



ELECTIVE CARE AND STANDARDISATION OF COMMISSIONING POLICIES Programme Board

Tuesday 21 January 2020, 1.30pm to 4pm
Shibden Room, Dean Clough, Halifax, HX3 5AX

Key Points and Actions

Item			
1	Welcome and Apologies		
Members	Title	Attended	Apologies
Andrew Bottomley	Calderdale and Greater Huddersfield Clinical Commissioning Group (CCG)	✓	
Andrew Dangerfield	Harrogate and Rural District CCG	✓	
Andrew Sixsmith	GP, Primary and Community Care representative, WYH HCP*	✓	
Catherine Thompson	Programme Director WY&H HCP	✓	
Christine Hughes	Communication & Engagement Manager, WYH HCP		✓
Clive Harries	GP, Planned Care Lead, Wakefield CCG	✓	
Oliver Barnes	Y&H AHSN		✓
Duncan Cooper	Business Analyst, WY&H HCP Elective Care & Maternity PMO		✓
Emily Parry-Harries	Public Health Consultant, North Kirklees CCG		✓
Frank Swinton	Sustainability Lead, Planned Care for WYAAT*	✓	
Gaynor Goodman	Programme Manager WY&H HCP	✓	
Graham Prestwich	Patient & Public Representative	✓	
Helen Lewis	Leeds CCG		✓
Helen Hunter	CEO, Health Watch, Calderdale	✓	
Ian Baines	Head of Adult Social Care, Calderdale Council		✓
Ian Wallace	Bradford CCG	✓	
James Thomas	Programme Clinical Lead, Airedale, Wharfedale & Craven/Bradford CCG	✓	
Jannine Clark	Programme Support Officer, WYH HCP	✓	
Jo Fitzpatrick	Chair of WY&H Pharmacy Leadership Group (WYH PLG)		✓
Jo Rattray	Project Manager, WYH HCP		✓
Kate Gatherer	NHS England		✓
Kate Holliday	Health Education England		✓
Louise Clarke	GP, Planned care lead, Airedale, Wharfedale and Craven CCG	✓	
Madi Hoskin	WYATT Programme Manager		✓
Matt Walsh	Senior Responsible Officer and Chief Officer of Calderdale CCG		✓
Neil Smurthwaite	Calderdale CCG, Finance Lead	✓	
Nicola Moss	WYATT Ophthalmology project manager	✓	
Phil Smedley	Wakefield CCG	✓	
Rachel Bolton	Wakefield CCG		✓
Shane Hayward-Giles	NHS England		✓
Steve Laville	Leeds CCG	✓	
Tony Jamieson	Yorkshire and Humber Academic Health Science Network (AHS)N		✓
Tony Wilkinson	Patient & Public Representative	✓	
Vicky Dutchburn	Greater Huddersfield CCG		✓
Zoe Richardson	Programme Manager, WY&H HCP	✓	

Special guests	Martin McKibbin, Consultant Ophthalmologist at St James' University Hospital	✓	
	Ruth Pitman-Jones (Y&H AHSN)	✓	
	Samantha Kelly, Talent Management, System Development Lead, WY&H HCP	✓	

