



## HNY ICB Committee Assurance and Escalation Report

Report to: HNY Integrated Care Board

Report from: Clinical & Professional Executive Committee

Date of meeting: 24<sup>th</sup> January 2025

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

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

Author: Louise Corson, Head of Office, Clinical & Professional Directorate

### Key agenda items covered by the meeting

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

- Updates from sub-groups:
  - System Ethics
  - Integrated Pharmacy & Medicines Optimisation
  - Clinical Policy Review Group
  - Women Living Well Longer
- Commissioning policy on High Cost Drugs
- Evidence Based Interventions and unwarranted variation
- Pathways review
- Single Point of Access for Cataracts
- Internal Audit report: Individual Funding Request service

### ALERT

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

- **Prioritisation of resource:** The Committee discussed resource prioritisation across the system and the criteria used for making investment and dis-investment decisions. Examples were provided on investment propositions that were declined, despite them being endorsed by Committees. The lack of clarity on how decisions are reached and whether investment is aligned to our strategic priorities is a concern.
- **Women Living Well Longer:** Linked to the above point, the Committee is also concerned about the non-recurrent funding for the Women's Health programme which is due to end in early 2025/26.

### ADVISE AND / OR ASSURE

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

- **Integrated Pharmacy & Medicines Optimisation Committee:** The Committee approved revised terms of reference for this sub-group, which has realigned its purpose due to the creation of the new, single Area Prescribing Committee. Community Pharmacy collective action was flagged as a potential risk, particularly around reduced evening and weekend opening times. Shared Care Agreements are also being

reviewed and harmonised by the Area Prescribing Committee – there are around 100 of these but only 17 are aligned, so a significant piece of work to complete, to be led by the providers.

- **Commissioning Policy on High Cost Drugs:** The Committee approved a policy on High Cost Drugs, specifically for branded products: when a biosimilar is available for the same clinical indication, providers are expected to use biosimilars. Providers will be expected to adopt the best value biologic products for new patients and to review existing patients and changing them over to the biological product, where possible. This policy will now go forward to the Quality Committee for approval and will be communicated/implemented as soon as possible, as there is a significant financial saving opportunity associated with this.
- **Evidence Based Interventions and unwarranted variation:** Data is expected nationally from the 'Model Health System' online tool, to help systems to identify potential unwarranted variation, starting with the nationally identified EBI interventions. A process will be created by the ICS's Clinical Effectiveness Unit to share data with providers and create a feedback loop to this Committee, so we can understand where there is variation and the actions being taken to address this.
- **Pathways:** A gap analysis of all pathways in use across the ICS are being undertaken, to help identify which additional pathways are needed. Two potential new pathways have already been identified, for polio and ME. An update on the new digital repository was also provided – this is now being built and will be live from April 2025 – all pathways will be hosted here to ensure all referrers and providers can easily access the same information.
- **Single Point of Access (SPOA) for Cataracts:** An overview of this programme was provided which will see the introduction of a SPOA for cataracts. All referrals for cataracts will be sent by optometrists to the ICB's Referral Support Service (RSS) team via a digital solution. The RSS team will check patient eligibility against questionnaires designed by the clinicians within the eyecare network and then have a provider choice conversation with the patient. The intention is to rollout this approach to other pathways across the ICS, once the approach with Cataracts has been implemented and benefits assessed.
- **Internal Audit – Individual Funding Request (IFR) service:** The ICB's Internal Audit service have completed a review of the IFR service produced several recommendations. The ICB has 3 IFR panels in place but these are reducing to one from April 2025. A project group has been established to develop responses/actions to the internal audit report and drive forward the work to create a single IFR panel.

**END.**