

## **CORE BRIEF TO MANAGEMENT GROUP MEMBERS**

### **MEETING HELD ON 23 AUGUST 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 26 July 2018 were approved.

Members noted the action log and received an update on:

- MG055 Specialised Rehabilitation – DTOC reporting included in Integrated Performance Report. COOs meeting scheduled to discuss DTOCs. Action closed.
- MG059 Integrated Performance Report: Consider harm review methodology used by NHSE – Harm reviews for English providers are monitored by CCGs and WHSSC is made aware of them through contract reviews. WHSSC would notify health boards of any such events impacting their patients but the numbers would be expected to be very small. Delivery Unit looking at similar reviews for Welsh providers. SL to discuss with C Shillabeer approach to WG regarding equity of access to RTT funding for tertiary services for Welsh patients in England.
- MG066 Provision of Congenital Heart Disease services following NHSE review – Included in Prioritisation Plan for 2019-22 ICP. Action closed.
- MG067 Immunology – Process of moving to utilisation charging basis for Primary Immunology is being dealt with through risk sharing framework. Action closed.
- MG068 Commissioning arrangements for pregnant women with acquired heart disease – Pathway being reviewed; aim to include in Prioritisation Plan for 2019-22 ICP.
- MG070 Commissioning policies approval process – All actions closed.
- MG071 Cardiac surgery inter-hospital transfers – BCUHB and PTHB to attend next meeting with LHCH. JD and IL continuing discussion around critical care bed days at LHCH.
- MG072 Posture and mobility: finance and activity over-performance – Paper now coming to September meeting. SL awaiting response from WG regarding user funded top-up system.

- MG074 Commissioning framework for major trauma – Workshop scheduled for Sep 2018. Action closed.
- MG075 Horizon scanning and prioritisation process 2019-22 – Membership of Prioritisation Panel circulated. Action closed.
- MG077 Integrated Performance Report: Lung cancer data – JT raising through Medical Directors' Group; agreed JT to report back. New action identified regarding lack of feedback from English system on lung cancer data.

### **3. Report from the Managing Director**

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

- Neonatal transport case note review
- Gender identity
- South Wales mother and baby unit
- Proton Beam Therapy procurement exercise

### **4. Congenital Heart Disease (CHD) in North Wales**

Members received a paper that provided an update on the transitional arrangements in England for the delivery of CHD care for BCUHB patients.

Members noted that the risk sharing arrangements would need to be reviewed and revised to ensure there was no adverse financial impact on other health boards.

Subject to the foregoing, members:

- Noted the information presented within the report;
- Received assurance that there are robust processes in place to ensure the safe transition of services to Liverpool Heart and Chest Hospital; and
- Supported the continuation of the monthly outpatient clinic at Birmingham during the transitional period.

### **5. Collective Commissioning of Paediatric Rheumatology**

Members received a paper that outlined the proposal for progressing the collective commissioning of a Paediatric Rheumatology service in mid and south Wales and ensuring the effectiveness of the current arrangements for Paediatric Rheumatology service provision in north Wales (from Alder Hey Children's Hospital). It was noted that clarity would be required on the split between secondary and tertiary services (this would be defined in the service specification) and the identification of related funds proposed to be transferred to WHSSC for the tertiary service in mid and south Wales. The next step would be a workshop, which would be followed by a detailed proposal. The intention would be to include this in the Prioritisation Process for the 2019-22 ICP.

Members:

- Supported the proposal for progressing the commissioning of a tertiary Paediatric Rheumatology service in mid and south Wales; and

- Supported discussions with north Wales regarding the sufficiency of current service provision.

## **6. Acute Porphyria Out of Hours Service**

Members received a paper that set out the requirements for additional investment in the acute porphyria services to ensure patients in NHS Wales have continuous access to on call advice. Members noted this was included in the 2018-21 Plan at a budgeted cost of around £60k p.a.

Members:

- Supported the additional investment of £8,000 required to ensure patients have access to acute porphyria services during out of hours.

## **7. Investment in Stereotactic Radiosurgery Service in South Wales – ICP 2015-18**

Members received a paper that provided an update on the investment made to deliver the Stereotactic Radiosurgery service in south Wales.

