



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

DRAFT Minutes of the meeting held in public on Tuesday 5th March 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 Akram Khan	AK	Chair, Bradford City CCG
Dr James Thomas	JT	Chair, NHS Airedale, Wharfedale and Craven CCG
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	ABI	Chief Officer, NHS Harrogate & Rural District CCG
Dr Gordon Sinclair	GS	Chair, NHS Leeds CCG
Philomena Corrigan	PC	Chief Executive, NHS Leeds CCG
Dr Phillip Earnshaw	PE	Chair, NHS Wakefield CCG
Jonathan Webb	JWb	Chief Finance Officer, NHS Wakefield CCG (Deputy for Jo Webster)
Apologies		
Fatima Khan-Shah	FKS	Lay member
Jo Webster	JW	Chief Officer, NHS Wakefield CCG
Matthew Groom	MG	Assistant Director, Specialised Commissioning, NHS England
Bryan Machin	BM	Finance Director, WY&H HCP
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, West Yorkshire, NHS England North Region
Dave Lee	DL	Programme Lead, Academic Health Science Network
Catherine Thompson	CT	Programme Director - Elective care/standardisation of commissioning policies



For item 22/19 – Commissioning surgery for severe and complex obesity

Michelle Turner	MT	Director of Quality & Nursing, Bradford and Craven CCGs.
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3 members of the public were present.

Item No.	Agenda Item	Action
14/19	Welcome, introductions and apologies	
	MB welcomed all to the meeting. Apologies were noted.	
15/19	Open Forum	
	MB advised that no written questions had been submitted before the meeting and asked members of the public present if they had any verbal questions. There were none.	
16/19	Declarations of Interest	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. There were none.	
17/19	Minutes of the meeting in public – 8th January 2019	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 8 th January 2018, subject to the correction of 2 typographical errors.	
18/19	Actions and matters arising – 8th January 2019	
	The Joint Committee reviewed the action log. SG advised that actions 64/18 and 09/19 had now been completed.	
	The Joint Committee: Noted the action log.	
19/19	Spinal policies and pathways	
	<p>Dr James Thomas (JT) presented policies and pathways covering spinal services, as part of the Elective Care/SCP programme. A minor amendment to the pathway was circulated to members.</p> <p>JT explained that the policies and pathways had been prepared in consultation with clinicians and commissioners across WY&H. Waiting time pressures in the specialist spinal pathway were significant. The policies and pathways had been developed to ensure that only patients who would benefit from a consultation with a spinal surgeon would enter that pathway. Other patients would access more appropriate treatments locally. This would reduce variation across WY&H and alleviate waits. Financial savings were not anticipated. JT advised that the new 'do once and share' Quality and Equality impact assessment process had been applied and had identified no negative impacts.</p> <p>JT identified three implementation challenges:</p> <ul style="list-style-type: none"> • Ensuring adequate specialist spinal capacity • Training staff in shared decision making • Providing supporting therapies in local places <p>The changes represented relatively minor changes across the 9 CCGs, and formal public consultation had not been required. Exceptions to the policies and pathways would continue to be dealt with through established mechanisms.</p>	

