



STANDARD OPERATING PROCEDURE

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

This standard operating procedure (SOP) sets out the processes for topic identification, selection, review methodology and review evaluation that together form a major part of the work of the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) Priorities Committee. It should be read in conjunction with the terms of reference (ToR) for the Committee.

OBJECTIVES

- To ensure that the HIOW Priorities Committee support the Hampshire and Isle of Wight Integrated Care System's (ICS's) clinical and financial health improvement plans and responsibilities.
- To ensure that the topics selected add value to the commissioning process by combining proactive and reactive topic selection via horizon scanning, and in year topics raised to the Clinical Policy Operational Group (CPOG) or via an annual topic selection workshop.

PROCESS

1. Work programme and timing

- 1.1 The work programme for the Priorities Committee is set by CPOG, comprising representatives from the Priorities Committee.
- 1.2 CPOG aims to achieve a work programme balanced between strategic topics identified proactively to support ICS operational health and care, and transformation plans, and in-year topics submitted to the Clinical Effectiveness team, for agreement at CPOG.
- 1.3 Topics submitted will be scoped and considered by CPOG to identify commonality with the Local Delivery Systems and priority of the work. In-year topic requests may be submitted to CPOG members, on a rolling basis as per the process flowchart (Appendix 1).

2. Topic Identification Process

- 2.1 The CPOG members of the Priorities Committee are responsible for establishing links with Local Delivery Systems and will consult with stakeholders through their specific structures (committees and meetings) and processes.
- 2.2 Each Priorities Committee member is responsible for:
 - Identifying the relevant committees \ groups within Local Delivery Systems.
 - Establishing links with each including raising awareness of the Priorities Committee processes.
 - Liaising with the Service provider, South Central and West (SCW) Clinical Effectiveness Team to identify and work up potential topics on a rolling basis and to submit topics to CPOG, as required by their stakeholders.
- 2.3 Potential topics may also emerge from working with the clinical networks and senates and the ICS partners. These topics should be submitted for consideration to a CPOG meeting.

2.4 NHS England's commissioning responsibilities: Specialised Commissioning

- Prescribed services for which Specialised Commissioning has responsibility are excluded from the Priorities Committee work programme and hence this service specification.

3. Topic Workup

- 3.1 As part of a rolling programme, CPOG members will review topic requests that arise in-year, and via horizon scanning as per the process flow chart. Pro forma for topic selection in Appendix 2.
- 3.2 An initial discussion at CPOG may be held to establish whether to take the topic forward for an evidence review. There are two situations in which further scoping of a topic may be required before CPOG can make a final decision on inclusion in the work programme. These are:
- The nature of the intervention is such that either an increase (investment) or decrease (disinvestment) in activity is likely to have a knock-on effect on other parts of the patient pathway (either upstream or downstream from the intervention). Where this effect is likely to be significant, there may be additional interventions that should be reviewed on a similar timescale to the 'index' intervention.
 - In some cases, it can be unclear whether a topic is a significant pressure to the ICS and/or whether there is sufficient published evidence available to enable evaluation against the 'clinical effectiveness' criterion in the *Ethical Framework*. Further information on these issues may be required.
- 3.3 If appropriate for an evidence review, the CPOG member presenting the topic, in collaboration with the SCW Clinical Effectiveness Team, will ensure that the topic is expressed as a clear question against the topic selection criteria.
- 3.4 Assessment of topics for the Priorities Committee work programme will include consideration of a number of factors that may include:
1. Resource impact/savings potential/disinvestment opportunity/affordability
 2. Population impact and local health care priorities and health inequalities
 3. Disease severity
 4. Claimed therapeutic benefit
 5. National policy and guidance
 6. Risk of not reviewing

4. Topic Selection

- 4.1 Selection of topics and work programme prioritisation can be supported by using the selection Scoring sheet (Appendix 3).
- 4.2 A final assessment of each topic will be agreed and recorded by CPOG.
- 4.3 The work programme to be undertaken by the SCW Clinical Effectiveness Team will be based on the agreed topics and communicated to the members of CPOG for wider dissemination.

