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

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – NOVEMBER 2017**

The Welsh Health Specialised Services Committee held its latest public meeting on 28 November 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:

- JC019 – Perinatal Mental Health. The Cabinet Secretary had responded today to the recommendations from the Children, Young People and Education Committee. A paper would be brought to the January 2018 Joint Committee meeting.
- JC027 – Develop standard business case template. It was suggested that the WHSSC Team work with the Directors of Planning on this initiative.
- JC028 & JC029 – Risk sharing. A new proposal would be discussed during the 'In Committee' session of the meeting.
- JC030 – CMRI future responsibilities. Correspondence had been issued to the All Wales Cardiac Network and Local Health Boards informing them of the agreement to transfer responsibility to Local Health Boards.

### **Chair's Report**

The content of the Chair's written report was noted.

### **Managing Director's Report**

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

- PET scanning – the All Wales PET Scanning Group had discussed the proposal to provide clinical and cost effectiveness business cases for different indications to Management Group and concluded that this would be extremely challenging, time consuming and therefore not viable. The chair of the Group, who also chaired the Clinical Oncology Sub Committee, had indicated that he would be writing to the Director General regarding this matter. The difficulties in identifying the scale of pathway savings was noted. Also, although

the proposal considered at the previous meetings was very likely to be contained within the financial envelope for 2017-18, the inability to guarantee overspend on new indications against plan for future years was acknowledged. The WHSS Team repeated that there was, however, a clear expectation of savings across pathways arising from use of PET scans for new indications and that Wales was currently lagging behind England in terms of PET scans for new indications. SL observed that the proposed new indications had already been through the prioritisation process and were ranked at the high priority end of the scale. It was noted that PET scans for non-approved indications were regularly taken through the IPFR process and that this would continue but that the number of cases had necessitated a new route, outside of the mainstream IPFR process. It was noted that NICE had already positively reviewed the benefits of PET scans for head and neck indications and it was therefore agreed to approve these indications and defer further approval at the present time. It was confirmed that there was currently sufficient PET scanning capacity for the head and neck indications.

- Inherited bleeding disorders – the WHSS Team clarified that the project would be aligning resources between Local Health Boards and WHSSC, rather than bringing all provision under WHSSC.

### **Wales Neonatal Standards – Third Edition 2017**

Members received a paper that provided an overview of Local Health Boards' baseline assessments against the Third Edition of the Standards and proposed that the Welsh Health Collaborative consider the Standards and advise on the process for their approval given its governance role for the Neonatal Network. It was noted that the Welsh Government would hold Health Boards accountable against the revised Standards following their launch. It was confirmed that the revised Standards were similar to the English standards, which would be important to PtHB, as it worked to both. The paper also proposed that WHSSC works with Regional Planning Boards to develop an integrated plan for neonatal cots across south Wales; this would be done in the context of the overall model rather than on cot occupancy in isolation.

Members noted and supported the recommendations as set out in the paper.

### **Development of the WHSSC Integrated Commissioning Plan (ICP) 2018-21**

Members received a paper that outlined the timeline for the development and submission of the ICP 2018-21, together with the development work involved in the process. This year the WHSS Team had involved Directors of Planning and their teams, in addition to Management Group, to ensure that the ICP was aligned to Health Board IMTPs; it was suggested that

this would be very important going forward. It was noted that the timeline was very tight but the WHSS Team felt more comfortable with this than the prior year because the view of Management Group members was more aligned on this occasion.

Members noted the development work undertaken to date and the timeline for development and submission of the ICP.

### **Integrated Performance Report**

Members received the report for September 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

CAMHS in BCUHB, together with Paediatric Surgery and Neurosurgery at CVUHB continued to be in stage 3 escalation with Bariatric Surgery at ABMUHB at stage 4.

### **Financial Performance Report**

Members received the finance report for Month 7 2017-18 noting a year to date overspend of £737k with a forecast underspend to year-end of £259k for WHSSC.

HRG4+ reporting had been discussed with Welsh Government. Actual HRG4+ costs were being reported as incurred but were being excluded from year end forecasts with contingency plans developed in case agreement is not achieved with NHS England. The previous week NHS England had agreed to take the matter away and give it further consideration. Whilst there was no certainty, it was hoped that a response would be forthcoming during December 2017. PtHB and WHSSC were aligned in not signing contracts with English providers but some Health Boards had signed contracts where local benefits applied.

Up to a further £2m of reserves may be available for release if the related matters were favourably resolved.

A clear view of the 2017-18 year end and roll forward position would be presented in the Finance Report to the January Joint Committee meeting.

### **Joint Sub Committees and Advisory Groups**

Members noted the update reports from the following joint sub committees and advisory groups:

- **Audit Committee** - It was reported that considerable work had been done by the WHSSC Team on the Risk Management Framework but that the Committee didn't feel it received assurance on management of the risks without sight of the individual risk on a page summaries but members understood why this detail was missing.

- All Wales Individual Patient Funding Request Panel – A Review of a Panel decision by ABUHB had decided not to uphold the grounds submitted for the Review and therefore allowed the Panel decision to stand.
- Quality & Patient Safety Committee
  - Annual Report appended
- Welsh Renal Clinical Network – An apology was received for the nature of the report that had been submitted (in draft form) but its content was confirmed as accurate
- NHS Wales Gender Identity Partnership Group
  - Annual report appended