

# YORKSHIRE AND THE HUMBER SPECIALISED COMMISSIONING OPERATIONAL GROUP

Meeting held on Friday, 25 January 2013  
At Sandal Rugby Club, Wakefield

## Decision Summary for PCT Boards

### 1 Strategy and Direction

**SCOG 155/12** Findings of the Options Appraisal for the Expansion of Radiotherapy Access across the Yorkshire & Humber area.

**It was agreed:-**

- (a) that the contents of the report setting out the findings of the option appraisal for the expansion of radiotherapy access across the Y&H area be noted;
- (b) that the approach and principles set out in the report be supported and endorsed
- (c) that the option for a second centre for the YCN at York be supported;
- (d) that the option for a second centre for the NTCN at Doncaster be supported;
- (e) that the possible requirement for a third YCN centre to the West of the area be noted;
- (f) that the report be presented to the Boards of the YCN and HYCCN to gain their support and endorsement to the proposals and options; and
- (g) that the Y&H Radiotherapy Development Group be retained.

**Kim Fell  
Cathy Edwards**

### 2 Policy

Nothing to report.

### 3 Governance

#### **152/12** Management Budget

It was agreed that

- (a) the contents of the report in respect of the management budget forecast and redundancy liability be noted; and
- (b) the proposal that a formal forecast for all the management budgets be circulated at the beginning of February be noted.

**Frances Carey**

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## MINUTES

### Present:

Andy Buck	Chief Executive	NHS South Yorkshire & Bassetlaw Area Team
Tim Furness	Chief of Business Planning and Partnerships	NHS Sheffield, NHS Barnsley, NHS Doncaster and NHS Rotherham
Ann Ballarini	Executive Director of Commissioning and Service Development – Deputy CEO	NHS Wakefield, NHS Kirklees and NHS Calderdale
Michael Loftus	Senior Commissioning Manager	Leeds West Clinical Commissioning Group
Caroline Briggs	Director of Strategy & Joint Commissioning	NHS The Humber and representing NHS North Yorkshire & York
Eleri De Gilbert	Commissioning Director	NHS South Yorkshire & Bassetlaw Area Team
Julie Warren	Director of Commissioning	North Yorkshire & the Humber Area Team

### 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)
Frances Carey	Deputy Director of Finance	North of England SCG (Y&H) (Items 1 – 7a only)
Kim Fell	Cancer Network Director	North of England SCG (Y&H) (Item 7c only)

### SCOG 147/12 Apologies

Ian Atkinson	Chief Operating Officer	NHS Sheffield
Nigel Gray	Chief Officer	NHS Airedale, Bradford & Leeds

### SCOG 148/12 Declarations of Interest

There were no declarations of interest.

### SCOG 149/12 Minutes of the Yorkshire & the Humber SCOG meeting held on the 26 October 2012

**It was agreed** that the minutes of the Yorkshire and the Humber SCOG meeting held on 26 October 2012 be approved as a true and accurate record.

**Paul Crompton**

**SCOG  
150/12**     **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, confirming that the proposals had been approved by the North of England SHA and that the capital scheme would be implemented.

**It was agreed** that the verbal update in respect of women's low secure services in York be noted.

**Cathy Edwards**

(b)     Neurosurgery Activity at Leeds Teaching Hospitals Trust (LTHT)

A verbal update in respect of neurosurgery activity at LTHT was provided to the meeting confirming that activity was on track and plan.

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

**Cathy Edwards**

(c)     Home Oxygen Services

A verbal update in respect of the home oxygen service was provided to the meeting. Currently NHS Leeds had the Yorkshire and Humber-wide lead responsibility for this matter. It was a legacy issue and needed to be passed to CCGs. Ideally CCGs should identify a lead CCG for the matter. The representative from NHS Leeds agreed to liaise with the lead officer for the contract with a view that he would then contact the following officers in the area teams: Tim Furness, Jane Hawcard and Caroline Briggs, so that they could take the matter further with the CCGs in their areas. The Director of Specialised Commissioning would be kept informed of progress.

**It was agreed** that the NHS Leeds lead officer for the home oxygen contract should liaise with the identified lead officers in the Area Teams, so that they can raise the matter with the CCGs in their areas to identify a lead CCG for the contract.

**Michael Loftus  
Martin Ford  
Caroline Briggs  
Jane Hawcard  
Tim Furness  
Cathy Edwards**

(d)     Cystic Fibrosis Drug – Ivacaftor

A verbal report was provided to the meeting with regard to the cystic fibrosis drug – ivacaftor. The meeting was reminded that there should be no IFRs regarding this matter and that drug was being provided by the manufacturer at no cost up to the 31 March 2013.

