

minutes

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Subject: National Specialist Services Committee (NSSC) on 18 September 2019
File ref: 09\Cttees & Grps\NSSC\Mins\2019\2019-09-18 NSSC Mins
Author: Ms Roseanne McDonald
Date: 18 September 2019

Attending:

Dr Jennifer Armstrong, Medical Director, NHS Greater Glasgow & Clyde
Mr Colin Briggs, Director of Strategic Planning, NHS Lothian, (*attended for a limited time only*)
Dr Graham Foster, Director of Public Health & Planning, NHS Forth Valley (**Acting Chair**)
Dr Lee Jordan, Associate Medical Director, Access & Assurance, NHS Tayside
(*deputising for Professor Colin Fleming*)
Dr Mike Higgins, NPPPRG Chair
Mr Paul Nairn, Service Planning Manager, Planning & Performance, NHS Highland,
(*deputising for Ms Deb Jones*)
Mr Craig Pratt, Assistant Director of Finance, NHS Fife (*deputising for Mrs Carol Potter*)
Ms Lorraine Scott, Acting Director for Modernisation, NHS Grampian
Dr Maggie Watts, Director of Public Health, NHS Western Isles

Observers:

Dr Ben Hall, Scottish Clinical Leadership Fellow, National Services Division (NSD)
Mrs Jennifer Haston, Assistant Programme Manager, NSD
Mr Peter McLoughlin, Programme Associate Director, NSD
Ms Linda Pollock, Deputy Director, Planning & Quality Division,
Scottish Government Health & Social Care Directorates (SGHSC)

Secretariat:

Ms [REDACTED] Assistant Secretariat, NSD
Ms [REDACTED] Assistant Secretariat, NSD
Mr Gordon Kirkpatrick, Senior Programme Manager, NSD (*deputising for Mr Peter Croan*)
Ms Roseanne McDonald, Nursing & Quality Adviser, NSD
Mrs [REDACTED] Assistant Secretariat, NSD
Dr Nicola Steedman, Medical Director, NSD
Mr David Steel, Programme Associate Director, NSD

Apologies:

Mr Peter Croan, Financial Adviser, NSD
Prof Colin Fleming, Consultant Dermatologist, Deputy Operational Medical Director, NHS Tayside
Ms Vicky Freeman, Head of Strategic Planning, NHS Dumfries & Galloway
Ms Deb Jones, Chief Operating Officer, NHS Highland
Mrs Pauline Howie, Chief Executive, Scottish Ambulance Service
Dr John Keaney, Medical Director, Acute Division, NHS Lanarkshire
Mr Derek Lindsay, Director of Finance, NHS Ayrshire & Arran?
Ms Fiona Murphy, Director, NSD
Mrs Carol Potter, Director of Finance, NHS Fife
Mrs June Smyth, Director of Workforce Planning, NHS Borders



Chair Keith Redpath
Chief Executive Colin Sinclair
Director Fiona Murphy

NHS National Services Scotland is the common name of the
Common Services Agency for the Scottish Health Service

Ms Hazel Sutherland, Head of Planning & Modernisation, NHS Shetland
Dr Louise Wilson, Director of Public Health, NHS Orkney

Presenters from NSD:

Andrew Clark, Programme Manager, *Item 6.6 – Scottish Veterans Healthcare Network*
Mrs Tracey Curtis, Senior Programme Manager, *Items 11 – Cytology EQA Scheme & Cervical Cytology Training School*
Ms Aileen Ferguson, Programme Manager, *Item 9.4 – Scottish Acquired Brain Injury Network (SABIN)*
Mrs Jennifer Haston, Assistant Programme Manager, *Item 9.1 – Specialist Prosthetics*
Ms Karina O'Rourke, Programme Manager, *Items 7.1 – Myeloid Next Generation Sequencing Gene Panel and 7.2 – Testing of Colorectal Cancer in Scotland*
Mr David Steel, Programme Associate Director, *Item 4 – Performance Report 2018/19, Item 6.3 – Adult Respiratory ECMO, Item 9.2 – Transcranial Doppler & MRI Scanning & Item 9.3 – Adult Cystic Fibrosis*
Mrs Louise Wilson, Senior Programme Manager, *Item 6.4 – Learning Disability CAMHS In-Patient Care*

1. Announcements and Apologies

Apologies were noted.

The Chair welcomed Ms Linda Pollock, Deputy Director, Planning & Quality Division, SGHSC, who had replaced Mrs Liz Sadler.

Dr John Keaney, Medical Director, Acute Division, NHS Lanarkshire had been appointed as the representative for NHS Lanarkshire, replacing Mr Colin Lauder, who served 2 terms on NSSC. Dr Keaney is also a member of NPPPRG, representing the Scottish Association of Medical Directors (SAMD).

Declarations of Interest: There were no Declarations of Interest noted.

2. Minutes of Meeting held on 18 June 2019 - NSSC 2019/29

There were a couple of amendments required to the Minutes, which were duly noted and would be updated. Otherwise, the Minutes were approved as a correct record.

