

Minutes of the Meeting of the Welsh Health Specialised Services Committee

held on 27 March 2018
at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

Members Present

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| Vivienne Harpwood | (VH) | Chair |
| Stuart Davies | (SD) | Director of Finance, WHSSC |
| Gary Doherty | (GD) | Chief Executive, Betsi Cadwaladr UHB |
| Sian Lewis | (SL) | Managing Director, WHSSC |
| Lyn Meadows | (LM) | Vice Chair |
| Steve Moore | (SM) | Chief Executive, Hywel Dda UHB (part meeting) |
| Len Richards | (LR) | Chief Executive, Cardiff and Vale UHB |
| Chris Turner | (CT) | Independent Member/ Audit Lead |
| Allison Williams | (AW) | Chief Executive, Cwm Taf UHB |

Apologies

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| Carole Bell | (CB) | Director of Nursing and Quality, WHSSC |
| Tracey Cooper | (TC) | Chief Executive, Public Health Wales |
| Steve Ham | (SH) | Chief Executive, Velindre NHS Trust |
| Tracy Myhill | (TM) | Chief Executive, Abertawe Bro Morgannwg UHB |
| Judith Paget | (JP) | Chief Executive, Aneurin Bevan UHB |
| Carol Shillabeer | (CS) | Chief Executive, Powys THB |
| Kevin Smith | (KS) | Committee Secretary & Head of Corporate Services, WHSSC |

In Attendance

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| Shakeel Ahmad | (SA) | Associate Medical Director (Neurosciences & Complex Conditions), WHSSC |
| Sian Harrop-Griffiths | (SHG) | Director of Strategy, ABMUHB (part meeting) |
| Glyn Jones | (GJ) | Director of Finance, ABUHB |
| Hayley Thomas | (HT) | Director of Planning and Performance, PTHB |
| John Williams | (JW) | Chair of Welsh Renal Clinical Network |

Minutes:

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| Juliana Field | (JF) | Corporate Governance Officer, WHSSC |
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The Meeting opened at 1:30pm.

JC18/001 **Welcome, Introductions and Apologies**

The Chair opened the meeting and welcomed members. Apologies were noted as above.

JC18/002 **Declarations of Interest**

None declared.

JC18/003 **Accuracy of Minutes of the meetings held 29 January 2018**

Members reviewed and approved the minutes of the meeting held 29 January 2018 as a true and accurate record.

JC18/004 **Action Log**

Members reviewed the action log and noted the updates.

Matters Arising

There were no matters arising.

JC18/005 **Chair's Report**

Members received an oral update from the Chair noting the following key points:

Meeting with Cabinet Secretary for Health and Social Services

The Chair attended an appraisal meeting during which the discussion focussed around: Interventional Neuroradiology noting the potential realignment of specialised services to attract specialist clinicians and the need for a national solution; Thoracic Surgery and the impact of potential further delays to delivery; and acknowledgement of the improvements within Paediatric and Bariatric services.

Members resolved to:

- **Note** the update.

SHG joined the meeting at approx. 1.38pm.

JC18/006 **Report from the Managing Director**

Members received a report from the Managing Director providing an update on key issues arising since the last meeting.

Specialised Services Strategy

Members noted that a paper was being presented for discussion later in the meeting. The report provided an overview of the internal work being carried forward around organisational values and recognising the need for alignment between the values and strategy. Members were asked to support a 30 minute workshop at the end of the next Joint Committee meeting to hold a structured feedback session around strategy development.

Proton Beam Procurement

It was noted that there had been some publicity around the development of proton beam therapy centres in Manchester and London. It was anticipated that there would be significant costs savings against current providers based in Continental Europe and the USA. However, it was anticipated that this would be offset by an increase in demand where patients who met the criteria for treatment but were unable to travel overseas would be able to receive treatment in the UK in the future.

Members discussed the suitability of a provider based in Newport and it was noted that, at present, this service did not meet the required standards due to the majority of patients funded via WHSSC being children. It was noted that a phased approach would be taken to assess the centre's compliance with current standards and then consider whether they would be able to support the needs of the child with wider oncology support.

