

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

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

Decision Summary for PCT Boards

1 STRATEGY & DIRECTION

**SCOG
10/12 Financial Plan 2012-13**

It was agreed:

- (a) that the updated financial plan 2012-2013 following contract negotiation and signature be approved;
- (b) that a number of national contracts remain to be signed, be noted; and
- (c) that the amounts identified to be kept in PCT reserves be noted.

**Frances Carey/
All PCTs**

**SCOG
11/12 Financial Risk Share 2012-13**

It was agreed:

- (a) that the report and verbal update in respect of the financial risk share be noted; and
- (b) that in view of the PCT responses, only the existing risk share schemes would be rolled forward into 2012-2013.

Frances Carey

**SCOG
12/12 SCG Acute CQUIN Final Scheme**

It was agreed:

- (a) that the final version of the SCG acute CQUIN scheme 2012-2013 be approved; and
- (b) that the approach to monitoring quality dashboards be noted.

**Kevin Smith
/Neil Hales**

**SCOG
15/12 Y&H Conservative Kidney Management Strategy**

It was agreed:

- (a) that the Y&H Conservative Kidney Management Strategy be approved; and

- (b) that CCGs be encouraged to engage with the strategy.

**Cathy Edwards
/ Jackie Parr**

2 **POLICY**

SCOG **Y&H Cancer Drugs Fund End of Year Report 2011-12**
17/12

It was agreed:

that the contents of the end of year report in respect of the Y&H Cancer Drug Fund 2011-2012 be noted.

Paul McManus

3 **GOVERNANCE**

SCOG **Contract Management Governance**
08/12

It was agreed:

- (a) that the contents of the report in respect of contract management governance be noted;
- (b) that the two key issues for 2012-2013 were governance and planning for the longer term; and
- (c) that a further report regarding updated terms of reference would be made to the May Y&H SCOG meeting.

**Anthony
Prudhoe**

YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING OPERATIONAL GROUP

Meeting held on Friday, 27 April 2012
Sandal Rugby Club, Wakefield

Present:

Steve Hackett	Director of Finance - Chair	NHS South Yorkshire & Bassetlaw
Steve Wainwright	Chief Operating Officer	NHS Barnsley
Nigel Gray	Deputy Director of Commissioning	NHS Airedale Bradford & Leeds also representing NHS Calderdale, Kirklees & Wakefield
John Hancock	Head of Specialist Services and Clinical Networks	NHS North Yorkshire & York (items 1-9a)
Caroline Briggs	Director of Strategy & Joint Commissioning	NHS The Humber

In Attendance:

Cathy Edwards	Director	NoE SCG (Y&H)
Frances Carey	Deputy Director of Finance	NoE SCG (Y&H)
Paul Crompton	Business Manager	NoE SCG (Y&H)
Lisa Marriott	Assistant Director of Commissioning	NoE SCG (Y&H)
Paul McManus	Pharmacy Advisor	NoE SCG (Y&H) (item 8a)
Sarah Tunnicliff	Specialty Registrar in Public Health	NoE SCG (Y&H)

SCOG Apologies 01/12

Andy Buck, Chief Executive, NHS South Yorkshire & Bassetlaw Cluster
Ian Atkinson, Chief Operating Officer, NHS Sheffield
Ann Ballarini, Executive Director of Commissioning and Service Development, NHS Calderdale, Kirklees and Wakefield
Jayne Brown, Chief Executive NHS North Yorkshire & York Cluster
Matt Neligan, Director of Commissioning Development, NHS Airedale, Bradford & Leeds
Neil Hales, Assistant Director of Contracting & Performance, NoE SCG (Y&H)
Anthony Prudhoe, Assistant Director of Contracting & Performance, NoE SCG (Y&H)
Kevin Smith, Medical Advisor, NoE SCG (Y&H)

SCOG Declarations of Interest 02/12

There were no declarations of interest.

SCOG Minutes of the Yorkshire & the Humber SCOG meeting held on the 23 03/12 March 2012

It was agreed that the Minutes of the Yorkshire & the Humber SCOG meeting held on the 23 March 2012 be approved as a true and accurate record.

Paul Crompton

**SCOG
04/12** **Matters Arising**

(a) Women's Low Secure Services in York

A verbal update in respect of Women's Low Secure Services in York was provided to the meeting. Further to the discussion at the Y&H SCOG meeting on the 23rd March 2012 (SCOG 62/11) the Chair had forwarded a letter to the SHA following the receipt of written assurance including reference to the relevant legal advice from the Chief Executive of North Yorkshire and York PCT. The SHA had indicated verbally that the letter provided the assurances required, however, formal confirmation of that position was still awaited.

The NoE SCG Y&H Office had carried out all of the actions required to expedite this matter and further progress was dependent upon the SHA.

It was agreed that the verbal update in respect of Women's Low Secure Services in York be noted.

Cathy Edwards

(b) Major Trauma

A verbal update in respect of Major Trauma was provided to the meeting. The new operating procedures went live on the 1st April 2012. There was a phased approach to the introduction of these changes and a continuous review process was in place to monitor developments. Figures for the first three weeks indicated that there had been 3 "bypass" admissions at STH, 4 at HEY and none at LTHT.

A brief discussion followed regarding comparisons with the previous and new systems in respect of improved life expectancy. It was noted that the major impact of the new system would be in respect of quality of life issues and rehabilitation, which were expected to improve significantly.

The NoE SCG Executive Team were looking at data comparisons.

It was agreed that the verbal update in respect of Major Trauma be noted.

Cathy Edwards

(c) Review of Children's Cardiac Services

A verbal update in respect of the Review of Children's Cardiac Services was provided to the meeting. A judicial judgement had been made in favour of the review process, which overturned the earlier judicial judgement in favour of the London Brompton Trust. The latest judgment meant that the original consultation exercise was valid. The work of the JCPCT was continuing and it was expected that a decision would be made at a meeting to be held in public on the 4th July 2012.