3. Matters Arising and Action Tracker – NSSC 2019/31 & 31A

NSSC noted the Matters Arising and Action Tracker papers. A couple of typos were noted which would be amended.

3.1 New Service Implementation Update – NSSC 2019/19 32

The paper covered new services NSSC, NHS Boards and the Scottish Government Health & Social Care Directorates who approved 4 newly designated national specialist services for 2018/19

The Chair noted that perhaps NSSC should be more cautious of the agreement thresholds as a National Service as it was recognised that there was an increasing amount of new services/networks coming onboard. Members agreed that some of these might fit better regionally or locally.

4. National Specialist Services Performance Report 2018/19 – NSSC 2019/33

This paper reported on the performance of national specialist services, networks and risk share schemes in 2018/19. It summarised patient outcomes achieved, performance against quality indicator, and highlighted significant variations in activity and expenditure.

Activity vs Plan/Trends in Activity: The assessment of activity for specialist services was amber. Services were generally seeing referrals and activity around the predicted levels. There were however some services with higher than predicted levels of activity. The majority of services continued to improve equity of access due to efforts made by the services to increase awareness and encourage more appropriate referrals.

Expenditure vs Budget/Efficiency Savings: The RAG status for this was green. Despite some significant unforeseen pressures in specialist services, under spends in risk share allowed National Services Division (NSD) to keep expenditure within budget 2018/19. Going forward there would be continuing challenges for all services within NHS Scotland and the expenditure should reflect the activity but there would be significant pressures going forward.

Waiting Times vs Targets: The RAG status for this was amber. There were difficulties in relation to waiting times across the board were noted and that there would be significant pressures going forward. NSD continued to monitor the performance and assured the reduction of waiting times.

Quality/Outcome Indicator: The RAG status for this was green. Generally good demonstration of safe, sustainable and high quality services was provided. Some KPI targets were still required to be met but there were no significant areas of concern.

The consensus from NSSC was very positive but some members commented that some of the language was too stark in terms of winners and losers and should be more rounded. It was also noted that the detail could be more granular and the quality indicators more specific.

5. NPPPRG/NSSC Workplan 2019/20 - NSSC 2019/34 & 34A

NSSC were asked to note the progress against the 2019/20 workplan for August/September 2019. Most items on the workplan were on track or had plans in place to bring them on track. Service Reviews were also progressing.

6. New Proposals Submitted (for decision on recommendation)

Stage 1

6.1 Mitral Valve Leaflet Repair & LAAO – NSSC 2019/35

Treatment trends were moving towards percutaneous interventions, by interventional cardiologists, of disorders affecting the heart valves and related structures in order to improve the symptoms and quality of life of people with symptoms of cardiac failure. They could also be offered to reduce the risk of life threatening events such as ischaemic stroke in people with atrial fibrillation who cannot tolerate oral anticoagulation.

NSD proposed to establish national designated services for the following interventions:

- Left Atrial Appendage Occlusion
- Percutaneous Mitral Valve Leaflet Repair (MVLr)

The Scottish Health Technologies Group (SHTG) carried out a full review of evidence for both interventions in response to an enquiry from the National Advisory Committee for Heart Disease.

The SHTG evaluation supported the view that there is an emergent need for both interventions to be commissioned in Scotland.

NHS Lothian and Golden Jubilee have submitted a joint application for MVLr – offering one service over 2 sites.

NPPPRG were cautiously supportive of a Stage 2 application, with the caveats that further clarity was required on how a joint bid for MVLr would meet safety and outcome expectations.

After much discussion NSSC echoed the same caution of NPPPRG felt that there were 3 lessons/caveats in order to progress to a Stage 2:

- Ensure clinical specification is robust
- Understanding of patient numbers
- The net cost of the replacement procedure

NSSC also questioned the evidence for 2 sites as the national service criteria is based on small volumes on one site, but it was duly noted that joint sites do exist.

Stage 2

6.2 Ehlers Danlos Syndrome (EDS) – NSSC 2019/36

The proposer of this service is NHS Lothian, Western General Hospital (WGH) in Edinburgh.

The proposed service aims to establish a centre for the assessment, and management of patients with complex Ehler's Danlos Syndrome (hEDS) whose needs are not being adequately met at a local level. The centre would accept referrals from secondary care in NHS Boards throughout Scotland. The centre would offer specialist assessment and a holistic package of care.

Referrals into the service will be accepted from Consultant Rheumatologists across Scotland. The criteria for referral will be:

- Clinical diagnosis of hEDS confirmed by a consultant rheumatologist with debilitating symptoms that persist despite an adequate trial of supportive therapy delivered locally.

The recent intimation by the Scottish Society of Rheumatology that they would be unwilling to support the application however casts doubt as to the proposed referral pathway as in the main

referrals to national services are from local or regional specialists and are not routinely accepted from Primary Care. Neither the applicants nor NSD are of the opinion that direct referrals from Primary Care would be an appropriate use of resource and that some form of scrutiny and expert diagnosis would be required before referral.

NPPPRG supported the continued development of a Stage 3 application provided there was clarification of costs, patient numbers, model of service, inclusion of other specialties and with a view to measure quality of life.