Thoracic Surgery Update

SL had attended a meeting with the Chief Officers and Chairs of the Community Health Care Councils who informally confirmed that they had agreed that a formal public consultation would be required as they felt that the proposed changes represented major service change. However, it was confirmed that, at this stage, there had been no formal request for consultation, rather an ongoing engagement process.

Autologous chondrocyte implantation using Chondrosphere®
NICE published technology appraisal guidance TA508 on 7 March 2018 which recommended Chondrosphere® as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults. The WHSS Team was aware that individual Health Boards had commenced early stage negotiations in providing the treatment and it was suggested that an all Wales procurement approach be considered with delegation of commissioning to WHSSC of cell and gene therapies as a technique with a view to shared benefits.

Members discussed the need to explore this further within their respective Health Boards but welcomed the proposition and suggested that this be taken to Management Group for consideration.

Action: Refer consideration of all Wales procurement approach with delegation of commissioning to WHSSC to Management Group for cell and gene therapies.

WHSSC Escalation Process

Members were reminded of previous discussions around the governance arrangements and scrutiny of the WHSSC Escalation Process. It was noted that the Chief Operating Officer Peer Group had been approached and was keen to undertake this role. Members were informed that

WHSSC would be attending the meeting in April 2018 and it was anticipated that Escalation Process and cross border issues would be raised at the meeting. It was noted that quality processes would remain the same.

A question was asked about how the information on underperformance and quality issues was fed back to Health Boards. Members noted that the WHSS Team had plans for quality information to be integrated into the WHSSC Integrated Performance Report which was received on a regular basis by the Joint Committee and a more detailed version scrutinised by Management Group. Also, performance meetings were held with providers which addressed both performance and quality issues.

It was acknowledged that there was a need to ensure clinical input into the scrutiny process and that this would be considered following the first meeting with the Chief Operating Officers.

Members resolved to:

- **Note** the content of the report.

JC18/007 **Five-year Specialised Neurosciences Strategy**

Members received a report which provided members with a commissioning strategy for Specialised Neurosciences over the next five years.

Members were informed that, due to timing, the paper had not been considered by Management Group. It was acknowledged that further work may be required in order to finalise the document.

Members received an overview of the report noting that it built on the analysis of the service presented in May 2017. It was noted that the strategy focussed on four key questions, set out in section 3.0 of the report.

- In relation to the first question, members identified Neurosurgery as a core service with in the neuroscience portfolio for WHSSC, which should continue to be developed, recognising that there were issues within the current service but these were being reviewed and worked through by the WHSS Team with the provider.
- In response to question two it was noted that there were three key elements of the specialised neurosciences service that needed to be strengthened; Paediatric Neuroradiology, Adult Neurorehabilitation and Neuroradiology.
- In relation to question three which related to potential service redesign, recommissioning, incentivisation and investment, to focus more on the patient need and delivering the quadruple aims, it was noted that recommissioning in general was a key element of the

Integrated Commissioning Plan 2018-21. Themes identified within neurosciences included: stabilisation of neurorehabilitation; investment in spinal rehabilitation; paediatric neurology; and interventional neuroradiology. It was noted that longer term planning was required for these services, including an element of capital planning.

- The final question related to commissioning responsibilities and consideration of local, regional and national commissioning requirements. Members received an overview of the services which could potentially be commissioned at the different levels.

It was noted that the timescales for the strategy was set within three sections, 2018 focussed on stabilisation, 2018-20 service redesign and recommissioning, and 2020-23 deliver high standards and achieving high quality services. It was noted that areas of redesign would go through the ICP process with urgent coming to Joint Committee outside of the ICP process.

Members acknowledged the work undertaken to deliver the paper. Members felt that the paper did not present a clear strategy for neurosciences in Wales although did provide helpful information in relation to the wider service requirements. It was noted that Joint Committee members were committed to the development and delivery of services in Wales, but further work was required to identify that demand/capacity plans had been considered and whether the outline strategy was deliverable.

A discussion was held around the further development of the strategy and the expectation that it might contain a greater level of detail, population requirements, alignment with other services within pathways, looking at a longer term view, and understanding return on investment for those areas that appear to still have issues.

