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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 20 DECEMBER 2018

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting.

2. Minutes of the Previous Meeting and Action Log

The minutes of the meeting held on 22 November 2018 were approved subject to minor revisions.

Members noted the action log and received an update on:

- MG049 & MG088 BMT Investment in south Wales – To be covered in February 2019 workshop.
- MG086 IVF: Royal Shrewsbury Hospital RTT Escalation – Letter sent; response delayed by regulatory intervention at Royal Shrewsbury.
- MG092 Policy Group: Check age references in Policies – Age references have been identified and sent to J Thomas for review of variation/ potential discrepancies.
- MG099 Invest to save: Medicines Management – ABMUHB have provided sample job description.
- MG100 Mechanical thrombectomy – Meeting with North Bristol scheduled for 30 January to negotiate pricing. Walton Centre working to NHSE tariff. PTHB patients had received treatment at North Midlands (Stoke). S Davies had followed up discussion with EASC regarding patient transportation; this was included within the WAST draft IMPTP – SD would formalise the issue with EASC in writing asking it to determine how this should be dealt with and prioritised.
- MG104 Policy Group report: Check adherence to consultation process for CP164 (Clinical trials) – S Lewis confirmed that the correct process had been followed (there were no financial or other relevant implications requiring MG review). A Champion explained that a meeting has been arranged with Health and Care Research Wales to discuss development of an all Wales ETC policy covering Research and Development in both health boards and WHSSC.

3. Report from the Managing Director

Members received the Managing Director's report. The report included updates on:

- Complex cardiac ablation – the WHSS Team is progressing the matters identified at previous meeting.
- Bariatric surgery – the service has been reduced to level 2 escalation following positive performance. PHW has identified a consultant to work on the review of referral pathways into the service.
- Inherited bleeding disorders – Resource mapping is nearing completion with all funding to be channelled through WHSSC in the future.
- Investment in Neurovascular MDT – the WHSS Team is awaiting data from CVUHB to explain the underperformance for inpatient activity.

4. Commissioning Intelligence Portal (CIP) – Phase 1 Completion

Members received a paper that provided a report which addressed outstanding action MG057 NWIS Project on English Data: Formal closure report. It was noted that the paper had been prepared by the WHSS Team in the absence of a closure report from NWIS and confirmed that Phase 1 (NHS England – Admitted Patient Care, Emergency activity and Critical Care) of the CIP project was completed in November 2017.

It was reported that most local health boards were now using the portal for validation of contract and non-contract activity; therefore the system was now regarded as mainstream. The user group continues to meet monthly.

Consideration is being given to adding costed Welsh provider activity.

5. MAIR – Roll out of 2014-15 to 2017-18 NHSE Data

Members received a presentation that provided an update on the MAIR data warehousing and analytics system developed by the WHSS Team, which had now been loaded with NHSE data for the four years to 2017-18. MAIR had been developed in MS Power BI (which was supported by NWIS) and could therefore be used by health boards directly if they have the MS Power BI application or, via a data dump, through other applications.

The WHSS Team is targeting the addition of Welsh data by March 2019.

Members were invited to let the WHSS Information Team know what their health boards wanted to enable them to use the system.

6. Rehabilitation – Incentivisation Driving Change

Members received a paper providing an update on how incentivisation is being applied to drive change in specialised rehabilitation services. The importance of improving patient flow through rehabilitation in the most

appropriate care setting was noted together with the historic and ongoing issues around delayed transfers of care (DTOCs) from specialised services.

It was recognised that the majority of the cost in lost bed days related to delayed transfer of Neuropsychiatry patients and that this might merit separate consideration. Also, that the Major Trauma Network rehabilitation work stream would be undertaking work in this area to ensure appropriate patient flow from the MTN back to local health boards.

Members commented on a perceived lack of understanding at health boards of the delays causing these DTOCs and the need for clarity on pathways for the relevant patients. Members supported airing the issue with the Joint Committee.

7. Invest to Save - Referral Management

Members received a paper that outlined the rationale for establishing a WHSSC referral management centre and sought approval for funding the resource required as an 'Invest to Save' initiative through a pilot scheme for 12 months. The importance of tracking any savings using the MAIR data warehousing and analytics system was noted, as was the need to ensure good communications with potential referrers and providers.

Members supported the rationale for establishing a Referral Management Centre and approved the proposal to fund a temporary Referral Centre Manager as an 'Invest to Save' initiative, with additional savings falling to commissioners.

8. Access to Selexipag for the Treatment of Pulmonary Hypertension

Members received a paper that provided information on implementation of the WHSSC Policy for access to Selexipag (AWMSG mandated) for the treatment of Pulmonary Hypertension (all ages). It was reported that the overall 2018-19 provision for high cost drugs had already been utilised, so the year end forecast would now change; also that the cost of Selexipag would need to be included in the 2019-20 ICP.

Members noted the information in the paper for the Policy Position for Selexipag for the treatment of Pulmonary Arterial Hypertension (all ages).

9. Paediatric Intensive Care – 7th Bed proposal

Members received a paper that sought approval for the release of funding for a 7th bed in Paediatric Intensive Care at the Children's Hospital for Wales. It was noted that the cost associated with the proposal was lower than the full year 2018-19 ICP provision and a greater offset in out of area costs was now expected than originally anticipated; also that scrutiny would be required on delivery.

Members approved the release of funding for a 7th bed in Paediatric Intensive Care at the Children's Hospital for Wales.

10. Fetal Medicine

Members received a paper that sought support for the release of £30k of funding 'in year' to increase capacity within the fetal medicine service provided by CVUHB in order to mitigate the current clinical risk to patients. A separate case would need to be made for future years through the usual ICP process.

Members supported the release of funding to increase fetal medicine capacity in the short term and approved the paper for submission to Joint Committee for approval.

11. Tier 4 Specialist Perinatal Mental Health in Wales

Members received a paper that presented a draft business case and estimated costs for the options agreed at the Tier 4 Perinatal Mental Health task and finish group and the subsequent commissioning workshop held on 17 May 2018. It was reported that ABUHB had withdrawn its interest as a potential provider since the paper was circulated.

Members (1) noted the information presented within the report, (2) supported option 3 as the recommended option to present to Joint Committee, (3) supported the decision to undertake further work to scope option 3, and (4) supported the option proposed for Mother and Baby provision for north Wales patients.

12. Policy Group Update

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

13. Integrated Performance Report

Members received a paper that provided a summary of the performance of services commissioned by WHSSC for October 2018 and noted the actions being undertaken to address areas of non-compliance.

14. Finance Report 2018/19 Month 8

Members received a report that set out the estimated financial position for WHSSC for the eighth month of 2018-19. The year to date position was a £941k underspend and the year-end forecast was a £4,581k underspend. Cardiology continued to be the largest over-performing service. A material uncertainty remained regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales.

Members noted the current financial position and forecast year-end position.

15. Prolonged Disorders of Consciousness (PDoC)

Members noted a letter from the Deputy Chief Medical Officer that set out work to be co-ordinated by the WHSS Team with health boards, including:

- Commissioning a needs analysis for PDoC in Wales;
- Developing concise pathways for existing and new cases;

- Using Baroness Finlay's case review to develop and inform guidance for non-specialist staff to better determine and treat cases;
- Reviewing education and upskilling for staff; and
- Developing a business case to establish an out-reach programme across Wales.

J Thomas explained that this work tied in with work being done in respect of the Major Trauma Network and other specialised services.