

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups
Meeting in public, Tuesday 6 March 2018
Response to questions

Question area : Elective care and standardisation (1)

Question 1: How will the 'Supporting Healthier Choices' behaviour change programme be commissioned, funded and provided?

The 'Supporting Healthier Choices' programme is still in the early stages of development. It focuses on supporting people to benefit from interventions like weight management, smoking cessation and exercise. It is not yet possible to say how it will be commissioned, funded and provided.

Question 2: Will it be competitively tendered?

It would be our intention to work in collaboration at place based level to implement changes, building upon initiatives already in place.

Question 3: How much will it cost?

We do not yet know what the cost of providing additional services will be. We are undertaking an exercise to establish what services currently exist across West Yorkshire and Harrogate, their capacity and what additional capacity might be required.

Question 4: Will it be funded from public NHS money or through private finance via social impact bonds?

Some of the services that are required in a 'supporting healthier choices' approach are currently paid for through Public Health funding in the local authority, and other services are paid for by NHS funding. As the delivery mechanism for this programme in each CCG or place has not yet been determined it is not possible to say how each of these will be funded.

Question 5: What grades of staff would deliver this and where?

It is not possible to estimate this level of detail at present.

Question 6: Given that there is medical opinion that these restrictions are not often necessary from a clinical perspective, is this not just a way of limiting demand for planned care and cutting cost at the expense of vulnerable patients?

The 'Supporting Healthier Choices' approach is not about placing restrictions on people's ability to access care. It is about taking each opportunity, where a referral for elective or planned care is required, to encourage the patient to address some aspects of their lifestyle or health behaviours which may be contributing to current or future ill health or long term conditions. It is about encouraging all health professionals and members of the public to do something proactive and positive to improve the long term health of the population of West Yorkshire and Harrogate. This will, we anticipate, have a long term impact of limiting demand for planned care in the NHS through the prevention of ill health.

Question area: Elective care and standardisation (2)

Question 1: Which organisations in the Academic Health Science Network (AHSN) are you working with on the Supporting Healthier Choices behaviour change scheme?

We are working closely with the AHSN which is an organisation in its own right. The AHSN has areas of expertise in behaviour change and improvement science.

Question 2: How is it appropriate to use advertising techniques on NHS patients in order to get them to change their minds?

One of the aims of the programme is to change behaviours and the relationship between people and services. Advertising has an important part to play in promoting opportunities for healthier lifestyles.

Question 3: How will the behaviour change programme use digital technology?

Technology has played a part in changing behaviours in many aspects of our lives and will be an important element of the programme.

Question area: Elective care and standardisation (3)

Question 1: How have you addressed the risks of restricting access to eye and orthopaedic operations, particularly for patients who can't afford to go private?

Clinicians will continue to make decisions about access, on the basis of the needs of individual patients. The programme will not change this.

Question area: Urgent and emergency care (1)

Question 1: Will the re-procurement of 111 services contribute to the further break-up of the NHS?

Partners in Yorkshire and the Humber are responding to a national specification. Whatever service model is selected, the aim is to secure greater integration of NHS services, not fragment them.

Question area 5: Urgent and emergency care (2)

Question 2: How was evidence from previous urgent care Vanguard projects being used to shape the design of services?

The aim is to learn from all of the available evidence, including that from Vanguard projects, and make use of best practice.