It was envisaged that there could be further legal challenges after the JCPCT decisions.

A brief discussion followed, focussing on what needed to be done in the Y&H area.

It was agreed that it would be helpful to produce a briefing note for each PCT Board to update the Board on recent activities and remind them of the decision making process.

The Y&H Office Director indicated that she was meeting with the JHOSC Chair on the 11th May to provide an update; and liaising with LTHT

A response would be required from each PCT in respect of compliance with the Public Equality Duty and Equality Impact Assessments. The Y&H Office Director would circulate the cluster chief executives regarding the required response, including a template, which would facilitate the consistent completion of the return. It was felt that the Cluster Chief Executives should respond on behalf of each of the PCTs within the respective clusters.

It was agreed:

- (a) that the verbal update in respect of the Review of Children's Cardiac Services be noted; and
- (b) That a briefing note be prepared for each of the PCT Boards.
- (c) that the Chief Executives of the Clusters be asked to respond on behalf of each of the constituent PCTs in respect of the return that was required, regarding the Public Quality Duty/Equality Impact Assessment.

**Cathy
Edwards/Cluster
Chief
Executives**

(d) Improving Outcomes Guidance – Sarcoma

A verbal update was provided to the meeting in respect of Improving Outcomes Guidance – Sarcoma. The Network review in the Humber area would be concluded in June 2012.

It was agreed that the verbal update report regarding the IOG Sarcoma be noted.

Cathy Edwards

(e) Yorkshire & the Humber SCOG Terms of Reference

A verbal update was provided in respect of the Y&H SCOG terms of reference. The NoE SCG Executive Team was working to produce a document providing a narrative explanation, together with example 'Decision Trees' to clarify the governance arrangements across the NoE SCG.

It was agreed that the verbal update in respect of the Y&H SCOG terms of reference be noted.

Cathy Edwards

**SCOG
05/12** **NoE SCG**

A verbal update was provided to the meeting, which identified that there had

been no NoE SCG meeting in April and that the next meeting was on 11th May 2012.

It was agreed that the verbal update in respect of the NoE SCG be noted.

Cathy Edwards

**SCOG
06/12** **Transition – General Update**

A verbal update in respect of transition was provided to the meeting. There had been no new developments to report, there was still no clarity on the operating model for specialised services and office locations; there was likewise nothing to report with regard to clinical networks.

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

Cathy Edwards

**SCOG
07/12** **Contracts Update**

A verbal update in respect of contracts was provided to the meeting. All contracts had been signed and agreed by the 31st March and evidence submitted to the SHA. Work was continuing to align contracts to the 'minimum take' and the deadline for achieving this was the 30th June 2012.

The Chair stated that everyone involved with the completion of the contracts should be thanked for their hard work and efforts in achieving a very difficult task within the timescales.

It was agreed:

- (a) that the verbal update in respect of contracts be noted; and
- (b) that the Chairs thanks to staff for their hard work and effort be endorsed.

Cathy Edwards

**SCOG
08/12** **Contract Management Governance**

A report in respect of contract management governance was presented to the meeting.

The paper clarified the key factors set out in the Establishment agreement:-

- The NoE SCG is established as a joint committee of each of the Boards of the 51 PCTs (the Members).
- The members have agreed to delegate their individual administrative and day to day management responsibilities to the NoE SCG and to delegate to Specialised Commissioning Team Host Primary Care Trusts the entering into contracts on their behalf.
- Within that context, NHS Barnsley PCT hosts the Yorkshire and Humber Office Specialised Commissioning Team and has delegated all aspects of contracting for acute and mental health specialised services to the Yorkshire and Humber Office Specialised Commissioning Team under the 'Standing Orders, Reservation and Delegation of Powers, Standard Financial Instructions for NHS Barnsley.

Contract performance would be reviewed and monitored on a monthly basis.

The Yorkshire and Humber Office Specialised Commissioning Team would execute its contracts as an agent for itself and on behalf of each Associate Commissioner ie the other SCGs. It would manage contracts in accordance with the provisions set out and provide information to Associate Commissioners in line with the specification contained in the Consortium Agreement.

The Y&H Office SCT would also work with PCT contract hosts to monitor: quality requirements, nationally specified events; newer events; CQUINs nationally mandated areas; mixed sex accommodation and surveys.

Regular monthly reports relating to acute and mental health contract monitoring linked to performance and finance, would be presented to the SCOG Performance Monitoring Sub Group and to the Yorkshire and Humber SCOG.

The terms of reference of the SCG Performance Monitoring Sub-Group were being reviewed and changed to reflect the new contracting responsibilities of the Yorkshire and Humber Specialised Commissioning Team and would be brought back to the Y&H SCOG meeting in May 2012. The Specialised Mental Health Governance Group (made up of Yorkshire and Humber Specialised Team mental health staff and PCT staff) would continue to meet on a quarterly basis to discuss contracting issues and its terms of reference would not change.

The terms of reference of the Yorkshire and the Humber Clinical Standards Sub-Group were also to be reviewed within the context of the Yorkshire and Humber Specialised Commissioning Team's contract responsibilities for monitoring and reporting on service standards and clinical quality. An update of this review would also be reported to the Y& H SCOG meeting in May 2012.

A discussion followed and it was highlighted that PCTs were now finding it increasingly difficult to ensure a member presence at meetings. The transition of staff from PCTs to CCGs and CSU would further exacerbate this problem. It was also noted that PCT response times were either slowing or responses were not being provided.

It was felt that transparent and robust governance arrangements were an essential requirement during the transition year 2012-2013.

It was noted that clusters had differing governance arrangements and the level of CCG and CSU development varied, so this would complicate matters further. The collaborative working of CCGs needed to be developed. In Leeds each CCG would take a specific contract lead, whilst commissioning will come through a collaborative approach and there was a lot of work to do.

It was felt that there were two key issues for 2012-2013 (a) governance issues and (b) planning for the longer term.