Item No.	Agenda Item	Action
	<p>In response to questions from HH about implementation, MW acknowledged that there were challenges for CCGs in ensuring that the right local services were available. In line with the approach to other agreed WY&H policies, full implementation was envisaged over a 12 month period, with commissioners and providers working collaboratively to achieve this.</p> <p>Action: The Programme team to circulate communication and engagement materials to providers to support implementation.</p> <p>In response to a question from PC, MW advised that the approach would not require increased specialist spinal capacity. The aim was to manage demand more effectively at local level, protecting specialist capacity for those patients who most needed it.</p>	CT
	<p>The Joint Committee:</p> <p>1. Adopted the West Yorkshire and Harrogate Spinal pathways and policies in the nine CCGs of West Yorkshire and Harrogate.</p>	
20/19	Liothyronine commissioning policy	
	<p>Dr James Thomas (JT) presented a commissioning policy for liothyronine as part of the Elective Care/SCP programme.</p> <p>JT explained that Liothyronine is a drug used for the treatment of hypothyroidism (an underactive thyroid). In most cases the first line drug is levothyroxine and for the majority of people levothyroxine will improve symptoms and quality of life. A small number of people do not get adequate symptom relief from levothyroxine alone, and some people report symptom improvement with the introduction of an additional drug, liothyronine. There is no robust clinical evidence to support the subjective reports of improvement.</p> <p>A commissioning policy was published in 2017 by NHS England as part of their Low Value Medicines programme. The policy had not been adopted by all CCGs in WY&H resulting in variation in access. Recently there have been significant increases in the cost of liothyronine, and whilst it is prescribed to relatively small numbers of people across WY&H the impact of the rising drug costs have been notable.</p> <p>CCG pharmacy leads and Consultant Endocrinologists from across WY&H had been engaged in the development of the Liothyronine policy, which was a development of national guidance. NHSE had undertaken a public consultation as part of the NHS England Low Value Medicines programme and a national quality and impact assessment had also been carried out.</p> <p>The Elective Care/SCP programme Board had considered 3 options – do nothing, adopt the NHSE policy or adopt stricter criteria which applied in Harrogate. If the NHSE policy was adopted, a 12 month period for implementation was proposed.</p> <p>SO said that the pattern of use in WY&H mirrored national patterns. Patients became attached to Liothyronine, even though there was no clinical evidence of its efficacy. He also highlighted the high cost of the drug in the UK compared to elsewhere in Europe.</p>	



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	<p>AI highlighted a number of concerns about the policy. These included issues around interpreting blood tests and assessing the impact of treatment. Usage in Harrogate, which had been declining, was likely to increase as a result of the policy. AB added that the policy developed in Harrogate had been a direct response to financial pressures and that the new WY&H policy would create a cost pressure. Harrogate supported the proposed change, but there might be a need to revisit the policy in the future.</p> <p>MW acknowledged that the new policy might widen inequity of usage. The absence of clinical evidence meant that the conversation between patient and clinician about whether they felt better was critical. CT said that there might be variation in uptake, but that the standardised policy created a consistent framework and that work was ongoing to develop clear outcome measures.</p> <p>Action: Programme team to circulate information about the new approach to support implementation.</p> <p>GS added that the long term challenge was to support clinicians to work with their patients to standardise practice. MW suggested that the Joint Committee support national lobbying in relation to the high cost of liothyronine.</p>	CT
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> Adopted the West Yorkshire and Harrogate liothyronine policy on behalf of the nine CCGs of West Yorkshire and Harrogate. 	
21/19	<p>Healthy Hearts</p>	
	<p>Amanda Bloor (ABI) and Steve Ollerton (SO) presented the report.</p> <p>ABI advised that in June 2018, the Joint Committee had recommended that the WY&H CCGs adopt the Healthy Hearts improvement project, which built on fantastic work in Bradford. The project aimed to identify more people with high blood pressure, help them to control it better and as a result reduce the risk of heart attacks and strokes. ABI was now presenting simplified treatment guidance for the treatment of uncomplicated hypertension (high blood pressure) in adults aged below 80.</p> <p>SO said that the guidance was strongly supported by clinical staff and pharmacists. He noted that it was built on the Bradford work and that a website was now live, featuring a wide range of information about the project. SO also noted that there were some differences from National Institute for Health and Care Excellence (NICE) guidance, but that the differences were not significant. This was guidance, not a protocol and its application would be at the discretion of individual clinicians.</p> <p>In response to a question from DK about dual therapies, SO said that he would provide the detailed evidence underpinning the guidance</p>	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> Reviewed the guidance and the rationale for it. Considered the quality and breadth of the clinical engagement process and the Quality and Equality Impact Assessment and; Agreed the guidance for use by clinicians across West Yorkshire and Harrogate. 	

Item No.	Agenda Item	Action
22/19	Commissioning surgery for Severe and Complex Obesity (Bariatric Surgery)	
	<p>Michelle Turner (MT) presented the paper. In June 2018, the Joint Committee had recommended to the CCGs that there was a strong clinical case to commission more bariatric surgery over the next 2 to 5 years and to address inequities in access across the region. This recommendation had been accepted by the CCGs. MT noted that despite this, there had been a recent reduction in activity levels.</p> <p>It was now proposed that a new policy for surgery for complex and severe obesity would be agreed for all CCGs. This was because as bariatric surgery had previously been commissioned by NHS England, CCGs had no specific policy to guide access to, and standards of, bariatric surgery in WY&H. The new commissioning policy had been supported by the Elective Care and Standardisation of Commissioning Policies Programme Board at its meeting in January 2019 and was now brought to the Joint Committee for approval, together with a standard service specification.</p> <p>MT explained that the proposed policy did not differ significantly from the NHS England policy, but clarified some aspects of it. The policy would address inequity of access across West Yorkshire and Harrogate. The service specification set out the expectations for commissioners.</p> <p>To support implementation, commissioners had been exploring the best means to manage the contract between CCGs and provider trusts. HH added that a separate piece of work was underway with the West Yorkshire Association of Acute Trusts (WYAAT) to explore how commissioners and providers could work together collaboratively going forward.</p> <p>Members supported the ambition of the policy and service specification. There was a lengthy discussion about implementation and Members identified a number of issues that needed to be taken into account:</p> <ul style="list-style-type: none"> • each place in WY&H to ensure that local assessment and treatment services linked effectively to the tier 4 services. • patients' expectations would need to be managed carefully in relation to their eligibility for surgery. • joint work with WYAAT and individually with local providers to ensure that capacity was available and services were delivered to a consistent standard. • engage with the independent sector on capacity once work with WYAAT completed • work was needed to understand the reasons behind the recent reduction in activity, including workforce constraints, referral patterns and patient and clinician behaviours • Important to fully understand the financial impacts of the changes. <p>Members requested that a progress report on implementation be brought back to the Committee.</p> <p>Action: To support implementation, circulate briefing material to commissioners and providers.</p>	<p style="text-align: right;">MT</p>



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	<p>Recommendations:</p> <p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Noted that the Elective Care and Standardisation of Commissioning Policies programme had reviewed and supported the bariatric work programme suite of documents. 2. Agreed the <i>Obesity Surgery Commissioning Policy for Adults</i> with effect from 1st April 2019. 3. Agreed the <i>Obesity Surgery Service Specification</i> with effect from 1st April 2019. 4. Agreed to contract for bariatric surgery via the main CCG commissioners' existing provider contracts by adding the new service specification, commissioning policy and proposed activity and financial to commence by 1st April 2019. 5. Requested that a report on implementation in each place be brought back to the Committee in six months. 	
23/19	Risk Management	
	<p>Stephen Gregg (SG) presented the significant risks to the delivery of the Joint Committee's work plan.</p> <p>Currently 4 risks were scored at 12 or above after mitigation. An IT interoperability risk to delivery of the integrated urgent care service had been added since the last meeting and there were 3 risks to the Elective care/standardisation of commissioning policies. 1 risk had been downgraded following review.</p> <p>In response to a question from PC, AK advised that interoperability was a key focus of the Partnership digital work stream. IH advised that the risk was presented to the Joint Committee for information and would be managed through the digital work stream.</p>	
	<p>The Joint Committee:</p> <ol style="list-style-type: none"> 1. Reviewed the risk management framework and the actions being taken to mitigate the risks identified. 	
24/19	Any other business	
	There was none.	

Next Joint Committee in public – Tuesday 7th May 2019, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.