**SCOG  
151/12**     **North of England SCG**

The minutes of the North of England SCG meeting held on the 14 September 2012 were presented to the meeting for information.

**It was agreed** that the minutes of the North of England meeting held on the 14 September be noted.

**Cathy Edwards**

**SCOG 152/12 Management Budget Forecast and Redundancy Liability**

A report in respect of the management budget forecast and redundancy liability was presented to the meeting. Any underspends would need to be returned to PCTs prior to 31 March 2013.

Work was continuing to ensure the number of redundancies was reduced to the minimum.

A formal forecast position would be notified to PCTs at the beginning of February. A further update would be provided in the middle of March.

**It was agreed that**

- (a) the contents of the report in respect of the management budget forecast and redundancy liability be noted; and
- (b) the proposal that a formal forecast for all the management budgets be circulated at the beginning of February be noted.

**Frances Carey**

**SCOG 153/12 Neonatal Gestational Threshold Compliance**

A report in respect of neonatal gestational threshold compliance was presented to the meeting. The report provided a summary of the decisions to date and update on progress in each of the neonatal networks.

The networks had continued to monitor the implementation of the gestational thresholds through quarterly reports to their Boards. A review of the data confirmed that in both Networks the units had been compliant with the gestational thresholds put in place. In the Yorkshire Neonatal Network (YNN) there had been 41 babies born below 26 weeks from 1 June 2012 who had all been born within the tertiary centres or transferred to a tertiary centre within the first few hours of life. In the North Trent Neonatal Network (NTNN) there had been 15 babies born below 27 weeks gestation from 1 April 2012 who also had received their care appropriately. While there were some exceptions further investigation had found that their date of birth was prior to policy implementation or in the case of Calderdale, prior to the NIC configuration review outcome.

A discussion followed and it was felt that there had been substantial progress in respect of this matter.

**It was agreed** that the contents of the report in respect of neonatal gestational compliance be noted.

**Lisa Marriott**

**SCOG 154/12 Commissioning for Radiotherapy**

A report in respect of Commissioning for Radiotherapy was presented to the meeting. The report provided a summary of the national position and the current position in the Yorkshire and Humber area.

In 2007, the National Radiotherapy Advisory Group reported to Ministers on a series of recommendations relating to: improving patient access to treatment; increasing machine utilisation and optimizing the configuration of service

provision.

The NHS Commissioning Board had established a Clinical Reference Group for radiotherapy which had published a range of products, in particular a service specification.

The Radiotherapy Annual Report published by the National Cancer Action Team in November 2012 provided a national overview of progress on improvements in radiotherapy services. An overview of the metrics was included. The report highlighted a number of areas where there was variation across the country.

The financial impacts of developments in radiotherapy included:-

- (i) The implementation of tariff in 2013/14 could have a significant impact on the value of some trust contracts as the differential between the current “block” contract and tariff was known to be significantly higher across the country in some cases. For this reason it has been agreed nationally to fund to 50% tariff in the first year.
- (ii) The three providers in Y&H had seen significant activity increases over the last 2-3 years. In some cases this appeared to be steady but in the case of Sheffield continued to increase at a rate of 9% per year.
- (iii) Case mix shifts as more patients received intensity modulated radiotherapy regimens would have an impact on contract values once full tariff was implemented in 2014/15.
- (iv) The introduction of additional radiotherapy centres across Yorkshire and the Humber could be more costly. There was some evidence from other centres that had already introduced satellite units that tariff would not cover the costs associated with satellite centres. This would need further local work to establish the costs differences.

**It was agreed** that the contents of the report in respect of commissioning for radiotherapy be noted.

**Kim Fell**

**SCOG 155/12 Findings of the Option Appraisal for the Expansion of Radiotherapy Access across the Y&H area**

A report outlining an option appraisal for the expansion of radiotherapy access across the Yorkshire & Humber area was presented to the meeting.

The Yorkshire and Humber wide review was initiated following discussion at the February 2012 Specialised Commissioning Operational Group meeting which identified a number of actions required in commissioning radiotherapy services across the area. The specific recommendations agreed were: that further work be undertaken on developing the service model based upon national guidance taking into account value for money principles; that procurement would follow the existing NHS processes and be based on the agreed service model; that clarification be sought in respect of the capacity and case numbers relating to stereotactic body radiotherapy.

As part of this process a set of principles had been developed against which the additional site options could be assessed and these were attached to the report. It was assumed that:-

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- (i) Full utilisation of the existing capacity at the primary sites;
- (ii) Efficient delivery models were employed at the primary sites based on national standards
- (iii) Workforce sustainability across Yorkshire and the Humber was considered within the proposed options; and
- (iv) Equipment replacement was recommended at 10 years.