5. Consultation

- 5.1 The SCW Clinical Effectiveness Team will consult with appropriate local clinicians in advance of Priorities Committee meetings to ensure their views are taken into account in any policy development. Clinicians will also be invited to attend a meeting of the Priorities Committee where the policy is being discussed to present their views in person.
- 5.2 A public view, as necessary, will be sought through Healthwatch organisations and other appropriate lay bodies to provide a conduit for the public's views on priority setting to be taken into account.
- 5.3 The Priorities Committee will make recommendations to the ICB Board regarding the need for public engagement or full public consultation on each policy or care pathway proposal.

6. Making recommendations

The Priorities Committee will consider the evidence review provided, and the advice of clinical and other specialists, in the context of the Ethical Framework, and aim to reach a consensus recommendation. If a consensus cannot be reached, then the Chair will call for a vote from those members with voting rights. Please see the Priorities Committee ToR for further information.

7. Evidence review methodology

A key feature of the reviews undertaken is that they are usually completed within a short time frame thereby providing timely guidance for commissioners on topics that are a current quality, safety or cost pressure for the ICS. This 'rapid review' approach and report which includes the features detailed below (where available), is based on recognised 'best practice' for systematic literature searching and evidence appraisal that has been adjusted to ensure a less exhaustive but nevertheless rigorous process that provides a reliable outcome.

1. Identification of the topic and formulation of the question(s) to be addressed by the review;
2. Summary of main points;
3. Background context on the intervention, its place in the treatment pathway and relevant comparators;
4. Overview of the relevant national policy framework, including guidance from NICE, Royal Colleges and Department of Health as appropriate;
5. Appraisal of evidence of clinical effectiveness;
6. Appraisal of evidence of cost effectiveness;
7. Safety profile;
8. Epidemiology, current activity/prescribing levels across systems (where relevant), including analysis of variations in practice, with specification of any diagnostic or procedure codes used;
9. Modelling of potential activity and cost impact (positive or negative) resulting from investment/disinvestment in the intervention;
10. Identification of relevant implementation issues (e.g. resource and capacity issues);
11. Identification of possible ethical, particularly equity issues, including a formal Equality Impact Analysis (which will be carried out once a final policy recommendation has been agreed);
12. Discussion and conclusion which addresses the questions posed at the start of the review;
13. Suggested policy options for consideration by Priorities Committee.
14. Consultation with ICS, primary care and secondary/tertiary providers using agreed standard 'cascade' contact list and consultation template. NB The consultation process does not extend to any other bodies, including pharmaceutical companies, manufacturers of devices, or patient groups.
15. Responses to consultation included in full in appendix to review paper;
16. References to all documents used in the review;

