

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 6 March 2018		Agenda item: 46/18	
Report title: Elective Care and SCP proposal for implementation			
Joint Committee sponsor:		Matt Walsh	
Clinical Lead:		James Thomas	
Author:		Catherine Thompson, Programme Director	
Presenter:		Matt Walsh	
Purpose of report: (why is this being brought to the Committee?)			
Decision	√	Comment	
Assurance			
Executive summary			
<p>This paper provides an update on the WYH HCP Elective Care and Standardisation of Commissioning Policies (SCP) Programme. It presents proposals for high level pathways for eye care and musculoskeletal / elective orthopaedic pathways and the approach to delivery of these. This paper also provides a proposal for the approach to the Procedures of Limited Clinical Value (PLCV) work, and for further development of the prescribing programme.</p> <p>The paper identifies some interfaces with other elements of work in emergency eye care and maternity services and proposes an approach for addressing these.</p>			
Recommendations and next steps			
<p>The Elective Care and SCP Programme recommend that the Joint Committee:</p> <ul style="list-style-type: none"> • Support the high level pathway for eye care. • Supports the consideration of emergency eye care services where these interface indivisibly with planned care services for eye health. • Support the high level pathway for elective orthopaedic services. • Support the recommendation to exclude non-clinical services from the PLCV work programme. • Support the clinical inclusion, exclusion and prioritisation proposals for the PLCV programme. • Support the 'Do Once and Share' approach to delivery of the PLCV programme. • Support the proposals for the ongoing development of the prescribing programme. 			

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)	
Health and Wellbeing: The programme adopts a 'right care, right place, right time' approach to the planning and delivery of planned care services.	
Care and Quality: Standardisation of commissioning policies across the footprint will reduce unwarranted variation in care services, eliminate a postcode lottery in patient access and contribute to reducing inequality in experience of care and health outcomes. Improving pathways in elective orthopaedic and eye care services will improve our ability to deliver elective care within constitutional standards across WY&H HCP.	
Finance and Efficiency: Implementing a standard approach to PLCV and elective care pathways in orthopaedics and eye care will release capacity and financial resource across the system. Improvements in prescribing policy will deliver savings; these are to be quantified.	
Impact assessment (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	Refer to section 3. Eye Care, 4. Elective Orthopaedics, 5. Procedures of Limited Clinical Value, 6. Prescribing
Public involvement:	Clinical engagement has commenced in elective orthopaedics and is in development for all workstreams. Public engagement and consultation has happened across WY&H in prescribing. We plan to commence a programme of engagement subject to approval at Joint Committee. We are recruiting two lay representatives to the programme board.
Finance:	It has been anticipated that the programme will deliver £50m of financial efficiencies. We need to better understand this figure and also quantify the short term costs associated with Supporting Healthier Choices and pathway redesign in eye care and orthopaedic services.
Risk:	The 'Do Once And Share' approach is untested. There may be significant time required to gain clinical consensus across WY&H for all the specialities being addressed. Similar difficulties may be encountered gaining widespread agreement for commissioning thresholds and affordability. Clinical leadership for this programme is essential. The alignment of pathways and policies alone will not change care delivery. This will only be achieved through clinical practice and new policy being aligned.
Conflicts of interest:	None

West Yorkshire and Harrogate Health and Care Partnership Elective Care and Standardisation of Commissioning Policies Programme

1. Introduction

This paper provides the CCG Joint Committee with an update on the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) Elective Care and Standardisation of Commissioning Policies (SCP) Programme.

It presents high level pathways for eye care and musculoskeletal / elective orthopaedic pathways and the approach to delivery which will form the basis for the programmes of work in these services. This paper also provides a proposal for the clinical areas that will be included and excluded from the Procedures of Limited Clinical Value (PLCV) work, and the proposed approach to standardisation of these policies. The programme has also developed proposals for further savings in prescribing and these are also set out here.

2. Purpose

The Elective Care and SCP programme was presented at Joint Committee in November 2017. The Joint Committee requested that the programme bring high level pathways for eye care and elective orthopaedics, and an STP 'list' of PLCV to the March Joint Committee. Following discussion and development at the Clinical Forum and Joint Committee Development session in February 2018, these proposals are being presented to the Joint Committee for agreement. The Joint Committee is also asked to agree the proposals for prescribing.

3. Eye Care Services

Ophthalmology services are a challenged speciality across our STP with wide variation in achievement of clinical ambitions (e.g. 18 week RTT) and large numbers of people not receiving care in line with constitutional standards. The ambition of this programme is to deliver improvements in care experience and clinical outcome, whilst delivering system-wide efficiencies through the 'left shift' of services in to primary and community settings where clinically appropriate and viable. A pathway diagram is presented in Appendix A.