It should however be noted that this recommendation predated the comments from SSR Council.

NSSC were unsure whether this was a service, network or pathway and felt uncomfortable with where it would fit.

NPPPRG's Chair commented that the views of NPPPRG might have been different had they known of the outcome from the SSR Council.

NSSC were informed that it can take 19 years for a patient to be diagnosed with EDS which gave NSSC concern around the gap of pathways. They were in agreement that this service might fit better as a network or managed by a set of clinical guidelines.

In summary, NSSC did not support a Stage 3 application and advised it should be passed back to the clinical community as a different solution was required.

6.3 Adult Respiratory ECMO – NSSC 2019/37

The National Specialist Services Committee (NSSC) at its meeting in March 2019 endorsed the outcome of the first stage of an options appraisal process with regard to the model of delivery of adult respiratory ECMO in Scotland. Invitations to bid to provide adult respiratory ECMO in a single Scottish centre were issued to all NHS Boards; three applications and one note of interest were received. The submissions were reviewed and 3 Boards were invited to present their bids to clinical expert representatives from NHS England and clinical stakeholders from NHS Scotland, as well as NHS Scotland finance and management and the Scottish Ambulance Service. Bids were presented to the panel on Thursday, 28 June when there was an opportunity for questions/answers between panel members and applicants. The outcome of the scoring was that NHS Grampian was identified as the preferred host Board.

The service is to be delivered in line with the NHS England specification for adult respiratory ECMO and includes assessment for ECMO, time on ECMO and 2 days post ECMO. The service must be co-located with cardiothoracic surgical services and must participate as part of the wider UK network.

A service is currently provided by NHS Grampian as a satellite of the designated centre at the University of Leicester Hospitals Trust, Glenfield. The service has been providing surge capacity within the wider UK adult respiratory network for the past 9 years.

As part of the initial options appraisal exercise, activity for Scottish patients was reviewed and it was agreed that approximately 20 patients a year could benefit from access to respiratory ECMO. The service would be available to those patients with a potentially reversible respiratory condition who have exceeded conventional therapy.

NPPPRG took account of the information presented and unanimously endorsed the recommendation to proceed to a Stage 3 application.

NHS GG&C requested that more detail be provided for the stage three in relation to specifics about the retrieval team; the costs of Scotstar; and, how cases in the extremis would be managed. In summary, it was agreed to support the recommendation to move to a Stage 3 application but that the issues raised by NHS GG&C should be addressed in that application.

Stage 3

6.4 Learning Disability CAMHS In-Patient Care – NSSC 2019/38

The service would have a target patient group of young people aged between 12 and 18 years who are referred by specialist learning disability team and who have a moderate, severe or profound learning disability and have co-morbid mental health disorder which required a period of hospital based assessment and intervention.

The provider of this service is NHS Lothian, Royal Edinburgh Hospital. Flexible 4 bed facility, potentially with capital footprint to extend to 6 beds.

Some issues raised at stage 2 was the continuing clinical need for specialist inpatient beds recognising that the 5-year study collected activity between 2010 and 2014.

Activity was collected from LD CAMHS consultants in Scotland and they had identified 25 over 4 years, patients that would benefit from specialist inpatient care. These patients were currently being managed in a variety of different settings.

NPPPRG noted, again, the requirement of effective Tier 3 level and community services to ensure appropriate referrals and repatriation of patients, to/from the service; and the importance of work being initiated by Scottish Government to ensure robust community pathways to support this group of patients.

NPPPRG supported the application and recommended designation to NSSC noting the concerns discussed.

NSSC asked if a 4 bedded unit would have the required capacity as 25 patients had been identified over the last 4 years. The proposal was being worked up to allow the accommodation to be expanded if this was required. There was also a requirement to ensure strict referral criteria for those with a moderate to severe LD and also a mental health disorder.

In summary, NSSC supported the application and recommended designation.

6.5 Craniofacial Surgery – NSSC 2019/39

The service will provide specialist multidisciplinary diagnosis, surgery and ongoing care for all syndromic and non-syndromic cases in Scotland. It is anticipated that activity will be in the region of 72 cases a year including those cases previously undertaken by NHS Lothian.

The proposed service would be delivered by NHS Greater Glasgow & Clyde (NHS GG&C) from the Queen Elizabeth University Hospital (QEUH) Campus.

NPPPRG members recognised and commended the work that had taken place thus far. NPPPRG supported the application and recommended designation.

NHS GG&C would improve the pathway specification irrespective of designation with an increase in cost averaging £9k per case. This cost benchmarked well with NHS England cost per case at £17k

In summary, it was agreed support the recommendation for national designation.

6.6 Scottish Veterans Healthcare Network – NSSC 2019/40

It was anticipated that the National Care of Veterans Network would address a number of current challenges including support to access mainstream services in line with the Armed Forces Covenant. It would also increase awareness of veterans needs amongst health professionals, and other care providers, and would collect and collate veterans' data on a national (Scotland-wide) basis, with an expectation that it would improve sharing of good practice and expertise, as well as adding to the resilience of existing services. It was intended that the network would work with existing stakeholders in the field such as Veterans 1st Point and other local and national care groups.