It was agreed:

(a) that the contents of the report in respect of contract management

governance be noted;

- (b) that the two key issues for 2012-2013 were governance and planning for the longer term; and
- (c) that a further report regarding updated terms of reference would be made to the May Y&H SCOG meeting.

Anthony Prudhoe

**SCOG
09/12** **Information Services**

A report was presented to the meeting in respect of information services.

The provision and collation of activity information had been an issue for the SCT for some time. Two years ago an agreement had been reached with PCTs that any activity checking relating to SUS data would be carried out by PCTs themselves and any issues notified to the relevant provider. For non-SUS data the agreement was that the SCT would check this. This however didn't solve the issue of having all the data together to use as an information tool.

The position at the moment was that this resource, along with some additional resource within the SCT, collated and validated information. SUS data was stored within a data warehouse however at the moment no reporting functionality has been set up. Non-SUS data equates to approximately 50% of overall contract activity and was not currently stored anywhere other than on a secure network.

As the SCT had taken on the lead commissioner role for all acute contracts from 1 April 2012 this had now become one of if not the major system risk in terms of ensuring that the team could properly undertake the contracting and performance management role of the lead commissioner. Also in terms of the move to the NHS Commissioning Board (NHSCB) there would be a requirement to have all activity information for the specialties covered within the Specialised Commissioning definitions in order to agree and set contracts with providers from 1 April 2013.

Discussions with NHS Barnsley were ongoing, with a view to resolving the data warehouse and reporting issues. Any additional resources required would not be material and would be covered by the SCT budget. The mental health system was deemed fit for purpose pending a new national system.

It was agreed:

- (a) that the position in relation to the provision of information services for contracts be noted; and
- (b) that the proposed way forward with NHS Barnsley be endorsed.

Frances Carey

**SCOG
10/12** **Financial Plan 2012-2013**

A report in respect of the Financial Plan 2012-2013 was presented to the meeting, together with a financial statement that was split between SCG and collaborative contracts.

There were a number of changes to the previous report which had been

presented to the March 2012 Y&H SCOG meeting and these had all been agreed with the appropriate PCT.

It was noted that the contract with LYP for services in York would transfer by 1 July 2012.

National contracts which had still to be agreed had been included based on month 8 forecast.

In terms of horizon scanning a number of items had not been included in contracts. A review of horizon scanning had been undertaken to understand which elements needed to remain in PCT resources, this has been included with the Financial Plan reconciliation.

The overall financial plan reconciliation showed that the variance from the Financial Plan presented in March 2012 for SCG and collaborative functions was £4.6m.

All of the above Information had been forward to each PCT.

In view of the differing criteria that had been involved in setting the contracts this year, it was very difficult to assess what was the real level of growth and the underlying reasons for the growth.

It was agreed:

- (a) that the updated financial plan 2012-2013 following contract negotiation and signature be approved;
- (b) that a number of national contracts remain to be signed, be noted; and
- (c) that the amounts identified to be kept in PCT reserves be noted.

**Frances Carey/
All PCTs**

**SCOG
11/12 Financial Risk Share Proposals 2012-2013**

A report in respect of Financial Risk Share Proposals for 2012-2013 was presented to the meeting.

A number of papers had been presented to the Y&H SCOG and previously the Y&H SCG Board regarding a new risk share arrangement to cover specialised commissioning contracts for 2012/2013 only. A number of concerns had been raised by PCTs, some of which had been discussed at the PMSG in January 2012 and appeared to give reassurance to the PCTs.

Concerns however had been raised by NHS Sheffield specifically around issues relating to the potential impact of dominant FCEs which could not be quantified at this stage and also around the fact that Sheffield's percentage of the risk share would be artificially inflated because of secondary care within some of HRGs.

In addition NHS Sheffield and NHS Doncaster would not want a risk share on low secure due to the issues that they experienced in previous years within the

low secure risk share.

A proposal had, therefore, been circulated to PCTs to ask if they would consider the risk share proposal as it was but excluding STH and low secure from that and the latter two contract areas being managed on an actual basis.

The meeting was advised that fourteen PCTs had indicated that they only wanted the existing risk share arrangements to continue operating for 2012-2013 and one PCT would go with the majority view.

A discussion followed and the SCG (Y&H Office) Deputy Director of Finance expressed disappointment at the outcome, particularly as an indication of agreement in principle to an all in risk share had been made at the October Y&H SCG Board meeting. Two key criteria would not now be achieved: stability for PCTs re fluctuations; and better use of SCG finance staffing resources.

It was agreed:

- (a) that the report and verbal update in respect of the financial risk share be noted; and
- (b) that in view of the PCT responses, only the existing risk share schemes would be rolled forward into 2012-2013.

Frances Carey

SCOG 12/12 SCG Acute CQUINs Final Scheme

A report in respect of the SCG Acute CQUIN final scheme and the approach to quality dashboard monitoring was presented to the meeting.

Further to the CSSG meeting on 21st March some minor points of clarification had been added to the CQUIN scheme in relation to Indicator 6 - Spinal Cord Injury. This impacts on 2 providers only, Sheffield Teaching Hospitals NHSFT and Mid Yorkshire Hospitals NHST.

Quality Dashboards

With regard to quality dashboards, 0.5% or 20% of CQUINs payments will relate to dashboards which are mandated for all specialised services contracts in 2012/13.

The monitoring approach to be undertaken in respect of providers' completion of quality dashboards during 2012/13 was set out. Quarter 1 payment of CQUIN would be made on providers' completion of a 'readiness assessment'. Subsequent quarters payments would be determined by the CSSG dependent upon review of provider progress in implementing quality dashboards.

It was agreed:

- (a) that the final version of the SCG acute CQUIN scheme 2012-2013 be approved; and
- (b) that the approach to monitoring quality dashboards be noted.

**Kevin Smith
/Neil Hales**

SCOG 13/12 Paediatric Neurosurgery

A report in respect of Children's Neuroscience Networks was presented to the meeting.

