

# Clinical & Professional Update

September 2023

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### **MMR Vaccination campaign update**

- Overview of campaign (slides 3-5)

**Directorate objective: Strengthen our Innovation, Research, Improvement System (IRIS) to support our commitment to be a transformational ICS.**

- Update on IRIS and key upcoming activities (slides 6-7)

**Directorate objective: Develop clinical effectiveness plans and link to 23/24 efficiency plans (QEP)**

- Procedures of Limited Clinical Value and treatment thresholds (slides 8-9)

# MMR Campaign

## Background & objectives

- Initially Hull only project; bid for money resulted in funding from NHS England
- Aim is to increase MMR Vaccination uptake across the city

## Target Audience

- Those who are more deprived; non-white British individuals and non-English speaking individuals; vulnerable groups including rough sleepers, substance users and asylum seekers

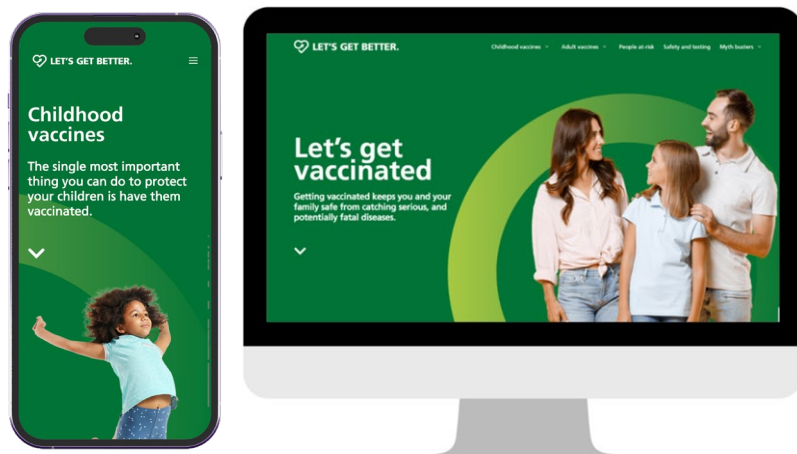
## Communication objectives

- Increase awareness of the MMR vaccine and when people (particularly children) should have it
- Educate audience of the benefits and safety of the MMR vaccine to prevent children becoming seriously unwell
- Encourage audience to visit [www.letsgetvaccinated.co.uk](http://www.letsgetvaccinated.co.uk) for more information and where to get their vaccination

## Next steps

- North Lincolnshire: Working with North Lincolnshire Public Health to implement the campaign in a more targeted way with local communities. The aim is to meet the needs of people whose first language is not English across both NL and NEL.
- East Riding: Public Health in East Riding is using campaign materials to promote via digital instream radio, Facebook, Spotify and targeted communications to health and social care workers.

# New website and leaflet



[www.letsgetvaccinated.co.uk](http://www.letsgetvaccinated.co.uk)

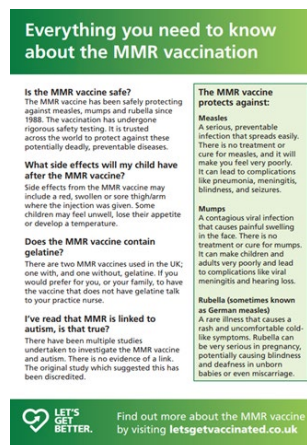
- Childhood vaccines; Adult vaccines; People at-risk; Safety and testing; Myth busters
- 927 home page visits
- 63 childhood page visits
- 792 adult vaccines page visits



A5 leaflet distributed across 92 schools in Hull.

Translated into 7 alternative languages: Latvian; Arabic; Kurdish; Romanian; Russian; Polish

Circulated throughout key communities via vaccines champions, voluntary community services, community centres and customer services site.



# Social and digital

Mixture of 'paid for' and organic Facebook promotion, plus Spotify and digital in-stream radio

## Social media

- 150,000 people have seen the adult Facebook posts
- 2,141 people have clicked through to the Let's Get Vaccinated
- 120,00 people have seen the child Facebook posts
- 1,0008 people have clicked through to Let's Get Vaccinated

## Digital details

- 99,000 is the number of times the radio had been played
- 14,185 people have heard the Spotify advert an average of 9 times
- 183 people have clicked through to Let's Get Vaccinated because of Spotify advertising

## Advertising opportunities

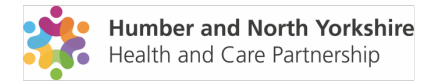
- Online advertising
- 3 x website articles
- 2 x Newsletter articles
- Social media advertising

## Mumbler metrics

- 92,700 monthly average website visitors
- 154,000 monthly page views
- 44,000 Facebook members
- 18,000 Instagram followers
- 7,900 Twitter followers
- 14,000 Newsletter followers



# IRIS Update: Priorities 2023/24



## IRIS Virtual Hub

Front door and focal point for innovation, research and improvement. Knowledge hub, signposting, demand signaling, brokering collaborations, supporting the system, increasing academic and industry collaborations.

### Innovation

- Community of practice
- 23/24- Adopt and spread innovations that reduce follow up and enable patient initiated follow up (PIFU)

### Research

- Community of practice
- 23/24 - Access to, and sharing of, data for research

### Improvement

- Community of practice
- 23/24 Implementing a system wide approach to continuous improvement

### Grand Health and Care Challenges 23/24 and beyond to signal we are “open for business”:

1. Start well: Early intervention mental health support for children and young people
2. Die well: Quality care at end of life and palliative care for individuals across health and social care



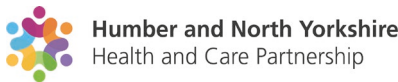
# IRIS Progress

Building the core IRIS team, stakeholder engagement, development of the virtual hub, comprehensive stocktake of resource and how best to deploy, linked in in with ICB functions.

