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Report of the NW London CCGs' collaboration board – May 2017

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This bi-monthly report provides a synopsis of the key issues recently discussed by the collaboration board (a joint committee) to support transparency as we collaborate across our individually sovereign CCGs. It summarises activity since the last report to the governing body meetings in March 2017 (dated 27 February 2017).

Collaboration board meetings held between 21 February and 19 April 2017

1. Strategy and transformation session – Thursday 2 March 2017
2. Business intelligence and informatics strategy session – Thursday 16 March 2017
3. Strategy and transformation session – Thursday 30 March 2017
4. Strategy and transformation session – Thursday 6 April 2017

Collaboration board: strategy and transformation session 2 March 2017

Update on key specific sustainability programmes: 1) reducing waste in repeat prescriptions; 2) promoting biosimilars

- Andrew Burgess, Director of contracts and performance led discussions.

The board reviewed proposals firstly to reduce waste in repeat prescriptions, and secondly to realise greater savings through prescribing more cost effective drugs of equivalent clinical efficacy (known as 'biosimilars').

1) Reducing waste in repeat prescriptions

The paper included a review of precedent elsewhere where CCGs in England have already realised savings by tackling the volume of unwarranted prescriptions for medicines and other prescribed products for which CCGs are charged but which the patient does not need. This included case studies in Luton, Haringey, Cambridge & Peterborough, Coventry and Cardiff, which together evidence a savings potential of at least 7% of the overall primary care prescribing budget. The interventions have principally focused upon community pharmacies ordering repeat prescriptions on patients' behalf beyond what is clinically required by the patient (either in terms of over-ordering, such as of salbutamol inhalers, or continuing a prescription, sometimes through automation, for a medicine that is no longer clinically needed). The board noted the safety implications of current practice, whereby dispensing medicines that patients do not need increases clinical risk for the patient and means that the prescription ordering record cannot be relied upon by the GP for an indication of the patient's likely compliance in taking the medicine. The CCGs' combined prescribing budget is £235m, so a saving of 7% would equate to savings of £16.5m per annum. The board was supportive of further analysis in this area and welcomed the proposal for a working group (including medicines management pharmacists and clinical champions) to be established.

2) Biosimilars

The board noted the projected savings to be realised and was supportive of the general principle that medicines pathways in NW London should reserve the more expensive options for specified cohorts of non-responders and those with unique clinical circumstances. The board highlighted in discussion the importance of patient engagement and planning together with providers ahead of the launch of biosimilars. The board agreed it was important to reduce variation in practice by providers and to share best practice.

Healthy London Partnership 2017/18 Plan - update

- Patrice Donnelly, HLP Urgent & emergency care programme lead

An update was provided on planning for London-wide programmes funded by London's 32 CCGs. Discussions were proceeding through the London-wide forums for the partnership, and final plans would be submitted to CCGs in due course. It was noted that in light of significant financial constraints, HLP's overall programme budget for 2017/18 had been reduced by approximately 24% and a further proportion of resource to be embedded within STPs. The board requested clear deliverables being established by HLP for each programme, and welcomed the proposed improvements to consolidate the governance oversight of spend and performance (by bringing together HLP's London Transformation Group with the Payments and Funding Group that has been reporting to it).

Collaboration board: strategy and transformation sessions on 30 March and 6 April 2017

Two meetings were additionally held to discuss the approaches under development in relation to:

- [Sustainable commissioning policy](#) – a medicines management programme set out initial proposals to reduce prescribing costs for products of limited clinical value (noting precedent set elsewhere such as in Greenwich and Richmond CCGs). This was designed to complement two other medicines management programmes to reduce repeat prescribing waste, and promote biosimilars, as reported above. A wider discussion on commissioning policy was held around how affordability may impact the annual workplan of the Individual Funding Requests (IFR) team, who are responsible for developing and reviewing NWL-wide Planned Procedures with a Threshold (PPwT). It was clarified that in any such cases where significant policy changes may be proposed on grounds of affordability (i.e. rather than directly driven by emerging clinical guidelines) these would form part of ongoing public communications and engagement on priority setting.
- [Continuing healthcare](#) – discussion focused on quality driven changes and closer working with local authorities on long-term care packages required.
- [Joint finance strategy for 2017/18](#) – the board agreed to recommend to governing bodies:
 - That all NWL CCGs (except Harrow) contribute an initial 1% of recurrent resource limit to the NWL Financial Strategy; and
 - To approve the Provider support budget of £11.2m, the S&T operational budget of £15m, and a contingency reserve ('other') budget of £4.1m (total £30.3m) on the basis of this 1% contribution.
 - That S&T is asked to develop detailed budget proposals (including deliverables) for a) £11.2m and b) £15m
- [New model of care for the elderly](#) – the board considered a set of proposals for the care of frail, older people, with a standalone, wraparound contract, which had been developed initially among PMS practices over the past two years. The model was outcomes-based, and core objectives included hospital admissions avoidance and reduced length of stay (LoS). The board commended the model in clinical terms and noted how it complemented the work done around proactive end of care planning; concerns were raised, however, about the feasibility of the model in contractual, operational and financial terms. Discussion concluded that CCGs would take forward proposals for local scrutiny of financial modelling, where there is local appetite to do so.

