West Yorkshire and Harrogate Sustainability and Transformation Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: **7 November 2017**		Agenda item: 27/17	
Report title:		**Elective Care and Standardisation of Commissioning Policies: Decisions to proceed**	
Joint Committee sponsor:		Matt Walsh, Senior Responsible Officer	
Clinical Lead:		Dr James Thomas	
Author:		Catherine Thompson, Programme Lead	
Presenter:		Dr James Thomas	
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	
Assurance			

Executive summary

The Elective Care programme will provide the right care, at the right time, in the right place in order that the best outcomes and optimal use of resources are achieved for the population of West Yorkshire and Harrogate (WY&H).

It will achieve standardisation of key commissioning policies and protocols across the WY&H CCGs by 2020/21and with the ambition of achieving the equivalent of approximately £50m in financial efficiency gains through managing demand to a more affordable level. Implementation of the programme will require transformation, not just a 'pathway by pathway' approach, and must focus on prevention. This will be underpinned by a 'systems thinking' approach and will require attitudinal change and genuine collaboration. The programme will be delivered in conjunction with the West Yorkshire Association of Acute Trusts (WYAAT) Elective Care programme, collaborating closely where there is overlap between the programmes and viewing shared elements of each programme as a common programme. The initial focus of this programme will be elective orthopaedic procedures and eye care services.

The Elective Care programme has four key strands: supporting healthier choices; clinical thresholds and policies; outpatients and prescribing. Much of this work is already underway in each place and this presents an opportunity to agree a common approach. The ambition is to move to implementation on the initial aspects of the work programme in the first quarter of financial year 2018/19 however this needs further development in conjunction with the programme leads from each of the places.

Recommendations and next steps

The Joint Committee of CCGs is asked to:

- agree the approach to the Elective Care Programme outlined in this paper.
- agree the approach of 'patient choice' and coherent support offer for supporting healthier choices.
- agree the standardisation of commissioning policy for PLCV and elective orthopaedic surgery, and the policy – relationships – technology approach to implementation.
- agree the development of new approaches to outpatient services in elective orthopaedic surgery and eye care services.

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

The programme supports the delivery of STP outcomes:

Health and Wellbeing: The programme adopts a 'right care, right place, right time' approach to the planning and delivery of planned care services. The 'supporting healthier choices' workstream proactively addresses health behaviours, encouraging and supporting healthy lifestyles and behaviour change for health improvement.

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.

Finance and Efficiency: Implementing a standard approach to PLCV and elective orthopaedic surgery will release capacity and financial resource across the system. Supporting Healthier Choices programmes will reduce future demand. The programme has the potential to achieve approximately £50m financial efficiency through the life of the programme.

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	See paragraphs 2 and 6
Public involvement:	See paragraph 9
Finance:	See paragraph 5
Risk:	There is a risk that trust, relationships and collaboration between the WY&H CCGs and with the provider sector is insufficiently mature to support the scale and pace of change required in the programme. Subtle changes between the planned 'supporting healthier choices' and previous 'health optimisation' approaches implemented in Harrogate and Rural District, and Kirklees will need managing to avoid variation across the STP footprint. Whilst strong support for the approach was offered by the STP Clinical Forum, the clinical voice from the acute sector was absent. Engagement with this group will happen in November but not until after the Joint Committee on 7th November 2017.
Conflicts of interest:	none

West Yorkshire and Harrogate Joint Committee of CCGs

Elective Care Programme

Introduction

1. This paper presents the Elective Care Programme to the West Yorkshire and Harrogate (WY&H) Joint Committee of the CCGs in order that a decision can be made whether to proceed with the proposals set out below.

Background and Overview

2. The Elective Care programme (formerly Standardisation of Commissioning Policies) was initiated in financial year 2016/17. A programme initiation document was discussed at the CCG Collaborative Forum in January 2017 and the Clinical Forum in March 2017. Following a change in leadership the refreshed programme working group met in September and October 2017, with commissioner representation from each place. The programme developments were discussed at Clinical Forum and Joint Committee in October 2017 and received broad support.

3. The ambition for the Elective Care programme is to provide the right care, at the right time, in the right place in order that the best outcomes and optimal use of resources are achieved for the population of West Yorkshire and Harrogate. It is a further development of the initial plan with an increased focus on prevention.

