 be noted;
- (b) that the mental health budgeting position be resolved on the basis of the previous Y&H SCOG, meeting decision (Minute SCOG 95/12) – PCTs to cover the cost on a pay as you go basis; and
- (c) That further discussions take place to ensure the expeditious resolution of the matter.

**Steve Hancock
Frances Carey
Matt Neligan
Simon Kaye
Ged McCann
Cathy Edwards**

SCOG 138/12 North of England SCG Annual Report 2011-2012

The North of England SCG Annual Report 2011-2012 was presented to the meeting.

The annual report formed part of the accountability framework for specialised commissioning and the constituent PCT Boards were requested to have the NoE SCG Annual Report 2011-2012 presented to them at the earliest opportunity.

The annual report should be shared as widely as possible with stakeholders.

The annual report can be viewed on the NoE and constituent SCG Websites.

It was agreed

- (a) that the North of England SCG Annual Report 2011-2012 be received and the contents noted;
- (b) that PCT Boards be requested to have the NoE SCG Annual Report 2011-2012 presented to them at the earliest opportunity as part of the

Cathy Edwards

accountability framework for specialised commissioning.

SCOG 139/12 Draft Minutes of the Clinical Standards Sub-Group meeting held on 19 September 2012

It was agreed that the draft minutes of the Clinical Standards Sub Group meeting held on the 19 September 2012 be received.

Kevin Smith

SCOG 140/12 Draft Minutes of the Regional Policy Sub Group meeting held on 11 September 2012

It was agreed that the draft minutes of the Regional Policy Sub Group meeting held on the 11 September 2012 be received.

Paul McManus

SCOG 141/12 Minutes of the Performance Monitoring Sub Group meeting on 12 September 2012

It was agreed that the minutes of the Performance Monitoring Sub Group meeting held on the 12 September 2012 be received.

**Laura
Sherburn /
Frances Carey**

SCOG 142/12 Draft Minutes of the Yorkshire Neonatal Network meeting held on 5 September 2012

It was agreed that the draft minutes of the Yorkshire Neonatal meeting held on the 5 September 2012 be received.

Joanne Poole

SCOG 143/12 Draft Minutes of the Renal Network Strategy Group meeting held on the 24 September 2012

It was agreed that the draft minutes of the Renal Network Strategy Group meeting held on the 24 September 2012 be received.

**Jackie Parr /
Rebecca
Campbell**

SCOG 144/12 Non Specialised Services

The meeting was advised of the importance and urgency in securing new lead organisations for non-specialised activities that were currently managed by the Y&H Office.

SCOG 145/12 Any Other Business

There were no items of other business.

SCOG 146/12 Date of Next meeting

9.00am on Friday 23 November 2012 at Sandal Rugby Club, Wakefield.