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Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE – SEPTEMBER 2017**

The Welsh Health Specialised Services Committee held its latest public meeting on 26 September 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:

- JC011/012/013 – It was noted that these actions would be rolled into the output on the Neurosciences Strategy that was due to be issued in March 2018.
- JC014 – Single response from LHBs to Welsh Government on PET scans completed.
- JC015/016/017 – Letter to Welsh Government regarding HRG4+, update on HRG4+ position and agreement of Management Group members to consistent approach on HRG4+ - to be addressed in agenda item 19 Financial Performance Report.

### **Perinatal Mental Health**

A workshop convened for 13 October 2017 will consider the issues raised in relation to the paper presented at the previous meeting (JC17/034) and wider factors. The next paper to the Joint Committee will be brought back in January 2018.

### **Chair's Report**

The Chair explained that she had met with many stakeholders since her appointment and was on a steep learning curve.

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

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

- SL intends to focus on two work streams during the first three months of her tenure (1) internal structure and processes at WHSSC, and (2) development of the strategy for WHSSC.
- A 'temperature check' had recently been undertaken to assess progress against recommendations made in the November 2016 Culture Review – the result had been encouraging.

- Neonatal transport – The need to understand what was currently in place for south Wales, how this compared to the standard being prepared by the Neonatal Network, the risks associated with any shortfall of service and the potential funding implications had been identified as issues to be addressed. Any requirement for additional funding would be factored into the 2018-19 Integrated Commissioning Plan (ICP).
- All Wales Blood Service Programme – the programme closure report had been received by WHSSC and was circulated with the meeting papers for information.

### **Thoracic Surgery Review**

Members received a paper which (1) provided an update on the progress to date of the project, (2) confirmed the timeline for a decision regarding the number and location of future services in south Wales, and (3) sought approval for the processes and documentation underpinning the Joint Committee's decision.

Members noted the update and approved the process and documentation, including the latest proposed timeline that culminated in a decision by the Joint Committee by the end of January 2018.

### **PET Scan Policy Development**

Members received a paper that presented a business case which mitigated the financial risk associated with proposed changes to the PET policy as recommended by the All Wales PET Advisory Group. The proposal was principally based on funding the PET expansion for new indications from the predicted over provision for PET scans in the 2017-20 ICP.

Members were advised that there was a strong evidence base that the expansion of the PET policy for new indications would result in clinical and cost benefits within health boards for patients who were more appropriately managed following successful PET scans but it was difficult to achieve visibility of this (NICE had modelled this for some indications – e.g. head and neck - but the modelling was resource heavy and took considerable time to develop).

The Management Group had considered and supported the proposal but subject to receipt of assurances from Welsh Government regarding financial underwriting. A formal response was awaited from Welsh Government but informal indications suggested there would be support for the proposal but that financial underwriting might not be forthcoming.

There was some concern that growth in demand might result in an over spend against the ICP provision in either 2017-18 or the following year.

It was noted that the proposal included a substantial margin for error in this regard.

Members wished to see clinical evidence that an increase in PET scans for new indications would result in clinical and cost benefits elsewhere in the patient pathway prior to approving the proposal and asked for this to be channelled through Management Group in the first instance.

### **Alternative Augmentative Communication (AAC)**

Members received a paper summarising the current position of the All Wales AAC service, including the risk to patients (essentially the lack of funding for AAC equipment) and potential mitigations identified through the Risk Management Framework approach.

A letter of support from the Wales Neurological Alliance had been received that recommended arrangements be made for further non pay funding for AAC.

An informal indication had been received from Welsh Government that non pay funding was likely to be made available for the remainder of the current financial year.

It was agreed that a collective approach to Welsh Government would be co-ordinated to request continued non pay funding through the Joint Equipment Fund (jointly funded by Health, Social Care and Education).

### **Adult Cystic Fibrosis (CF) Service**

Members received an update summarising the current position regarding adult CF services for mid and south Wales, the risks to sustainability of the services and the potential for a commissioning decision regarding the revenue requirements to address these.

Members supported the case for change and agreed that Welsh Government should be briefed on the prospective need for new revenue funding in support of the capital business case being developed by CVUHB. The business case for change would consider alternative models for delivering the service including outpatient and/ or community services.