4. The programme supports the ambitions of the *Five Year Forward View – Next Steps* document through reducing demand and meeting demand more appropriately. It will help to manage demand for elective care through health improvement and prevention, and deliver the most efficient elective care releasing capacity in the system to address unmet need. This will increase the responsiveness of services to patients in WY&H, improve patient access and support achievement of clinical ambitions such as 18 week referral to treatment targets.

5. An objective of this programme is to achieve standardisation of key commissioning policies and protocols across the WY&H CCGs by 2020/21 and with the ambition of achieving the equivalent of approximately £50m in financial efficiency gains through managing demand to a more affordable level. It is agreed as an underpinning principle that not all CCGs will move to revised policies at the same time. The expectation is that there will be a rolling programme of implementation, resulting in an end-point where all CCGs are taking the same approach.

6. The outcome of this process will:

    - improve the health of the population of West Yorkshire and Harrogate through further support of prevention at scale through the supporting

healthier choices approach;
- create financial efficiency gains, thereby releasing resources to be used elsewhere for service user care;
- reduce variation and inconsistency in policy and practice and;
- reduce the perception of a “post-code lottery” across the region, where different experiences and outcomes are delivered depending on where the patient lives.

7. Implementation of the programme will require transformation, not just a ‘pathway by pathway’ approach, and must focus on prevention. This will be underpinned by a ‘systems thinking’ approach and will require attitudinal change and genuine collaboration. Success is dependent on the commitment of each place to implementation of the programme. Each place is involved through the workstream / programme board meetings, with their collective decisions being ratified through the Joint Committee with backing from the Clinical Forum.

8. Creating a movement of likeminded people from across the clinical and non-clinical workforce, service users and stakeholders / partners will support programme delivery. The programme will be delivered in conjunction with the West Yorkshire Association of Acute Trusts (WYAAT) Elective Care programme, collaborating closely where there is overlap between the programmes and viewing shared elements of each programme as a common programme. The Yorkshire and Humber Academic Health Science Network (AHSN) will support the programme, providing capacity and capability to ensure that an evidence based approach is used in service improvement methodology and behavioural change techniques.

9. Meaningful involvement of patients and communities will be critical to the success of this programme. Where preliminary engagement activities have been undertaken by HealthWatch, they reveal public support for this programme. HealthWatch have expressed a willingness to support this programme of work to enable implementation at pace and benefit realisation for the population.

10. The initial focus of this programme will be elective orthopaedic procedures and eye care services.

11. Elective orthopaedics is a high volume, high cost speciality with total spend for the STP footprint in the region of £100m. Across WY&H there is variation in achievement of referral to treatment (RTT) targets. Three Trusts within WY&H have above average waits for inpatient procedures and achievement of the 18 week RTT ranges from 55.6% - 85.9%. For elective orthopaedic outpatients there are four Trusts with waits which are above the national average and achievement of the 18 week RTT ranges from 82.7% - 99.7%. Consequently there are significant numbers of patients for whom partners in WY&H are failing to meet the constitutional standards. NHS Improvement ‘Getting It Right First Time’ (GIRFT) data also demonstrates variation in experience of care and costs for procedures across the footprint. Variation in inpatient length of stay across orthopaedic procedures within WY&H is contributing to excess hospital bed days and high bed occupancy rates; reducing this represents a significant opportunity for efficiency and productivity gains. WYAAT is also undertaking a GIRFT

programme in orthopaedics and this combined approach will create synergy, energy and enthusiasm across the whole sector.

12. Ophthalmology has been identified by NHS England as a challenged speciality for WY&H. It has one of the largest numbers of people waiting for assessment or treatment, second only to orthopaedics. Data at July 2017 suggest over 2200 people missed the 18 week RTT in ophthalmology. Nationally the achievement of the 18 week RTT in ophthalmology services is 89.3% however the WY&H average falls below this at 87.75%. There is significant variation in this across the footprint ranging from 69.4% - 98.8%, and it represents a significant opportunity for improvement and redesign across WY&H.

13. The programme will also support WY&H work on elective care, coordinated by NHS England (North) and will address challenged clinical specialities. There may be the opportunity to identify other areas beyond orthopaedics and eye care that fall within this programme as it develops. Future programme developments may include asking CCGs to delegate authority to the Joint Committee of CCGs for addressing challenged specialities.