The national Safe and Sustainable Team had been working on a review of paediatric neurosurgery services in England, on behalf of the NHS Medical Director and the 10 SCGs since 2009. The review was commissioned to address three key concerns:-

- Children's neurosurgical services had developed in England in an ad hoc way with no strategic oversight for this specialty service nationally.
- Children and their families expect a "world class service" for the challenging conditions these children have and current services are not sustainable nor able to meet future requirements and developments in the field, and may not be able to match the best outcomes when compared internationally.
- Few of the current children's neurosurgical services were able to provide access to specialists 24/7.

The proposed model of care was that in future there would be a number of Children's Neuroscience Networks (for the neurosurgical child) (CNN) across England who meet the geographical and service criteria described in the national framework document. These networks would comprise at least two Children's Neurosurgical Centres (CNC), one of which would be responsible for the management role for the network supported by clinical leaders from the CNC and/or clinical leaders who were responsible for specific pathways or subspecialties across the network.

Two documents had been launched to support the wider consultation process plus a questionnaire:-

- Children's Neuroscience Networks (for the neurosurgical child); a framework for services in England – February 2012.
- Children's Neuroscience Networks (for the neurosurgical child): specification standards – February 2012.

A discussion followed and it was noted that the SCGs had been asked to work with local providers to develop the footprint for the Networks. It was highlighted that Sheffield had links to the Midlands and Nottingham, but in terms of resilience, Sheffield in the North of England would be a stronger option for this area.

The Y&H Office would produce a document setting out the key criteria and risks relating to network configuration options involving Yorkshire and the Humber providers.

The National Review would be making a decision on the Networks by the

31 July and feedback needed to be provided to inform the process.

The Y&H Director would be briefing the Leeds City Council Overview and Scrutiny Committee on the 16th May 2012.

PCTs and providers should respond to the consultation if they wish to do so. It was envisaged that the Yorkshire & Humber SCT would be responding.

The potential impact on other pathways such as cancer and major trauma would need to be considered in determining the most appropriate future network configuration.

Any comments would be appreciated by the Y&H Office.

It was agreed:

- (a) that the progress on the national review be noted;
- (b) that the position in terms of the second phase of engagement, currently in progress, be noted; and
- (c) that comments and advice on the future of Children's Neuroscience Networks in the Y&H area be forwarded by PCTs to the Y&H Office.

**Cathy Edwards /
PCTs**

SCOG 14/12 Paediatric Cardiac of Standards Compliance

A report in respect of Paediatric Cardiac Outpatient Services, Standards Compliance was presented to the meeting.

The Y&H SCG Board had agreed at the meetings in April and September 2011 to the designation of Trusts that met the agreed service standards for paediatric cardiac outpatients services.

It was also agreed that there would be a review in early 2012 of Trusts where meeting the standards involved recruitment of medical staff. The report indicated that York Teaching Hospitals NHS FT and Sheffield Children's NHS FT would meet the standards in full by the end of May 2012. Doncaster & Bassetlaw NHS FT had indicated that they would be appointing the required Cardiology personnel in August/September and thus meet the service standards. Once the above were in place, all Trusts within the Y&H area would be compliant.

It was agreed:

- (a) that the update report in respect of Paediatric Cardiac Outpatient Standards Compliance be noted; and
- (b) that a letter be forwarded to the Chief Executive of Doncaster & Bassetlaw NHS FT to seek assurances on the commitment to the appointment of a consultant cardiologist in the time-scales set out.

Lisa Marriott

SCOG 15/12 Y&H Conservative Kidney Management Strategy

A report together with a copy of the Y&H Conservative Kidney Management

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Strategy was presented to the meeting.

The Yorkshire and the Humber Renal Network Renal Services Strategy (2009 – 2014) included Conservative Kidney Management as a priority area, with the following objective stated:

- “To ensure full supportive treatment for those patients with advanced kidney failure who, in conjunction with carers and the clinical team, decide against dialysis”.

In order to achieve this objective, the Yorkshire and the Humber Renal Network successfully obtained funding from the National End of Life Care Programme to fund a clinical lead for conservative kidney management for the course of 2011. The purpose of the post was to raise the issue of conservative and end of life care across the region, improve relationships with palliative care, and produce a regional strategy which includes a conservative kidney management pathway.

Appropriate access to conservative and palliative care also formed part of the Yorkshire and the Humber Renal Network’s QIPP Programme.

The Yorkshire and the Humber Conservative Kidney Management Strategy had been approved by the Yorkshire and the Humber Renal Strategy Group, at its meeting on 26th March 2012.

A discussion followed and it was noted that a considerable amount of work had gone into the production of the strategy and that all providers were signed up to the document. It was felt that the emerging CCGs needed to be fully engaged with the strategy.

It was agreed:

- (a) that the Y&H Conservative Kidney Management Strategy be approved; and
- (b) that CCGs be encouraged to engage with the strategy.

**Cathy Edwards /
Jackie Parr**

SCOG 16/12 Y&H Renal Network Developments

A report in respect of Y&H Renal Network Developments was presented to the meeting, The report provided a brief update on the following developments:

- (a) The Network had been successful in an application to join the national ‘Shared Decision Making Special Programme
- (b) a multi centre study was being evaluated in terms of the use of a paper based version of ‘Patient Decision Aid’
- (c) Sheffield Kidney Institute had been running a six month project to support care planning and an application for further funding was being planned
- (d) Five of the six Renal Units had been offered funding from NHS Kidney

Care to help develop their 'Cause for Concern Registers' to promote consistent approaches

- (e) The Chronic Kidney Disease Quality Improvement Programme (CKD-QIP) had come to an end and a new IT tool was being piloted to sustain on going improvement.
- (f) In 2011 the Bradford Renal Unit had been successful in a bid for a six month project to develop timelier listing for transplantation. The learning from this project was being shared across the network.
- (g) A 3 year project had commenced to audit peritoneal dialysis catheter function.

The Renal Network Annual Report 2011-2012 would be presented to Y&H SCOG in the summer.

