



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 25th May 2017

Agenda No: 5.1

Attachment: 04

Title of Document: Effective Commissioning Initiative Re-alignment process across South West London	Purpose of Report: For Approval						
Report Author: Zoli Zambo, ECI Implementation Lead, SWL STP	Lead Director: Jonathan Bates, Director of Commissioning Operations, SWL Alliance						
<p>Executive Summary: The report describes the process to align clinical thresholds listed in the Effective Commissioning Initiative policy and the revision of the compliance monitoring mechanisms to underpin this.</p> <p>Some procedures have different clinical thresholds in South West London and some require clarification to ensure effective implementation and consistent access to services. It is to be noted that some challenging clinical thresholds will remain outside of the scope of this work.</p> <p>The described process is supported by the South West London Committees in Common and the South West London Clinical Board advised on designing the process described in the paper.</p>							
<p>Key sections for particular note (paragraph/page), areas of concern etc: Whole document</p>							
<p>Recommendation(s): The Governing Body is asked to approve the Effective Commissioning Initiative Re-alignment process across South West London</p>							
<p>Committees which have previously discussed/agreed the report:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">SWL Committees in Common</td> <td>6th April 2017</td> </tr> <tr> <td>SWL Clinical Board</td> <td>20th April 2017</td> </tr> <tr> <td>SWL Committees in Common</td> <td>4th May 2017</td> </tr> </table>		SWL Committees in Common	6th April 2017	SWL Clinical Board	20th April 2017	SWL Committees in Common	4th May 2017
SWL Committees in Common	6th April 2017						
SWL Clinical Board	20th April 2017						
SWL Committees in Common	4th May 2017						
<p>Financial Implications: Impact assessments will be undertaken on individual clinical thresholds and the compliance monitoring process when changes are proposed to the existing policy. The Governing Bodies should ensure it has adequate clinical and managerial representation to ensure CCG ownership of the revised clinical thresholds and compliance monitoring process.</p>							
<p>Implications for CCG Governing Body: As described in the paper.</p>							
<p>How has the patient voice been considered in development of this paper: N/A</p>							
<p>Equality Assessment: Impact assessments will be undertaken on individual clinical thresholds and the compliance monitoring process when changes are proposed to the existing policy.</p>							

Information Privacy Issues: N/A

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) As part of the of the Part 1 Governing Body papers, this document will be posted on the CCG's website.

Date	Thursday, 25 May 2017
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Title of paper	Effective Commissioning Initiative Re-alignment process across South West London
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Presenter	Sarah Blow / Jonathan Bates			
Author	Zoli Zambo, ECI Implementation Lead, SWL STP			
Responsible Director	Jonathan Bates, Director of Commissioning Operations, SWL Alliance			
Clinical Lead	Dr Tony Brzezicki, Chair, Croydon CCG			
Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> Items are only confidential if it is in the public interest for them to be so

The Board is asked to:
Approve

Summary of purpose and scope of report
<p>The report describes the process to align clinical thresholds listed in the Effective Commissioning Initiative policy and the revision of the compliance monitoring mechanisms to underpin this.</p> <p>Some procedures have different clinical thresholds in South West London and some require clarification to ensure effective implementation and consistent access to services. It is to be noted that some challenging clinical thresholds will remain outside of the scope of this work.</p> <p>The described process is supported by the South West London Committees in Common and the South West London Clinical Board advised on designing the process described in the paper.</p>

Quality & Safety/ Patient Engagement/ Impact on patient services:
Impact assessments will be undertaken on individual clinical thresholds and the compliance monitoring process when changes are proposed to the existing policy.

Finance, resources and QIPP
Impact assessments will be undertaken on individual clinical thresholds and the compliance monitoring process when changes are proposed to the existing policy.
Governing Bodies are asked to ensure that they have adequate clinical and managerial representation to ensure CCG ownership of the revised clinical thresholds and compliance monitoring process.

Equality / Human Rights / Privacy impact analysis
Impact assessments will be undertaken on individual clinical thresholds and the compliance monitoring process when changes are proposed to the existing policy.