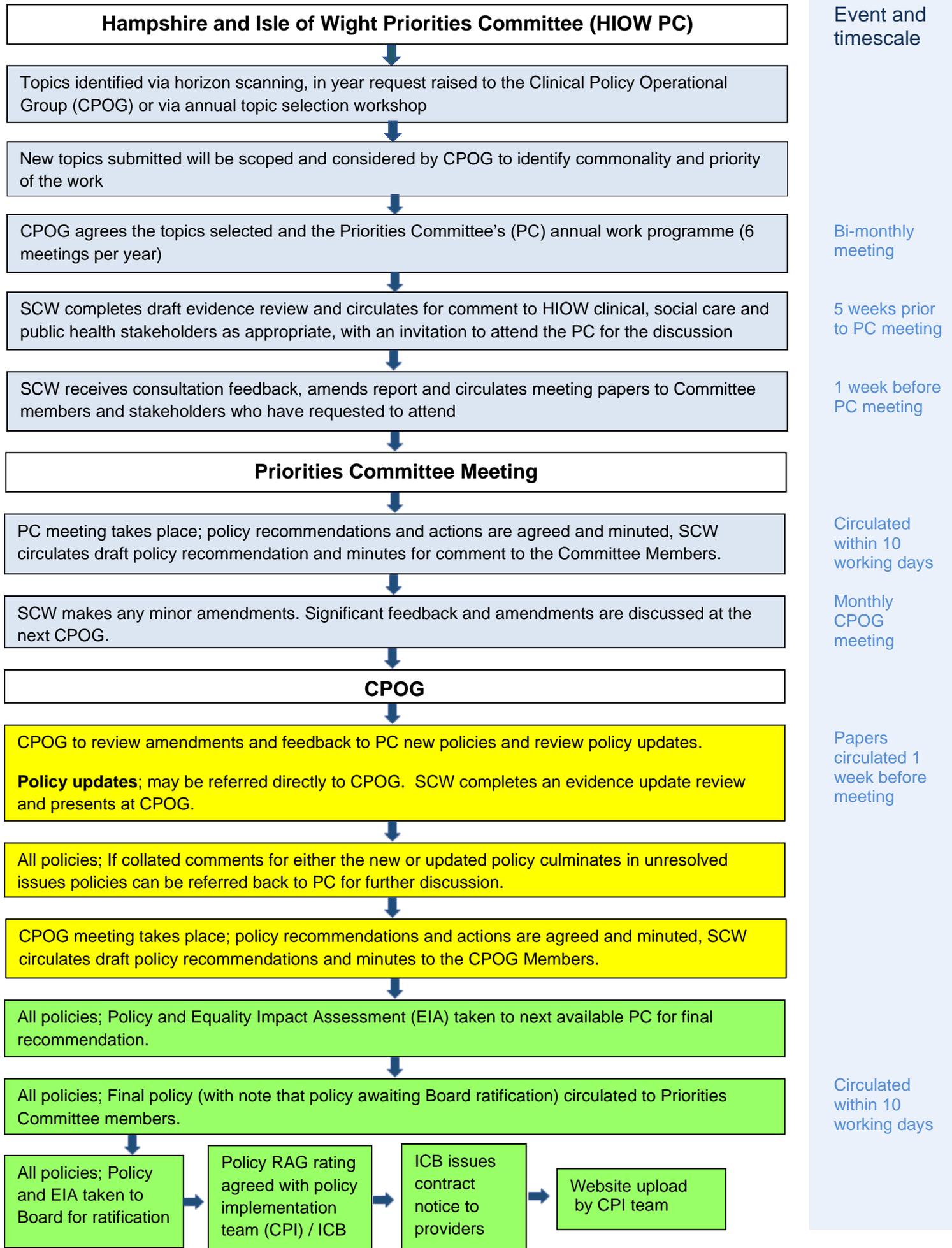
17. Detailed search strategy.

- SCW Clinical Effectiveness Team Standard Operating Procedures for conducting literature reviews and evidence appraisals is applied.
- Evidence search will be carried out by experienced knowledge officers/service provider deriving search terms from the agreed review questions.
- Selection of evidence of clinical effectiveness; the reviewer will follow the hierarchy of evidence as follows:
 - Where meta-analyses and systematic reviews, or national clinical guidelines (based on systematic literature reviews) are identified in the literature search, these will form the basis of the review. Randomised controlled trials published since the systematic reviews will also be included.
 - Where no meta-analyses or systematic reviews have been published; randomized controlled trials will be sought and included.
 - Where no randomized trials are available; other controlled trials will be sought and included;
 - In the absence of controlled studies; case series will be identified. Depending on the numbers and type available, a decision to limit these, for example on the basis of size and/or whether or not they were prospective; will be taken by the review author.
 - Review of abstracts and study inclusion as above will be done by the paper author only.
- Quality Assurance: Internal peer review. Prior to the consultation phase, each review will be subject to peer review by a senior member of the SCW Clinical Effectiveness Team who has not been involved in the draft stage. The consultation phase also acts as an extended peer review.

