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 2 July 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
Dr James Thomas	**JT**	Chair, NHS Airedale, Wharfedale and Craven CCG
Dr Sohail Abbas	**SA**	GP Lead, Bradford City CCG (Deputy for Akram Khan)
Dr Andy Withers	**AW**	Chair, NHS Bradford Districts CCG
Helen Hirst	**HH**	Chief Officer, NHS Bradford City, Bradford Districts and AWC 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
Dr Gordon Sinclair	**GS**	Chair, NHS Leeds CCG
Sue Robins	**SR**	Director of Operational Delivery, NHS Leeds CCG (Deputy for Tim Ryley)
Dr Adam Sheppard	**AS**	Chair, NHS Wakefield CCG
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
Apologies		
Dr Akram Khan	**AK**	Chair, Bradford City CCG
Tim Ryley	**TR**	Chief Executive, NHS Leeds CCG
In attendance		
Karen Coleman	**KC**	Communication Lead, WY&H Health and Care Partnership (HCP)
Stephen Gregg	**SG**	Governance Lead, Joint Committee of CCGs (minutes)
Ian Holmes	**IH**	Director, WY&H HCP
Anthony Kealy	**AKe**	Locality Director WY&H, NHS England & NHS Improvement
Catherine Thompson	**CT**	Programme Director - Elective care/standardisation of commissioning policies
Jonathan Webb	**JWb**	Lead Director of Finance, WY&H HCP
Penny Woodhead	**PW**	Penny Woodhead, Chief Quality and Nursing Officer, Calderdale, Greater Huddersfield and North Kirklees CCGs

5 members of the public were present.

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35/19	**Welcome, introductions and apologies**	
	Apologies were noted above. MB welcomed Dr Adam Sheppard who had taken over as Chair of Wakefield CCG from Phil Earnshaw. She also welcomed Sohail Abbas and Sue Robins who were deputising for Akram Khan and Tim Ryley.	
36/19	**Open Forum**	
	MB advised that no written questions had been submitted and invited verbal questions from members of the public. Two members of the public asked a number of questions about agenda item 40/19 – Flash glucose monitoring. The questions covered a number of issues including: the purpose of Flash glucose monitors, compatibility with the monitors and the availability of alternatives, clinical involvement in developing the policy, the high cost of the monitors, the role of the product manufacturer in providing evidence of benefits and whether patients, particularly pregnant women, would have a choice over whether to use the monitors. With the agreement of the questioners, 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. A member of the public also presented 2 case studies. One concerned a person with type 1 diabetes who had died as a result of hypoglycaemia and who had switched from paper to digital technology to monitor their condition. The other concerned the father of a diabetic who was concerned about the increasing use of technology and that care for people with diabetes was being privatised. A wider point was made about the duty of clinicians to not harm patients and whether too much emphasis was sometimes placed on prolonging life unnecessarily. MW said that many health professionals shared concerns about both the use of technology and the approach to mortality. The aim of the standardising commissioning policies programme was to ensure that decisions were evidence based. He offered to have a conversation outside the meeting about the wider approach to mortality.	**SG/CT** **MW**
37/19	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
38/19	**Minutes of the meeting in public – 7 May 2019**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 7 May 2019.	
39/19	**Actions and matters arising – 7 May 2019**	
	The Committee reviewed the action log.	
	The Joint Committee: Noted the action log.	
40/19	**Flash glucose monitoring**	
	Dr James Thomas (JT) presented a Flash glucose monitoring policy for West Yorkshire and Harrogate as part of the Elective Care/Standardisation of Commissioning Policies Programme.	

