

MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

TUESDAY 6TH FEBRUARY, 2018

AT 2.00 PM

VENUE

COMMITTEE ROOM 1, TOWN HALL, JUDD STREET, LONDON WC1H 9JE

**TO: MEMBERS OF JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
(Quorum 3)**

**TUESDAY, 6 FEBRUARY 2018 AT 2.00 PM
COMMITTEE ROOM 1, TOWN HALL, JUDD STREET, LONDON WC1H 9JE
Enquiries to: Vinothan Sangarapillai, Committee
Services**

**E-Mail: vinothan.sangarapillai@camden.gov.uk
Telephone: 020 7974 4071 (Text phone prefix 18001)
Fax No: 020 7974 5921**

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

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	AGENDA AND REPORT PACK	3 - 22

FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Vinothan Sangarapillai, Committee Services: vinothan.sangarapillai@camden.gov.uk 020 7974 4071 (Text phone prefix 18001). People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

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Camden



ENFIELD
Council



ISLINGTON

AGENDA ITEM 1

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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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, 23rd March 2018

Proposed dates for meetings in municipal year 2018-19:

- Friday, 20th July 2018

- Friday, 5th October 2018
- Friday, 30th November 2018
- Friday, 11th January 2019
- Friday, 15th 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

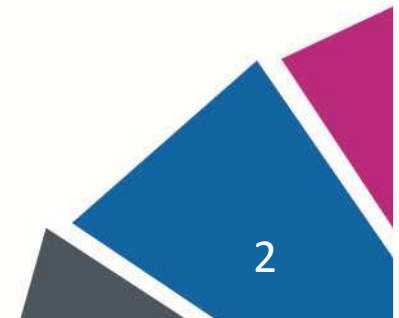
Will Huxter – Director of Strategy, North Central London CCGs

JHOSC February 6th 2018



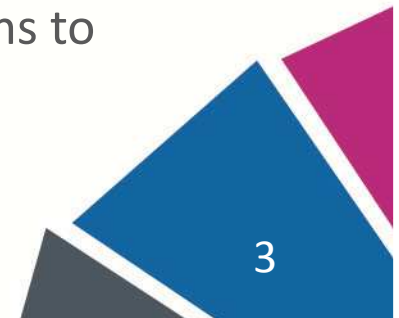
What are we seeking to achieve?

- 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.



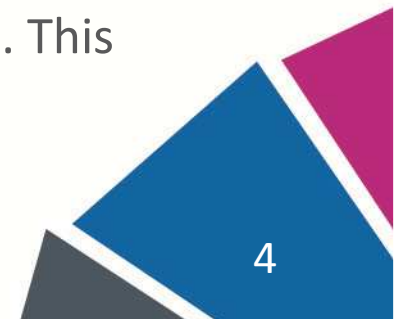
Evidence Based Practice

- 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



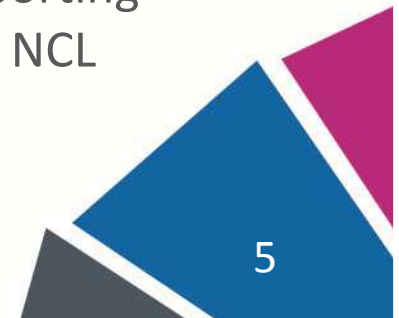
Pace of Change

- 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



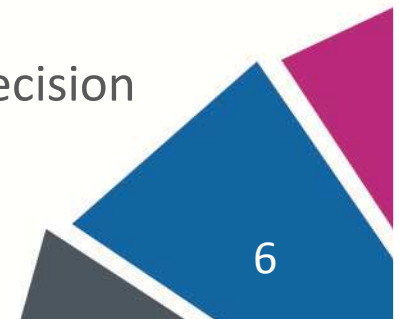
How does the system support Clinicians to make the best treatment decisions

- 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



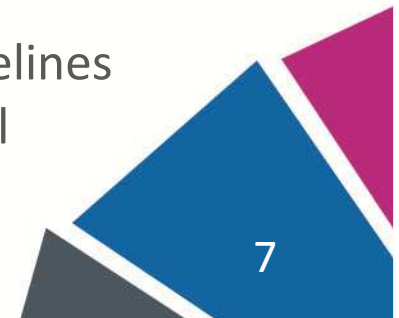
How does the system support Clinicians to make the best treatment decisions

- 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



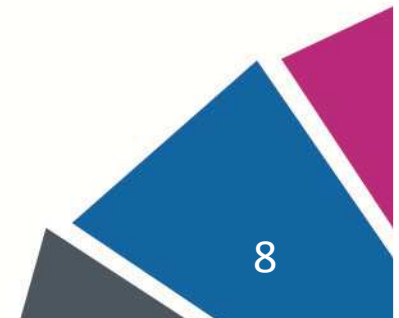
We are already using NHS money wisely for drug treatments

- 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.

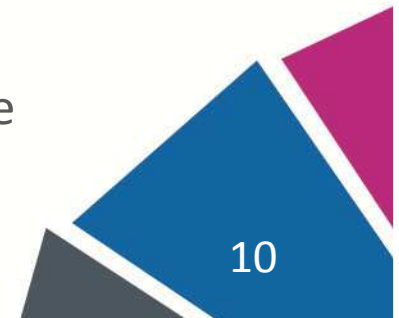


Why has this topic become an issue now...Enfield

- 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 evidencean 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..

