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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE – JULY 2017

The Welsh Health Specialised Services Committee held its latest public meeting on 25 July 2017. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what's happening in Welsh Health Specialised Services.

The papers for the meeting are available [here](#)

Action Log

Members noted the action log. Members received an update on:

- JC002 – The most recent Chairs' meeting had been cancelled but A Lloyd had written to Health Board Chairs to explain what was in and what was out of the 2017-20 ICP.
- JC006 – C Bell had provided input on engagement to the 2017-20 ICP.
- JC009, 011, 012 and 013 – Provision of Specialised Neurosciences in NHS Wales – The actions remained outstanding.

Chair's Report

Members noted the Chair's report.

It was noted that Professor Vivienne Harpwood has been appointed to succeed A Lloyd as Chair of WHSSC, whilst continuing as Chair of Powys Teaching Health Board, and that this would be AL's last meeting as Chair of WHSSC.

Acting Managing Director's Report

Members noted the Acting Managing Director's report and in particular:

- Genomics for Precision Medicine – The Welsh Government had launched its strategy in June. WHSSC's role in deployment of the strategy was noted. Whilst a £6.8m five year budget had been outlined within the strategy it was unclear what the implications were for non-recurrent and recurrent funding; WHSSC would be seeking clarification on this.
- Interventional Radiology – Since the report had been written, the first locum had resigned and left. A second locum would be joining the service shortly and a substantive consultant was expected to return to active duty shortly. The Walton Centre might be

approached to take emergency cases in addition to the ten elective cases it had already agreed to take.

- TAVI – WHSSC was awaiting further information from ABMUHB regarding the previously unreported TAVI list and mortality risk for patients on the list. ABMUHB had been reminded that all TAVIs are subject to prior approval in line with policy.
- Posture and Mobility – More information was awaited from CVUHB regarding its proposal for increased investment to replace obsolete wheelchairs. This is less of an issue for north Wales.
- Paediatric Rheumatology – Welsh Government had asked WHSSC to review the provision of paediatric rheumatology services for Wales. An initial scoping report was available for the meeting.
- Cardiac Ablation – Work has begun on developing the case for investment on economic grounds as a curative treatment for certain indications.

Perinatal Mental Health

Members received a paper, commissioned by Welsh Government, which set out the governance arrangements for the Tier 4 Specialised Perinatal Mental Health Task & Finish Group as a sub group of the All Wales Perinatal Mental Health Steering Group and presented a shortlist of three preferred options for the future configuration of tier 4 specialised perinatal mental health services in Wales. The three options were broadly (1) build upon IPFR process through a secured contract; (2) establish a single regional Mother & Baby Unit (MBU) for the whole of Wales; and (3) establish a regional MBU for south Wales and contract for an English provider for a north Wales service.

Various questions were raised around (1) Learning why the Cardiff MBU was de-commissioned. (2) How does a MBU fit with the recently expanded community based recovery model for mental health? (3) Is there any evidence of outcomes for mothers currently in the system? (4) How does a MBU proposal impact on value for money? (5) Will proximity of mothers' homes to the location of a MBU impact on its effectiveness and is there any evidence on this based on English experience where it is understood that some areas have MBUs and others don't? (6) What do English areas do that don't have local MBUs? (7) Can we approach the coding issue on an All Wales basis to generate meaningful data going forward?

It was agreed to provide this feedback to C Shillabeer, Chair of the Child and Adolescent Mental Health Services and Eating Disorders Network Steering Group and lead Chief Executive for mental health, for further consideration and a clear recommendation on how to proceed.

Integrated Commissioning Plan 2017-20 – Risk Management Framework

Members received a paper that described the implementation of the ICP Risk Management Framework and recommended approval of the commissioning of (1) complex obesity surgery for paediatrics; (2) the use of Plerixafor for stem cell mobilisation; and (3) the use of Pasireotide for Cushings Disease, each of which would only apply to a small number of patients each year. It was explained that if this procedure and drugs were not commissioned it was highly likely that patients would proceed through the IPFR route; consequently the financial impact was neutral.

Members noted the progress made to date on the ICP Risk Management Framework and approved the commissioning of the procedure and drugs described above.

