



## **NOTICE OF MEETING**

### **NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Contact: Robert Mack

Tuesday 6 February 2018 at 2:00 p.m.  
Committee Room 1, Camden Town Hall,  
Judd Street, London WC1H 9JE

Direct line: 020 8489 2921  
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Councillors: Alison Cornelius and Graham Old (L.B.Barnet), Alison Kelly (Chair) and Samata Khatoon (L.B.Camden), Abdul Abdullahi and Anne Marie Pearce (L.B.Enfield), Pippa Connor (Vice Chair) and Charles Wright (L.B.Haringey), Jean Kaseki and Martin Klute (Vice Chair) (L.B.Islington)

Support Officers: Anita Vukomanovic, Andy Ellis, Robert Mack, Pete Moore and Vinothan Sangarapillai

### **AGENDA**

#### **1. NORTH CENTRAL LONDON JHOSC - AGENDA PACK (PAGES 1 - 54)**

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# **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

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**TUESDAY, 6 FEBRUARY 2018 AT 2.00 PM  
COMMITTEE ROOM 1, TOWN HALL, JUDD STREET, LONDON WC1H 9JE**

<b>Enquiries to:</b>	<b>Vinothan Sangarapillai, Committee Services</b>
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<b>Telephone:</b>	<b>020 7974 4071 (Text phone prefix 18001)</b>
<b>Fax No:</b>	<b>020 7974 5921</b>

## **MEMBERS**

**Councillor Alison Kelly (London Borough of Camden) (Chair)**  
**Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)**  
**Councillor Martin Klute, London Borough of Islington (Vice-Chair)**  
**Councillor Alison Cornelius, London Borough of Barnet**  
**Councillor Abdul Abdullahi, London Borough of Enfield**  
**Councillor Jean Roger Kaseki, London Borough of Islington**  
**Councillor Samata Khatoon, London Borough of Camden**  
**Councillor Graham Old, London Borough of Barnet**  
**Councillor Anne-Marie Pearce, London Borough of Enfield**  
**Councillor Charles Wright, London Borough of Haringey**

Issued on: Monday, 29 January 2018



## **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 6 FEBRUARY 2018**

### **THERE ARE NO PRIVATE REPORTS**

**PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.**

### **AGENDA**

#### **1. APOLOGIES**

#### **2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

#### **3. ANNOUNCEMENTS**

#### **4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

#### **5. DEPUTATIONS (IF ANY)**

#### **6. PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE)**

(Pages 5 -  
20)

To consider a presentation on Procedures of Limited Clinical Effectiveness (PoLCE).

#### **7. DATES OF FUTURE MEETINGS**

Meetings in municipal year 2017-18:

- Friday, 23<sup>rd</sup> March 2018

Proposed dates for meetings in municipal year 2018-19:

- Friday, 20<sup>th</sup> July 2018

- Friday, 5<sup>th</sup> October 2018
- Friday, 30<sup>th</sup> November 2018
- Friday, 11<sup>th</sup> January 2019
- Friday, 15<sup>th</sup> March 2019

**8. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT**

**AGENDA ENDS**

The date of the next meeting will be Friday, 23 March 2018 at 10.00 am in Islington Town Hall.

# Using NHS Money Wisely

## Supporting Clinical Decision Making

Doctor Josephine Sauvage – Joint Clinical Lead for Using NHS Money Wisely , North Central London CCGs

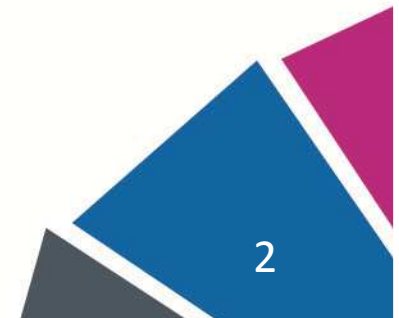
Will Huxter – Director of Strategy, North Central London CCGs

**JHOSC February 6th 2018**



# What are we seeking to achieve?

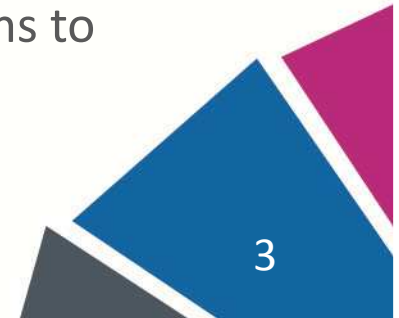
- Support GPs in their clinical decision making by helping them make informed decisions using NCL Policy
- Ensuring we issue NCL policy which is evidence based, timely and easy to interpret for both GP and hospital Doctors to support person-centred decisions about appropriate treatment
- Consistency across NCL through successful implementation and adoption of Policy which supports using money wisely.





