



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

### **MEETING HELD ON 22 AUGUST 2019**

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. Briefing from Previous Meeting and Action Log**

The Briefing from the meeting held on 18 July 2019 was noted. Due to annual leave and sickness absence, the minutes of the previous meeting will follow later.

Members noted the action log and received updates on:

- MG143 Funding Release: Paediatric Rheumatology, south and mid Wales – Still awaiting response from RJA Orthopaedic Hospital re In Reach Service in Wolverhampton.
- MG149 Cystic Fibrosis: IV Service/ Transformation Fund – No clear response received yet from WG regarding 'new funding'.
- MG156 Lynch Syndrome Testing – No previous consideration at Joint Committee, so paper required for JC to approve additional costs not included in ICP. Action closed.
- MG158 Vulnerable Persons Resettlement Scheme – The scope of the scheme has extended, so the WHSS Team has paused further work pending clarification.
- MG161 Annual Self-Assessment – final call for comments by email to KS and MH.

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

Members received the Managing Director's report, which included:

- **Complex Cardiac Ablation** Members approved release to CVUHB of the remaining funding agreed for year 2 in the ICP in order for them to progress the Complex Cardiac Ablation programme and make substantive appointments.
- **Gender Identity** Members noted that the Gender Identity Team at CVUHB will start to see patients in Cardiff from September 2019. The waiting list for the London clinic will continue with patients being transferred to Cardiff in waiting list order.

- **Office move** The WHSS Team is relocating from its Caerphilly office to Unit G1, Treforest Industrial Estate, Pontypridd between 28<sup>th</sup> - 30<sup>th</sup> August 2019.

#### **4. Bridgend Cochlear Service**

Members were advised that the audiologist supporting the Bridgend service had to finish work at short notice due to ill health. This leaves the Bridgend service in a vulnerable position although the surgeon is still in post. Options are being considered to relocate the service to Cardiff which would affect around 40 patients requiring urgent audiology review. The WHSS Team is in liaison with the provider. CTMUHB is informing the CHC.

#### **5. Home Parenteral Nutrition (HPN)**

Members were advised that Calea, a key supplier of HPN, had restricted its supply following a negative MHRA inspection. Alternative arrangements had been put in place for HPN patients in Wales. Patient impact is being reported to the WHSSC Q&PS Committee.

#### **6. Perinatal Mental Health – Mother & Baby Unit (MBU)**

Members considered a detailed paper regarding Tier 4 Specialist Perinatal Mental Health services on 28<sup>th</sup> March 2019 and supported the proposal for a new build MBU to be developed on the Neath and Port Talbot site but requested additional information around the clinical and staffing model.

Members received a paper on the proposed MBU from SBUHB and a covering paper from the WHSS Team providing additional information both on the south Wales model (including activity and costings) and options for the north Wales service. Colleagues from SBUHB provided an overview of the south Wales model and answered specific questions.

Members concluded that the MBU business case required more detail on how the clinical model will be delivered and the opportunities to increase occupancy, including:

- The ability of the proposed unit to take mothers under age 18, subject to assessment, where they are the principal carer of the baby;
- The possibility of providing sub-specialisation care, such as substance abuse cases;
- The potential of extending perinatal mental health care for mothers with babies up to age 2 (based on the anticipated English development);
- Provision of 'centre of excellence' training and upskilling resource for the wider service, particularly community teams and taking the lead in developing the pathway accordingly (through a hub and spoke model);
- Searching out previously unidentified demand;
- Potentially offering access to the unit to NHS England.

Members accepted that there was likely to be unmet need that would flow through to the new MBU, not least because of anecdotal evidence of mothers not being prepared to travel to England for care.

Members noted that some of the costs for the MBU required further challenge (e.g. depreciation and catering costs) but that a case could be made regarding value for money with a modest reduction in the cost base. Also that whilst the financial case for a 6 bedded unit was strongest, the ability to flex to 8 beds in the future would be desirable.

The WHSS Team is re-exploring options with BCUHB and PTHB for the most appropriate service model for their needs but NHS England had made it clear that they didn't want to jointly develop a MBU in north Wales.

Subject to the foregoing, members:

- Supported the clinical model for a south Wales Mother & Baby Unit;
- Supported the development of a 6 bedded unit accepting further work is required on revenue costs;
- Noted the financial summary position; and
- Noted the further work required to define the options available for patients in mid and north Wales.

## **7. Chimeric Antigen Receptor T Cell (CAR-T) Therapy**

Members received papers that (1) confirmed that the CAR-T business case provides assurance that a safe service that meets the quality standards of the service specification can be provided for patients; (2) outlined the value for money of the proposal described in the business case for a CAR-T service in Cardiff; (3) outlined the implementation plan for CVUHB to deliver a CAR-T therapy service; and (4) provided an assessment to inform the commissioning arrangements for provision of CAR-T for the population of Wales.

