West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 1 October 2019

Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF

Members	**Initials**	**Role and organisation**
Marie Burnham	**MB**	Independent Lay Chair
Richard Wilkinson	**RW**	Lay member
Stephen Hardy	**SH**	Lay member
Dr James Thomas	**JT**	Chair, NHS Airedale, Wharfedale and Craven CCG
Dr Sohail Abbas	**SA**	Chair, Bradford City CCG
Dr Andy Withers	**AW**	Chair, NHS Bradford Districts CCG
Helen Hirst	**HH**	Chief Officer, Bradford District and Craven CCGs
Dr Steven Cleasby	**SC**	Chair, NHS Calderdale CCG
Dr Matt Walsh	**MW**	Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton	**SO**	Chair, NHS Greater Huddersfield CCG
Dr David Kelly	**DK**	Chair, NHS North Kirklees CCG
Carol McKenna	**CMc**	Chief Officer, NHS Greater Huddersfield CCG and NHS North Kirklees CCG
Dr Alistair Ingram	**AI**	Chair, NHS Harrogate & Rural District CCG
Amanda Bloor	**ABl**	Chief Officer, NHS Harrogate & Rural District CCG
Tim Ryley	**TR**	Chief Executive, NHS Leeds CCG
Dr Adam Sheppard	**AS**	Chair, NHS Wakefield CCG
Jonathan Webb	**JWb**	Chief Finance Officer/ Deputy Chief Officer, NHS Wakefield CCG
Apologies		
Dr Gordon Sinclair	**GS**	Chair, NHS Leeds CCG
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
Matthew Groom	**MG**	Assistant Director, Specialised Commissioning, NHS England
In attendance		
Karen Coleman	**KC**	Communication Lead, WY&H Health and Care Partnership (HCP)
Stephen Gregg	**SG**	Governance Lead, Joint Committee of CCGs (minutes)
Shane Hayward-Giles	**SHG**	NHS Rightcare Delivery Partner
Ian Holmes	**IH**	Director, WY&H HCP
Anthony Kealy	**AKe**	Locality Director WY&H, NHS England & NHS Improvement
Michelle Thomas	**MT**	Director of Quality and Nursing, Bradford District and Craven CCGs
Catherine Thompson	**CT**	Programme Director - Elective care/standardisation of commissioning policies

7 members of the public were present.

Item No.	Agenda Item	Action
43/19	**Welcome, introductions and apologies**	
	Apologies were noted. The Chair welcomed Dr Sohail Abbas, who had taken over as Chair of Bradford City CCG from Dr Akram Khan. On behalf of the Committee, the Chair thanked Akram Khan for his contribution to its work.	
44/19	**Open Forum**	
	The Chair invited questions from members of the public: **48/19 – Shoulder policy** • What arrangements are in place to support shared decision-making and ensure that it delivers better outcomes for patient experience and quality? JT advised that shared decision-making was an important part of the MSK pathway. Key patient outcomes would be monitored as part of the management of the pathway. **50/19 – Bariatric surgery** • Why are they considering bariatric surgery for people of Asian family (are they from Indian sub-continent?) origin who have recent-onset of type 2 diabetes at a lower BMI than other population who have been reviewed by a Tier 3 service or been referred for consideration? • Why commission more bariatric surgery over the next 2-5 years than treating these illnesses with diet and lifestyle change? With the agreement of the questioner, the Chair proposed that the questions would be answered as part of the presentation. Written answers would be provided to any questions not answered during the meeting.	
45/19	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. (Note: under **48/19 Shoulder policy**, JT noted that GP members of the Committee received payments for providing shoulder injections. The Chair noted the declaration and agreed that no mitigating action was needed.)	
46/19	**Minutes of the meeting in public – 2 July 2019**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 2 July 2019, subject to adding an action to item 40/19 Flash Glucose monitoring, setting out the timescales for Leeds and Harrogate CCGs to report back to the Clinical Forum and Joint Committee on the evaluation for their specific patient cohorts.	
47/19	**Actions and matters arising – 2 July 2019**	
	The Joint Committee reviewed the action log.	
	The Joint Committee: Noted the action log.	

