

Commissioning for Value for the Sustainability Transformation Plan (STP) Area: Developing a South Yorkshire and Bassetlaw Approach to Commissioning For Outcomes

Governing Body meeting

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Purpose of Paper	
<p>To update Governing Body on both progress and discussions that are taking place within the Elective and Diagnostic Sustainability and Transformation (STP) workstream. This is in relation to developing a common South Yorkshire and Bassetlaw (SYB) approach to commissioning for outcomes, with an initial focus on procedures that are not routinely commissioned and those with commissioning controls in place, clinical thresholds/criteria, with potential for further development to encompass health optimisation.</p>	
Key Issues	
<p>It is important that we ensure commissioning decisions are fully informed and based on the best possible evidence to reduce inequalities, improve outcomes and provide value for money.</p> <p>Commissioning for Outcomes is an encompassing term and includes a number of mechanisms used by commissioners to ensure outcome focused care, including commissioning guidelines, clinical thresholds, procedures of limited clinical value, non-commissioned treatments and individual funding requests.</p> <p>Work has begun to develop the principle of converging approaches and to develop an SYB policy that will where possible and appropriate, cover a consistent set of procedures, criteria by which they are commissioned and approach to ensuring compliance (e.g. checklists, IFR process). This policy will be brought to Governing Bodies for approval when developed.</p> <p>It is proposed that the initial focus is on a common set of procedures where there are existing commissioning controls in place eg. not routinely commissioned or have clinical thresholds/criteria. Convergence on a number of procedures has already been reached and the plan is to build on this existing work, establish a process to review and agree criteria for a common list of procedures and develop a policy setting these out in addition to common processes for referral and approval.</p>	

Is your report for Approval / Consideration / Noting
Consideration and approval
Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Support the principle of converging approaches to commissioning for outcomes, with an initial focus on procedures that are not routinely commissioned and those with commissioning controls (clinical thresholds and criteria). • Approve the development of a common SYB policy that where possible and appropriate covers a consistent set of procedures, criteria by which they are commissioned and approach to ensuring compliance. Acknowledging that this will be developed in a way that it does not inhibit local progress. • Support the direction of travel towards SYB decision making process, through the established Joint Committee of Clinical Commissioning Groups.
Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i></p> <p>4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>
Are there any Resource Implications (including Financial, Staffing etc)?
Resource implications included within existing work programmes.
Have you carried out an Equality Impact Assessment and is it attached?
Equality impact assessments would be undertaken against areas identified. This would not be required at this stage of development of the policy.
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
No however SCCG have engaged in conversations and options with a stakeholder group of Sheffield patients and members of the public.



Developing a South Yorkshire and Bassetlaw Approach to Commissioning For Outcomes


July 2017

1. Purpose

- 1.1. The purpose of this paper is to update CCG Governing Bodies on both progress and discussions that are taking place within the Elective and Diagnostic Sustainability and Transformation (STP) workstream. This is in relation to developing a common South Yorkshire and Bassetlaw (SYB) approach to commissioning for outcomes, with an initial focus on procedures that are not routinely commissioned and those with commissioning controls in place, clinical thresholds/criteria, with potential for further development to encompass health optimisation.
- 1.2. Governing Bodies are asked to support the principle of converging approaches and the development of an SYB policy that will where possible and appropriate, cover a consistent set of procedures, criteria by which they are commissioned and approach to ensuring compliance (e.g. Checklists, IFR Process). This policy will be brought to Governing Bodies for approval.
- 1.3. It is anticipated that as SYB develops as an Accountable Care System there will be benefit to making future joint decisions and so Governing Bodies are also asked to support this direction of travel. A Joint Committee has already been established to enable CCGs to collaborate and take joint decisions in areas of work that they agree there is benefit to do so.
- 1.4. It is acknowledged that individual CCGs have in many cases either developed and agreed policies or are currently in the process of doing so. This proposal aims to build on this and not hold back progress in any individual CCG, but rather enable all CCGs to reach a similar level.