The report set out an assessment of the growth in demand and the future capacity requirements. The model trends were based on:-

- (i) 3%; 5% and 9% growth each year using 2011/12 projected outturn activity
- (ii) Use of the Malthus tool which provided a 'maximum' capacity requirement
- (iii) An expectation that each machine would deliver 8,300/8,700 attendances per year.

The following summary conclusion were set out:-

(i) Humber and Yorkshire Coast Cancer Network (HYCCN)

Currently there were 6 machines available in Hull with one machine identified for service continuity. The centre currently houses less than 8 machines and the service could expand in Hull to meet the growth predictions. Current realistic estimates suggest that an additional machine would be needed by 2018/21.

(ii) North Trent Cancer Network (NTCN)

Currently there were 7 linear accelerators in operation and 8 bunkers in Sheffield. There was a rolling programme of machine replacement which offered an opportunity to reshape the geographical configuration of machines over time. Current realistic estimates suggested that an additional machine would be needed from 2013 onwards with a second in 2016 /17. A second site in Doncaster was proposed.

(iii) Yorkshire Cancer Network (YCN)

There were 10 NHS machines and 2 research machines in Leeds. Current realistic estimates suggested that an additional machine would be needed by 2016/17 to meet demand with a second potentially by 2021.

The meeting was advised that the activity modeling was very complex and had been undertaken on the basis of the three existing Networks. There was a two year lead in time to put any agreed changes in place.

The report set out the results of modeling options for the potential additional sites. This had been based on the location, drive times and population sizes and in the context of existing pathways.

The favored option for the Yorkshire Network was to have York as a

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second site. The meeting was advised that for this option to be successful would require a three way partnership between Leeds, Hull and York. The commissioners and providers would have to be very clear and clinicians would need to be in agreement.

It was noted that discussions were still to be held with the providers in Hull. It was noted that a future third site option in the West of the area may be required. A discussion followed on the contents of the report. It was felt that the approach and principles set out in the report should be supported.

The next step was to present the report to the Boards of the Yorkshire Cancer Network and the Humber and Yorkshire Coast Cancer Network to gain their support and endorsement of the proposals. It was noted that the North Trent Cancer Network Board had already endorsed the proposals set out in the report.

**It was agreed:-**

- (a) that the contents of the report setting out the findings of the option appraisal for the expansion of radiotherapy access across the Y&H area be noted;
- (b) that the approach and principles set out in the report be supported and endorsed
- (c) that the option for a second centre for the YCN at York be supported;
- (d) that the option for a second centre for the NTCN at Doncaster be supported;
- (e) that the possible requirement for a third YCN centre to the West of the area be noted;
- (f) that the report be presented to the Boards of the YCN and HYCCN to gain their support and endorsement to the proposals and options; and
- (g) that the Y&H Radiotherapy Development Group be retained.

**Kim Fell  
Cathy Edwards**

**SCOG 156/12 Paediatric Neurosurgery**

A verbal update was provided to the meeting in respect of paediatric neurosurgery. The national measures and self-assessment were still awaited.

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

**Cathy Edwards**

**SCOG 157/12 Paediatric Cardiac Surgery**

A verbal update was provided to the meeting in respect of paediatric cardiac surgery. The Y&H Joint Health Overview and Scrutiny Committee had now submitted their formal referral to the Secretary of State. The Judicial Review would be heard in the middle of February. The Independent Reconfiguration Panel's report to the Secretary of State in respect of the referrals by the Health Overview and Scrutiny Committees would take place at the end of March. It was likely to be May before any sense of the position could be determined.

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

**Cathy Edwards**

**SCOG  
158/12**      **Vascular Services**

The meeting was advised that an update on the position of vascular service would be circulated to members in the next few weeks.

**It was agreed** that the proposed action with regard to the vascular services update be noted.

**Cathy Edwards**

**SCOG  
159/12**      **Exception Performance Report as at 31 October 2012**

The Exception Performance Report as at the 31 October 2012 was presented to the meeting. The overall month seven position was a projected over-spend of £8.5m.

The main areas of expenditure variance were discussed particularly those relating to the major tertiary providers.

It was confirmed that the variances were being investigated and the appropriate action being taken.

That the contents of the Exception Performance Report up to the 31 October 2012 be noted.

**Frances Carey**

**SCOG  
160/12**      **Transition – Update**

A verbal update in respect of transition was provided to the meeting. It was noted that the Scheme of Delegation was still in development.

It was suggested that in the future there should be a Yorkshire & Humber Commissioning Forum to enable discussions about Specialised Services, Offender Health and Military Health.