The network would be fully funded by Scottish Government, initially for 3 years with the assurances that it would sit within the portfolio of the Scottish Communities Network managed by NSD, which also includes Prison Care and Police Care. Members were apprehensive as to what would happen post the 3-year funding period. Although there was no guarantee, NSD were confident that the Veterans Network would demonstrate value in Scotland.

NPPPRG supported the application and recommended designation.

In summary, NSSC supported the application for designation with the recommendation that the review process be changed from 3 years to 2 years.

6.7 Scottish Fertility Managed Clinical Network – NSSC 2019/41

The Scottish Fertility Network would support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of patients and their partners seeking care in relation to all aspects of health relating to conception across Scotland. Whilst core membership would come from the 4 specialist fertility centres in NHS Scotland it was expected that the network would provide advice relevant to every part of the patient pathway, and would involve healthcare professionals working in primary and community care, within maternity units and both service users and 3rd sector organisations with an interest.

The Network would be funded fully by the Scottish Government, initially for 3 years, with recognition that colleagues would engage with other NSD Networks to seek future alignment to avoid duplication of effort – in particular the Maternity and Neonatal networks that were currently in development.

NPPPRG supported the application and recommended designation.

In summary, NSSC supported the application for designation with the recommendation that the review process be changed from 3 years to 2 years.

6.8 National Scottish Adult and Paediatric Burns Hub (Summary) – NSSC 2019/42

NSSC approved in principle the designation of a National Burns Hub. As implementation would require significant investment (£2.8m) it was agreed this should go forward for prioritisation along with all other approved bids to the 2020/21 NSSC Business Case.

The submitted paper was a reminder summary of the benefits of the application.

NPPPRG noted that one of the issues was the obvious disproportion of admissions and the small number of referrals from areas out with the West of Scotland. Members highlighted that there were variations across tiers of Child and Adolescent Mental Health Services (CAMHS) which could explain the variation in referral patterns.

NPPPRG/NSSC agreed in March 2019 that the application would be added to the prioritisation process for the 2020/21 NSSC Business case.

NPPPRG re-confirmed its approval of this application to go forward for prioritisation.

In summary, NSSC approved this application going forward for prioritisation.

7. Annual Business Case Prioritisation 2020/21 – NSSC 2019/4

New developments and proposals for designations that required additional Board expenditure must be prioritised annually by NPPPRG/ NSSC for the NSSC Business Case, prepared for Board Chief Executives. NSSC previously agreed the criteria to be used for prioritising requests for funding – these were detailed in the paper.

For 2019/20 NSD devised a new Business Case format, which considers the need for development, the impact of change, options considered and sustainability, evidence base, risks and opportunities, financial implications, timescales and proposed evaluation. This format is intended to support decision making by NPPPRG/NSSC and comparisons with new applications.

It was anticipated that activity related pressures across the specialist service portfolio will be funded by reallocation of CRES savings. However, providers had identified a number of services where they required an increase in their fixed costs to meet increasing demand or staff requirements. 6 business cases had been submitted (**NSSC 2019/44-48**).

NPPPRG confirmed that the previously agreed criteria should remain.

NSSC strongly acknowledged the challenges of assessing priorities against not well defined criteria and agreed with NPPPRG that the process required refining. NSD agreed to lead a process to improve business prioritisation.

7.1 Myeloid Next Generation Sequencing Gene Panel Business Case - NSSC 2019/44

Next Generation Sequencing (NGS) was a technology that would evolve over the coming years to investigate genetic abnormalities in cancer patients. Current genetic screening tests offered in NHS Scotland failed to identify any genetic abnormalities in around 50% of patients with acute myeloid leukaemia (AML).

Testing was required for the classification of myeloid neoplasms and acute leukemia under World Health Organisation (WHO) guidelines, therefore testing should be provided to inform the appropriate stratification of patient care and ensure diagnostic accuracy. Myeloid NGS panel testing and extended genetic testing was now the standard of care for patients with myeloid malignancies in England and other parts of the UK.

There was a greater risk associated with not implementing the Myeloid NGS panel into routine service for delivery through the Scottish Molecular Pathology Consortium (SMPC). Testing was required for disease classification and therefore should be provided to inform the appropriate stratification of patient care and ensure diagnostic accuracy.

If testing was not provided by Scottish laboratories there would be no alternative other than to send samples out-with Scotland which would incur greater expense. The laboratories could provide this service using current equipment, there was no capital, set up costs or additional staffing requirements.

NPPPRG supported this Business Case to go forward for prioritisation.

In summary, NSSC were in agreement with NPPPRG views that the Business Case should go forward for prioritisation.

7.2 Testing of Colorectal Cancer (CRC) in Scotland: A Consensus Protocol for National Implementation - NSSC 2019/45

Several guidelines which included NICE Diagnostics Guidance [DG27] highlighted the need for systematic testing for Lynch Syndrome (LS), which was the most common form of predisposition to cancer in the general population. Patients with LS had a high risk of developing cancers during their lifetime. This genetic condition significantly increased a person's risk of developing bowel cancer and at a much younger age.