Risk	Mitigating actions
The limited allocated resources to carry out the clinical work may lead to delays in delivering the final proposal to the agreed timeline.	Resource planning is taking place to identify additional support to minimise this risk and impact on existing CCG clinical resources.
Supporting documents	
SWL Committees in Common paper May 2017 SWL Clinical Board paper 2017	

Governance and reporting

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

Committee name	Date discussed	Outcome
SWL Committees in Common	6 th April 2017	Support the objective of aligning clinical thresholds by October 2017
SWL Clinical Board	20 th April 2017	Support the objective of aligning clinical thresholds by October 2017 and recommended the processes to follow
SWL Committees in Common	4 th May 2017	Support the objective of aligning clinical thresholds by October 2017 using the described process

South West London Clinical Commissioning Groups
Governing Body
Effective Commissioning Initiative SWL CCG Alignment
Version 2.0
23/5/2017

1. Background and recent changes

For several years Clinical Commissioning Groups (CCG) policies have existed to set thresholds for procedures with limited clinical value to guide and inform providers. In South West London (SWL) the Effective Commissioning Initiative (ECI) policy document (version 1.7.2 from 2014/15) listed 59 procedures and was in place since 2013. While version 1.7.2 was shared by all six SWL CCGs, the thresholds were not entirely common, with local variations for a number of procedures and different approaches to some clinical procedures. Version 1.7.2 was in place with the acute trusts in SWL since it was first developed. There has not been a consistent compliance with the policy and efforts to enforce the policies have been fragmented.

In 2016/17 SWL CCGs individually made updates to the clinical thresholds in the ECI policy. Consequently further discrepancies appeared increasing variation across SWL patients. There is recognition that it is unreasonable to ask providers to adopt different clinical thresholds within the same Trust depending on patients' post code. SWL CCGs therefore agreed that the host commissioner CCG's clinical thresholds will apply for all patients treated at the Trust.

A new compliance requirement was also agreed by SWL CCGs, which is to require Trusts to obtain a Prior Approval for procedures listed in the ECI policy before the procedure can go ahead. This is to ensure the policy is complied with and the need for retrospective clinical auditing is reduced for commissioners and providers alike.

Contractual notice has been served by host commissioners to all SWL acute trusts and also to Moorfields hospital via Islington CCG. Trusts are currently working with CCGs and SWL Alliance to implement the changes in clinical thresholds and the new Prior Approval process.

As well as asking Trusts to comply with the changes listed above, each CCG is working with primary care to manage the demand and expectations at the start of the pathway too.

2. Mandate for the re-alignment process

On 6 April 2017 the SWL Committees in Common (CiC) agreed that SWL CCGs will work in collaboration to deliver version 2.0 of the SWL ECI policy, ensuring alignment of existing clinical thresholds and common processes to monitor compliance.

The SWL Clinical Board, including the Medical Directors of local providers and GP Federation representatives held a workshop on the 20th April 2017 to define the processes surrounding the alignment of the clinical thresholds for CiC ratification. The workshop generated considerable appetite for refinement and alignment of clinical thresholds as well as streamlining compliance monitoring processes.

3. Scope of Version 2.0

3.1 Within Scope

The scope of the re-alignment process includes the 59 clinical thresholds currently listed in the SWL ECI policy and considers a limited number of new thresholds that are deemed high priority and can be fast tracked, such as those being novated from NHS England specialist commissioning to CCGs like Bariatric surgery in 2017/18.

It will also examine and refine the compliance processes supporting the effective implementation of the ECI policy.

3.2 Outside Scope

Some clinical thresholds where there are differing clinical opinions on the evidence base or consequences will remain outside of the scope of this re-alignment process to ensure that the large majority of clinical thresholds are universal across SWL and are signed off by the autumn of 2017. This will lead to greater consistency of access to procedures, regardless of where a patient lives in South West London.

While alignment with CCGs outside SWL will be endeavoured whenever possible it will remain outside of the scope of the work to aim for this in full. Nonetheless, representatives of Surrey Downs' CCG will be invited to the Task and finish groups and their clinical thresholds will be taken into consideration.

4. Alignment process overview

The process for re-aligning clinical thresholds and the compliance process was developed by the SWL Clinical Board and it is supported by the SWL Committees in Common. This can be found in Appendix 1.

4.1 Stage 1 –Public health preparation

Comparison of current clinical thresholds already exists and this will provide the starting point for the work. Public health specialists will review the differences and divide the work into manageable chunks to allow for Task and Finish Groups to be set up. The SWL Clinical Board proposed four working groups to progress this initiative:

Group 1: Compliance process.

Group 2: Existing clinical thresholds with minimal re-alignment needed.

Group 3: Existing clinical thresholds with significant re-alignment needed.

Group 4: New clinical thresholds to be considered for version 2.0.

4.2 Stage 2 – Task and finish groups

It was agreed that membership will vary from group to group but all require full support of the SWL STP Programme Office to enable STP-wide developments. Representation of each of the CCGs will be important to guarantee local ownership and Governing Body support. The planned membership of each group is listed in Appendix 2.

It is envisaged that each Task and Finish Group will receive a draft proposal and have a limited number of face-to-face meetings and virtual discussions in between to reach an agreement.