# Evidence Based Practice

- Medicine has a constantly changing evidence base, everyday Academic Journals throughout the world publish 100s of articles some of which reinforce current practice , others question it and some propose new forms of treatment
- The quality of evidence varies significantly as can its relevance to the NHS and the characteristics of our population
- Organisations such as NICE are charged with reviewing evidence. Through guidelines, technology assessments, commissioning guides and economic evaluations, NICE will make its recommendations to inform the work of the NHS



# Pace of Change

- Clinicians can be slow to change their practice even when the evidence base is overwhelming and funding is available.
- Clinicians will have a professional obligation to keep themselves up to date through continuing professional development which is monitored and a necessary part of their registration process.
- Many factors affect how Clinicians use and apply evidence in their clinical judgement. Medicines' changing evidence base can result in decisions being made using out of date information.
- Good Clinical care is maintained when clinicians are able to refer to clinical guidelines with recommendations around best practice. This also prevents waste.
- Local health staff, including your local GP, District Nurse, or Pharmacist, do this already

# How does the system support Clinicians to make the best treatment decisions

- Clinicians often follow set criteria when deciding on treatment options. Within the NHS these are often based upon NICE guidance but other sources such as Specialty best practice guidance or international guidelines are also used.
- Guidance requires interpretation to support its practical use in everyday clinical practice. NHS organisations will often produce policies, procedures, formularies, easy to use guides and supporting training materials to support clinicians. This is the case across NCL

## How does the system support Clinicians to make the best treatment decisions

- Four CCGs have Referral Management or decision support systems; The CCGs systems may have varying levels of complexity but the same type of support for GPs is provided.
- Standardised templates based upon local policy are used to complete the referral information. The design guides the GP to include essential information for the referral process
- Local GPs provide supervisory support by reviewing the referral requests thus providing peer to peer guidance if required to interpret a referral criteria.
- Islington CCG does not have a Referral Management solution however GPs follow the same policies when referring using decision support tool, 'Map of Medicine', but this is used with greater variability and less consistency

# We are already using NHS money wisely for drug treatments

- No one wants to take a drug they don't really need as it may cause harm. The same goes for unnecessary treatments, especially when there are associated risks e.g. general anesthetics.
- NCL clinicians have developed a policy for colleagues to follow , this policy has identified procedures which *should not* be routinely carried out because of a limited evidence base that the procedure actually benefit patients.
- This mirrors the established practice of using prescribing guidelines and drug formularies based upon NICE and other international resources. Common place in NCL.

# Why has this topic become an issue now...Enfield

- In 2017, Enfield CCG decided to go to public consultation on proposed changes to the current NCL policy. The intention was for the CCG to implement any changes only in Enfield.
- In Dec 2017, Enfield applied 11 updates to the policy as a result but to date they have not been applied in the remaining four CCGs.

# Why has this topic become an issue now...Enfield

- This consultation demonstrated that it was difficult to formally consult with the public on specific and at times highly specialist interventions in a way that was easy for the public to understand.
- The policy changes are driven by updates in NICE guidance thus the changes were solely being driven by the need to ensure the policy was up to date when supporting GPs in their referrals and referral management platforms in their design.

# Why has this topic become an issue now?

- Since Dec 2017, we have an inequity in the application of the policy across NCL
- The results of the Enfield public consultation had little impact on policy content as this is driven by NICE guidance and other validated clinical evidence ....an underlying principle of good clinical practice.
- Consulting with local GPs across all of NCL and communicating updates to the policy effectively is a more effective and equitable use of resources
- Making sure GPs are informed, will improve communication of evidence to patients as part of joint decision making, about the appropriateness of treatments



# Why has this topic become an issue?

- We want to use money wisely and we want to make sure the NHS has the money for procedures that are known to be clinically effective.
- NCL policy for procedures of limited clinical effectiveness has been reviewed and is due for reissue.
- Effective communication and implementation of the new policy across every GP Practice and Provider in NCL is vital.
- NCL will regularly update its policy as a result of a new internal process, a new Pan-London Spending Money Wisely Initiative and a significant number of new NICE guidance due in 2018.

