



HNY ICB Committee Assurance and Escalation Report

Report to: HNY Integrated Care Board

Report from: Clinical & Professional Committee

Date of meeting: 26 January 2024

Committee Chair: Dr Nigel Wells, Executive Director for Clinical & Professional

Director Sponsor: Dr Nigel Wells, Executive Director for Clinical & Professional

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Key agenda items covered by the meeting

(A bulleted list of the key agenda items discussed at the meeting)

- Highlight reports from sub-committees:
 - System Ethics Group
 - Integrated Pharmacy & Medicines Optimisation Committee
 - Clinical Policy Review Group
- Clinical Networks
- Palliative and End of Life Care Network Governance
- Interface Groups

ALERT

(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)

- *Pharmacy workforce risk:* All pharmacists who graduate in 2025/26 will qualify as Independent Prescribers. Trainees will each need a Designated Prescribing Practitioner (DPP) to support them with this aspect of their training. Across HNY we do not have enough DPPs to support training and therefore at high risk of not being able to deliver training for this cohort. Compounded by reduced funding for acute sector training places and absence of a school of pharmacy within HNY, this is a concern for an already stretched workforce. All organisations have to submit details of their training places by March 2024; we are looking at what can be delivered system-wide to mitigate this risk.
- *Covid Medicines Delivery Unit:* A NICE Technical Appraisal (TA) is expected by mid-February, expanding eligibility of particular Covid drugs to approximately 25% of our population. Whilst the drug is free of charge until 2025, delivery (prescribing and administration) requires capacity that has yet to be identified across HNY. We are working through the modelling to understand the impact on numbers and developing proposals on how to address this.

ADVISE AND / OR ASSURE

(BY EXCEPTION ONLY – Key decisions and any updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required)

- **Medical Examiners (MEs):** A proposal with thresholds will be developed for when MEs should share information with the ICB, to support triangulation with data held by the ICB and help identify potential themes and areas of concern. York ME service has agreed to pilot this approach to information sharing with ICB. York ME service is also setting up a meeting of all MEs to discuss information sharing and explore potential greater independence for the ME service. A substantive paper/discussion will take place at future Executive Committee meeting on MEs, Mortality Reviews and the work Nursing & Quality colleagues are leading on child death reviews, following the Letby case.
- **Pharmacy First:** The existing Community Pharmacy Consultation Service (CPCS) will be 'absorbed' into Pharmacy First and launched on 31 January 2024. Patients will be able to be seen in community pharmacy settings and prescribed medication for seven conditions, such as conjunctivitis and ear infections. This should reduce general practice workload if there is sufficient uptake; currently, only 30% of GP Practices refer to community pharmacy as part of CPCS.
- **Clinical Networks:** a survey of clinical networks operating across the ICS has been conducted, providing a stocktake of the function, form and priorities of each network. A network leaders event is taking place on 22 March 2024 - bringing together all network clinical leads and managers for the first time. A framework to promote clear standards for networks and the ICB's support offer is being developed. A progress update will be presented at a future meeting.
- **Palliative and End of Life Care network:** governance of the Palliative and End of Live Care network was **approved** by the committee.
- **Primary/Secondary Care interface:** an update on progress, risks and issues from primary/secondary care interface groups was received and discussed. The committee agreed to undertake a gap analysis against the Association of Medical Royal Colleges guidance, to assess the collective and individual Place position, to help with action planning.

END.