

## **West Yorkshire and Harrogate Improving Planned Care and Reducing Variation Programme**

(Elective Care and Standardisation of Commissioning Policies)

The improving planned care programme is one of the local priority programmes of the West Yorkshire and Harrogate (WY&H) Health and Care partnership, and is delivered in close partnership with colleagues in the West Yorkshire Association of Acute Trusts. The programme SRO is Dr Matt Walsh (Chief Officer, Calderdale CCG), Clinical Lead is Dr James Thomas (Clinical Chair, Airedale, Wharfedale and Craven CCG) and Director is Catherine Thompson.

The programme takes a ‘right care, right time, right place’ approach and has a focus on reducing the variation in access to, experience of and outcomes from health care services, and reducing the health inequalities evident across West Yorkshire and Harrogate. The programme will also encourage and support healthy lifestyles and behavioural change interventions. It is about equity, care and compassion, evidence and patient choice and is founded on the principle that there should be a proper support offer in all places to enable meaningful choice and realise the benefits of healthy lifestyles. It is about a different conversation with the public and a changed relationship between people, their wellbeing and their health and care services. This approach will underpin all of the work of the programme and will be informed by the Improving Population Health programme.

There are a number of work streams within the Improving Planned Care programme:

### **Clinical Thresholds**

This work will standardise commissioning policy across the CCGs of WY&H for a range of interventions. We are currently working through a range of orthopaedic and musculoskeletal policies and will progress this to harmonise policies for which there is a clinical threshold. This programme aligns with a national programme of work on Evidence Based Interventions, on which we are working closely with NHS England. The result of this work will be a reduction in variation in commissioning policy between the CCGs in WY&H and reduction of the ‘post code lottery’ which is perceived by many people within WY&H.

To date we have implemented the NHS England Evidence Based Interventions policy (17 procedures) and will deliver the second wave, due for consultation after the General Election. In addition there are a number of system-wide clinical thresholds listed with their associated clinical pathway.

### **Clinical Pathways**

The current work of this programme is musculoskeletal / elective orthopaedic services and eye care services. This work will standardise the care pathways and services available within the clinical specialities on which we work, ensuring people across WY&H have equitable access to care. There is also a strong emphasis on shared decision making and personalisation of care, and the pathway work will extend from preventative care to rehabilitation and re-ablement, working with partners from all sectors e.g. public health or sight loss services in local authorities.

Progress to date includes agreement of a WY&H Musculoskeletal services pathway (May 2019) and spinal, knee and shoulder policies to support this. Further policies will be completed during this financial year.

A set of principles was agreed for eye-care services to support the development of condition specific pathways. A pathway and policy for Hydroxychloroquine and Chloroquine retinopathy monitoring has been agreed and further pathways and policies for cataract surgery and age related macular degeneration are due for completion during this financial year.

We have an ambition to expand the programme to include challenged specialities such as dermatology but we are currently limited by our project management capacity and the capacity in each place to support the planning and implementation of further service changes.

### **Prescribing**

The prescribing programme will standardise commissioning policy for drugs and some medical devices for the CCGs of WY&H. The work takes a targeted approach, addressing areas of high cost or significant variation, and also aligns with national programmes of work such as NHS England's low value medicines programme to ensure implementation of national policy is consistent across our region. It also addresses areas of prescribing where there are opportunities to make greater financial efficiencies and improvements in patient experience by working collaboratively and at scale than would be possible by working individually.

Progress to date includes the adoption of a WY&H prescribing policy for liothyronine (a medication for thyroid disease), flash glucose monitoring (for people with diabetes) and implementation of the NHS England low priority prescribing policy.

### **Consultation and Engagement**

Each workstream will require public engagement and at times, should we conclude that a change constitutes significant variation in the way a service is delivered, we will want to work with you to establish appropriate approaches to formal consultation. To date the standardisation work has resulted in very minor changes to services in each place such that formal engagement has not been required, or those changes have been implemented after national consultation has been undertaken. We have lay members in our programme board and in some working groups, and are developing an engagement and participation group for the eye care services programme which will include people with a visual impairment and their families / carers from across WY&H.

### **Next steps and implementation**

The programme has established the following plans for the continuation of the MSK programme:

- Complete MSK policy development (September 2020)
- Further develop the WY&H spinal network to support policy and pathway implementation and eliminate long waits for specialist care
- Development of a first cohort of MSK First Contact Physiotherapists (20 by September 2020) and embed in the Health Education England core funding for workforce development to support a sustainable approach. Support system plans for 'backfill' workforce development.
- Quarterly assurance and peer learning sessions to drive the ongoing development of MSK services in each place to reflect the WY&H pathway (May 2022)
- Support the WYAAT elective surgery programme for the standardisation of the post-surgical pathway, including shared patient information

- Undertake annual hip equity audit to assess progress in reducing inequity

The eye care services programme will continue with the following work:

- Complete eye care pathway development including Glaucoma (September 2020), Children's services and Diabetic retinopathy (March 2021)
- Facilitate the implementation of eye care pathways with a WY&H 'commission once' approach where appropriate and beneficial.
- Ongoing workforce development, with the first cohort of 60 optometrists and nurses to complete advanced practice courses (September 2020) embed in the Health Education England core funding for workforce development to support a sustainable approach for future years. Explore options for apprenticeships in eye care.
- Support providers to optimise efficiency in clinic delivery and theatre practice to increase capacity with minimal increase in costs
- Undertake annual cataract equity audit to assess progress in reducing inequity.

Plans for the prescribing programme include:

- Monitoring the implementation of policies
- Assess the impact and outcomes of implementation of Flash Glucose Monitoring
- Develop a single Area Prescribing Committee for WY&H (April 2020) to further reduce variation in access to medicines
- Social research to support the use of over the counter medicines
- Continue addressing prescribing policy in areas of high cost medicines or unwarranted variation to ensure value in the WY&H prescribing spend.