A discussion followed and it was acknowledged that the Y&H Renal Network had an impressive list of achievements. It was felt to be important that CCGs were fully aware of the CKD programme.

It was agreed:

- (a) that the latest developments in the Y&H Renal Network be noted; and
- (b) that CCGs be made aware of the importance of the CKD improvement programme.

**Cathy Edwards /
Jackie Parr/
Rebecca
Campbell**

SCOG 17/12 Cancer Drug Fund 2011-2012 End of Year Report

An end of year report for the Cancer Drug Fund 2011-2012 was presented to the meeting. 2011-2012 was the first full year of operation for the CDF. Only 1% of applications had not been approved and there had been no appeals. There was an allocation of £14m for the year with a further top up of £6m, but this had not been required. Actual expenditure for the year was anticipated to be around the £11m mark. Uptake of the CDF has been slow in the Y&H area, in comparison to other areas. However, the list of drugs on the list and the fact that some are for use over longer periods of time will have an impact on expenditure and there was a risk that demand would put pressure on the resources available.

Finance and auditing arrangements would need to be discussed with the SHA who hold the actual allocation.

In terms of evaluation, outcomes and comparisons, this may be difficult as the 10 CDFs all have different priority lists, however a national audit had been agreed and was now in progress. The data returns to the audit were very incomplete and addressing this matter with providers was a priority.

It was agreed that the contents of the end of year report in respect of the Y&H Cancer Drug Fund 2011-2012 be noted.

Paul McManus

SCOG 18/12 Exception Performance Report to 31st January 2012

The Exception Performance Report for the period up to 31st January 2012 was presented to the meeting. The meeting was asked to note that the current projected outturn position for 2011-2012 was a £2303k overspend.

It was agreed that the Exception Performance Report to the 31st January 2012 be noted.

**Neil Hales /
Frances Carey**

SCOG 19/12 Y&H QIPP 2011-2012 Q3 Report

A report in respect of the Y&H QIPP Programme for Quarter 3 of 2011-2012 was presented to the meeting. The report set out the financial overview as at December 2011, together with a summary of the individual projects.

A full set of the QIPP reports was sent to PCTs on a monthly basis, and the PMSG meeting had a standing agenda item for QIPP to be discussed.

Monthly financial and activity sharing reports were submitted to the SHA.

A question was raised regarding the fertility project and whether this would pass to CCGs in April 2013.

Cathy Edwards

It was agreed that the Quarter 3 (2011-2012) report in respect of the Y&H QIPP Programme be noted.

Neil Hales

SCOG 20/12 Exception Risk (Assurance Framework) Report for Quarter 4 of (2011-2012)

The Exception Risk (Assurance Framework) Report for Quarter 4 of 2011-2012 was presented to the meeting.

The report provided a summary of the corporate, contract and service risks with a consequence score of 4 or 5. There had been one change to the risks included in the assurance framework since Q3. This was in relation to Leeds Teaching Hospitals NHS Trust – 'Trust unable to achieve 18 week RTT across neurosurgery' – score 20.

A discussion followed and the meeting was advised by the host PCT representative that the issue was being actively discussed with LTHT and the issue was one of capacity and deliverability.

The meeting was advised that the Y&H Office was still awaiting responses from some PCTs in respect of the 2% headroom.

It was felt that a further report setting out 'other pressures with the system' across all specialties would be useful. The issue was then how these matters could be addressed in the current environment.

It was agreed:

(a) that the contents of the Exception Risk (Assurance Framework) Report –

Q4 2011-2012 be noted; and

- (b) that a further report on pressures within the system be made to a future meeting. **Cathy Edwards / Neil Hales**

SCOG 21/12 Minutes of the Performance Monitoring Sub-Group Meeting held on the 14th March 2012

It was agreed that the Minutes of the Performance Monitoring Sub-Group meeting held on the 14th March 2012 be received. **Neil Hales / Frances Carey**

SCOG 22/12 Minutes of the Clinical Standards Sub-Group Meeting held on the 9th February 2012

It was agreed that the Minutes of the Clinical Standards Sub-Group meeting held on the 9th February 2012 be received. **Kevin Smith**

SCOG 23/12 Draft Minutes of the Congenital Cardiac Board Meeting held on the 22nd February 2012

The meeting was advised that the CCB currently did not have a Chair and would shortly not have a Network Manager. The Y&H Office Medical Advisor was undertaking the Chair's role on an interim basis.

It was agreed that the draft Minutes of the Congenital Cardiac Network Board meeting held on the 22nd February 2012 be received. **Lisa Marriott**

SCOG 24/12 Draft Minutes of the Forensic Catchment Group meeting held on the 9th March 2012

It was agreed that the draft Minutes of the Forensic Catchment Group meeting held on the 9th March 2012 be received. **Ged McCann**

SCOG 25/12 Draft Minutes of the Y&H Renal Network Meeting held on the 26th March 2012

It was agreed that the draft Minutes of the Y&H Renal Network meeting held on the 26th March 2012 be received. **Jackie Parr**

SCOG 26/12 Any Other Business

- (a) Cystic Fibrosis

There was one item of other business, in respect of the imminent licensing of a new cystic fibrosis drug. It was anticipated that nationally the additional cost could be as high as £42.5m which equated to £150-£200k per annum per patient.

It was suggested that a further report be made to the Y&H SCOG. **Cathy Edwards**

It was agreed that the update in respect of the cystic fibrosis drug be noted and that a further report be made to the Y&H SCOG.

SCOG **Date of Next Meeting**
27/12

9.00am, Friday 25th May 2012, Sandal Rugby Club, Wakefield.

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

**Meeting held on Friday, 25 May 2012
At Sandal Rugby Club, Wakefield**

Decision Summary for PCT Boards

1 STRATEGY & DIRECTION

**SCOG
34/12** **Review of Children's Cardiac Services**

It was agreed:-

- (a) that the verbal update provided in respect of the Review of Children's Cardiac Services be noted; and
- (b) that PCTs be re-circulated with the instructions for the completion of the return in respect of the Duty of Equality.