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	JT explained that he was the clinical lead for the Programme. As a GP providing care to diabetics, JT said that he had no specialist interest in diabetes and had no relationship with the product manufacturer. In March 2019, NHS England had issued new guidance for CCGs around the funding of flash glucose monitors for some people with type 1 diabetes, together with details of additional funding that would be available. The draft WY&H policy sought to standardise the approach in line with national NHSE guidance. JT explained that flash glucose monitors are small sensors worn on the skin for monitoring the glucose levels of people with diabetes. They reduced the need for 'finger prick' testing and provided psycho-social benefits for users. He acknowledged that at present the limited evidence about their clinical effectiveness had largely been provided by the product manufacturer. JT outlined the cohorts of people with diabetes covered by the national guidance. Two amendments to the national guidance were proposed for adoption in WY&H. These amendments clarified how 'improvement' in blood sugar control would be assessed and enabled monitors to be prescribed when they might prevent the need for an insulin pump. JT also highlighted differences in the commissioning policy for NHS Leeds CCG and NHS Harrogate and Rural District CCG. In Leeds and Harrogate, monitors were currently available for some women with diabetes who were planning to become pregnant and for some additional women with diabetes during pregnancy. JT noted the engagement that had taken place in developing the policy and the impacts identified in the Quality Equality Impact Assessment. It was proposed that the policy be implemented immediately, if approved. AW reported that the Clinical Forum supported the recommendations, including that Leeds and Harrogate maintain their existing policy position and evaluate the impact over the next 12 months. He noted the need for a more robust approach to horizon scanning to minimise the occasions where practice had evolved in advance of a formal policy being agreed. SO agreed that clinical evidence was limited, but that many patients reported benefits from using the monitors, including help in feeling more in control of their diabetes. He said that monitors were not for everyone, but were really helpful for some patients. As the product was expensive, a clear policy was essential. In response to earlier questions from members of the public, CT noted that all eligible patients would have a choice as to whether to use a monitor or paper testing strips. This included the pregnant women in Leeds and Harrogate who were covered by the policy amendments in those CCGs. Feedback from women was that they wanted to continue to use the monitors, as they were easier to use. In relation to the cost of the devices, CT said that there was only 1 manufacturer at present. She anticipates that more providers would emerge in the future, which might reduce the cost of the monitors. SC noted high levels of demand for the monitors and that many patients were currently self-funding. He felt that the monitors would be 'the norm' for people with diabetes within 5-10 years.	

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	Members of the public said that many, but not all of their questions had been answered during the presentation and discussion. The Chair confirmed that written responses would be provided.	
	The Joint Committee: **Agreed** to 1. **Adopt** the national position for prescribing flash glucose monitoring systems on behalf of all nine WY&H CCGs, with the addition of amendments 'a' and 'b' as described in the report, 2. **Adopt** the approach to prescribing flash glucose monitoring systems in NHS Leeds CCG and NHS Harrogate and Rural Districts CCG for the cohorts of women described in the report. 3. **Adopt** the proposal for data collection in Leeds and Harrogate for the additional cohorts of women. 4. **Use the outcome of the data evaluation** to determine a single position for the prescribing of flash glucose monitoring systems across WY&H. 5. **Apply** ABCD audit requirements to 10% of the population receiving Flash Glucose Monitoring Systems.	
41/19	**Quality and Equality Impact Assessment (QEIA)**	
	Penny Woodhead (PW) presented a six-month evaluation of the WY&H 'do once and share' approach to QEIA. The approach brought together tools already in use in the WY&H CCGs with current best practice. It was supported by a policy framework and a user guide which provided step by step instruction on how to use the tool and complete an assessment. The approach had been applied successfully to a range of commissioning policies which had subsequently been approved by the Joint Committee. PW noted that the ambition was for the tool to be used across the full range of Partnership business. She noted that the tool was already used in Leeds for all system transformation work and was also being applied in Kirklees on integrated commissioning programmes with the local authority. PW would also be talking to NHS England and Improvement about potential wider use of the tool. A number of steps had been identified to further improve the approach, including amending the tool in line with feedback from the evaluation, strengthening the focus on reducing health inequalities in accordance with the wider Partnership strategy and arranging a learning and development session with Quality and Equality leads. PW would continue to work with partners to further develop the tool so that it could be used across the wider health and social care sector.	
	The Joint Committee: 1. **Approved** the QEIA approach to be used for all the work programmes covered by the Joint Committee work plan. 2. **Recommended** that the approach be used, in partnership with providers, for all major changes across the Health and Care Partnership.	
42/19	**Risk Management**	
	Stephen Gregg (SG) presented the significant risks to the delivery of the Joint Committee's work plan. 5 risks were scored at 12 or above after mitigation. 1 risk relating to the integrated urgent care service and 3 risks relating to the Elective care/standardisation of commissioning policies programme had previously been reported.	

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	A new risk relating to workforce had been added by the Elective care/standardisation of commissioning programme.	
	The Joint Committee: a) **Reviewed** the risk management framework and the actions being taken to mitigate the risks identified.	
43/19	**Any other business**	
	There was none.	

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