4.2.1 Group 1 membership

The compliance process group focuses on practical operational aspects. As such it will require providers from primary, secondary and community care as well as the current IFR/Prior Approval service. It will ensure that appropriate operational and technical skills are available to design an end-to-end process including contracting and reconciliation aspects. The group will be chaired by a nominated Director of Commissioning.

4.2.2 Group 2 membership

This group deals with existing ECI clinical thresholds, where little or no difference exists from the current policy. Each CCG or Local Delivery Unit will be asked to send representation to the group. Specialists from providers will be consulted to ensure it is implementable and practical.

Should the group encounter unforeseen or easily unresolvable issues for a clinical threshold it will move into Group 3's remit.

4.2.3 Group 3 membership

Existing clinical thresholds that are considered challenging are those where substantial difference exists or Group 2 cannot resolve within a couple of meetings. The group will require significantly broader representation from CCGs both in managerial and clinical capacity. Strong support from a public health specialist is needed. Clinical experts from primary and secondary care must be involved by each key organisation if a consensus is to be reached and supported by Governing Bodies. Patients will be involved and/or consulted in this group's work, but no formal public consultation will take place. Advice on public consultation will be taken, should the need for it become a likelihood.

4.2.4 Group 4 membership

The new ideas task and finish group is also required to jointly process new clinical thresholds already in the pipeline at CCGs. Once the opportunity is quantified either progressed as fast track if not challenging for version 2.0 or for future versions if formal consultation is required. Its membership is expected to be similar or even identical to Group 3.

4.2.5 Sustainability

Group 3/4 is expected to outline the current requirement to deliver version 2.0 of the policy and periodically reconvened to allow for SWL-wide clinical thresholds reviews and introductions. As collaborative working is embedded in SWL the membership of the group is to be revised.

Stage 3 SWL CCG Clinical Chairs

The Task and finish groups will keep the SWL CCG Clinical Chairs and Clinical Board updated with their progress and once the entire version 2.0 work is concluded will ask for their draft version to be sent to the membership of SWL CCG Governing Bodies. Subject to no formal requirement for public consultation or unforeseen circumstances this is expected in August 2017.

SWL CCG Governing Body members will be able to feed back their comments to their Clinical Chairs before the final version of 2.0 is prepared for agreement by SWL CCG Clinical Chairs in September 2017.

Stage 4 SWL Committees in Common

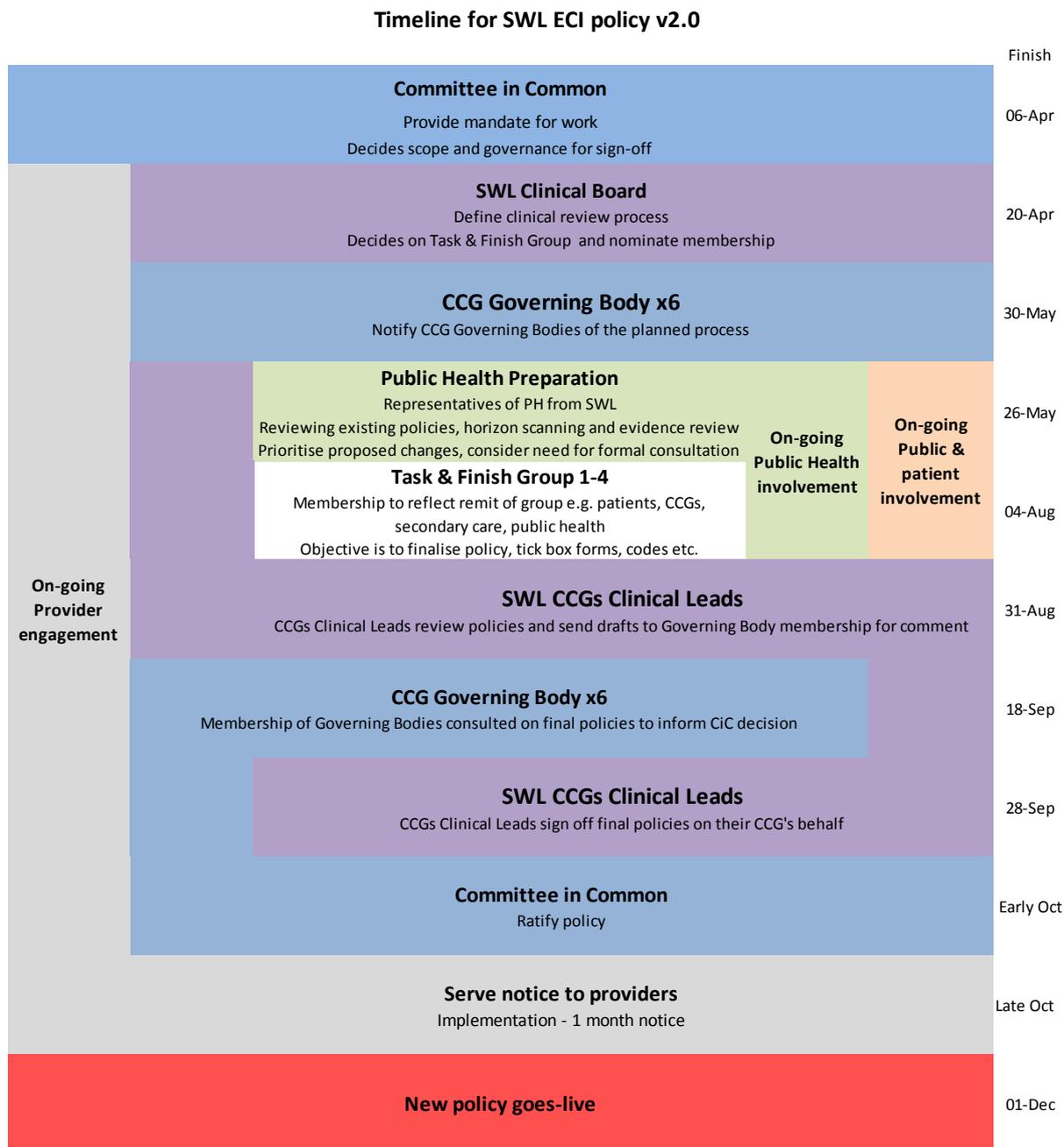
SWL CCG Clinical Chairs will send the final version of 2.0 to the Committees in Common in October 2017 for final ratification for all six CCGs.