It was suggested that there be a quarterly meeting for a Y&H Commissioning Forum to interface with the CCGs regarding specialised matters.

A discussion took place and it was felt if possible those proposals should be initiated before April.

The CCG Collaborative meetings could also benefit from having Area Team staff present.

The meeting was advised that the Y&H Office was reviewing the potential impact of the draft service specification and providers had been asked for feedback, so that derogations could be applied for.

**It was agreed**

- (a) that the verbal update in respect of transition be noted; and
- (b) that the proposals for a monthly Y&H specialised military and offender health meeting and quarterly Y&H Commissioning Forum be supported.

**Andy Buck  
Cathy Edwards**

**SCOG  
161/12**      **Contracting 2013/14**



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A verbal update in respect of contracting 2013/14 was provided to the meeting. Work was ongoing with providers to try and establish an agreed 'envelope' for contracts in 2013/14. There was a need to work with CCGs. Of the major contracts clarity was still required in regard to Hull & East Yorkshire Hospital, Bradford Teaching Hospital, Mid Yorkshire Hospital and York.

It was noted that there would be some new small contracts e.g. Airedale Hospital.

**It was agreed**

- (a) that the verbal update in respect of contracts 2013/14 be noted; and
- (b) that the details of CCG leads for contracts with providers be forwarded to the Y&H Director as a matter of urgency.

**Cathy Edwards  
PCTs**

**SCOG 162/12 Y&H Office Risk Register and Assurance Framework January 2013**

The Y&H Office Risk Register and Assurance Framework for January 2013 was presented to the meeting.

There had been six changes to the risk register since December in terms of changes to risk scores and one risk had been removed from the Register.

**It was agreed** that the contents of the Y&H Office Risk Register and Assurance Framework for January 2013 be noted.

**Laura Sherburn**

**SCOG 163/12 Draft Minutes of the Regional Policy Sub Group meeting held on 13<sup>th</sup> November 2012**

The draft minutes of the Regional Policy Sub Group meeting held on the 13 November 2012 were presented to the meeting. Two issues in respect of minute RPSG 45/12 collaborative decision making were raised. It was noted that CCGs would need to adopt existing SCG/PCT collaborative policies if they wished to continue with these. It was further noted that CCGs may wish to put in place some structures to deal with the Y&H area wide collaborative policy development that had been undertaken by the RPSG. It was felt that these matters needed to be highlighted to CCGs.

**It was agreed**

- (a) That the draft minutes of the Regional Policy Sub Group meeting held on the 13 November 2012 be received; and
- (b) That the Y&H Office Medical Advisor notify CCGs in respect of the position regarding the adoption of existing SCG/PCT collaborative policies, and possible future structures for Y&H area wide collaborative policy development.

**Kevin Smith  
Paul McManus**

**SCOG 164/12 Minutes of the Performance Monitoring Sub Group meeting held on 14 November 2012**

**It was agreed** that the minutes of the Performance Monitoring Sub Group meeting held on 14 November be received.

**Laura Sherburn  
Frances Carey**

**SCOG 165/12 Minutes of the Performance Monitoring Sub Group meeting held on 12 December 2012**

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	<b>It was agreed</b> that the minutes of the Performance Monitoring Sub Group meeting held on 12 December be received.	<b>Laura Sherburn Frances Carey</b>
<b>SCOG 166/12</b>	<b>Draft Minutes of the Clinical Standards Sub Group meeting held on 21 November 2012</b>	
	<b>It was agreed</b> that the draft minutes of the Clinical Standards Sub Group meeting held on 21 November be received.	<b>Kevin Smith</b>
<b>SCOG 167/12</b>	<b>Draft Minutes of the Forensic Catchment meeting held on 12 September 2012</b>	
	<b>It was agreed</b> that the draft minutes of the Forensic Catchment meeting held on 12 September be received.	<b>Ged McCann</b>
<b>SCOG 168/12</b>	<b>Minutes of the North Trent Neonatology Steering Group meeting held on 9 October 2012</b>	
	<b>It was agreed</b> that the minutes of the North Trent Neonatology Steering Group meeting held on 9 October be received.	<b>Joanne Poole</b>
<b>SCOG 169/12</b>	<b>Draft Minutes of the Yorkshire Neonatal Network Board meeting held on 16 November 2012</b>	
	<b>It was agreed</b> that the draft minutes of the Yorkshire Neonatal Network Board meeting held on 16 November be received.	<b>Joanne Poole</b>
<b>SCOG 170/12</b>	<b>Any Other Business</b>	
	There were no items of other business.	
<b>SCOG 171/12</b>	<b>Date of next meeting</b>	
	9.00am on Friday 22 February 2013 at Sandal Rugby Club, Wakefield.	