It was noted that there was already a level of detail available which could be used to broaden the strategy. It was recognised that it was important to connect the configuration of services within the pathway and as a whole, rather than looking at services individually.

Members suggested that the paper be supplemented with further information as discussed. This was then to be reviewed by Management Group prior to being brought back to the Joint Committee. It was noted that should WHSSC require assistance Health Boards could provide some supporting resource. It was further suggested that WHSSC liaise with the Neurosciences Implementation Group to align work streams.

Action: Paper to be supplemented and taken to Management Group for consideration prior to resubmission to the Joint Committee.

Members resolved to:

- **Note** the report.

JC18/008 **Neonatal Workforce Model: Progress Update**

Members received a report that provided an updated position on the issues relating to the Neonatal Intensive Care medical workforce planning across south Wales as requested in March 2017.

Members noted that there had been a successful overseas recruitment programme and the vacancy level had reduced. The challenges around recruitment were acknowledged, as was the need to ensure that the improved position was maintained and oversight of the workforce position continued. Members discussed the most appropriate 'group' to take responsibility for management of the workforce model. It was agreed that SL would write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Action: SL to write, on behalf of the Joint Committee, to the Neonatal Network requesting that they liaise with the directors of workforce to manage the workforce model for neonatal services.

Members resolved to:

- **Note** the updated workforce position on neonatal medical workforce planning issues across South Wales
- **Support** WHSS team in approaching the Neonatal Network to take over the management of the Workforce Model, in conjunction with the directors of workforce.

JC18/009 **High Cost Drugs**

It was reported that a paper summarising the policy tensions around high cost drugs and the introduction of new medicines within Wales had been developed and submitted to the NHS Wales Executive Team.

Members noted that a paper had been developed with support from Professor Dyfrig Hughes, Health Economist, Bangor University requesting support from Welsh Government to ensure that the All Wales Medicines Strategy Group (AWMSG) strategy addresses the policy divergence and that the Parliamentary Review was used to address the organisational arrangements which underpin the introduction and management of high cost new medicines.

Members noted that the WHSS Team had received feedback from AWMSG which confirmed that the suggested changes to the AWMSG strategy had not been included within the published version.

Specifically AWTTTC had indicated that it would not take forward a review of historical decisions related to high cost drugs as it would then be required to complete this for all decision made prior to 2011. It was noted that revising past decisions was not within its remit.

Members discussed the historical conversations in relation to the agreed process for AWMSG to review indicators and review past decisions against new evidence bases where outcomes were different, impacting on outcomes for patients and justification of continuing spend. AW noted that she would review previous documentation around this subject area.

Action: AW to review historical documentation in relation AWMSG reviewing decisions when new evidence is made available.

It was noted that SL would be meeting with the Chief Medical Officer, Welsh Government in relation to the issues identified by WHSSC and an update would be provided to the Joint Committee.

Action: Update on high cost drugs to be provided to Joint Committee following meeting with CMO.

Members noted that there was no national procurement process in place for Wales, recognising that there was a strong basis for introducing this, as currently each Health Board develops its own managed access agreement.

Members resolved to:

- **Note** that a paper summarising the policy tensions within Wales regarding the introduction and management of high cost drugs has been submitted to the NHS Wales Executive Team.

JC18/010 **Thoracic Surgery: Implementation Plan Update**

Members received an update on actions taken in relation to the thoracic surgery review following the decisions made at the January meeting.

It was noted that the report detailed how the WHSS Team was moving forward with the work and specific requirements, as detailed in section 2.4. Members noted that the WHSS Team had written to both ABMUHB and CVUHB to clarify timescales and expectations.

The letter (provided at Annex (i)), in which timescales were provided for submission of the Implementation Plan to the Joint Committee at its May 2018 meeting, was discussed. It was noted that, due to these timescales, the Implementation Plan would not be reviewed by Management Group prior to presentation to Joint Committee. However, it was noted that the finance working group undertaking the value for money assessment shared membership with Management Group.

Members resolved to:

- **Note** the information presented within the report.

JC18/011 **Development of a Specialised Services Commissioning Strategy**

Members received the paper which provided a proposal for developing a specialised services commissioning strategy for Wales.