**Cathy
Edwards**

2 POLICY

**SCOG
36/12** **Policy Recommendations**

It was agreed:-

- (a) to note the policy recommendations in respect of Tobramycin and Mannitol dry powder inhalers;
- (b) that the policy recommendations be presented to PCT Cluster Boards for consideration and approval; and
- (c) that PCTs ensure implementation of the policies and that these policies are available to the public in accordance with the directions from the Secretary of State.

**Paul
McManus**

YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING OPERATIONAL GROUP

**Meeting held on Friday, 25 May 2012
Sandal Rugby Club, Wakefield**

Present:

Andy Buck	Chief Executive	NHS South Yorkshire & Bassetlaw
Steve Hackett	Director of Finance	NHS South Yorkshire & Bassetlaw
Steve Wainwright	Chief Operating Officer	NHS Barnsley and representing NHS Doncaster, and NHS Rotherham
Ian Atkinson	Chief Operating Officer	NHS Sheffield
Ann Ballarini	Executive Director of Commissioning & Service Development	NHS Calderdale, Kirklees & Wakefield
Sue Metcalfe	Deputy Chief Executive/Director of Localities	NHS North Yorkshire & York
Matt Neligan	Director of Commissioning Development	NHS Airedale, Bradford & Leeds
Caroline Briggs	Director of Strategy & Joint Commissioning	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)
Sarah Tunnicliff	Specialty Registrar in Public Health	North of England SCG (Y&H)
Simon Kaye	Assistant Director of Finance	North of England SCG (Y&H)
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)

**SCOG Apologies
28/12**

Frances Carey, Deputy Director of Finance, North of England SCG (Y&H)

**SCOG Declarations of Interest
29/12**

There were no declarations of interest.

**SCOG Minutes of the Yorkshire & the Humber SCOG meeting held on the 27 April
30/12 2012**

It was agreed that the Minutes of the Yorkshire & the Humber SCOG meeting held on the 27 April 2012 be approved as a true and accurate record. **Paul Crompton**

(a) Women's Low Secure Services in York

A verbal update in respect of women's low secure services in York was provided to the meeting. Following the actions outlined at the Y&H SCOG meeting on the 27 April 2012 (SCOG 04/12) the SHA had advised that they still required further definitive legal advice from Hempsons. The meeting was advised that further work was underway to try and obtain a resolution to this matter.

(b) Major Trauma

A verbal update report in respect of Major Trauma was provided to the meeting. The Major Trauma Executive Group had met earlier in the week and had been advised that Phase I was working well, with the activity figures suggesting no immediate issues of concern. The Executive Group meeting in July would look at issues that may need to be addressed to ensure the continued smooth operation of the scheme.

The Executive Group had had a discussion around the financial and commissioning framework for Phase II of the scheme. It was noted that there was no additional financial resource available beyond those arising from the Best Practice Tariff. This may necessitate some redesign of the system. It was noted that providers had raised some genuine issues that would need to be addressed. The commissioning framework would need to be addressed across the whole pathway, which would include the CCGs and NHSCB in their future roles.

It was suggested that commissioner leads should look at the changes in patient patterns and activity that were being seen with the operation of the new system.

It was felt that the matters raised should be investigated within the next two months. Sarah Halstead would co-ordinate discussions with the three sub-regional commissioner leads and a finance lead with a view to reporting to the Y&H SCOG in the first instance at the meeting on the 27 July 2012.

It was agreed-

- (a) that the verbal update in respect of Major Trauma be noted; and
- (b) that the issues in relation to the financial and commissioning framework for Phase II of the major trauma scheme be investigated and a report to be made to the Y&H SCOG meeting on the 27 July 2012.

Sarah Halstead

(c) Information Services

A verbal update was provided to the meeting in respect of information services. Work was progressing with NHS Barnsley and the first output from the information system was expected on the 21 June. The reporting templates for the Y&H Office were currently being developed.

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

Neil Hales

SCOG 32/12 North of England SCG

A verbal update was provided to the meeting in respect of the NoE SCG Board meeting held on the 11 May 2012.

The three main items of note that had been discussed were as follows:

- (a) New national transitional arrangements, including the establishment of a Transition Development Group, which would take a lead role on a number of issues.
- (b) The Transition Cluster Delivery Plan had been presented to the meeting and a copy of this was on the agenda at item 6(b).
- (c) Decision making in the transition environment had been discussed, no conclusions had been determined and it was felt that the application of common sense was particularly important, together with liaison with those bodies that may be impacted by any decisions.

It was agreed that the verbal update in respect of the NoE SCG Board meeting held on the 11 May 2012 be noted.

Cathy Edwards

SCOG 33/12 Transition

(a) General Update

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

- (i) The NHSCB meeting on the 31 May would be presented with a report on the Operations Directorate (the report was viewable on the NHSCB website). It was anticipated that further details would be provided at the meeting on the proposed number of local offices, which would have a common set of functions. It was envisaged that around one third of these offices would have a lead on Specialised Commissioning.
- (ii) Collaborative arrangements that were currently transacted via Y&H SCOG would need to be considered and the arrangements that would need to be put in place in the new structures. It was felt that the Y&H SCOG should facilitate the co-ordination of discussions about what would be required in the Y&H area. This would be possible once the new geography of office locations and the appointment of Directors became clear. The fact that CCGs were at different stages of development, would not make the process any easier.
- (iii) There were no further developments in respect of Clinical Networks.
- (iv) The Chair stated that once there was some clarity regarding specialised commissioning in the new structures he would be arranging a further staff meeting.

(b) Transition Cluster Delivery Plan

A copy of the report in respect of the 'Cluster Delivery Plan' which had been presented to the NoE SCG Board meeting on the 11 May 2012, was presented to the meeting.

It was agreed:-

- (a) that the verbal update in respect of Transition be noted; and
- (b) that the report in respect of the 'Cluster Delivery Plan' be noted.