REVIEW

The work of the Priorities Committee, ToR and SOP will be reviewed annually.

Appendix 1. Process flow chart



Appendix 2.

Pro forma for topic selection for Clinical Policy Operational Group (CPOG)

Please use this form to identify potential topics that require a review of the evidence and policy development by CPOG. Please add sufficient detail to facilitate the topic discussion and scoring, which will be used to plan the Priorities Committee work programme.

1. CCG submitting request. Please state.

2. Issue for review. Please outline the issue or problem to be addressed.

Review of single intervention/therapy/policy/element of a care pathway:

Is this a review of current policy?

New policy area for review?

3. Patient group affected and local data.

[eg, frail elderly, people with comorbidities, adults with long term conditions; children with asthma]

How many people across your ICS area are likely to be affected by the health problem/issue associated with the proposed project?

Local data on activity and spend:

4. What are you hoping that the review will achieve?

Please tick

- Improved health outcomes
- Clinical quality/safer care
- Address inequalities in outcomes and/or access to services
- Deliver a national policy imperative
- Explore an access to intervention threshold
- Value for money interventions
- Quality of life impact

For your Local Delivery System, is the topic raised to address cost-pressure? Please tick

Probably cost neutral

Moderate cost impact

Significant cost impact (either high cost to achieve OR in terms of savings)

5. CCG priority rating of the topic.

High (review within 2-3 months)/Medium (review within 6 months)/Low (review within 12 months)

6. What is the risk of not addressing the problem that the project relates to?

(e.g. significant variation in practice, significant support for change from clinicians, large number of IFRs, patient demand)

7. Any further information to support the scoping of the topic.

Please consider this request for review by the Clinical Policy Operational Group Working group:

Signature **(Chief/Accountable Officer/Clinical Chair/Chief Operating Officer)**

Date:

Forward request to: scwcsu.clinicaleffectiveness@nhs.net

Appendix 3.

HLOW Priorities Committee – Working Group Meeting Selection of topics and work programme development; Scoring sheet

To aid the selection of topics for the Priorities Committee Work Programme, a 'scoring sheet' has been devised to provide a transparent and standardised framework for decision-making.

Topic/Reference No.		
Date discussed by the Working Group		
Dimension	Score options	Circle Score
Potential scale of impact of evidence review	Single intervention request	1
	Supports care pathway improvement	3
No. of CCGs requesting this topic	No. CCGs requesting review:	
The greater the number requesting a review, the higher priority will be given	1 CCG	2
	2 CCGs	4
	3 CCGs	6
	All TV CCGs	8
Patient Population	Population affected across the Thames Valley (2.13 million people):	
How many people across the ICB area are likely to be affected by the health problem /issue associated with the proposed projects?	0 – 100 (ie, 0 - 5 people per 100,000)	1 – 2
	101 – 1,000 (ie, 5 - 50 people per 100,000)	3 – 4
	1,000+ (ie, more than 50 people per 100,000)	5+
Resource impact	Probably cost neutral	1
Consider whether the input of Priorities Committee review will enable the project to deliver efficiency/disinvestment savings or productivity gains. Cost of implementation in terms of impact on other services or additional services, facilities or staff required, should also be taken into account.	Moderate cost impact	5
	Significant cost impact (either high cost to achieve OR in terms of savings)	10
Capacity impact	Capacity neutral	1
Ability to release capacity to support elective care waiting list prioritisation	Moderately release of capacity	5
	Significant release of capacity	10