# Key issues for consideration

- The proposed consultation does not meet the legal requirement for public consultation (major service redesign or closure)
- The proposals are an alignment to current NICE guidance not a change to service. Patients will still receive the care they need.
- The public is the wrong audience – this is about getting GP's and hospital Doctors to use the latest evidence in a consistent way, to support patients to make informed decisions about their care
- This is particularly with regard to surgical interventions and dermatology
- To conduct a public consultation would not be a wise use of NHS resources, time and money

# It is worth remembering....

- Addressing variations in treatment can tackle the twin challenges of overuse (causing waste and harm) and underuse (causing inequity).
- In some instances no treatment is the best treatment or active treatment not the best option for population benefit.

e.g. cosmetic procedures such as Correction of Hair Loss (including male pattern baldness)

# What commitment can we make to JHOSC?

- Any changes to the NCL policy **must be brought to JHOSC** for advice and recommendations before being implemented
- North London Partners conduct a comprehensive programme to inform, support and learn from GPs and Providers in the practical implementation of updated NCL policy.

# What are we asking for today?

The key issue is to get GPs to effectively utilise NCL policy on procedures of limited clinical effectiveness in a consistent way which supports using NHS money wisely.

We are asking JHOSC to advise, should we

*Hold a public consultation ,or*

*Conduct a comprehensive GP engagement programme to support effective and consistent use of NCL Policy in daily clinical practice.*

# Final thought....

North London Partners is in a learning phase and it is critically important for us to bring issues such as policies to support clinicians on procedures of limited clinical effectiveness to JHOSC, to publically rehearse and be challenged on critical issues prior to implementation.

The STP benefits enormously from robust debate and discussion of our policies and their implementation..



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# Using NHS Money Wisely

## Supporting Consistent Clinical Decision Making

Doctor Josephine Sauvage – Joint Clinical Lead for Using NHS Money Wisely , North Central London CCGs

Will Huxter – Director of Strategy, North Central London CCGs

**JHOSC February 6th 2018**

# What are we seeking to achieve?

- Supporting GPs in their clinical decision making by helping them make informed decisions using NCL Policy for Procedures of limited Clinical effectiveness (PoLCE)
- Ensuring we issue NCL policy which is evidence based, timely and easy to interpret for both GP and hospital doctors to support person-centred decisions about appropriate treatment
- Consistency across NCL through successful implementation and adoption of a single policy which supports using money wisely.



# What is the backdrop?

- NHS spend in real terms increase by +3.7% a year on average since 1948
- Since 2010 the rate slowed to average +1.9% between 2014-2015 & 2020-21
- Main pressure 2017-2018 onwards, with a fall of -0.3% in 2019-20
- Universal need to use NHS money wisely
  - NCL Cluster PoLCE 2010
  - Enfield –PoLCE review 2016
  - London- 'Choosing Wisely' 2017
  - England NHSCC –'Value Interventions Programme' 2018

# Enfield PoLCE review

Initially specific to Enfield

- Initiated prior to transformed NCL commissioning arrangements/joint working or STP
- Led to a process of consultation requested by Enfield HOSC



- With STP development, support for a **consistent approach**
- Clinical leadership recommending a **consistent process**



**STP PoLCE work stream within review of elective pathways of care**

# Since the Enfield review

- The Enfield public consultation demonstrated the difficulty of meaningful consultation; complexity of medical terminology
- Debate around the requirement or value of this consultation
- Concern over inequity of 2<sup>nd</sup> wave process
- Actual outcome is to **support consistent clinical decision making**
- If we agree to no public consultation, we can action this immediately

**Question of public consultation is only barrier to implementation of an  
updated unified NCL policy  
and working with clinicians to ensure it is adhered to**

# Possible next steps

## **We propose that :**

- Another public consultation is not undertaken
- We introduce a revised governance process
- Ensure a consistent clinically-led approach across all 5 boroughs in North Central London

## **Use the above to demonstrate:**

- A transparent pathway through which to moderate any future proposals
- Ensure a consistent approach is adopted across NCL.

# Possible next steps

- The North Central London CCGs now work to **support consistent clinical decision making** around the 11 procedures adopted in Enfield
- Note the scrutiny & ratification by the Health & Care Cabinet
- Make sure this is about clinical care
- Reinforce the importance of joint clinical decision making within the context of a meaningful person-centred conversation between doctor/patient
- Ensure clinicians are equipped with the evidence to support such conversations in a consistent manner

# Referral Management systems – supporting clinical decision making

- What are they? How do they work?
- Why can they help?
- The current systems are historic and varied
- Borough-based decisions aimed at managing borough-specific issues
- Are clinically led; referrals guided by senior clinicians
- Can require significant investment because it is clinically led
- May offer an easier way to administer and monitor a policy
- Does not replace clinically-led care and good communication dr/pt

**Review of referral management processes is not in scope at the moment**

# Using NHS money wisely for drug treatments

- All NCL GP practices use decision-support software to guide prescribing
- Guidance obtained from NCL prescribing policy overseen by local GPs and pharmacists , providing peer to peer support.
- Policy content is driven by NICE.
- Governance process to review and develop policy and software content.