**Cathy Edwards/
Andy Buck**

SCOG 34/12 Review of Children's Cardiac Services

A verbal update report was provided to the meeting in respect of the national Review of Children's Cardiac Services. The meeting was reminded that the JCPCT would be making a decision at the meeting on the 4 July 2012.

Chairs and Chief Executives of Clusters would need to be briefed in the lead up to the meeting and post the decision, so arrangements would need to be put in place to facilitate this.

The meeting was reminded that Chief Executives had received a letter on the 20 April 2012 in respect of the completion of a return regarding the Duty of Equality. The meeting was advised that this return did not need to be presented to PCT Boards, but could be dealt with through the PCT Equality Delivery Systems. The return required five questions and six sub questions to be answered; returns needed to identify the responses of individual PCTs.

It was felt that a re-circulation of instructions to PCTs on this matter would be useful, with a copy to Zuzana Bates at the JCPCT.

It was agreed:-

- (a) that the verbal update provided in respect of the Review of Children's Cardiac Services be noted; and
- (b) that PCTs be re-circulated with the instructions for the completion of the return in respect of the Duty of Equality.

Cathy Edwards

SCOG 35/12 Paediatric Neurosurgery

A verbal update in respect of Paediatric Neurosurgery was provided to the meeting. The meeting was advised that discussions were being progressed regarding the consideration of network footprints and the following were to be the key criteria:-

- (i) Network viability
- (ii) Travel distances for patients
- (iii) Complimentary sub-specialisations
- (iv) Links to adult neurosurgery
- (v) Coherence with other patient pathways
- (vi) Impact on transport

(vii) Relationships between Provider Trusts

The meeting was advised that the National Team would be doing further work on the network assessment process, so the timetable for consideration of the network footprints would slip to October 2012.

Initial analysis suggested that Newcastle and Leeds may have some issues around numbers and procedures, if Sheffield was not included in the same area. The inclusion of Sheffield in the Northern Network would not affect the viability of the Midlands Network. This would not be an easy issue to resolve. The NoE SCG would be the decision making body for this matter.

It was agreed that the verbal update report in respect of Paediatric Neurosurgery be noted.

Lisa Marriott

**SCOG
36/12** **Policy Recommendations**

A report was presented to the meeting, setting out two proposed commissioning policies.

The Y&H Office of the NoE SCG was the national lead on the commissioning arrangements for cystic fibrosis.

The proposed policies were for two recently marketed high cost treatments: Tobramycin dry powder inhaler and Mannitol dry powder inhaler, that were not included in the national policy. These policies would be submitted to the Clinical Reference Group for Cystic Fibrosis and other SCGs for consideration, as additions to the current national policy.

The proposed policies were supported by the Y&H Cystic Fibrosis Expert Panel and the Regional Policy Sub-Group. Their implementation was not expected to increase treatment costs or to change existing contractual arrangements. However, the terms of the policy for Tobramycin dry powder inhaler excluded shared care prescribing by GPs.

The meeting was advised of the following change to the final sentence in the 'summary of evidence' box in the proposed policy for Tobramycin dry powder inhaler: "Since the price reduction does not currently apply to Tobramycin dry powder inhaler dispensed in the community, GP shared care prescribing will not be supported at this time."

It was agreed:-

- (a) to note the policy recommendations in respect of Tobramycin and Mannitol dry powder inhalers;
- (b) that the policy recommendations be presented to PCT Cluster Boards for consideration and approval; and
- (c) that PCTs ensure implementation of the policies and that these policies are available to the public in accordance with the directions from the Secretary of State.

Paul McManus

**SCOG
37/12** **Exception Performance Report to 29 February 2012**

The Exception Performance Report for the period up to the 29 February 2012

was presented to the meeting. The information contained in the report had been received by the Performance Monitoring Sub Group on the 9 May 2012.

The current projected outturn position for 2011-12 remained as an £2,303k overspend.

Financial accounts were anticipated on the 6 June and the final year end position 2011-12 would be reported to the July meeting of the Y&H SCOG.

It was agreed that the Exception Performance Report to the 29 February 2012 be noted.

Neil Hales

SCOG 38/12 Acute CQUIN Scheme 2011-12 – Quarter 4 Performance

A report in respect of the Acute CQUIN scheme 2011-12, Quarter 4 performance was presented to the meeting. The Clinical Standards Sub-Group had reviewed the details of performance at the meeting on the 16 May 2012. All Providers had achieved the required performance with the exception of Leeds Teaching Hospitals NHS Trust who failed CQUIN Indicator 2 (Out of Region Transfers re PICU).

The 5% tolerance had been exceeded (8.5%) which equated to 5 cases out of 59. However, the meeting was advised that subsequent to the circulation of the report, a review by LTHT had identified that two patients had been mis-recorded. Based on this information LTHT would have failed by 0.08%.

A discussion followed in relation to whether the reviewed information should be accepted and then whether the result should be rounded to enable the payment to be made.

It was felt that in terms of 'reasonableness' the reviewed information should be accepted and the result rounded to enable payment.

The meeting was advised that the solution had resulted in very senior involvement in the validation of data.

The Y&H Office were asked to check with NHS Leeds that the above approach did not conflict with their approach to the CQUIN scheme; and that subject to this that the following be **agreed**:-

- (a) that the revised information relating to CQUIN Indicator 2, presented by Leeds Teaching Hospitals be accepted;
- (b) that the revised result for Leeds Teaching Hospitals for Indicator 2 be rounded to 5%; and
- (c) that payment for all indicators be made to all Providers in respect of Quarter 4 performance in the CQUIN 2011-12 scheme.

**Neil Hales/
Kevin Smith**

SCOG 39/12 Neurosurgery Activity at Leeds Teaching Hospitals Trust

A report was presented to the meeting in respect of neurosurgery activity at Leeds Teaching Hospitals Trust. The meeting was advised that the Performance Monitoring Sub-Group had considered the matter at the meetings on the 11 April and 9 May 2012.