Familial testing could be performed to identify whether a patient's relatives were affected by LS and could be at a higher risk of developing Lynch related cancers. Early identification allowed for the implementation of preventive measures.

The implementation of systematic testing through an expanded CRC pathway for the patient cohorts was recommended to improve the early diagnosis and treatment for those at high risk of cancer.

Members requested clarity regarding patient numbers in Scotland and how they would benefit from the new CRC pathway. It was confirmed numbers would be included in the Business Case presented to NSSC.

It is estimated that out of the almost 2900 patients tested every year approximately 1740 will benefit from improved treatment with the addition of inhibitor therapy, 430 might not require chemotherapy and approximately 80 patients and their families will benefit from cascade testing as potential new diagnosis of Lynch syndrome.

NPPPRG supported this Business Case to go forward for prioritisation.

In summary, NSSC were in agreement with NPPPRG views that the Business Case should go forward for prioritisation.

7.3 Adult and Paediatric Specialist Psychology - NSSC 2019/46

NSD recognised the added value of psychological interventions for people with rare disease and currently funded psychology posts within 28% (18 whole time equivalent (WTE) – revenue £1.2m) of national designated services.

It was acknowledged from professional and patient feedback that there was not equitable access to specialist psychology care across all national designations and a number of priority areas had been identified for funding.

The benefits of coordinated local pathways for psychological intervention would be realised via the multi-professional outreach model that was offered by this service. The psychology clinical leads were committed to improving pathway co-ordination and would help optimise the specialist resource by:

- Providing resources and leadership to support a planned learning and development programme
- Utilising technology to improve digital access for assessment and support
- Building capacity and optimising opportunity of third sector to provide emotional support

NPPPRG supported this Business Case to go forward for prioritisation.

NSD had spoken heads of psychology across Scotland who acknowledged the limited capacity physical health psychology within local board. The funding in specialist care was welcomed as this was a means to enhance psychological wellbeing and support pathways in local care.

NSSC were in agreement with NPPPRG views that the Business Case should go forward for prioritisation.

7.4 Paediatric Cardiac Surgery and Intensive Care - NSSC 2019/47

NHS GG&C requested an urgent review of the commissioned cots/ beds within the Service Level Agreement (SLA) for Paediatric Intensive Care (PIC) at the Royal Hospital for Children (RHC). The PIC was commissioned for 19 intensive care cots/beds but NHS GG&C had requested an additional 3 (paper still to be updated), which would meet the physical capacity of 22 intensive care cots/beds.

NPPPRG supported the request to increase the number of cots/beds by one initially but would need to review activity and staffing in more detail before taking a view on the additional cots/beds requested.

NPPPRG supported this amended Business Case, for one additional cot/bed, to go forward for prioritisation.

In summary, NSSC were in agreement with NPPPRG views that the Business Case should go forward for prioritisation.

7.5 National Transplantation Services for Liver, Pancreas - Kidney and Islet Cell - NSSC 2019/48

Transplant Anaesthesia was a highly specialised clinical service which was consultant delivered across all the transplant programmes in The Royal Infirmary of Edinburgh. To meet expectations for transplantation it required solo working and on call for periods in excess of 60 hours at weekends, which was not sustainable. The review raised serious concern that the 24/7 anaesthetic rota was not sustainable and that it could cause delays in patients receiving a transplant and adversely impact the quality of patient care and outcomes.

In order to mitigate the risks identified a further 3 WTE Consultants were required to join the rota to provide a second on call Consultant at weekends with 1:5 frequency.

NSD requested the unit undertake a piece of work to look at redesigning and streamlining financial allocation, to support part funding of the anaesthetic development. Due to movement of staff in post it had not yet taken place. NSD had recently been informed that this work would be commencing shortly.

NSD was awaiting the NHS Lothian efficiency plan to part fund (up to 50%) WTE prior to making a decision about funding.

NPPPRG raised concern regarding the lack of clarity in the paper as it did not quantify the numbers of paid sessions or provide an explanation of the consultant PAs required for national work. It was suggested this information could be sourced electronically.

NPPPRG recognised the clinical issues but could not support this business case to go forward for prioritisation. Members would reconsider if NHS Lothian could address issues around quantifying job plans PAs and on-call supplement costs.

In summary, NSSC were in agreement with NPPPRG's decision and were satisfied that the funding information would go back to NPPPRG. NSSC would not prioritise this against the other Business Cases.

7.6 Adult Cystic Fibrosis – NSSC 2019/53B

The ACF Service had been reviewed as major review by an Independent review group. Irrespective of any decisions on future commissioning arrangements the review group recommended investment in the current services.

The review group felt that the evidence clearly demonstrated that the staff had been working over capacity whilst maintaining high standards; however, there would be no additional ability to absorb further increases to the cohort without the staffing levels being uplifted by approximately £240K. The review group recommended that immediate staffing pressures should be addressed as a matter of urgency without waiting for the review process to conclude.