*WYH HCP – West Yorkshire and Harrogate Health and Care Partnership

*WYAAT – West Yorkshire Association of Acute Trusts

1	<p>Special welcome to:</p> <ul style="list-style-type: none"> The chair welcomed three additional participants / observers to the meeting <p>Notes and actions from previous meeting</p> <ul style="list-style-type: none"> Members were informed that the programme board minutes are now in a non-attributable format and any sensitive items removed so these can be made available to the public in accordance with requirements under the Freedom of Information Act. These will be published on our webpages on the WYH HCP website. The notes and actions from the previous meeting on 19 November 2019 were accepted as a true record and signed off.
2	<p>Register of interests: The register of interests was accepted as a true record with a reminder to members that a number of declarations of interest are coming up to their 12 month review. The programme secretariat will contact those members concerned. Members had no conflicts of interest to declare at the programme board meeting.</p> <p>Action: members to return revised declaration of interest when asked to do so by the programme secretariat (All)</p>
3	<p>Action Register</p> <ul style="list-style-type: none"> Action number 1: single point of access: referral from MSK services to elective orthopaedics – This item was discussed at the programme Risks and Operational group meeting, Clinical Forum and Joint Committee of the Clinical Commissioning Groups (Joint Committee). Places can implement this referral approach without changing the MSK pathway. Action closed. Action number 2: New standardised cataracts pathway and policy for WY&H – This item is on the Agenda (see below at programme update, item 10). Action number 3: Programme Key Lines of Enquiry (KLOE) – This item is for discussion on the meeting Agenda (see below at programme update, item 8). Action number 4: Review of the Risk Register – The programme SRO has responded to NHS England's letter (NHSE). The points about the papers and accountability and decision making will be brought in with the commissioning futures work. The personalisation work undertaken by the Personalised Care Programme supports our programme where there's overlap. We will be clear about this when we are developing papers for Joint Committee. At Joint Committee meeting, public session Shared Decision Making (SDM) was discussed: This is the responsibility of Place and not this programme. There's a need to ensure that each Place have a credible strategy on implementing SDM and to look at how it is embedded into clinical practice. The board are happy to share any good practice and learning being undertaken with SDM embedded in our policies and pathways. There's recognition of the difficulty to get cultural change in encouraging clinicians and patients to have the conversation around the appropriateness of clinical interventions and the risks associated with them. Action: Our Wakefield colleagues to share SDM tools they've identified with programme board members (CT/GG). Action number 6: Hydroxychloroquine – A hydroxychloroquine implementation planning meeting has been scheduled for 23 January 2020. The board will be updated with any developments. Action number 7: Value based Checker – The pro/cons of different approaches e.g. VBC, Ardens etc. were discussed. There is not one solution that addresses every need. There is no desire to go for a single

	<p>solution across WY&H at present as a single preferred option cannot be identified. Item can be closed.</p> <ul style="list-style-type: none"> ● Action number 8: Prescribing workstream – There will be a further update in March 2020. ● Action number 11: Arthroscopic Femoro-Acetabular surgery for Hip Impingement (Hip Arthroscopy) – This was taken to Joint Committee and was agreed last week. Item can be closed. ● Action number 12: Health Equity –Hip replacements – this item is for discussion on the meeting agenda (see below at programme update, item 11). ● Action number 13: Programme Metrics - There will be a further update in March 2020.
4	<p>Risk Register (for review)</p> <p>The Risk Register is available for members to view. Please contact the team mailbox at: Wyhhcp.plannedcare@nhs.net It will be reviewed at Programme Board in May 2020 and November 2020.</p>
5	<p>WYH HCP update and Programme Communication & Engagement update</p> <ul style="list-style-type: none"> ● The communication and engagement update papers for the WYH HCP and this programme were circulated to the group. On 14 January 2020, the Joint Committee approved our single commissioning policies for hip replacement surgery and arthroscopic hip surgery and a single pathway and policy for cataracts. ● If any members of the board would like to take part in a podcast, please get in touch with our programme communication and engagement manager via the mailbox: Wyhhcp.plannedcare@nhs.net It would be great to have different people getting involved. There will be a podcast undertaken shortly by a person with a visual impairment and how they're getting on with life in managing their condition. ● Work has been undertaken on the WY&H HCP website to ensure it meets accessibility regulations around access for people with disabilities. Further work is taking place to ensure it is accessible for screen reading software. <ul style="list-style-type: none"> a. There's a variety of up to date information available on the website. Members are encouraged to have a look at what's available Programme webpages b. The web link goes on the partnership weekly update and it is tweeted on social media. ● All policies are on the website and are written in a user friendly format suitable for the public. If you have any feedback or ideas for any additions or case studies, please get in touch via the team mailbox: Wyhhcp.plannedcare@nhs.net
6	<p>Programme Update:</p> <p>NHS E's Evidenced Based Interventions (EBIs):</p> <ul style="list-style-type: none"> ● NHS England's (NHSE) programme board for EBIs are looking at the provisional date of 3 February 2020 to go out to public consultation on list 2 of the EBIs. Further details will be circulated once confirmed by NHSE. The link to the consultation page will also be shared once it's live. <u>The consultation period is likely to be 8 weeks.</u> We need to encourage Places and individuals to feedback and share their feedback with our programme. Our programme will pull together a <u>feedback submission</u> on behalf of WYH HCP. We need to encourage Hospital Trust Providers to feedback so the information will be circulated via WYAAT. The programme will discuss this at Clinical Forum in February 2020 so the information can be disseminated. ● There'll be a consultation document for discussion at Clinical Thresholds Working Group and at the next Programme Board in March 2020 to reach an agreement on what we plan to do should it be approved by NHSE; we'll then take it to Joint Committee for sign off in April 2020 so WYH HCP and all its Places can quickly adopt the full EBIs as policy. <p>Action: The Programme to pull together the submission on behalf of the WY&H HCP (CT/GG)</p> <p>eRS (Electronic Referral System) pilot roll out in Ophthalmology</p> <ul style="list-style-type: none"> ● A few practices are live and once Mid Yorkshire Hospital Trust (MYT) are ready to accept live referrals the optometry practices can start making live referral of their patients in to the ophthalmology department at

