

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups
Meeting in public, Tuesday 6 November 2018
Written responses to questions

Question area : Elective care/standardisation of commissioning policies

Behavioural and cultural change

Question 1: What is the cost of the proposed behavioural change science work and who will deliver it?

Response: We have not progressed the development of this programme as the priority has been the standardisation and clinical pathway work in musculoskeletal services and eye care. We refer to the responses to similar questions which were asked at the Joint Committee in March 2018 <https://wyhjointcommitteeccgs.co.uk/PDF/Meeting/6March/Responses.pdf>.

Question 2: Why is this work judged necessary?

Response: There is a public health crisis in England that is placing an increasing and unmanageable burden on health services. Nationally we have growing levels of obesity, diabetes and other long term conditions and this is reflected in our population in West Yorkshire and Harrogate. This means that more people are living with poor health for a greater number of years. We want to support people to live healthier lives to prevent long term ill health and reduce the future need for avoidable health care interventions.

Question 3: What outcomes are expected?

Response: See answer to (2) above.

Question 4: What cultural change is planned?

Response: It is not possible to say until the programme of work is developed. Whilst we believe that a cultural change is needed, we are not so naïve as to believe that we can plan one. All we can do is create the conditions through which, within our localities, communities and within our programmes of work, it becomes possible to have a different conversation with people about how we work together.

Question 5: Why is this approach needed, as opposed to making your case clearly to the public?

Response: For many years the NHS nationally has been 'making the case to the public' that being overweight, smoking and other lifestyle behaviours are not good for our nation's health, and that the NHS's services are being put under increasing strain as a result. There has been no change in the lifestyle behaviours of the general public in response to this, and this situation is unsustainable. This would suggest that 'making the case to the public' is not sufficient to effect change, therefore we are proposing an alternative approach based in behavioural science and evidence.

Question 6: The item 'Improving Stroke Outcomes' ends with a note about a Conflict of Interest: 'Members are asked to note the Yorkshire & Humber AHSN is in receipt of inward investment from Bayer PLC and Pfizer PLC, both companies are manufacturers of anticoagulants for preventing AF strokes'.

Response: As background, we would highlight the 2017 NHS England guidance on Managing Conflicts of Interest. This states: *"Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice."*

The guidance goes on to acknowledge: *"the potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed"*

I hope that the responses to your questions below demonstrate both the value of our partnership with the Academic Health Science Network (AHSN) and how we manage any conflicts of interest.

Question 6.1: Could you please explain the nature of this investment and tell us what Bayer and Pfizer will be expecting to receive from the arrangement?

Response: The AHSN is in the second year of a joint working arrangement (JWA) with Bayer. As part of this, Bayer second a member of their Healthcare Partnerships team to the AHSN to provide project management and quality improvement support. This equates to an investment in improving the care of Y&H patients of £50,413. This arrangement will end on 31st March 2019. The benefits to AHSN/NHS and Bayer are:

- "Increasing the number of patients suitable for anticoagulation in line with NICE guidance including DOACs which may include rivaroxaban; Improved reputation as a result of working in partnership to benefit patient outcomes and experience; Develop a deeper insight and understanding of the NHS in the Yorkshire and Humber area" and
- "Increase in number of high risk patients identified and currently either not anticoagulated or uncontrolled on anticoagulation allowing increase in patient pool eligible for DOAC treatment, of which rivaroxaban is one choice"

Pfizer have provided Y&H AHSN with project funding. The first was with Community Pharmacy WY to support Medication Use Review of anticoagulants in community pharmacy. Through their web portal, Pfizer provided community pharmacies with impartial guidance on how to advise patients on how to take anticoagulants. The share of the Medical Educational Grant or Services (MEGS) received by Y&H AHSN was the equivalent of around £2,000.

Pfizer also provided an MEGS grant of approximately £43,000 to Y&H AHSN to part fund a community pharmacy safety programme that was not specific to any therapy area. Under MEGS, once the grant is made the company has no control of the use of the money nor recourse to see the results of the work. MEGS are perceived by the NHS to raise the reputation of the industry as partners in improving the health of the population.

Question 6.2: Could you please explain how the Conflict of Interest is managed/monitored and how it might become apparent if it is causing problems?

Response:

Stage 1 Engagement:

Before any involvement in the Y&H AHSN AF programme, the AHSN engaged with companies with an interest in anticoagulation. The companies were offered an opportunity to be involved in the project. Only Bayer took up the opportunity.

Stage 2 Design:

The input from the Bayer secondee is managerial, not clinical. The secondee works with the AHSN project management team or with GP practices on changes to systems and processes. The secondee does no work that would influence drug choice, which is guided by local policy and practice.

Stage 3 ABPI code:

The ABPI code of practice prohibits promotional activity when engaged in JWA. The secondee does not carry out promotional activity.

Stage 4 Oversight

The AHSN monitors issues and risks. The AHSN is in regular contact with practices and has a system to record any complaints made about any employee. The contract with Bayer can be terminated if promotional activity were to be carried out in contravention of the ABPI code.

Question 6.3: Is this a common arrangement within the new health services and if so can you tell us what other part of the services may have a similar kind of arrangement with a beneficiary?

Response: We refer to the response to question 6. above, which notes the 2017 NHS England guidance on the benefits of research. The HCP's principal partner for research support is the AHSN, which actively seeks and promotes appropriate partnerships between the NHS and Industry.

Question 7: The Yorkshire and Humber Academic Health Science Network (Y&H AHSN) is undertaking some work with the West Yorkshire team, what is the contract worth, and for how long does it run?

Response: The Y&H AHSN is a member of West Yorkshire Health and Care Partnership (WY&H HCP). Each Trust and CCG in WY&H pays a membership fee to Y&H AHSN. WY&H HCP has agreed to pool the membership fees in order to deliver a jointly agreed work-plan over the next two years. In 2018/19, the membership fee contribution to Y&H AHSN is expected to be approximately £400,000.

In addition, to support the WY&H HCP Healthy Hearts programme Y&H AHSN has received an additional £42,000 for this financial year. Y&H AHSN also receives national funding from NHS England, NHS Improvement and the Office for Life Sciences which funds work across WY&H HCP.

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