48/19	**Shoulder policy**	
	Dr James Thomas (JT) presented a Shoulder policy for WY&H as part of the Elective Care/Standardisation of Commissioning Policies Programme. The proposed policy covered surgical and non-surgical procedures for a range of conditions relating to shoulder pain and instability. The policy required conservative management options to be tried, and to have shown no benefit before referral for MSK assessment. Conservative treatment would usually be tried for around 3 months before considering referral for MSK assessment. All patients referred for shoulder pain should have an assessment of their BMI and smoking status, as well as other lifestyle factors that may influence their long term health outcomes, as part of a 'making every contact count' approach. A shared decision making conversation was a key part of the referral process and any decision to proceed with an invasive intervention. Many people with shoulder pain would not benefit from surgical intervention. Referral to pain management services was needed for this cohort of people. JT noted the engagement and consultation processes that had taken place. Further information would be provided to support the roll-out of the policy. A comprehensive Quality and Equality Impact Assessment had been carried out. The policy required that following a steroid injection, the patient started physiotherapy within 2 weeks and following a hydrodistension injection within 72 hours. Work would be needed to co-ordinate services. An increase in demand for physiotherapy services was anticipated with implementation of the policy. The scale of this would depend on the place, the service model and the local approach to implementation. SH asked how a 'level playing field' for pain management services would be established across WY&H. JT said that this has been highlighted as part of the MSK pathway work, but currently was an issue for individual places. MW said that pain management might need to be considered as a future priority for the Joint Committee. In response to a question from SC, JT advised that shoulder injections could be done by a range of providers as long as they held appropriate validation. SA highlighted the need to engage with and support patients to self-care, particularly in areas of high deprivation. DK and AW questioned whether providing physiotherapy within 2 weeks was deliverable within existing resources. JT advised that seeing a physiotherapist was the 'gold standard' approach and that a range of other options was available, including self-management, leaflets and video. MW acknowledged that physiotherapy capacity presented a significant challenge, but would deliver the best patient outcomes. He proposed that implementation take place over 3 years, with each place moving at a pace in line with local workforce capacity. The Committee noted that inequalities in access would be addressed over the 3 year period.	
	The Joint Committee: 1. **Agreed to adopt** the shoulder policy in the nine CCGs of West Yorkshire and Harrogate. 2. **Agreed** a three year timescale for full implementation.	

49/19	**NHS England low priority prescribing programme**	
	Dr James Thomas (JT) presented a report on the NHS England and Improvement 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 deprescribe 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. Engagement and consultation had been done nationally along with a Quality and Equality Impact Assessment. The WY&H Pharmacy Leadership Group (PLG) and the Elective Care Programme Board had also considered the recommendations. For the majority of items the new prescribing policy represented minimal change for most places. The greatest challenge for implementation would be around deprescribing. The PLG and Area Prescribing Committees would support clinicians on this. In response to a question from DK, CT said that cardiologists were being consulted about how best to manage the deprescribing of aliskiren. MW confirmed that clear guidance would be developed to support prescribers. SC highlighted that some patients who were not able to self-administer insulin may need more expensive needles, but with support from nursing staff could be helped to self-administer. JT acknowledged this and said that audit and review should be used to ensure best practice.	
	The Joint Committee: 1. **Agreed** to adopt the NHS E/I low value prescribing programme recommendations for implementation in the nine CCGs of West Yorkshire and Harrogate.	
50/19	**Bariatric surgery implementation update**	
	Michelle Thomas presented an update on implementation of the commissioning policy for surgery for severe and complex obesity (bariatric surgery). In March 2019, the Joint Committee had agreed to adopt a new commissioning policy and service specification for bariatric surgery. This supported the aspiration agreed by the CCGs to aspire to commission the surgery at the rate of 4% of the eligible population – the level of the best performing CCG in WY&H. The WY&H Clinical Forum had supported the strong clinical case to commission more bariatric surgery, which reduced the risk of heart attacks and strokes. It had been agreed that each lead commissioner would include the new service specification and commissioning policy in their main provider contracts from 1st April 2019. The report outlined progress in implementing the policy and levels of commissioning activity against the ambition. MT noted that the activity targets were not yet being met consistently across WY&H as at July 2019. There was a need to more fully understand the reasons for this, as it could lead to inequitable access to services.	