MYT. NHSE are looking to roll out eRS nationally in April/May 2020 (across England) to community optometrists and would like West Yorkshire and Harrogate to be included in the first wave of early adopters of the system. They are happy to work with the entirety of the West Yorkshire and Harrogate area or just part of it. The new version will be a web-based portal which will eliminate the issues we have experienced with hardware and software interoperability. NHS E will be able to provide support and problem solve at this initial stage. Discussions will be had with the LOC (Local Optical Committee) Chairs.

Action: If places would like to be involved, please let the programme know within the next 2 weeks at (All) Wyhhcp.plannedcare@nhs.net

Patient Insight Project

- The programme's project with NHSE and The Kings Fund Work looking at different methods to capturing patient insight is to be focused around the provision of appointments with First Contact Practitioners (Musculoskeletal (MSK)) in GP practices. The research agency that has secured the contract is a local based agency. It was felt that they demonstrated that they could engage with our diverse communities across the Places involved in this project; being Leeds and Harrogate. They also have experience of dealing with GP practices in recruiting patients to participate in this type of research.
- The project will commence within a few weeks and will run for 6 months. The agency will deliver 2 specific learning events in the summer and will have monthly update meetings with the programme team and a representative from NHSE. Any findings will be brought back to programme board as and when, and in September 2020 by which date the project would have delivered its findings.

SOAG

- The meeting of the System Oversight and Assurance Group (SOAG) takes place on the afternoon of 21 January 2020. Members were asked to note the SOAG report and the risks and issues for escalation to SOAG. These risks are to be discussed at the programme's next risks and operational group meeting to make sure these are adequately represented in our programme risk register as well.

Workstream Update:

Eyecare projects

- The first vitreo-retinal surgery meeting took place on 16 January 2020. It was a very positive meeting and the group are motivated to work with us and do quite a lot of the work themselves. Primarily it is to be a WYAAT focused piece of work but some commissioning work may be required to support this.

Joint Committee – Implementation of the WY&H MSK Pathway

- Joint Committee wants to improve the accountability and assurance for implementation of the decisions it makes. The governance lead for the WYH HCP attended the Clinical Thresholds Working Group meeting in December 2019 to discuss what implementation of the West Yorkshire and Harrogate MSK Pathway will look like and the development of an implementation framework to facilitate that and monitor the progress of its implementation across West Yorkshire and Harrogate. Wakefield is to develop a template to monitor the progress of the implementation of the MSK Pathway and will share that with the WYH HCP governance lead to help support the development of the implementation framework for Joint Committee.

Action: The programme to circulate the template around our commissioning colleagues to support development of the implementation framework for Joint Committee (GG)

Prescribing

- The three Area Prescribing Committees (APC) of WY&H have agreed to form a single APC for WY&H. It will hold its first meeting in April. TOR, functions and working arrangements are still being put in place.
- An update on Flash Glucose monitoring levels will be provided by Calderdale's Medicines Management Lead at the programme's risks and operational group meeting in January 2020.

