

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MAY 2018

The Welsh Health Specialised Services Committee held its latest public meeting on 15 May 2018. 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 at:

<http://www.whssc.wales.nhs.uk/opendoc/324714>

Action log & matters arising

Members noted the action log.

JC17/035 Alternative Augmented Communication (AAC)

evaluation – An update on funding is provided in the MD's report. An update on other issues would follow in July 2018.

JC18/008 Neonatal workforce model – SL had written to the Neonatal Network requesting that they liaise with directors of workforce to manage the model; no response had been received to date.

JC18/009 High cost drugs (1) – On CEOs' meeting agenda W/C 21 May. SL/AW/JP would liaise in relation to drafting All Wales advice to Welsh Government.

JC18/009 High cost drugs (2) – SL had discussed with CMO and raised with AWMSG, which confirmed there were no plans to review pre 2011 approvals. AWTTTC cited a lack of capacity.

Chair's report

The Chair had visited the Rutherford Centre PBT facility in Newport and attended an IPFR workshop. It was noted that English clinicians were generally not well engaged with the Welsh IPFR process and that lack of commonality on IPFR decision making continued to be a concern.

Managing Director's report

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

- Bariatric surgery – performance had improved but concern continued over the low number of referrals. It was noted that the Directors of Public Health were investigating this issue.
- Cystic fibrosis – development of the business case for expansion continues as work in progress.
- Inherited bleeding disorders – where the first IBD Project Board had met and given feedback to the JC on the concerns about the quality and sustainability of the current service delivered by ABMUHB and CVUHB.
- Major trauma – the Project Board had met to begin work on the implementation planning phase. The WHSS Team was in discussion with other parties to scope the roles and responsibilities.
- Neonatal transport – ABUHB was leading work to optimise the current service and the WHSS Team was working on an independent review of the Chants service that would include the paediatric critical transport service.
- Mechanical thrombectomy – discussions were continuing with North Bristol NHS Trust for support but the long term plan was to develop a sustainable INR service in Cardiff subject to the UK-wide constraints on suitably qualified staff to deliver mechanical thrombectomy
- AAC funding - £750k had been provided by Welsh Government for equipment funding pending development of a sustainable model. This had been moved to a new in year contingency budget in order to assist in the management of in year financial risks. The importance of the prioritisation process for the use of the contingency fund for the emerging risks was noted.

Informatics demonstration

A demonstration was given of a data management tool and database being developed by the WHSS Team to enable efficient interrogation of specialised services data building on work already done by NWIS on accessing English provider data. The addition of Welsh provider data will be critical. It was noted that NHSE had built a portal giving access to outcome data that the WHSS QA Team would be utilising and encouraging ABMUHB and CVUHB to populate with their outcome data.

Advanced therapy medicinal products (ATMPs): enabling delivery

A presentation was given by Cathy O'Brien of the Welsh Blood Service on behalf of Welsh Government. This leading edge innovation was now becoming a reality with 3 products already having clearance under the NICE technology assessment process. Welsh Government is supportive of the development of ATMPs. The initial cost for the treatments are likely to be very high but pathway savings are likely to result in them being supported and cost effective in the long term. It is desirable to deliver the products through a south Wales service, so JACIE accreditation of the CVUHB BMT unit is important.

Members then received a paper that provided an overview of ATMPs and a summary of the implications and challenges of implementing them in NHS Wales and, after discussion:

- Noted the information presented within the report;
- Supported the WHSSC led commission of ATMPs;
- Noted the relationship between JACIE accreditation of the CVUHB BMT unit and the ability of Wales to deliver future NICE approved AMTPs; and
- Requested an update paper as developments became clearer but specifically to enable consideration in the 2019-22 WHSSC ICP.

Implementation of 2018-21 WHSSC ICP

Members received a paper that sought approval for the implementation of the WHSSC Integrated Commissioning Plan 2018-21. Members noted the importance that they place on scrutiny by Management Group of all schemes within the ICP.

Subject to the forgoing members approved the processes and roles and responsibilities for implementing the WHSSC Integrated Commissioning Plan 2018-21.

Proton beam therapy (PBT): update

Members received a paper that outlined the NHS England PBT programme and timeline for transition from an overseas to an NHS service, and WHSSC's process and timeline for commissioning PBT from UK providers to improve access for NHS Wales patients. The WHSS Team is in discussions with the Rutherford Centre, Newport about its ability to meet WHSSC's standards particularly for children.

Members:

- Noted the NHS England PBT programme timeline for transition from an overseas to an NHS service;
- Noted WHSSC's process and timeline for commissioning PBT from UK providers;
- Noted that NHS Wales will continue to refer via the UK Proton Clinical Reference Panel;
- Noted some patients may require treatment overseas during the transition to the NHS service depending on capacity and the complexity of the treatment required;
- Noted the evidence base has progressed and new indications for medulloblastoma are currently being considered by NHS England;
- Noted the savings from the significant cost advantages associated with commissioning PBT from NHS and European providers, are expected to be sufficient to absorb growth and new indications over 2018-19.

Integrated Performance Report

Members received the report for February 2018, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

The WHSS Team is reviewing the tolerances on performance targets to determine whether they remain suitable. Bariatric and Paediatric surgery performance has improved but the services continue in the Escalation Process.

Financial Performance Report

Members received the finance report for Month 12 2017-18 noting a year end overspend of £4,451k in accordance with the revised target. The deterioration in the year end position of £2,606k included deterioration against the English provider position reported in Non-Welsh SLAs and IPFR. This was offset slightly by improvements in Wales overall, Mental Health and developments. The HRG4+ risk was fully provided at the year end with extra resources made available by Welsh Government; negotiations with NHS England and NHS Improvement continue.

Joint Sub Committees and Advisory Groups

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

- Quality & Patient Safety Committee
- All Wales Individual Patient Funding Request Panel
- Audit Committee
- All Wales Gender Identity Partnership Group