2. Introduction

- 2.1. It is important that we ensure commissioning decisions are fully informed and based on the best possible evidence to reduce inequalities, improve outcomes and provide value for money.
- 2.2. Commissioning for Outcomes is an encompassing term and includes a number of mechanisms used by commissioners to ensure outcome focused care, including commissioning guidelines, clinical thresholds, procedures of limited clinical value, non-commissioned treatments and individual funding requests.
- 2.3. **Commissioning Guidelines** are evidence based recommendations often enabling implementation of national best practice guidelines (NICE, Royal College etc) advising when a treatment may or may not be appropriate. They are often not enforced.
- 2.4. **Individual Funding Requests (IFR)** are requests for treatment that is not routinely commissioned. They are currently submitted to a common SYB IFR panel (hosted by Sheffield CCG since 2011) which determines whether an individual case demonstrates exceptionality for funding for a procedure that is not routinely commissioned. In recent years the IFR team has commenced streamlining IFR policies across SYB CCGs, however, there is still variation.



2.5. Clinical thresholds set out specific criteria that need to be met in order for procedures to be undertaken. Clinical threshold procedures have been developed to be self-regulated by GPs and hospital clinicians often with an audit framework that enforces non-payment via the contractual agreement for cases that are found non-compliant.

2.6. Health optimisation refers to improving health outcomes for patients and encouraging lifestyle changes through a period of diversion to health improvement programmes before referral and commencement of non-urgent elective surgery in order to improve post-surgical outcomes. This may be referral of the patient to weight loss or smoking cessation clinics prior to accessing their operation.

2.7. Acknowledging that CCGs are all currently in different places in relation to the above, there is an opportunity to enable convergence across SYB to reduce variation and inequalities, improve outcomes and facilitate QIPP delivery. To date there has been support expressed by Chief and Accountable Officers for the convergence of clinical thresholds, procedures and criteria across SYB.

3. Anticipated Benefits


3.1. Converging the approach across SYB for clinical thresholds (procedures and criteria) is expected to deliver the following benefits -

- Better outcomes for patients in terms of quality and safety
- The outcomes from conservative management are as good as if procedures have taken place
- More equitable access for SYB patients (reducing variance in access between CCGs)
- A reduction in the number of policies providers are required to operate and therefore providers being enabled to deliver procedures consistently.
- Simpler and more consistent discussions with patients (both GPs and consultants)
- Simplified processes for commissioners to commission procedures consistently
- Delivery of the efficiency savings already built into CCG plans
- Maintenance of local clinical engagement

4. Proposal

4.1. It is therefore proposed that an SYB policy is developed covering a common set of procedures, criteria by which they are commissioned and approach to ensuring compliance (e.g. Checklists, IFR Process).

4.2. It is proposed that the initial focus is on a common set of procedures where there are existing commissioning controls in place (eg not routinely commissioned or are with clinical thresholds/criteria). Convergence on a number of procedures has already been reached and the plan is to build on this existing work, establish a process to review and agree criteria for a common list of procedures and develop a policy setting these out in addition to common processes for referral and approval.

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- 4.3.** Where there is variance in existing arrangements at CCG level (eg different criteria for certain procedures) this will be discussed and it is proposed that the approach taken will be to adopt the most comprehensive clinically evidenced criteria across SYB. CCGs will not be expected to roll back or downgrade their existing arrangements (procedures and/or criteria). Although wherever possible this process aims to enable consistency to reduce variation and inequity for patients.
- 4.4.** Once developed the SYB policy will be brought back to Governing bodies for approval. The aim is to work towards policy implementation by the end of the year (December) and as such it is anticipated that it will be shared with Governing bodies in the autumn. It is proposed that the initial implementation is undertaken as a pilot with no financial implications and for the policy to be contractually agreed to commence from April 2018.
- 4.5.** As outlined above it is anticipated that there will be benefit to enabling future SYB joint decision making through the established Joint Committee of Clinical Commissioning Groups. Governing bodies are asked to support this direction of travel and it is proposed that the governance arrangements around this be explored in partnership with the SYB commissioning review and would be presented back to Governing Bodies at a future date.

5. Recommendation

- 5.1.** CCGs Governing Bodies are asked to
- 5.2.** Support the principle of converging approaches to commissioning for outcomes, with an initial focus on procedures that are not routinely commissioned and those with commissioning controls (clinical thresholds and criteria).
- 5.3.** Approve the development of a common SYB policy that where possible and appropriate covers a consistent set of procedures, criteria by which they are commissioned and approach to ensuring compliance. Acknowledging that this will be developed in a way that it does not inhibit local progress.
- 5.4.** Support the direction of travel towards SYB decision making process, through the established Joint Committee of Clinical Commissioning Groups.

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