NPPPRG supported the Business Case to go forward for prioritisation and NSSC agreed the same.

In summary, NSSC were in agreement with NPPPRG views that the Business Case should go forward for prioritisation.

8. Update on NICE Cochlear Implantation Guidance assessment by Scottish Health Technologies Group (SHTG) – NSSC 2019/49

NICE recently made recommendations to the way in which ‘severe’ and ‘profound’ deafness and the benefit associated with hearing aids and cochlear implants are clinically defined will and are mandatory in NHS England. If accepted into clinical practice in Scotland it will likely increase the number of patients eligible to receive a cochlear implant. Although the clinical and cost-effectiveness of cochlear implants is well established by the evidence base, such a change to the eligibility criteria will still require additional resources to implement. National Services Division (NSD) asked the Scottish Health Technologies Group (SHTG) to conduct a budget impact analysis of the possible financial impact of the changes.

The analysis anticipates that over time, patient numbers will grow from the current figure of 99 per annum to 114 in year 1, 129 in year 2, 143 in year 3, 158 in year 4 and 173 in year 5 and also in each year thereafter. The increase from 99 to 173 patients represents a 74.7% increase in the number of new patients being treated.

NICE Guidance was not mandatory in NHS Scotland but it is not usual for large differences in eligibility criteria between NHS Scotland and NHS England.

NPPPRG supported the Business Case to go forward for prioritisation.

In summary, NSSC were in agreement with NPPPRG views that the Business Case should go forward for prioritisation.

9. Issues for Prioritisation 2020/21

9.1 Discussion and Prioritisation Exercise – NSSC 2015/50

Members were asked to consider the Business Cases along with the potential new designation applications to prioritise these for funding.

Other applications currently in different stages of submission were expected to be cost neutral, or would be required to wait until the following year for final designation.

A scoring sheet was circulated to the members for them to score on the priorities to take into account. NSD would bring the results of the scoring back for discussion later in the meeting.

NSSC were invited to:

- Consider the Business Cases for expansion or development and agree a recommendation on approval of these.
- Consider all approved Business Cases and new designation applications against the 3 priorities above.
- Review all remaining Business Cases and applications against the prioritisation criteria in paper NSSC 2019/43.
- Prioritise the list of Business Cases and applications for recommendation to NSSC.

Each member of NSSC prioritised each Business Case in order from 1 (high) to 9 (low).

The following services were exempt from prioritisation:

- National Liver Transplant Unit Anaesthetic Service
- Craniofacial Specialist Surgery
- Ehlers Danlos Service

10. Service Reviews/Developments

10.1 Specialist Prosthetics – NSSC 2019/51

The Scottish Specialist Prosthetics Service (SSPS) had been nationally designated since 2013 and was provided through a single multidisciplinary team based on 2 sites: West of Scotland Mobility and Rehabilitation Centre (WestMARC) at the Queen Elizabeth University Hospital (QEUH) in Glasgow, and the Southeast Mobility and Rehabilitation Technology (SMART) centre at Astley Ainslie Hospital in Edinburgh, respectively.

NSD commenced this minor review of the SSPS in April 2019 as part of its commitment to review all nationally commissioned services on a 3-5 year rolling basis. This was the first review since the

service was initiated. The purpose of the review was to ensure that the service meets the needs of patients in a clinical and cost of effective manner and to indicate whether a major review is required.

The review also considered equity of referrals and provisions and the clinical effectiveness of the service to determine if the service continued to meet the criteria for designation, as well as the sustainability of the current service model.

NPPPRG noted the achievements by the service to date and ratified the findings of the Review Report for submission to NSSC.

In summary, NSSC endorsed the continued designation of the Scottish Specialist Prosthetics Service.

10.2 Transcranial Doppler & MRI Scanning – **NSSC 2019/52**

The Service offered a comprehensive Transcranial Doppler (TCD) and MRI scanning service for children and young people in Scotland with relevant haemoglobinopathy disorders. The Service was designated as a national service in 2011 and is based in the Royal Hospital for Sick Children, Glasgow.

The aim of this review was to assess whether the TCD and MRI scanning Service continued to meet the criteria for designation, had demonstrated achievement of NHS Scotland Healthcare Quality Strategy standards and to what extent it provided equitable access to all residents of Scotland.

The review had concluded that the Service continued to meet the criteria for national designation and there was no need for a major review at this time. It was therefore recommended that NSD continued commissioning the TCD and MRI Scanning Service for children and young people with haemoglobinopathies in Scotland.

NPPPRG endorsed the recommendations of the Review and agreed designation of TCD and MRI Scanning Service for children and young people with haemoglobinopathies in Scotland should continue.

In summary, NSSC endorsed the continued designation of the TCD and MRI Scanning Service for children and young people with haemoglobinopathies in Scotland.

10.3 Adult Cystic Fibrosis – **NSSC 2019/53**

The ACF Service, hosted by NHS Grampian, NHS GG&C and NHS Lothian was nationally designated in September 1992. The service is for adults living in Scotland who have Cystic Fibrosis. Patients transition to the adult services from the age of 15 years.

