



West Yorkshire & Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups
Summary of key decisions - Meeting in public, Tuesday 1 October 2019

Shoulder policy
As part of the Elective Care/Standardisation of Commissioning Policies Programme, the Committee considered a WY&H policy covering surgical and non-surgical procedures for a range of conditions relating to shoulder pain and instability. The policy requires conservative management options to be tried and to have shown no benefit before referral for MSK assessment. The Committee noted that an increase in demand for physiotherapy services was anticipated and that the pace of implementation in each place would depend on local workforce capacity.
The Joint Committee: Agreed to adopt the shoulder policy across WY&H, with a three year timescale for full implementation.
NHS England/Improvement (NHS E/I) Low Priority Prescribing Programme
The Committee considered a report on the NHS E/I Medicines Value Programme. The programme aimed to increase value from the prescribing budget and reduce unwarranted variation in prescribing practice. Recommendations had been published on 29 June 2019 for implementation across England. Primary care prescribers should not initiate and in many cases should de prescribe a number of items, mainly relating to skin and cardiac conditions. Items were considered if they were of low clinical effectiveness, or were clinically effective but where more cost-effective products were available. Clear guidance would be developed to support prescribers.
The Joint Committee: Agreed to adopt the NHS E/I low value prescribing programme recommendations for implementation across WY&H.
Bariatric surgery - implementation
The Committee received an update on implementation of the commissioning policy for surgery for severe and complex obesity. In March 2019, the Joint Committee had agreed to adopt a new commissioning policy and service specification to support the CCGs' aspiration to commission more activity, based on strong clinical evidence. The Committee noted that activity targets were not yet being met consistently across WY&H. There was a need to allow time for the new commissioning approach and collaborative work between providers to take full effect. Representatives from each place would explore what action had been taken locally to ensure effective implementation of the policy, including awareness raising and clinical briefing about the service and the policy.
The Joint Committee: Noted the update and requested a further update in 12 months.
Healthy Hearts project
The Committee considered standardised and simplified treatment guidance for patients with high cholesterol, which supported Phase 2 of the Healthy Hearts project. The Partnership had set a target to reduce cardiovascular incidents by 10% by 2021. Approximately 175,000 people in WY&H have a 20% risk of a heart attack or stroke in the next 10 years, and if the project identified and treated just 10% of these people not currently treated with statins, between 250 and 400 strokes and heart attacks would be prevented over 5 years. Shared decision making and self-management were essential. Phase I of the project had already led to 4,000 new patients being added to hyper tension registers. To enable the successful Phase 1 work to be fully embedded in general practice, it was proposed to allow more flexibility in the timescales for implementing Phase 2.
The Joint Committee: Approved the use of the Cholesterol Treatment Guidance across WY&H and supported the amended timeframes for implementing phases two and three of the project.

The Joint Committee has delegated powers from the WY&H CCGs to make collective decisions on specific, agreed WY&H work programmes. It can also make recommendations to the CCGs. The Committee supports the wider HCP, but does not represent all of the partners. Further information is available on the Joint Committee web pages: <https://wyh-jointcommitteeccgs.co.uk/> or from Stephen Gregg, stephen.gregg@wakefieldccg.nhs.uk.