The development and implementation of new eye care pathways is not without challenges.

The interrelation between planned and unplanned eye care services in both commissioning and delivery in some places means that this programme of work will also affect some urgent and emergency eye care services. These are not being addressed through the Urgent and Emergency Care programme of the WY&H HCP, and whilst emergency care is not in the mandate for the elective Care and SCP programme we must ensure pathway redesign does not adversely impact on emergency eye care services. It is the view of the programme team that it would be possible and desirable for us to take within the scope of this work, those aspects of emergency eye care that can be safely and effectively delivered in a community

setting through the further development of the role of community optometrists. We believe that to do this will create greater opportunity to engage with community optometrists and the eye care networks, and will lead to a more sustainable deal being made to secure their commitment to this agenda.

Clinical buy in from Ophthalmologists across the WY&H HCP will be required. We are currently securing involvement from two Ophthalmologists in the working group for this programme however engagement and agreement across the eye care multidisciplinary team throughout WY&H will be essential.

Workforce challenges exist nationally in the numbers of Ophthalmologists in post and in training although the Local Eye Health Network (NHS England) expects that the wider eye care multidisciplinary workforce is available to increase capacity in WY&H, but needs to be asked to work differently. There are local higher education programmes to upskill the workforce and robust quality assurance, safety and governance processes will need to be established to support new ways of working.

IT connectivity across the independent provider sector is not currently comprehensive. To allow E-referral and access to choose and book, N3 connections will have to be established and appropriate information governance processes put in place.

Addressing the whole care pathway in eye health will require significant collaboration with the West Yorkshire Association of Acute Trusts (WYAAT) to facilitate the appropriate transfer of care from hospital eye services to community eye services. The NHS Improvement GIRFT programme team have agreed to support the WY&H HCP with a system wide GIRFT event, to help understand the optimal organisation and delivery of hospital eye services for this region.

4. Elective Orthopaedic Services

Elective orthopaedics is a high volume, high cost speciality with variation in patient outcome and experience across the WY&H HCP. The ambition of this programme is to deliver improvements in care, whilst delivering system-wide efficiencies through the 'left shift' of services in to primary and community settings where clinically appropriate. WYAAT will lead the standardisation of inpatient care, which will drive efficiency and reduce variation in clinical outcome; improvements in the post-discharge care pathway across primary, community and social care services will be required to support this. A pathway diagram is presented in Appendix B.

Some clinical engagement is already underway with the orthopaedic consultant workforce and in collaboration with WYAAT will extend to include the wider multiprofessional workforce. A further understanding of workforce capacity and skill mix is also required.

5. Procedures of Limited Clinical Value

A unified list of PLCV has been created by combining all existing policies from across the 11 CCGs within the WY&H HCP. The Elective Care and SCP programme

board recommends that the PLCV programme only considers clinical procedures and those policies such as access to patient transport are not included in this work. A list of the policies that will be considered during this programme of work is included in Appendix C.

To deliver this programme of work the Elective Care and SCP team propose the following:

- Fertility services should not be considered as part of this work. A Yorkshire and Humber policy currently exists and all CCGs currently offer similar levels of service although eligibility criteria differ.
- Maternity services should not be considered as part of this work. Any work required on Maternity services should be undertaken as part of the Maternity programme, or in partnership with the Maternity programme at a later date.
- Orthopaedic / MSK services will be prioritised to support concurrent pathway work.
- Eye care / Ophthalmology services will be prioritised to support concurrent pathway work.
- Plastic surgery will be addressed early in the programme as a high degree of commonality exists. The programme will ensure that clinical and functional needs are not excluded in this clinical speciality.
- ENT, Endocrine, Gastroenterology, Neurology and other specialities included in the 'long list' will be addressed later in the programme.

NICE Guidance, including Technology Appraisals, Interventional Procedures Guidance and Clinical Guidelines will underpin the policy standardisation process, and clinical engagement from specialists in each clinical speciality will be vital for the determination of clinical thresholds.

The WY&H HCP 'Do Once and Share' approach will be adopted for the delivery of this programme and it is anticipated that CCG colleagues who already work on these policies will support this programme. An additional project to establish technological referral support mechanisms is in development. This will also be underpinned by strong clinical engagement and will run in tandem with the work to standardise commissioning policies.

6. Prescribing

The prescribing programme of the Elective Care and SCP programme works with and through the YW&H HCP Heads of Medicines Management (HOMM). Through the current financial year the HOMMs have been working collaboratively to ensure all CCGs have programmes of work to address prescribing in the same areas. This is predominantly in self-care, and in areas where there is national work. The HOMMs have achieved harmonisation of programme although there is still work to do to standardise policies across WY&H HCP in this area. With support from the Elective Care and SCP programme team the HOMMs propose continuing this work, and expanding the programme to include:

- Oral Nutritional Supplements
- Cotton and Silk Garments
- Dressings
- Growth Hormone
- Opioid prescribing.