Cystic fibrosis is a life threatening, inherited disease. It is caused by mutations in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene. It causes deterioration in lung function, liver and bowel problems. Cystic fibrosis is the most common, life-limiting, autosomal recessively inherited disease in the UK, affecting about 10,500 people. Approximately half of people diagnosed with cystic fibrosis will live past the age of 40 and children born with the condition today are likely to live longer than this. There are variations between individuals as to how severely the disease affects them.

The review group acknowledged that the patient cohort was expanding beyond the level normally managed clinically within a national service, and some patients were managed outwith the designated centres for aspects of their care. It was concluded however that national designation was still the most suitable model given the challenges faced by the service, especially around the developments in drug and gene therapy which were anticipated, noting the opportunities for both equity and financial control that could be offered within a national service.

NPPPRG noted the Review findings and endorsed the recommendations.

NSSC felt that this service did not fit the national criteria for designation and felt that it would be more appropriate to move into regional planning and NHS Board commissioning but required some preparatory work before then.

NSSC were in agreement that this would be the final 3 year cycle for this service and that it should be working towards de-designation in that period. They also agreed that a proposed model should be brought back in 2 years' time – in preparation of de-designation in year 3.

10.4 Scottish Acquired Brain Injury Network (SABIN) – NSSC 2019/54

SABIN was reviewed in 2016/17 and reported to NSSC in June 2017.

The Review report contained 10 recommendations and in addition to these recommendations, NPPPRG commented that SABIN should improve its visibility, deliver an output from the NHS Lothian 'pilot project' as funded by Scottish Government, and demonstrate its work for the wider patient cohort.

NSSC endorsed the report and NPPPRG recommendations and directed that the network report back to NPPPRG after one year to ensure progress against the recommendations was satisfactory.

SABIN returned to NPPPRG and NSSC in May and June 2018 respectively. NSSC noted SABIN's progress and endorsed the NPPPRG recommendation that SABIN retain its current status and governance for a further 12 months, and that the position be reviewed again, particularly in relation to ongoing developments in trauma care including the creation of the Scottish Trauma Network (STN).

SABIN had demonstrated ongoing satisfactory progress and the value of its work is increasingly recognised both in Scotland and the UK. There was an ongoing role for the network in delivering specific improvements for individuals with traumatic brain injury in Scotland and their carers and families.

NPPPRG noted that SABIN had demonstrated ongoing satisfactory progress and the value of its work was increasingly recognised both in Scotland and the UK and supported continued designation.

In summary, NSSC endorsed the continued designation of the Scottish Acquired Brain Injury Network.

11. Scottish Cervical Screening Programme

Due to the implementation of hr-HPV Primary Testing into the Scottish Cervical Screening Programme in 2020 consideration was required to be given on delivery of the 2 nationally commissioned services relating to the programme; the Scottish Cytology Training School and the Cervical Cytology External Quality Assurance Scheme.

11.1 Cervical Cytology External Quality Assurance Scheme – NSSC 2019/55

The Scottish Cervical Cytology External Quality Assurance (EQA) Scheme was currently commissioned by NSD through NHS Tayside. The indicative funded value of the Scheme is £60,142.

Following implementation of hr-HPV as a primary test in the Cervical Screening Programme in 2020 the number of cervical cytopathology laboratories in Scotland will reduce from 7 to 2 and as a result the workforce reporting cytology would reduce significantly and would not be enough to allow a meaningful EQA Scheme in Scotland. Consequently, the Scheme hosted in NHS Tayside would be de-designated. Original modelling for the Scheme was carried out on the basis of a minimum of 70 participants made up of 35 checkers/screeners and 35 medics. The workforce going forward was modelled on a total of 33 reporting staff in years one to 3 following hr-HPV implementation, this would drop further to 25 staff for year 4 onwards.

Discussions were ongoing regarding Scottish laboratories joining the iEQA scheme for England, Wales and Northern Ireland following the implementation of hr-HPV. The English Scheme was established and had been running since the mid 90's and was very similar to the Scottish Scheme however, there were some differences in processes and practices. The English Scheme Co-ordinators had sent a "pilot test" of slides previously used in their iEQA to the two laboratories that would report cervical cytology samples following implementation of hr-HPV. This was being coordinated by the Scottish Scheme staff. The pilot was being used to assess and prepare for the differences.

The two cervical screening laboratories moving forward would be nationally commissioned by NSD therefore Service Agreements would be in place and so it was proposed that costs for participation in the EQA Scheme would be included within these Service Agreements. NHS England had been contacted for costs however these had not been provided as yet. These would be presented when available. It was also noted that if the Scottish Scheme moved to NHS England's the proposal would be for October 2020.

NSSC asked if a decision should be made before the costs had been received from NHS England, however, it was recognised that the English Scheme was the one best placed to move to therefore NSSC endorsed de-designation of the Scottish Scheme, the recommendation that the 2 Scottish Laboratories join the English Scheme and that the costs for this should be included in the Service Agreement for the commissioned hr-HPV laboratories.