Working to deliver the grand challenges and priorities for 23/24 as set out at the virtual launch event in June:

- Convening and cultivating communities of practise with representation from all partners in the HNY Health and Care Partnership to enable system transformation
- Supporting the HDFT Innovation Hub with the adoption and spread of post-surgical consultant video follow up across HNY
- Holding a round table discussion on access to data and exploring opportunities with stakeholders including how to bring the BaBi (Born and Bred In) study to HNY
- Coordinating the system wide baseline and self-assessment response to NHS Impact
- Engaging with stakeholders on the grand challenges and holding round table discussions at the November Launch event in York

# Next steps



## NHS Impact

31 Aug: ICB baseline survey; self-assessment to follow



## Access to data for research: round table

20 Sept



## Communities of Practice (5-6 weekly cycle)

12 Sept: Improvement; 26 Sept: Innovation; 28 Sept: Research



## BaBi Network Workshop IRIS/YHARC NIHR

03 Oct



## IRIS launch event (external stakeholders)

07 Nov



## Develop IRIS Strategy for HNY Health & Care Partnership

Quarter 1 2024/25

# Procedures of Limited Clinical Value

## Policy Review Key Principles

- **Clinically Led and Evidence Based:** Exploit existing evidence based guidance where available, utilising clinical expertise locally to ensure we meet the needs of our populations focussing on the reduction in variation including equity of access
- **Led at system level, delivered at Sub-System:** do once where it makes sense especially when considering primary/provider interface, sharing best practice at all levels. Utilising existing resources and groups to deliver high quality transformation including Collaboratives & Networks
- **Prioritisation:** refocus our time and expertise on areas with the most impact, highest level of variation and financial opportunity. Balancing quick wins in low value interventions with large scale transformation, maximising existing resources at place level
- **Genuine system efficiency and working:** linked to aligning costs to strategy, focussing on true transformation and system efficiency with long term impact as opposed to short term. Increasing productivity whilst enabling cost savings where practical
- **Reduce duplication & provide clear lines of decision making:** ensure governance is clear with appropriate lines of communication throughout ICB, places and collaboratives



## Low Complexity Low Cost

Activity related to stand alone interventions which have existing policies advising we do not commission or do not routinely commission activity.

In some instances there has been additional EBI or NICE guidance published since policies were adopted.

Review of policies will allow for equitable approaches and a consistent message to providers regarding services commissioned by the ICB.

Complexity of transformation is low but will require some or all of the below steps:

- Agree a preferred ICB policy
- Adopt national guidance or seek clinical input
- Understand potential impact
- Complete IIA
- Implement Policies and disseminate to places and providers
- Work with contracting colleagues to ensure compliance

**We are currently reviewing 6 policies with the highest levels of variation in activity and/or cost:**

- 1. Sleep Study** - Current Position: Not routinely commissioned in Humber, no policy in York & NY  
Data Headlines: Two places responsible for more than 50% of ICB activity, conversations ongoing with provider
- 2. Benign Skin Lesions Surgical Removal** - Current Position: Not routinely commissioned unless criteria met.  
Data Headlines: Ave activity per 1000 is 6.6, two places deliver 9.4 & 10.3 respectively
- 3. Haemorrhoid Surgery** - Current Position: No policy in Humber, Not routinely commissioned York & NY  
Data Headlines: Some variation in activity which may linked to demographic factors
- 4. Hyaluronic Acid Injections for MSK Joint Pain** - Current Position: Not routinely commissioned in Humber, no policy in York & NY. Limited evidence re: efficacy of treatment.  
Data Headlines: 31.8m spend in 22/23 with up to 40% delivered in IS
- 5. Circumcision – Male Adults or Paeds** - Current Position: Not routinely commissioned unless criteria met  
Data Headlines: One place refers for a quarter of total activity
- 6. Irrigation of the external Auditory Canal** - Current Position: Not routinely commissioned in Humber, no policy in York & NY  
Data Headlines: 3 places deliver more than double the rate per 1000, may be indicative of activity in primary care

For each policy, we are considering one of the below options, based on best available evidence :

- Adoption of national Evidence Based Intervention guidance or NICE guidance
- Standardised to best available evidence if national guidance not available
- Not commissioned, only considered via IFR in exception circumstances

## High Complexity High Cost

Some potential for policy improvements but will require consensus, modelling and potential alternative criteria agreed. This will be a transformational piece of work but may not produce efficiencies.

Any transformation as part of a complex elective pathway require context and involvement across the ICS. We are currently working with Places, Collaboratives & Networks, IRIS and multiple providers (Primary, Secondary, Community, Independent Sector).

We are currently in the diagnostic phase to understand scope and problem identification to ensure impactful interventions.

**1. Cataracts** - Routinely commissioned in Humber, not routinely commissioned in York & NY  
Preferred Option: Adopt EBI with potential for more restrictive criteria if clinically appropriate

**2. Total Knee Replacement** - Routinely commissioned  
Preferred Option: Update to new NICE guidance, consider replacing BMI with more appropriate criteria (with appropriate modelling)

**3. Total Hip Replacement** - - Routinely commissioned  
Preferred Option: Update to new NICE guidance, consider replacing BMI with more appropriate criteria (with appropriate modelling)