Collaboration board: business intelligence and informatics strategy held on 16 March 2017

The board discussed the following items:

- Dr Ian Goodman provided an update on the recent meeting of the NW London STP Digital Programme Board (an enabler of the STP). Nine digital portfolios were in place, these included: Wi-Fi use in practices; a 'paperless' acute transfer of care pilot; roll-out of new apps, such as 'Health Help Now', which had been launched in Harrow; progress with 'Patient Online' that was now operational, and making radiology appointments available via the diagnostic cloud by the end of March. To date, 729 patients were accessing the Shared Care Record with good progress reported in terms of accessing acute data. A regional Information Sharing Agreement was in place. Digital programme are working in collaboration with the National Information Board, PRSB and NHS Digital to deliver technical and clinical Integrated Health & Care Standards, NWL to be

accelerator site on behalf of the country. Clinical and Professional Advisory Group to be chaired by Dr Nilesh Bharakhada.

- Local digital roadmap – NHSE has requested an implementation plan for 2017/18 and this is under development. An initial indication from NHSE was that the potential LDR funding available is much less than anticipated. The board noted that this was a major constraint to progressing the overall digital programme. A prioritisation exercise was being undertaken to model different scenarios of funding. The board requested that new embedded resource from Healthy London Partnership (HLP) becomes fully involved in supporting the operational work of the digital programmes.
- Update on the new primary care digital delivery board – it was noted that a first meeting had been held in order to discuss delivery of the successful bids for Estates Technology and Transformation Funding (ETTF), however members' attendance had largely proved problematic. In the light of practical constraints, it was proposed, and the board agreed, to seek to incorporate the remit of the operational meeting into a second part of the main monthly meeting of the collaboration board. The remit of the operational meeting for digital primary care was re-capped and described as follows:
 - agree the programme plan and any significant variations of the programme plan;
 - monitor and manage programme progress;
 - provide visible leadership, direction and commitment to the programme, promoting effective communication of the programme's goals and progress;
 - manage risks and issues;
 - own risk log and issues log and develop proposals for mitigation/resolution;
 - escalate risks to Local CCG Boards and the respective Digital NWL Programme Board as necessary;
 - ensure that the programmes of work are properly resourced including ensuring that the programmes are supported in their local organisation and that the resources are appropriately mobilised to support the work.
 - ensure that the programme of projects is prioritised in alignment with wider STP intentionsThe board agreed to the proposal adopt the above duties into a Part 2 session of the existing BI/IT collaboration board, noting that this would require new Terms of Reference to be discussed at the May meeting.
- Update on BI procurement
- Whole systems integrated care (WSIC) – the board was encouraged to learn that following local negotiations with the LMC the dashboard programme would be launched for the final 97 practices across West London, Central London and Ealing. It was noted that the diabetes patient radar pilot phase was underway and currently available to diabetes nurses and secondary care workers. Work was continuing with practices to support the application of the WSIC tool.

About the NWL CCGs' collaboration board

The collaboration board meets fortnightly on a Thursday to discuss strategy and transformation proposals across NW London. It brings together eight CCG chairs, two chief officers and shared directors to discuss joint strategic objectives and proposals in order to form a consensus view taking into account the needs of local health populations. It has delegated authority from the CCGs in which it can take joint decisions in response to the recommendations of NWL CCGs' Policy Development Group on Planned Procedures with a Threshold (PPwTs).

The board additionally serves to guide the CCGs' overall approach to the annual contracts rounds and to developing business intelligence and informatics strategy, as well as to develop for approval and then review progress against the NWL CCGs' joint finance strategy.