The HOMMs have identified two further areas of prescribing with potential for significant saving if addressed through the Elective Care and SCP programme. These are appliances (predominantly stoma and continence products), through STP-wide procurement; and the management of wet AMD. Further scoping is required in these areas to fully understand the risks and benefits of undertaking work in each of these areas, as well as the likelihood of delivery.

7. Supporting Healthier Choices

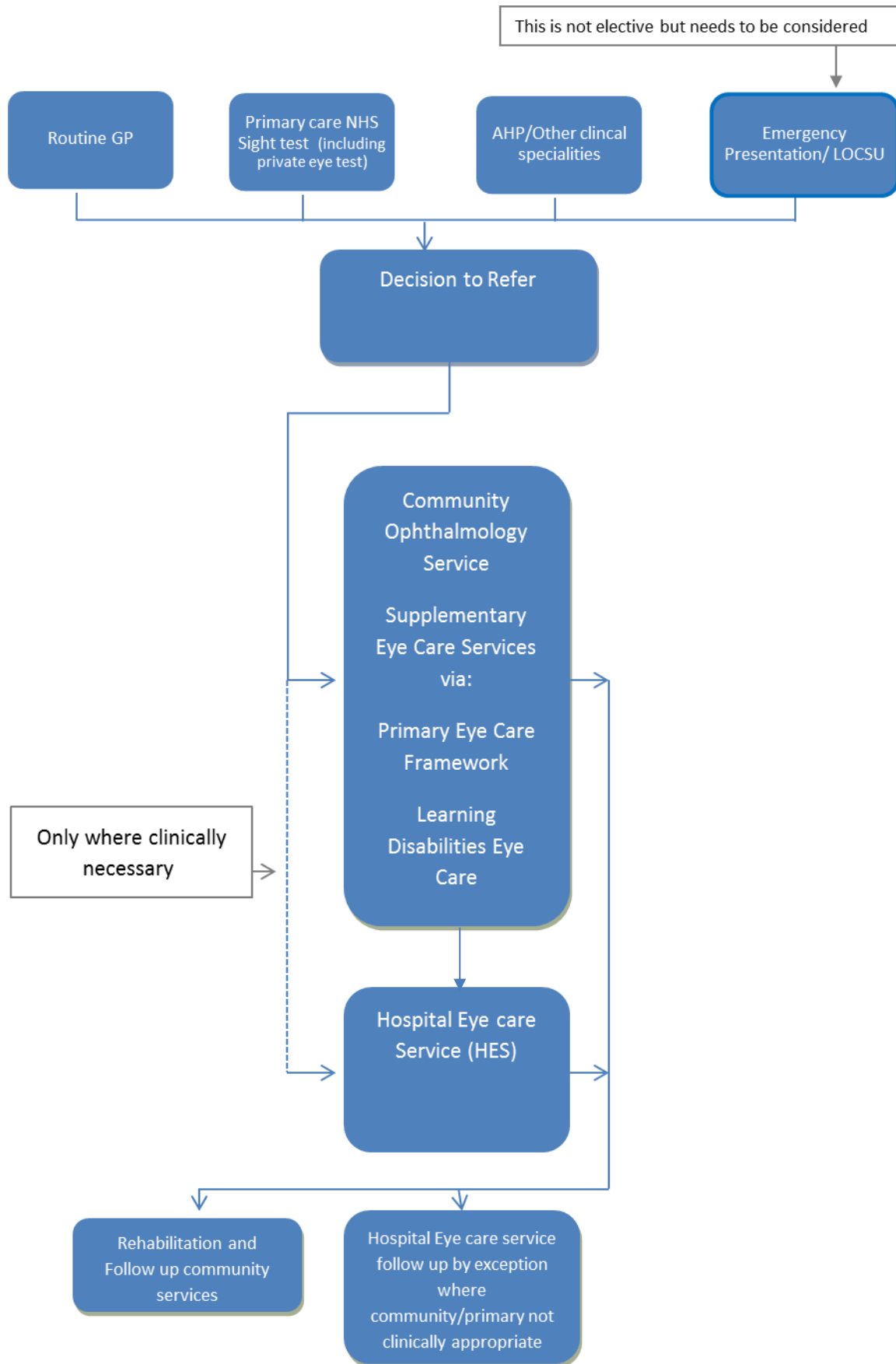
A 'mapping and gapping' process is underway to identify the services that are currently commissioned across WY&H which will enable the Supporting Healthier Choices workstream. We will attempt to estimate the unmet need in service provision and the potential costs associated with delivering such services.