**Same principle NCL is adopting for procedures of limited clinical effectiveness**

# Using NHS money wisely... when NICE guidance does not exist

- Policy changes are driven primarily by updates in NICE guidance
- Where no NICE guidance, or exceptional patient factors exist a decision is informed by expert evidence from specialist bodies
- Patient-centred care and joint decision making between a Doctor and patient are key
- An individual funding request is submitted
- A request goes to a panel of impartial clinical experts to make an informed decision on whether to approve treatment for that named patient
- The same process is followed for procedures or medicines which are outside of NICE Guidance or local policy



# Going Forward...

## taking a NCL wide approach

- We would like to align NCL to a single policy, identify inequities, and ensure the process minimizes any future reoccurrence
- Implement a new governance process & structure for policy maintenance (see appendix two)
- Implement a communication strategy to support policy application by GPs and hospital Doctors
- Implement a new monitoring & adherence process
- Apply a consistent approach to patient engagement

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# Appendix One

## Background



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# Using NHS Money Wisely

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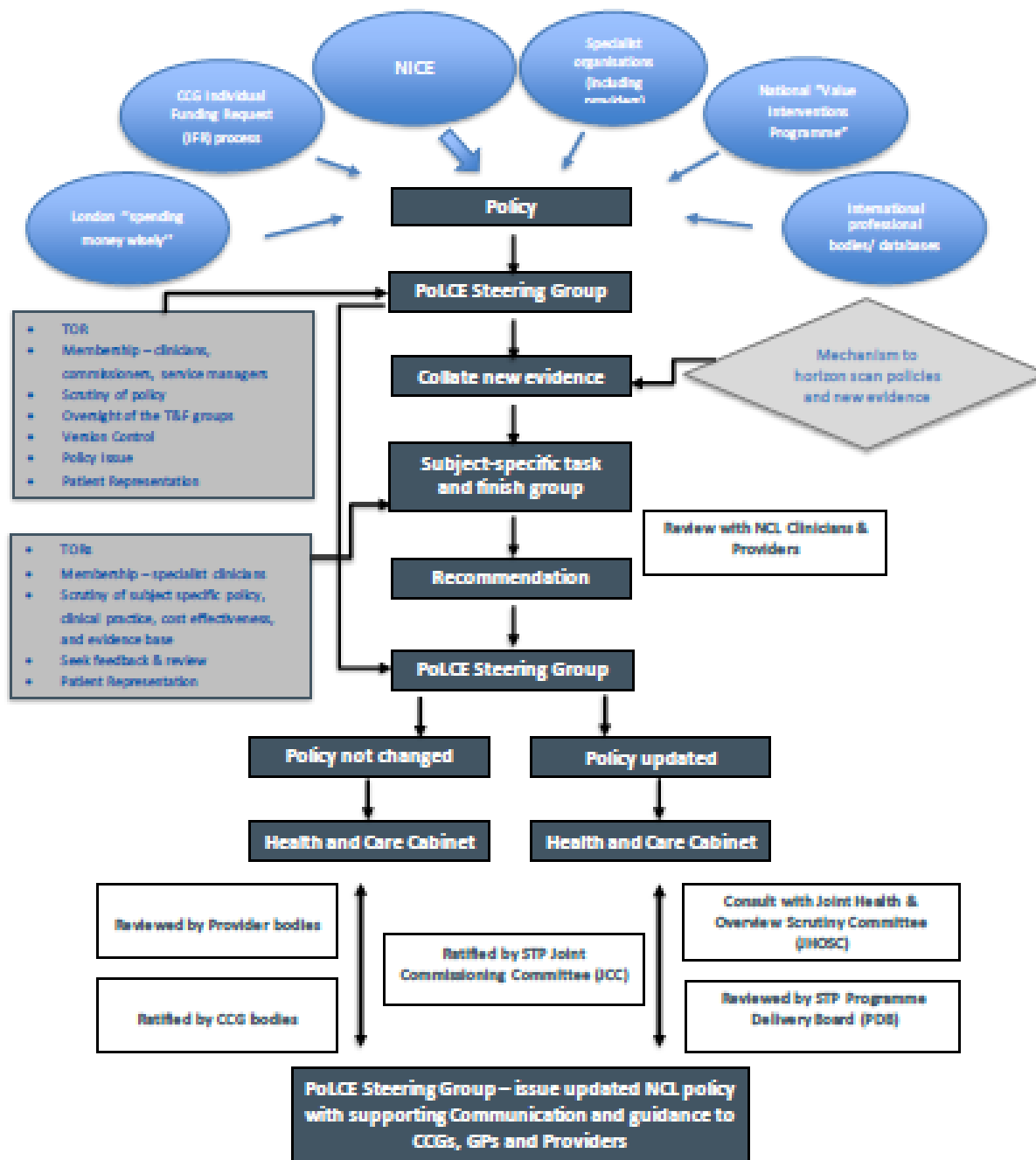