It was noted that there was a typo on the NSSC Workplan against the Cervical Screening EQA section whereby “HR considerations” should read “HPV considerations”.

In summary, NSSC endorsed all recommendations.

11.2 Scottish Cytology Training School – NSSC 2019/56

NSD nationally commission the Scottish Cytology Training School, hosted by NHS Lothian, to provide training and continuing professional development for relevant professional staff in cervical cytology screening and associated work areas as part of the Scottish Cervical Screening Programme. NHS GG&C act as a satellite site for training. The school delivered the mandatory initial training to screen cervical cytology samples as well as the required courses for update and professional development. The school also delivered training and support for the laboratory training officers. In addition, training was regularly delivered to Medical staff however, provision of training to Medical staff was technically outwith the terms of the current Service Agreement but was agreed by NSD due to the low number of candidates requiring training. The indicative funded value of the school was agreed as £95,423.

Following approval by NHS Board Chief Executives, NHS GG&C and NHS Lanarkshire would be delivering the laboratory service following implementation of hr-HPV Primary Testing into the Scottish Cervical Screening Programme. Consideration was therefore required as to how best to coordinate and deliver the required training leading up to and following the implementation and who was in the best position to provide this as NHS Lothian would no longer host a cytology laboratory.

A review group was established and met twice. A full options appraisal was not required as the group agreed that if possible the training school should remain in Scotland. NHS Lothian and NHS Lanarkshire both advised that they would not host the Training School. NHS GG&C agreed to host the School. Agreement has been reached by the necessary NHS Boards to allow the existing NHS Lothian Training School Director to remain in post. NHS GG&C will recruit to the other required posts. NSD will now work with NHS Lothian and NHS GG&C to ensure training needs leading up to and following the implementation of hr-HPV are met and a service specification and funding profile is agreed with NHS GG&C.

The Training School would be hosted by NHS GG&C post hr-HPV Implementation.

In summary, NSSC endorsed de-designation of the school in NHS Lothian and the establishment of a school in NHS GG&C.

12. Governance of National Networks – NSSC 2019/57

This paper describes the proposed governance for national networks in National Services Division (NSD). It provided some background on the role of networks, the existing infrastructure to support national networks, and sets out proposals for a new governance structure.

A new governance infrastructure for national networks would more closely align oversight with responsible areas of planning, development and improvement. It would help clarify the remit of existing groups and ensure more appropriate access to decision-making authority for networks when this is required.

NPPPRG supported the governance framework and endorsed the proposal to NSSC.

For some Community (Health and Social Care) networks it is clear that responsibility for service delivery sits with IJBs, and so any national network function needs a clear line of accountability to IJB Chief Officers as well as to Health Board Chief Executives.

Members requested that an amendment should be made to the diagram on page 3 of paper NSSC 2019/57 to indicate a link between NHS Chief Board Executives and Chief Officers of Integrated Joint Boards.

In summary, NSSC supported the proposed change to National Network Governance and endorsed the proposal.

13. Annual Business Case Prioritisation 2020/21

NSSC were informed of the results of scoring exercise carried out by NPPPRG as follows:

| RANK | PROPOSAL |
|------|------------------------------------------------------|
| 1 | Paediatric Cardiac Surgery and Intensive Care (PICU) |
| 2 | Adult Respiratory (ECMO) |
| 3 | Myeloid Next Generation Sequencing Gene Panel |
| 4 = | Learning Disability CAMHS In-Patient Care |
| 4 = | Adult and Paediatric Specialist Psychology |
| 5 | Adult Cystic Fibrosis (ACF) |
| 6 | Testing of Colorectal Cancer (CRC) in Scotland |
| 7 | National Scottish Adult and Paediatric Burns Hub |
| 8 | NICE Cochlear Implantation Guidance |

NSSC were provided with the results of their scoring exercise as follows:

| RANK | PROPOSAL |
|------|------------------------------------------------------|
| 1 | Paediatric Cardiac Surgery and Intensive Care (PICU) |
| 2 | Adult Respiratory (ECMO) |
| 3 | Myeloid Next Generation Sequencing Gene Panel |
| 4 | Learning Disability CAMHS In-Patient Care |
| 5 | National Scottish Adult and Paediatric Burns Hub |
| 6 | Adult Cystic Fibrosis (ACF) |
| 7 = | Testing of Colorectal Cancer (CRC) in Scotland |
| 7 = | Adult and Paediatric Specialist Psychology |
| 8 | NICE Cochlear Implantation Guidance |

It was noted that NSSC's top 4 Business Cases mirrored those favoured at NPPPRG and would therefore be presented to Board Chief Executives.

After discussion, NSSC acknowledged the difficulties in completing this exercise and suggested a change in the prioritisation process going forward.

14. Horizon Scanning – NSSC 2019/58

The paper reported on the early applications NSD has received and the work underway to find out more about the proposals.

15. Any Other Business

NSD has been not been notified of any other business.

16. Date of Next Meeting:

Wednesday, 4 December 2019 (at Gyle Square, Edinburgh) – 1.30pm.