	HH advised that the Partnership's Organisational Development programme was supporting collaborative work between providers to understand capacity issues and meet future activity levels. MW added that work was also needed in place to explore how referral processes were working locally and whether the ambition to commission more surgery had been widely and effectively communicated. In response to the public question about how the policy related to people of Asian origin with onset of type 2 diabetes, MT confirmed that this related to people of South Asian origin, who were disproportionately at risk. In response to the public question about prevention, MW agreed that supporting lifestyle change was the preferred approach. Bariatric surgery was very much a 'last resort', but the evidence showed that it was highly effective in changing people's lives by reducing life threatening health risks. The questioner confirmed to the Chair that she was satisfied with the responses to her questions. The Committee noted the need for time for the new commissioning approach and collaborative work between providers to take effect. **Action:** To inform a further update in 12 months, each CCG to evaluate the action that had been taken locally to implement the policy. This would include the effectiveness of referral practices, awareness raising and clinical briefing about the service and the policy.	**MT** **CCG** **AOs**
	The Joint Committee: **1. Noted** the update on implementation in place of the commissioning policy for surgery for severe and complex obesity. **2. Requested** a further update in 12 months.	
51/19	**Healthy hearts project**	
	Dr Steve Ollerton presented standardised and simplified treatment guidance for patients with high cholesterol, which supported Phase 2 of the Healthy Hearts project. Amanda Bloor presented an update on implementation of the project. SO noted the Partnership's target to reduce cardiovascular incidents by 10% by 2021. He added that 175,000 people in WY&H had a 20% risk of a heart attack or stroke in the next 10 years. 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 parts of the WY&H approach. SO outlined the areas where the WY&H approach differed from NICE guidance. In WY&H, the aim was to support patients to self-manage and make their own, informed decisions about their diet, lifestyle and medication. The Cholesterol Treatment Guidance had been developed following extensive clinical, patient and public engagement across WY&H and had been reviewed by the Elective Care Programme Board, Pharmacy Leadership Group and Area Prescribing Committees. The results of the Quality and Equality Impact Assessment were attached to the report. Alongside significant patient benefits, financial savings were envisaged from reducing the number of avoidable heart attacks and strokes.	

	AB reported that Phase I had already delivered significant successes, including 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. SH welcomed that feedback from patient and public involvement (PPI) and input from the PPI Assurance Group had been reflected in the materials which would support the Phase 2 work. He asked whether there was an 'optimum' cholesterol level for people to aim for, as this might help self- management. SO advised that the aim was for people to be below 4. However, this was a broad aim – the important thing was for people to lower their level, not necessarily to get below 4. He agreed that it would be helpful to include some simple, but carefully worded guidance on this in information for patients. SHG noted that the project was based on strong collaborative working across all partners and that an interim review would be reported to the Clinical Forum in December. The Chair congratulated the project team on the success of the project to date.	**SO/SHG**
	The Joint Committee: 1. **Approved** the use of the Cholesterol Treatment Guidance across the whole of the West Yorkshire and Harrogate Health and Care Partnership. 2. **Supported** the amended timeframes for implementing phases two and three of the Healthy Hearts project.	
52/19	**Risk Management**	
	Stephen Gregg (SG) presented the significant risks to the delivery of the Joint Committee's work plan. 5 risks were currently scored at 12 or above after mitigation, including 2 new risks which had been raised by the Elective care programme since the Joint Committee meeting in July 2019. The scores for 2 Elective care/SCP programme risks had been reduced to below 12. These risks were shown on the register, but would be removed from future versions unless the risk level increased.	
	The Joint Committee: 1. **Noted** the risk management framework and the actions being taken to mitigate the risks identified.	
53/19	**Any other business**	
	There was none.	

Next Joint Committee in public – Tuesday 5th November 2019, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.