8. Recommendations

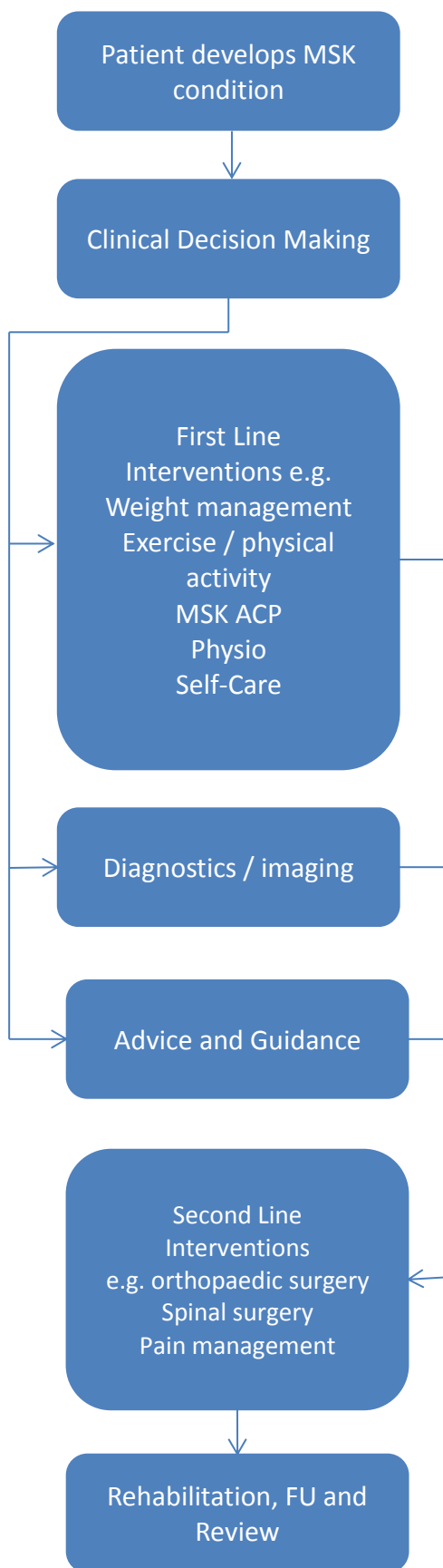
The Elective Care and SCP Programme recommend that the Joint Committee:

- Support the high level pathway for eye care.
- Supports the consideration of emergency eye care services where these interface indivisibly with planned care services for eye health.
- Support the high level pathway for elective orthopaedic services.
- Support the recommendation to exclude non-clinical services from the PLCV work programme.
- Support the clinical inclusion, exclusion and prioritisation proposals for the PLCV programme.
- Support the 'Do Once and Share' approach to delivery of the PLCV programme.
- Support the proposals for the ongoing development of the prescribing programme.

Appendix A: Proposed high level eye care pathway



Appendix B: Proposed high level orthopaedic pathway



Appendix C: Proposed list of procedures to address in PLCV programme

Speciality	Yes	No	Decision Deferred	Comments
General Surgery	✓			• General concordance across WY&H
Gynaecology	✓			• General concordance across WY&H
Fertility Services		✓		• Yorkshire & Humber policy exists
Urology	✓			• General concordance across WY&H
MSK			✓	• Prioritised to support concurrent pathway work
Vascular	✓			• General concordance across WY&H
ENT	✓			• High level concordance across the CCGs • Needs a lot of work across the STP to agree policy concordat across the CCGs
Ophthalmology			✓	• Prioritised to support concurrent pathway work
Plastics	✓			• To be addressed early on in the programme to consider clinical and functional needs
Dermatology	✓			• General concordance across WY&H
Endocrine	✓			• High level concordance across the CCGs • Needs a lot of work across the STP to agree policy concordat across the CCGs
Neurology	✓			• High level concordance across the CCGs • Needs a lot of work across the STP to agree policy concordat across the CCGs
Paediatrics	✓			• General concordance across WY&H
Gastroenterology	✓			• High level concordance across the CCGs • Needs a lot of work across the STP to agree policy concordat across the CCGs
Maternity		✓		• Any work will be in conjunction with the maternity programme
New Treatments/Trials			✓	• Within the STP moving forward; this needs prioritising in order to address it as part of the standardisation of commissioning policies and how to introduce new clinical thresholds in the future • Consultation to be undertaken with PHE
Overseas		✓		
Others Inc. Patient Transport, Surrogacy, Translation services, Retrospective payments for treatment in the independent sector		✓		• There will need to be clinical consultation on these
Bariatrics		✓		• Bariatrics is a specialist programme separate to this programme commissioned by NHS England

Not included in the list