5. Conclusion

All SWL CCG Governing Bodies are asked to agree to the process described above to be used for the re-alignment of the clinical thresholds and compliance process supporting the ECI policy.

All SWL CCG Governing Bodies are asked to ensure that they have adequate clinical and managerial representation to ensure CCG ownership of the revised clinical thresholds and compliance monitoring process.

6. Appendix 1 –Timeline for SWL ECI policy v2.0





7. Appendix 2 –Task and Finish Group membership

Task and Finish group membership			
Group 1 Compliance process	Group 2 Existing thresholds with limited change	Group 3 Existing challenging or complicated thresholds	Group 4 New clinical thresholds
CCG Director of Commissioning (chair)	SWL CCGs Clinical lead (chair)	SWL CCGs Clinical Chair (chair)	SWL CCGs Clinical Chair (chair)
CHS - operational manager	SWL Public health lead	SWL Public health lead	SWL Public health lead
ESH - operational manager	Croydon CCG commissioner	Croydon CCG commissioner and or GP lead	Croydon CCG commissioner and or GP lead
KGFT - operational manager	Merton CCG commissioner	Merton CCG commissioner and or GP lead	Merton CCG commissioner and or GP lead
STGH - operational manager	Wandsworth CCG commissioner	Wandsworth CCG commissioner and or GP lead	Wandsworth CCG commissioner and or GP lead
CSU - Prior Approval service manager	Kingston CCG commissioner	Kingston CCG commissioner and or GP lead	Kingston CCG commissioner and or GP lead
CSU - Contract manager	Richmond CCG commissioner	Richmond CCG commissioner and or GP lead	Richmond CCG commissioner and or GP lead
Acute representative - Contract manager	Sutton CCG commissioner	Sutton CCG commissioner and or GP lead	Sutton CCG commissioner and or GP lead
Primary care representative - Operational manager	Surrey Downs CCG representative	Surrey Downs CCG representative	Surrey Downs CCG representative
Primary care representative - GP Croydon	Patient representative 1	Patient representative 1	Patient representative 1
Primary care representative - GP Kingston/Richmond	Patient representative 2	Patient representative 2	Patient representative 2
Primary care representative - GP Sutton			
Primary care representative	Primary care representative	Primary care representative	Primary care representative
		CHS - clinical representative	CHS - clinical representative
		ESH - clinical representative	ESH - clinical representative
		KHFT - clinical representative	KHFT - clinical representative
		STGH - clinical representative	STGH - clinical representative
SWL Alliance Project manager	SWL Alliance Project manager	SWL Alliance Project manager	SWL Alliance Project manager
SWL Alliance Project support	SWL Alliance Project support	SWL Alliance Project support	SWL Alliance Project support
SWL Alliance BI support	SWL Alliance BI support	SWL Alliance BI support	SWL Alliance BI support

Please note that some representatives may act as representatives of more than one organisation or role. e.g a GP may be there as primary care representative as well as a commissioner

Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups

'Working together to improve the quality of care in South West London'