Members requested work be done to determine a strategic view on the future of the south Wales service, given the low level of demand and fragility of the service but supported the re-negotiation of the service on a cost per case basis as a holding position.

Members:

- Noted the investment made in 2015/16 for delivering the Stereotactic Service in south Wales;
- Noted the benefits of the investment to date;
- Noted the significant under-performance and delivery of the AVM service in Velindre Cancer Centre;
- Noted the continued over-performance in Sheffield; and
- Supported the commissioning of services on a cost per case basis given the level of underperformance.

## **8. Commissioning Intentions for 2019-22 Integrated Commissioning Plan**

Members received the paper that outlined the options for Commissioning Intentions to inform the development of the WHSSC three year Integrated Commissioning Plan for Specialised Services 2019-22. Members were invited to send comments to the WHSS Team as a matter of urgency.

Members:

- Supported an option for the WHSSC Commissioning Intentions which would inform the development of the WHSSC Integrated Commissioning Plan 2019-22, subject to their further comments.

## **9. IVF – Royal Shrewsbury Hospital RTT Escalation**

Members received a paper that set out the demand and capacity issues within the Shrewsbury IVF service. It was agreed that the WHSS Team

would bring back a paper setting out the demand patterns for BCUHB patients.

Members:

- Noted the IVF issues raised; and
- Noted a formal letter being issued to Shrewsbury informing them that failure to comply with the policy will result in non-payment.

#### **10. BAHA and Cochlear – update paper**

Members received a paper that provided an update on the south Wales BAHA and Cochlear waiting list and the proposal received from the service to meet current demand and 50% of the 26 week RTT target.

The WHSS Team noted that the paper required greater detail on the financial aspects and undertook to re-submit it with a clear financial proposal. Members requested that the revised paper includes the re-visiting of the original demand and capacity plan with analysis to understand the reasons for the significant variance that has occurred. Further work was also required to address the upgrade and maintenance issue for existing patients. The WHSS Team was also asked to re-visit with CVUHB the potential availability of funding via the WG Performance Fund, which was thought to be particularly relevant to the backlog against RTT targets.

#### **11. Paediatric services - Royal Orthopaedic Hospital, Birmingham**

Members received a paper that provided an update on the changes to paediatric services offered at the Royal Orthopaedic Hospital, Birmingham and the timeframe for the proposed changes, which included the transfer of certain services to Birmingham Children's Hospital.

Members:

- Noted the proposed changes to the contracting arrangements for paediatric services at the Royal Orthopaedic Hospital, Birmingham.

#### **12. WHSSC Policy Group report – August 2018**

Members received a paper that provided an update on the work of the WHSSC Policy Group.

Members:

- Noted the information presented within the report.

#### **13. Integrated Performance Report**

Members received a paper that provided members with a summary of the performance of services commissioned by WHSSC for June 2018.

Members:

- Noted the June 2018 performance and the action being undertaken to address areas of non-compliance.

#### **14. Finance Report**

Members received a report that set out the estimated financial position for WHSSC for the fourth month of 2018-19. No corrective action was required at this point, although the year to date position was a £12k overspend and the year-end forecast was a £1,018k overspend.

Members:

- Noted the current financial position and forecast year-end position.

#### **15. Bridgend Project**

Members were advised that a briefing paper would be available for Management Group and Joint Committee in October 2018 setting out a list of transferring services. There would be no changes to patient flows but there would be an impact on risk sharing. It was noted that the WHSS finance team would be involved in the detailed proposals.

#### **16. Blueteq proposal**

Members were advised that a paper would be going to September Joint Committee proposing use of a Blueteq application on an all-Wales basis that would enable access to high cost drugs more efficiently, on a like basis with England. The cost would be around £30k p.a. for the licence but there may be more development costs to avoid duplication of effort by allowing the uploading of data already captured by NWIS. Overall it was estimated that cost savings could be around £1m. The WHSS Team was effectively providing system leadership for Wales but it was noted that BCUHB and PTHB might be suitable as early adopters given that they were already doing work on high cost drugs sourced through English providers.