The report summarised the situation to date, as follows; the contract negotiations for 2012-13 had excluded a number of areas with a view to putting in bids against the commissioner 2% non-recurrent headroom funding in 2012-13. Within this context the required funding of £2.61m to reduce the first outpatient waiting times to 12-13 weeks, was not included in the LTHT contract.

The report set out the additional funding required from each PCT and the initial indication of whether the PCT was in a position to fund this amount and whether they had indicated their agreement to do so.

Discussions had taken place with LTHT in relation to delivering a sustainable 18 week pathway or reductions across the existing in-patient backlogs on a non-recurrent basis. The conclusion from the discussions was that alternative independent providers would have to be commissioned to reduce the backlog, where LTHT was unable to deliver.

Since the circulation of the report, LTHT had indicated that they would have difficulty sub-contracting work. A discussion followed with particular emphasis on the issues for NHS North Yorkshire and York and NHS East Riding, both of which had indicated that they were not in a position to proceed.

The NHS North Yorkshire and York representative indicated that they would wish to see details on the number of patients and the waiting times. The key issue was affordability and fairness across all PCTs. The NHS North Yorkshire and York Trust Board would then have to make a final decision. The Humber Cluster representative indicated that NHS East Riding said that they felt the matter was one of principle and that LTHT should clear the backlog within the block contract. Discussions had also taken place with Hull and East Yorkshire Hospital Trust and they were not experiencing any problems or capacity issues. Further internal discussions within the Humber Cluster would be required before a final answer could be provided.

Representatives from West Yorkshire advised the meeting that discussions had taken place and assurances were sought on the following matters:

- (i) that payment was only in respect of activity above the plan;
- (ii) that this was a non-recurrent payment to clear the backlog;
- (ii) that LTHT would be required to submit reports on what actions they were taking to reduce demand;
- (iv) that sanctions would be applied to LTHT for breaching of RTT targets.
- (v) that scoliosis activity was being handled in a different way.

The Y&H Office staff confirmed their assurance to these points. The West Yorkshire representatives indicated to the meeting that these assurances met their requirements and that they were able to proceed with the proposed actions set out in the report.

All members present expressed their serious concern and disquiet that the situation in neurosurgery had not been resolved by LTHT. It was felt that this

matter was an urgent priority for the LTHT to resolve in 2012-13. The facts were clear, patients were awaiting treatment and this was not being provided in the 18 week period. It was felt that LTHT should be monitored closely to ensure that they delivered to the plan and block contract and that they develop an action plan to address and resolve this matter.

It was agreed:-

- (a) that the report in respect of neurosurgery activity at Leeds Teaching Hospitals Trust be noted;
- (b) that the recommendations set out in the report be approved;
- (c) that LTHT be advised of the concerns of the Y&H SCOG regarding this matter, and that measures be put in place in 2012-13 to resolve the situation;
- (d) that the PMSG monitor the delivery of the plan and contract with LTHT; and
- (e) that further discussions take place with NHS North Yorkshire & York and NHS East Riding to provide further information and clarification to enable their internal deliberations on this matter.

Anthony Prudhoe

SCOG 40/12 Y&H SCOG Sub-Group Terms of Reference

The revised Terms of Reference for the Clinical Standards Sub-Group, Performance Monitoring Sub-Group and the Regional Policy Sub-Group were presented to the meeting.

A discussion followed and it was noted that the review had been undertaken to try and keep the terms of reference in line with the evolving transition, and they would be kept under further review. It was suggested that Clusters may need to have discussions regarding their representation.

It was agreed that the revised terms of reference for the Clinical Standards Sub-Group, Performance Monitoring Sub-Group and the Regional Policy Sub- Group be approved.

Cathy Edwards

SCOG 41/12 Minutes of the Clinical Standards Sub Group meeting held on 21 March 2012

Kevin Smith

It was agreed that the Minutes of the Clinical Standards Sub Group meeting held on the 21 March 2012 be received.

SCOG 42/12 Minutes of the Performance Monitoring Sub Group meeting held on the 11 April 2012

**Neil Hales/
Frances Carey**

It was agreed that the Minutes of the Performance Monitoring Sub Group meeting held on the 11 April 2012 be received.

SCOG 43/12 Draft Minutes of the Yorkshire & Humber Children's Surgical Care Network Board held on the 27 March 2012

Lisa Marriott

It was agreed that the draft Minutes of the Y&H Children's Surgical Care Network Board held on the 27 March 2012 be received.

44/12 Draft Minutes of the North Trent Neonatal Network Steering Group held on

Joanne Poole

the 17 April 2012

It was agreed that the draft Minutes of the North Trent Neonatal Network Steering Group held on the 17 April 2012 be received.

**SCOG
45/12**

Draft Minutes of the Y&H Renal Strategy Group held on 26 March 2012

**Jackie Parr/
Rebecca
Campbell**

It was agreed that the draft Minutes of the Y&H Renal Strategy Group meeting held on the 26th March be received.

**SCOG
46/12**

Home Oxygen Service Update

An update report in respect of the Home Oxygen Service was presented to the meeting. The new contract with Air Products commenced on 1 May 2012, and various training events had taken place in relation to this.

The report set out the details of a contract arbitration process between the Y&H area, Wales and the West Midlands, in relation to which would receive a 6% discount with the supplier. The Department of Health would arbitrate and the result would be known in due course.

There was a brief discussion in reference to the arbitration process.

It was agreed that the update in respect of the Home Oxygen Service be noted.

NHS Leeds

**SCOG
47/12**

Any Other Business

(a) Date of Next Meeting

The meeting was advised that the next Y&H SCOG meeting on the 22 June would be affected by attendance at another meeting on the same day. A discussion followed and it was felt that the June Y&H SCOG meeting could be cancelled.

**SCOG
48/12**

Date of Next Meeting

9.00am on Friday, 27 July 2012 at Sandal Rugby Club, Wakefield