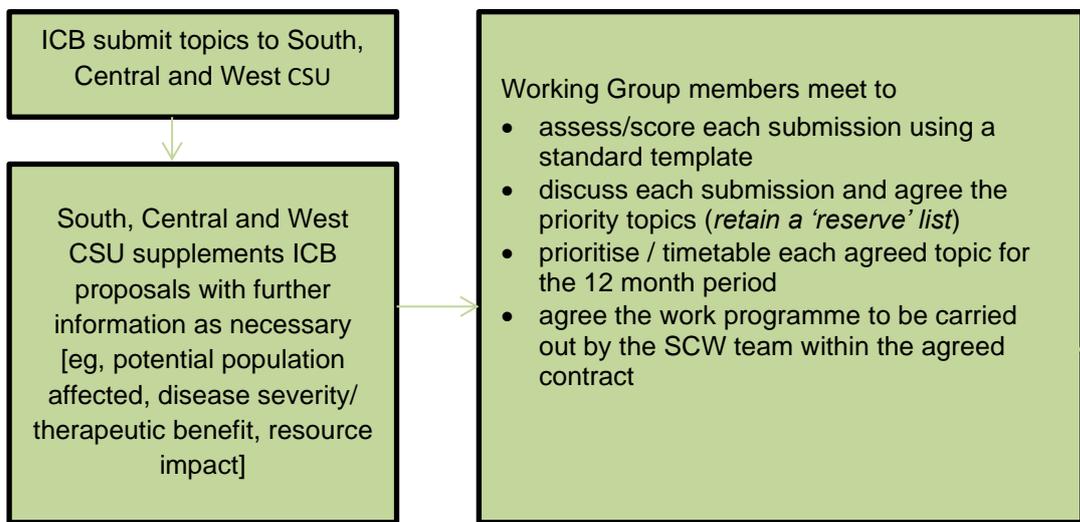
due to the current COVID -19 circumstances		
<p>Disease severity</p> <p>With regard to the disease(s) that the project relates to consider:</p> <ul style="list-style-type: none"> • life expectancy • how far the individual is away from perfect health • state of health prior to and after treatment • health states that incur social stigma • physical health states that have a significant impact on mental health 	<p>Minor quality of life impact, no disability</p> <p>Quality of life impact but no significant mortality</p> <p>Quality of life impact, some morbidity/disability or modest increase in mortality</p> <p>Intermediate mortality impact or significant disability or quality of life impact on patient or carers</p> <p>Significant mortality risk or very severe impact on quality of life, very significant morbidity, very significant impact on carers/parents/family, impaired ability to reach full potential</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p>Claimed therapeutic benefit</p> <p>With regard to the therapeutic improvements the project relates to consider:</p>	<p>Little potential additional therapeutic benefit compared to existing care</p> <p>Moderate potential additional benefit</p> <p>Significant potential additional benefit</p>	<p>1 – 2</p> <p>3 – 4</p> <p>5</p>
<p>Risk of not addressing the problem the project relates to:</p> <p>Consideration of the risk CCGs will be exposed to if they do not undertaken the project</p>	<p>Low risk – no evidence that clinicians or patients are concerned about the problem</p> <p>Moderate risk – low level of demand.</p> <ul style="list-style-type: none"> • Change requested by individual clinicians (no clinical consensus). • Little evidence of demand by patients <p>High risk – evidence of</p> <ul style="list-style-type: none"> • significant support for change from clinicians • generating significant number of Individual Funding Requests • ‘technology creep’ – new costly intervention in routine practice • evidence of significant variation in practice/ health outcomes • topic associated with national policy/ planning guidance/strategic plans • topic associated with reputation risk to CCGs 	<p>1 – 2</p> <p>3 – 4</p> <p>5+</p>

Any other factors: <i>Please provide details of any additional issues that should be taken into account when 'scoring' the topic.</i>	
	TOTAL SCORE

Working Group's decision:

1. Refer to work programme: Yes/No 2. Decision deferred Yes/No
If additional information is required, please describe:

How work programme decisions will be made



In-year requests

The Working Group will agree a work programme that has flexibility to accept in-year requests. For example, urgent issues may arise through the *Individual Funding Request* (IFR) process, or from newly licensed/approved interventions.