14. Following discussion between the programme leads for the Commissioning and Provider workstreams on elective care, it is clear that these two programmes are part of a coherent whole. We will bring together our thinking and create a single programme of work with provider led, commissioner led and shared components as the programme develops further. There is a shared commitment to use the capacity we can create together in a way that works in harmony.

Workstream Updates

15. There are four workstreams in the programme:

    a) **Supporting Healthier Choices:** ensuring patients are fit to proceed to assessment for surgery by offering help with smoking cessation, body mass index reduction, alcohol issues, mental health, substance misuse etc. This will support longer term population health gains and the impact will be determined through associated research.

       The approach will be founded in the principles of equity, care and compassion, evidence and patient choice. It will be founded upon an approach based on a proper offer of support to people who are able to benefit from a behavioural change intervention. This support offer needs to be at ‘industrial scale’ and planned across WY&H, to enable people to make a meaningful choice.

       This workstream requires a consistent view and message from Public Health, and a changed conversation with the public. This conversation needs to include how the health and care services in WY&H can work differently to provide better services, and how the public can help by taking action to minimise avoidable use of health and care services.

As an approach based upon working with people to stay well, eat well, exercise and live well, this programme has the potential to lead the way in creating a change in the relationship between people, and health and care services.

An analysis of the existing services, gaps and suggested approaches to bridge service gaps will be brought to the Joint Committee by March 2018.

b) Clinical Thresholds and Policies: by ensuring best practice in referrals a potential reduction of demand by 10% has been estimated; initial work will focus on standardising thresholds for referral and treatment in those areas where the greatest savings can be made starting with Procedures of Limited Clinical Value (PLCV) and elective orthopaedic services.

There are three underpinning principles to this programme: harmonisation of policies; building place based relationships between commissioners and providers, with strong emphasis on communication with clinicians to support implementation, and through collaboration with WYAAT; and the use of technology to enable better clinical decisions to be made rather than a focus on enforcement. Technology and decision making support tools would be targeted at the consulting room, learning from best practice such as the approach from Canterbury, New Zealand.

A common list of PLCV will be formulated and brought to the Joint Committee for approval by March 2018.

c) Outpatients: by ensuring a needs based approach and embracing new technologies, follow-ups without procedure can be reduced by 20%; the programme will focus on capacity-challenged specialties to support providers in delivering key services; face-to-face follow-ups will no longer be norm. In fact it is our view that the concept of 'Outpatients' is outmoded, based upon a notion of care which puts the needs of institutions before the needs of patients and is ready for consignment to the history books.

This programme therefore will also explore models of direct access, viewing all outpatient activity differently, starting with high-volume elective orthopaedic interventions and eye-care services.

This approach will require a new mind-set and a new approach to communication between primary and secondary care clinicians. We acknowledge that as part of this work we need to attend to the quality of the relationship between primary and secondary care clinicians. Outpatient attendances and admissions should be preserved for those whose clinical needs rely on the technology or skills of the secondary/tertiary care environment. Adoption of communications technology and sharing of information and images will be a critical success factor.

An outline proposal for elective orthopaedic and ophthalmology pathways will be brought to the Joint Committee for discussion in June 2018.

d) Prescribing: identifying and addressing unwarranted variation and waste; working with acute providers to reduce the amount spent on high-cost drugs through switching to drugs of lower cost but equal effectiveness.

Much of this work is already underway in each place and this presents an opportunity to agree a common approach. The ambition is to move to implementation on the initial aspects of the work programme in the first quarter of financial year 2018/19; however this needs further development in conjunction with the programme leads from each of the places to ensure a consensual, collaborative approach is engendered throughout the programme. In addition a high level evaluation of the benefits is required to quantify the magnitude of activity avoided and resource released in the system.

An analysis of the present state, proposals for implementation and benefit realisation will be brought to the Joint Committee by March 2018.

Recommendations and Next Steps

16. The Joint Committee of CCGs is asked to:

- agree the approach to the Elective Care Programme outlined in this paper;
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- agree the standardisation of commissioning policy for PLCV and elective orthopaedic surgery, and the policy – relationships – technology approach to implementation; and
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