### **Risk Sharing**

Members received a paper which provided an update on implementing proposals to move the neutralisation date from the end of 2011-12 to 2013-14 and set out the latest modelling together with the issues and questions raised by the Finance Group. The financial impact had materially shifted. It was noted that running the numbers at any point in time led to huge volatility in the financial impact based on relatively small numbers of high cost services/episodes of care. Members of the Finance Group continued to have a preference for an activity based share but

were concerned about the challenge for individual health boards on the financial outcome.

It was agreed that an activity based share was desirable but might be unachievable if the financial impact was excessive on a small number of health boards and that the Finance Group should have a final attempt to resolve this, also that advice should be sought from Welsh Government on the final option.

### **Cardiac Magnetic Resonance Imaging (CMRI)**

Members received an update on the collective commissioning work completed by WHSSC in respect of CMRI and a recommendation to transfer the responsibility for further planning and implementation to health boards/ Regional Planning Boards with support from the All Wales Cardiac Network.

Members noted the update, approved the adoption of the CMRI Service Specification by health boards and approved the transfer of responsibility for further planning and implementation from WHSSC to health boards/ Regional Planning Boards supported by the All Wales Cardiac Network.

### **Development of the WHSSC ICP 2018-21**

Members received a paper that outlined the commissioning intentions that had been drafted to inform the development of the three year ICP 2018-21. It was noted that although value based commissioning was not expressly mentioned it was part of WHSSC's assessment process; also that WHSSC would be working with health boards to look through their IMTPs to inform both the IMTPs and the ICP in relation to specialised services.

Members approved the WHSSC commissioning intentions.

### **Restructuring of Staffing Models**

Members received a paper that informed members of a planned staffing restructure within the WHSSC Team that included the establishment of a Quality Assurance Team on a cost neutral basis.

Members approved the cost neutral staffing restructure without the need to seek approval for specific changes.

### **Governance for Clinical Networks**

Members received a paper that made recommendations to facilitate regularisation of the governance and accountability arrangements for the CAMHS/ ED and Neonatal clinical networks that transferred to the NHS Wales Health Collaborative (the Collaborative), hosted by Public Health Wales, on 1 October 2016 and to formalise the ongoing relationship

between the five clinical networks managed by the Collaborative and WHSSC.

Members noted the information presented in the paper and approved the recommendations with a target implementation date of 1 January 2018.

### **ICP Risk Management Framework (RMF)**

Members received a report that provided an update on the implementation of the ICP RMF and highlighted schemes that required further review, risk mitigation and escalation and noted the 'extreme' and 'high' risk rated schemes.

Members were advised that WHSSC had submitted a letter to Welsh Government seeking additional funding from the £50m identified as available. The WHSSC request was targeted toward funding to reduce waiting times for various specialised services.

### **Integrated Performance Report**

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

The most significant change related to CAMHS OoA placements due to reduced capacity at the north Wales facility which was now in stage 3 escalation, together with Paediatric Surgery and Neurosurgery at CVUHB.

### **Financial Performance Report**

Members received the finance report for Month 5 2017-18 noting a year to date over spend of £1,109k with a forecast under spend to year-end of £2,082k, which primarily related to a release of £2,000k of Balance Sheet reserves. The year to date position included around £2,500k of HRG4+ costs for English contracts; however, the year-end forecast included a partial adjustment to HRG4+ costs due to some positive conversations with NHS Improvement. Welsh Government was now fully engaged on the HRG4+ position.

### **Joint Committee Annual Self Assessment**

Members received a paper that provided information relating to the Joint Committee's annual self assessment.

Members noted the information provided in the report and supported consideration by the Chair and Committee Secretary of a 'development day' and/ or an induction programme.

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

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

- Audit Committee
- All Wales Individual Patient Funding Request Panel
- Integrated Governance Committee
- Quality & Patient Safety Committee
  - Revised Committee Terms of Reference were approved.
- Welsh Renal Clinical Network
- WHSSC Management Group
- NHS Wales Gender Identity Partnership Group
  - An update was presented on recent developments, in particular, regarding Welsh Government's announcement of the planned development of a Welsh Gender Identity Team.
- Wales Child and Adolescent Mental Health service and Eating Disorders Network.