PET scans

Members were advised that a paper had been prepared for consideration by Management Group that set out a potential basis to mitigate the lack of agreed funding in the 2017-20 ICP for PET scans in respect of new indications. This was based on projections for lower demand than had been budgeted for PET scans on existing approved indications.

However, Chief Executives were reminded that the prioritisation process utilised in the ICP was evidence based, although new schemes were restricted by an overall lack of funding.

Value Based Commissioning - Progress Report

Members received an update on progress in the development of WHSSC's approach to value based commissioning as part of the 2017-20 ICP. This included work on identifying target areas in technical efficiency, allocative efficiency and patient value. A Right Value Commissioning Group had been formed that had already met several times and started looking at high cost low volume areas.

The content of the report was noted.

Inherited Bleeding Disorders (IBD)

Members received a paper which described a proposal outlining the management resource requirements and potential offsetting efficiency savings to facilitate the development of an all Wales commissioning strategy for IBD. It was noted that the estimated savings from repatriation of IBD services from Liverpool to BCUHB, through reduced administration charges alone, would more than cover the additional resource requirement in WHSSC but that the saving would not be achieved without pursuing this initiative. Members felt that the proposal to bring IBD under a single commissioner required further scrutiny.

Members noted the potential savings which would offset the resource required to increase WHSSC's commissioning capacity; supported the

outline proposal for repatriation of IBD services from Liverpool to BCUHB and referred the outline proposal to bring commissioner responsibility and funding under WHSSC as a single commissioner of IBD services across Wales to Management Group for further review.

Paediatric Rheumatology Services in South Wales

Members received a paper which described the current service provision and referral process for paediatric rheumatology in Wales, compared this to elsewhere in the UK and made recommendations to undertake a full review of the service to determine the population need, identify a service model to meet need, and quantify the resource requirements to deliver the service. It was noted that Welsh Government had asked WHSSC to review the service and make recommendations.

Members noted the position of the service in Wales and around the UK together with the recommendations of The British Society for Rheumatology and the National Rheumatoid Arthritis Society and agreed to refer the matter back to Welsh Government requesting its guidance on what was required next and noting that an improved service would require additional funding.

Integrated Commissioning Plan 2016-17 – Closure Report

Members received a report that set out the progress and outcomes against the delivery of the 2016-17 ICP schemes approved during 2016-17, highlighted where further action was required for schemes that had not been completed, and summarised the key lessons learned. 62 schemes had been delivered, 75 schemes were recorded as 'In progress' or 'Not commenced'. The full year financial effect of 2016-17 developments was £1.5m lower than the 2016-19 year 2 provision. Providers would be challenged as to whether they have spent the approved investment and on achieved outcomes.

Members noted the work completed in the 2016-17 ICP, the lessons learned and the closure of the 2016-17 ICP.

Annual Performance Report 2016-17

Members received the report for 2016-17, which provided a summary of the performance of providers throughout the year and details of the actions undertaken to address areas of non-compliance. Cardiac, Plastic, Paediatric, Neuro and Bariatric surgery failed to achieve 100% compliance with the 36 week RTT target and Thoracic surgery only achieved its 36 week RTT target once during the year. However Plastic, Paediatric and Bariatric surgery improved their performance during the course of the year. Lung cancer data previously provided by the Cancer Network ceased during Q4. It was noted that additional investment had been provided for Cardiac, Neuro and Thoracic surgery during the year and it

was therefore particularly disappointing that they had not achieved their targets.

Members noted the performance over 2016-17.

Financial Performance Report

Members received the finance report for Month 3 2017-18 noting a year to date over spend of £988k and a forecast under spend to year-end of £236k. The largest in year movement was a deterioration of £1.273m against NHS England contracts because of the previously disclosed HRG4+ PbR rates dispute, which were still in discussion but where DoFs were now making judgements and providing for the impact of the increased rates. It was noted that the main risk on HRG4+ was for BCUHB and PTHB because of their heavy reliance on English services.

Joint Sub Committees and Advisory Groups

Members noted the update report from the Child and Adolescent Mental Health Service and Eating Disorders Network Steering Group.