8	<p>Programme Key Lines of Enquiry (KLOES)</p> <ul style="list-style-type: none"> Members were asked to revisit the programme’s KLOES that were revised from the comments raised at the November meeting. The aim of these is help guide the programme board’s discussions when approving papers that will proceed to clinical forum and joint committee: to act as a sense check, a guide as to whether we’re capturing the things we’re meant to be? There are 10 items listed which summarise the discussions from last time. Members were asked if they had anything that they felt hasn’t being captured. The 10 main ambitions across WY&H are on the back of this paper to demonstrate the alignment of the KLOES to those ambitions, which underpin the WYH HCP 5 Year Strategy. Healthwatch confirmed that the WYH HCP Partnership Board agreed to adopt the ‘I’ statements that they’d arrived at from the outcome of their consultation on the NHS Long Term Plan to identify what matters to people with regard to their health. Members discussed whether the KLOES adequately capture evidence based decisions, benefits realisation and impact measurement both quantitative and qualitative from a patient perspective, and in addressing unwarranted variation in the delivery of healthcare, how we can create an opportunity to capture outdated processes and practice (decommissioning) and what we need to stop doing? Data intelligence and analytics would inform this. Members raised that in making decisions around decommissioning and finding a way forward, there’s a need to ensure we are totally inclusive and accessible to all. Each place would need to consider inclusivity when they plan the implementation, i.e. addressing inequality. Thus, a quality improvement approach to the KLOES, which is highlighted in the Quality and Equality Impact Assessment template we currently use in our governance and assurance process before papers proceed to Joint Committee for decision. <p>Action: Circulate the QEIA template to members for them to see where some of the rigor suggested for the KLOES is already in that template. The KLOES would be updated following today’s discussion (CT/GG)</p>
9	<p>Age Related Macular Degeneration (AMD) (paper for approval) (Martin McKibbin in attendance)</p> <ul style="list-style-type: none"> The proposed policy and pathway for AMD was presented. The financial risk from implementation of the policy is identified and apportioned to one CCG and its hospital provider to become compliant with NICE guidance (the national institute for health and care excellence) and is associated with approximately 70 patients and the high cost drugs which equates to £250K. The condition is treated through eye injections. There is no cure for AMD. The injections help delay the sight loss. The paper for clinical forum provides details on demographics and growth in the West Yorkshire and Harrogate area, which is associated with an ageing population. It also covers introducing electronic referrals to improve the speed and quality of referrals and prioritising wet AMD due to it being time critical. The macular society has been involved in the development of this policy. The process was made easier by using the NICE guidance from January 2019. There is the bigger challenge of implementation and the quality improvement work that needs to happen in providers. The getting it right first time (GIRFT) report was published around Christmas 2019 and shows a variation in the number of people that have had their eyes injected in a 4 hour clinic. The figures are between 4 and 40 nationally. We need to understand the variation in West Yorkshire and Harrogate and whether there is anything we can do to improve. This is the work of the WYAAT programme and we will work with them to provide support. We need to look at a different approach to delivery and sharing in Places so we can grow incrementally as we need to. Patients are only treated who had a visual acuity between 6/12 and 6/96 but the new guidelines say there may be grounds for you to carry on at 6/96. This will be for discussions with the patient. It is more of a winding down that to a complete stop. Discussions were had on the increase in diabetic macular degeneration as well as AMD. This needs to be discussed with the West Yorkshire and Harrogate Pharmacy Leadership Group and Diabetic Retinopathy project group of this programme. Some new drugs are being developed so the drug component of the financial cost is anticipated to come down considerably in the future.

	<ul style="list-style-type: none"> • The implication on existing patients who've been treated in the Place that is required to align to the policy and NICE Guidance was raised. The discussion resolved that patients would have become eligible at some stage to receive the treatment but the ultimate end point would be the same; you can't stop the disease. • Paper approved. It'll go to clinical forum in February 2020 and joint committee in April 2020.
10	<p>Cataracts – Policy and Contracting</p> <ul style="list-style-type: none"> • The Cataracts Pathway and Policy were agreed at the Joint Committee meeting on 14 January 2020. The Task and Finish Group will look at addressing implementation. • The cataracts pathway highlighted making the best use of resources within the community, particularly for post-op routine checks that can be done by community optometrists. • Capacity requirements following implementation of the policy have been identified, showing potential to free up around 3,000 appointments in Leeds alone. The Task and Finish Group has now been setup to validate the analysis done and have more in-depth conversations on options for contracting. This meeting took place mid-December 2019. The group appreciated the potential benefits and places are committed to working together to implement the policy and pathway. • The WYAAT programme manager delivered a paper covering the commissioning plans for WY&H Regional Cataract Surgery Pathway. Other pathways within the eye care programme are looking at developing community optometrist roles so what happens with cataracts will be mirrored with glaucoma. • All places are interested in working on a regional service spec and pricing structure. Each place would need to consider finance implications. It makes sense for places that are ready to start commissioning, to take this forward and keep other places in the loop. • Members were asked to consider the commissioning plan and feedback any queries or thoughts on the options. Feedback given was that it was a really good paper and a good starting point for places. There was a request for an options appraisal, i.e. a good piece of intelligence to inform the options that will highlight the capacity issues and cost implications. • The programme updated that a separate piece of work will start where the WYH HCP will work with the independent provider group and NHS Confed, and develop a terms of reference to enable a different approach to commissioning. <p>Action: Members agreed to take this paper to be taken forward across WYH HCP and for WYAAT to work on an options appraisal paper (NM)</p>
11	<p>Hip Equity</p> <p>One of our ambitions is reducing inequalities. Reflections were undertaken on work at Place and an update was given on the Hip Equity paper that was brought to programme board in July 2019 as follows:</p> <p>General considerations by the board</p> <ul style="list-style-type: none"> • Members raised NHSE's 'Rightcare' approach: the right care in the right place at the right time. Evidence shows that patients who are socially deprived are more likely to tolerate the symptoms in a completely different way to a people who live in affluent areas. This can be down to them being unable to stop working to undertake hip replacement surgery. It also raised the question as to whether it is the right care or having the right access to care. • Healthwatch updated on personalisation of care in that as a healthcare system we can't make a patient's work environment more acceptable to taking time off work so we need to appreciate and understand their personal circumstances get in the way of people choosing to have surgery so rather than getting skewed by numbers we need to think of the people. We can't change people's work environments but we can look at social determinants and that's about working with local council's public health departments to see what we can influence.