Colleagues from CVUHB provided an overview of the CAR-T service and its deliverability. The importance of moving ahead with the service and its benefits to Wales were stressed. The inefficiencies of referring patients to English providers were explained. Assurances were received on the proposed ambulatory care model, the identification of both temporary and permanent space within UHW to run the service and critical care provision for CAR-T patients.

It was noted that the part year effect costs shown in the CVUHB business case needed to be adjusted for the passage of time. Also that the updated business case should be supplemented by (1) a statement confirming the safety data on the ambulatory model; (2) a finalised business case reflecting the maximum capacity of the unit revised to include the current part year effect for 2019-20 (3) assurance around a protocol for access to critical care for all categories of patient, including CAR-T patients; and (4) a completed self-assessment against the service specification.

Members:

- Noted that the business case outlined a service model that has sufficient capacity to treat expected demand for the south Wales population under current indications;
- Noted that a financial premium will be required in year 1 compared to commissioning the service from NHS England, while the local service is established and staff recruited;
- Noted that the proposed service will provide comparable value for money with NHS England at an activity level of at least 15 patients per annum;
- Noted that further work will be undertaken by the WHSS Team to confirm and provide assurance over the staffing levels and costs for delivering the service;
- Noted that the delivery plan for CAR-T is inter-dependent with the introduction of an ambulatory model to create bed capacity on the stem cell transplant unit to accommodate CAR-T patients;
- Noted that further assurance is required by commissioners regarding the plan for the ambulatory model to ensure that a robust and sustainable model for CAR-T (and BMT) is in place and to ensure that the introduction of a CAR-T service will not create risks for the existing BMT service;
- Noted that while the business case demonstrates compliance with key aspects of the CAR-T service specification, explicit assessment against each aspect of the service specification will be needed to provide full assurance to commissioners that the requirements of the specification are met; and
- Delegated authority to the WHSS Team to approve the release of funding subject to the receipt of further detail on the proposal based on the foregoing and that the related information would be shared with all members in due course, together with an explanation of the next steps in the ambulatory care model.

## **8. South Wales Major Trauma – Time Critical Recruitment**

Members received a paper and presentation that provided an update on developments in the work being done to review and challenge the business cases for the various elements of the south Wales major trauma service and set out the latest view of the time critical recruitment required for the April 2020 start date to be achieved.

It was noted that the Joint Committee had accepted the principle that there might be two tranches of time critical recruitment costs put forward for sign off in 2019-20.

The sum of the part year costs identified in tranche 1 for 2019-20 amounted to around £680k (including an ODN Manager). The full year impact would be around £2m.

A preliminary indication suggested the aggregate ceiling of the tranche 1 and tranche 2 part year costs would be around £1,080k.

It was noted that the actual part year costs for 2019-20 were likely to be lower than the numbers being sought for approval after the impact of slippage and were therefore very likely to be less than £680k for tranche 1 and less than £1m in aggregate. Furthermore, members needed to carefully weigh up the issues and risks associated with failure to support the request for funding and the likely mitigation of start-up costs, some of which might be funded directly by WG.

It was noted that the posts requested were not inconsistent with the programme team's opinion following the recent peer review.

Members had generally been authorised to support a ceiling of £500k for the tranche 1 costs and a second tranche taking the aggregated ceiling up to £1m.

Members noted the information presented within the report and supported a recommendation for approval by the Joint Committee of a release of funds to allow recruitment to time critical posts, identified as tranche 1, and to note the posts, identified as tranche 2, the for the south Wales major trauma service; subject to the caveat that a funding release letter will only be provided once there is clarity on the business case, the outcome from the Gateway Review re-assessment and agreement from the Programme Board on the phasing and clarity on the timeline.

## **9. Improving Access to TAVI for Severe Symptomatic Aortic Stenosis**

Members received a paper requesting the release of funding to implement the TAVI Programme (south Wales) 2019-22 ICP scheme 19-036.

Members approved the release of ICP 19-036 funding to ensure equity of access for Welsh patients based on best practice guidelines and to support the ongoing sustainability of the service.

## **10. MAIR Focus Report – Great Ormond Street Hospital (GOSH)**

Members received a focus report on GOSH generated from the MAIR system and noted the detailed information presented within the report. It was agreed to bring similar focus reports on other providers and on categories of treatment to future meetings.

## **11. WHSSC Policy Group Update**

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report. A number of clinical policies were currently out for consultation.

## **12. Integrated Performance Report**

Members received a report on the performance of services commissioned by WHSSC for June 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

### **13. Finance Report 2019-20 Month 4**

Members received a report that set out the financial position for WHSSC for the fourth month of 2019-20, being an under spend of £2m and forecast underspend of £3.2m for the full year.

### **11. Proton Beam Therapy (PBT)**

Members were advised that NHS England was consulting on a new standard that, if adopted, would require all paediatric patients who would otherwise be treated by radiotherapy to be treated by PBT. The WHSS Team would be discussing the potential impact of this, if adopted, with Welsh Government.