It was recognised that consideration would be required around the Parliamentary Review published in January 2018 which identified the value of a consolidated NHS Executive for Wales. It was noted that the WHSS Team had initiated internal work around values and coordinating with Health Boards.

The paper proposed an approach based around strategic questions focused on the elements of Prudent Healthcare as a framework, reviewing services currently commissioned by WHSSC, to establish whether this was the correct portfolio of services, and working with stakeholders to consider the questions raised.

It was recognised that there were challenges around public engagement and it was suggested that a wider more contextual approach be taken rather than specific technical engagement. This could be supported through the use of patient groups when considering which services should be commissioned by WHSSC. It was also suggested that clinicians be included in the process to create an overall sense of ownership of a strategy.

It was suggested that consideration should be made within the strategy to address the purpose of the main providers within Wales and how the centres could be best utilised with a more strategic approach to the whole system. Members noted that work had commenced within Health Boards around how providers could operate in a more collaborative, efficient way to deliver services rather than taking a competitive approach and therefore whether a two phased approach to the development of a specialised services strategy, aligned with national planning, to limit duplication of effort would be complimentary.

Overall members supported the approach set out recognising that further clarity was required around how this fits with the wider strategic direction of the Welsh NHS; ensuring that there is sufficient resource and skill to deliver a quality strategy; recognising regional differences; recognising the requirement for bespoke planning in areas such as north Wales and cross over with south Wales; and, being realistic around timescales for completion.

A further update would be presented to the Joint Committee in July 2018.

Members resolved to:

- **Support** the proposed approach to developing a specialised services commissioning strategy for Wales

JC18/012 **Integrated Performance Report**

Members received the report which provided a summary of the performance of services commissioned by WHSSC for January 2018.

Members received a summary of the key areas to note including Child and Adolescent Mental Health Service (CAMHS), Paediatric Surgery, Bariatric Surgery and Plastic Surgery. Members noted that both Paediatric Intensive Care and CAMHS were in escalation at levels 2 and 4 respectively.

A question was raised around forecast outturn for referral to treatment and it was noted that the WHSS Team were reviewing this with the provider but performance against this had improved towards the end of January, not noted in the current report due to lack of available data.

Members resolved to:

- **Note** January 2018 performance and the action being undertaken to address areas of non-compliance.

JC18/013 **Financial Performance Report**

Members received the report which set out the estimated financial position for WHSSC for the eleventh month of 2017-18.

Members noted a year-to-date overspend of £1.9m against budget, representing an overall adverse movement of £2.127m over the previous month. SD highlighted that within this position performance on Welsh providers had moved adversely by £2.581m which included increased contract activity in CVUHB and ABMUHB. SD expressed his concern regarding the increase of £0.540m in the high cost drug spend reported by Velindre related to melanoma drugs. This should be resource neutral to Health Boards overall as it corrected the allocation of drugs between Health Boards and WHSSC. WHSSC would follow up with Velindre to ensure its reporting mechanisms were fit for purpose.

It was noted that there remained material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. The costs relating to this were reported within the year to date position, however they had been excluded from the year end forecast for those providers who were overspending.

Members received an update in relation to sharing risk in 2017-18. It was noted that the distribution of financial risk was a matter for Health Boards and that as such they were able to vary how they share financial risk in respect of specialised services by agreement via the WHSSC financial process. The report included such agreements in the reserves

section. The WHSS Team would continue to work closely with Health Boards in month 12 regarding any further requirements.

Members resolved to:

- **Note** the current financial position and forecast year-end position.
- **Note** the residual risks for the year including the HRG4+ risk.

JC18/014 **Reports from the Joint Sub-Committees**

All Wales Individual Patient Funding Request Panel

Members received and noted the report of the meeting held 28 February 2018.

Welsh Renal Clinical Network

Members received and noted the report of the meeting held 5 February 2018.

JC18/015 **Date and Time of Next Meeting**

It was confirmed that the next Meeting of the Joint Committee would be held on 15 May 2018 at Health and Care Research Wales, Castlebridge 4, 15-19 Cowbridge Rd East, Cardiff, CF11 9AB at 9.30am

The public meeting concluded at 3.15pm

Chair's Signature:

Date: