



Agenda Item No:

12

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	8 November 2023
Subject:	Clinical & Professional Update
Director Sponsor:	Dr Nigel Wells, Executive Director for Clinical & Professional
Author:	Dr Nigel Wells, Executive Director for Clinical & Professional

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

This report provides an update on key areas of focus for the Clinical and Professional Executive Committee. It includes an overview of the work to harmonise clinical policies across the ICB, a focus on Procedures of Limited Clinical Value and the new policy position on Hyaluronic Acid Injections. The work taking place across the primary and secondary care interfaces at Place is also highlighted (the interface work also forming part of a separate paper on Primary Care Access Recovery). An additional, separate report on Freedom To Speak Up (FTSU) arrangements, part of the Clinical and Professional portfolio, has also been provided.

RECOMMENDATIONS:

Members are asked to:

- i) Support the direction of travel around clinical policies and procedures of limited clinical value
- ii) Note the progress around interface groups

ICB STRATEGIC OBJECTIVE *(please click on the boxes of the relevant strategic objective(s))*

Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input type="checkbox"/>

IMPLICATIONS *(Please state N/A against any domain where none are identified)*

Finance	All policies require an IIA to set out the financial impact – the proposals included in this update are expected to provide savings.
---------	--

Quality	All policies will complete an IIA which will assess the quality impact.
HR	None identified
Legal / Regulatory	None identified
Data Protection / IG	None identified
Health inequality / equality	None identified
Conflict of Interest Aspects	All items outlined in this update have been discussed at the Clinical & Professional Executive Committee where Conflict of Interests are captured and managed as part of the regular, standing agenda.
Sustainability	None identified

ASSESSED RISK:

Risks will be identified and assessed for individual workstreams within this update and will inform the proposed recommendations and decision-making. All risks will then be monitored by the Clinical & Professional Executive Committee.

MONITORING AND ASSURANCE:

Recommendations will be monitored by the Clinical & Professional Executive Committee.

ENGAGEMENT:

The Clinical and Professional Group is a key forum utilised to engage with clinical and care professionals across the ICB. The Clinical and Professional Executive will be engaged and has a decision making role in respect of the clinical policies adopted by the ICB. Additional engagement will take place where necessary, including through the Ethics Panel.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, please detail the specific grounds for exemption.

Update from Clinical and Professional Executive Committee

1. INTRODUCTION

- 1.1 This report provides an update on key areas of focus for the Clinical and Professional Executive Committee. It includes an overview of the work to harmonise clinical policies across the ICB, a focus on Procedures of Limited Clinical Value and the new policy position on Hyaluronic Acid Injections. The work taking place across the primary and secondary care interfaces across the Places is also highlighted.

2. PROCEDURES OF LIMITED CLINICAL VALUE

- 2.1. The harmonisation of the CCG inherited clinical policies continues to progress, supporting delivery of the ICB Quality Efficiency and Productivity (QEP) programme.
- 2.2. The Clinical Effectiveness team are focussing on the top 10 priority interventions. These were identified through a data driven exercise that found variation in activity of specific procedures across the ICB geographies. Policies under active review include benign skin lesions, sleep studies and Hyaluronic Acid Injections. A new approach to the effective utilisation of high cost medical retinal vascular medicines and the role of biosimilars is also being refined, led by the Medicines Management team.

3. HYALURONIC ACID INJECTIONS

- 3.1. Hyaluronic Acid Injections (HAI) are licensed as a treatment for osteoarthritis. However, there is strong clinical evidence base that it is clinically ineffective in the management of osteoarthritis.
- 3.2. An examination of policy statements from the inherited CCGs confirm that this treatment is not routinely commissioned by the ICB. However, an examination of activity and expenditure data shows there were a total of 5,322 episodes of this procedure in 2022/23. Whilst costs are only indicative, it is estimated that this intervention had a total spend of £1,786,416 during 2022/23, at an average cost of £335.
- 3.3. At the October 2023 meeting of the Clinical and Professional Executive Committee it was therefore agreed to adopt a formal, consistent policy across the HNY ICB to not routinely commission Hyaluronic Acid Injections.
- 3.4. Implementation will require support from clinicians, particularly within providers. A discussion took place at the Ethics Panel (an advisory group) to explore how we manage patients who have already received at least one HAI and are on a waiting list for further treatment. Their advice was to engage with clinicians who provide this treatment and develop communications to patients, clearly explaining explain why it will no longer be offered.
- 3.5. The work to establish our new position on HAI has been a testbed case of how we will work through our governance process to implement new policy positions where activity is taking place that is not routinely commissioned. We estimate there are at least 30 other procedures being delivered across the ICB that are not routinely commissioned. Now we have established a process for reviewing and agreeing new policy positions, these other 30 procedures will be reviewed during phase 2 of the programme.

4. PHASE 2 OF THE PROGRAMME

- 4.1. Whilst the Clinical Effectiveness team continue to progress work on the top 10 priority interventions, the second phase of the programme will be led by Place. Each Place will review 10 policies on behalf of the ICB (60 in total). These policies comprise:
 - (a) Procedures that are not routinely commissioned (similar to HAI above);

- (b) Procedures which are being highlighted through intelligence such as referrals to the ICB's Individual Funding Request service e.g. plastics;
- (c) Procedures that have had recently revised NICE guidance or an EBI statement attributed to them e.g. elective caesarean section.

5. INTERFACE BETWEEN PRIMARY AND SECONDARY CARE

- 5.1 The national Primary Care Recovery Action Plan sets out a clear ask that ICBs should focus on the following interface issues: Onward referrals, Complete care, Call & recall and Clear points of contact.
- 5.1. There are six interface groups across our ICS, located in Hull & ERY, York, Northern Lincolnshire, Harrogate, Scarborough and South Tees. An update on their priority areas of work, risks and challenges are included in a separate paper setting out progress against the Primary Care Recovery Action Plan.
- 5.2. These interface groups have a strong national focus. We need to put our energy behind these groups, facilitate attendance and enable collaboration between these different groups of clinicians. Some recent meetings have demonstrated real challenges in gaining attendance and consequent understanding of the shared benefits that could be realised for primary care, secondary care and patients.
- 5.3. We will work closely with the interface groups to ensure there are key principles in place and solid foundations to build on, a pre-requisite to being able to make demonstrable progress against the four national priority areas.

6. CONCLUSION

- 6.1. The review and harmonisation of clinical policies continues to progress with financial and quality gains anticipated through their adoption. The new policy position of HAI will shortly be communicated as we move into the implementation phase.
- 6.2. Work to collaborate across the primary and secondary care interface is a priority area of focus and more will be done to build solid foundations and ensure there is sufficient engagement and support from all clinicians.

7. RECOMMENDATIONS

- 7.1. Members are asked to:
 - i) Support the direction of travel around clinical policies and procedures of limited clinical value
 - ii) Note the progress around interface groups