12	<p>AHSN Update (Yorkshire and Humber Academic Health Science Network)</p> <ul style="list-style-type: none"> • ESCAPE-Pain is a pre-operative intervention that is being adopted across WY&H. Evidence suggests that some patients don't go on to having the surgery after attending the ESCAPE-Pain programme. In WY&H there are clinical models at Airedale and Pontefract. Leeds has a pilot programme in leisure centres. Leeds Leisure has been funding it and wants to continue after end March 2020. Greater Huddersfield and North Kirklees are not adopting it. Calderdale: Age UK are piloting it and Bradford and Airedale aim to standardise their provision. Harrogate has got an independent provider working on ESCAPE-Pain. • PINCER: the programme team have asked the group to remind general practices to refresh their 6 months data. Only Calderdale has completed this so far. Wave 2 is taking place. Members were requested to encourage general practices in their Places to enrol. The deadline date is 31 January 2020. This programme will continue until end March 2020 as an NHS funded programme. • Me and My Meds: There are patient testimonies available to promote the success and benefits of this programme to people. Members are encouraged to share these and promote this programme in their Places. • The AHSN will continue to send a paper report to programme board and they will come to 2 out of 3 meetings to tie in with the AHSN reporting cycle. AHSN representative will attend the programme's management team planning meetings held every month to update each workstream or project lead on the AHSN relevant to their piece of work. • YHAHSN to attend a team meeting quarterly: <ul style="list-style-type: none"> ○ Within this they will discuss relevant programmes identified e.g. Escape Pain, PINCER, Me and My Medicines/Polypharmacy projects (any others that may fall within ESCP workstreams that we can collaborate on highlight potential opportunities). ○ Attend quarterly/ six monthly the ECSCP board by exception (agreed in team meeting). • Report quarterly into the board through an AHSN highlight report that the ECSCP team can take relevant information from to disseminate into appropriate workstreams. • The AHSN reports to the WY&H H&CP across the breadth of national and local programmes through the WY&H H&CP Innovation and Improvement Board to SOAG/ SLEG etc. so wider info also accessible to priority boards (e.g. ECSCP) through WY&H H&CP governance structure.
13	<p>Programme Development Session</p> <ul style="list-style-type: none"> • The development session will take place on 25 February 2020. • Members are requested to do their utmost to attend. • An email will be sent out prior to the meeting to let members know what's going to be covered in the session. The WYH HCP Talent Management, System Development Lead, will be facilitating the session so please respond to their email should you have any ideas about what you'd like to be covered in the session and any subsequent sessions. <p>Action: If members have any ideas on what they would like to get out of the session or any key themes, please respond to the email you'll receive about it. Any questions please contact the team mailbox at: Wyhhcp.plannedcare@nhs.net</p>
14	<p>Next Steps and AOB</p> <ul style="list-style-type: none"> • Leeds CCG has provided a list of commissioning policies for updating and proposes to do this and is seeking support and input from our other Places and the programme board to do this. These will be discussed at Clinical Threshold Working Group meetings so they have a WY&H view to updating them. <p>Future meeting dates are as follows: Tuesday 25 February 2020, 10am – 12 Noon, Dean Clough, Halifax HX3 5AX – Development Session Tuesday 17 March 2020, 1.30pm – 4pm, Dean Clough, Halifax HX3 5AX – Board Meeting</p>