# Appendix Two

## Draft Governance Process

# Using NHS Money Wisely

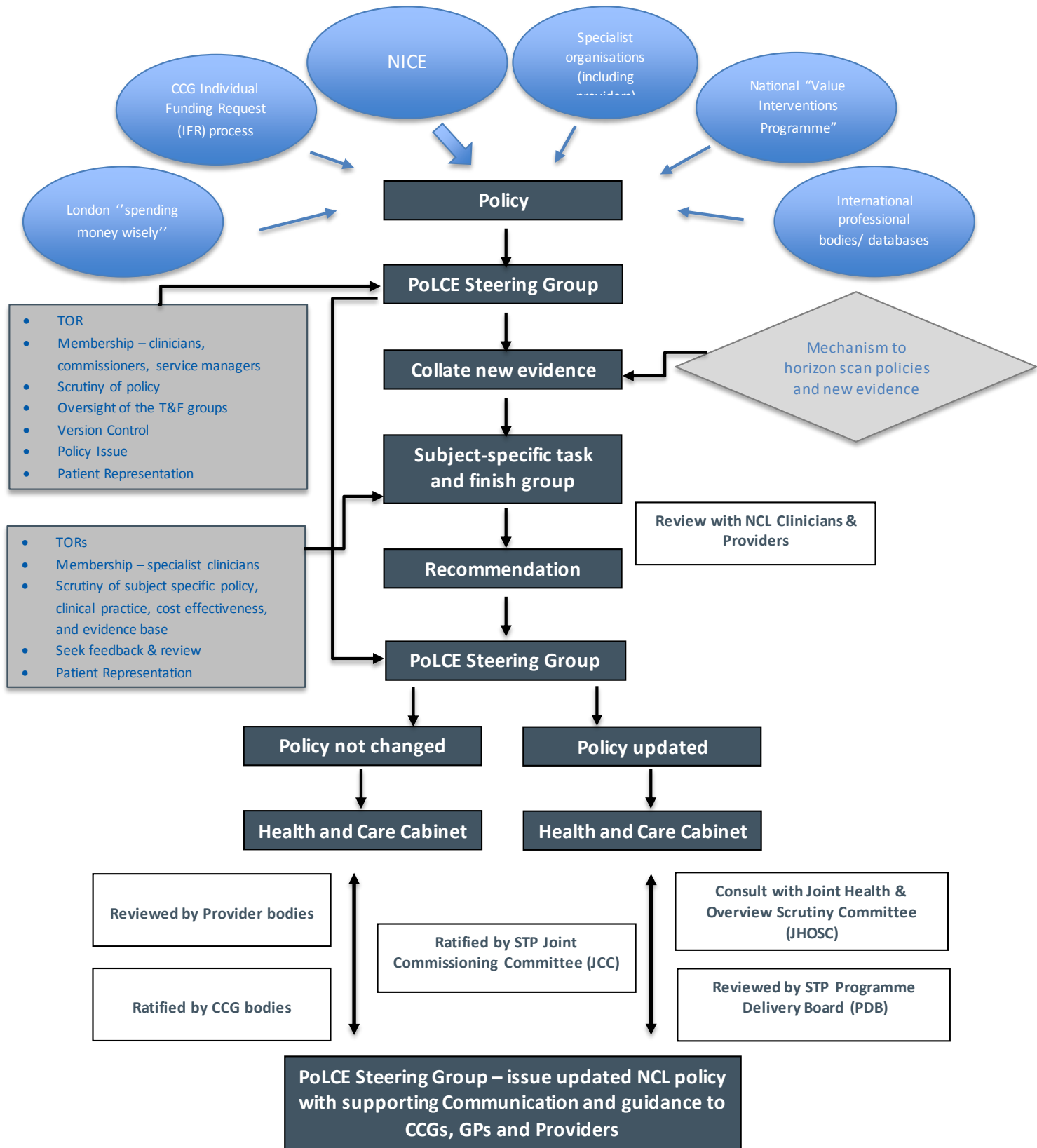
## Procedures of Limited Clinical Effectiveness (PoLCE) Governance Process



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## Using NHS Money Wisely Procedures of Limited Clinical Effectiveness (PoLCE) Governance Process



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