STANDARD OPERATING PROCEDURES
BOB ICB and Frimley ICB Priorities Committee (BOBFPC)

This document sets out the standard operating procedures for topic identification, selection, review methodology and review evaluation that together form a major part of the work of the BOB Integrated Care Board (ICB) and Frimley ICB priorities process. It should be read in conjunction with the terms of reference for the Priorities Committee.

BOBFPC ToR Nov 2022 v4.docx

OBJECTIVES

1. To ensure that the priorities support service informs the ICBs clinical and financial health improvement responsibilities.

2. To ensure that the topics selected add value to the commissioning process by combining both proactive and reactive topic selection through an annual meeting of a Working Group to enhance prioritisation decisions in a context of tight financial control.

PROCESS

1. Work programme and timing

1.1 A Working Group comprising representatives from the BOB ICB and Frimley ICB decides the work programme for the Priorities Committee at an annual meeting.

1.2 The Working Group reports to the Chief Executive Officers of the BOB ICB and Frimley ICB Groups through the delegated strategic leads for the Priorities Committee and aims to achieve a work programme balanced between strategic topics identified proactively from the BOB and Frimley ICBs' five year plans, and in-year topics submitted by way of topic request forms to the Priorities Committee meetings.

1.3 ICB priority topics will be considered by the Working Group to identify commonality for potential topic request work-up. In-year topic requests may be submitted to the Priorities Committee prior to the meeting, on a rolling basis, in order to give time for each committee member to consult with their stakeholders.

1.4 A process flow chart is appended to this document.

2. Topic Identification Process

2.1 ICB members of the Priorities Committee are responsible for establishing links with all relevant commissioning groups and processes within their ICB and will consult with stakeholders through their specific structures (committees and meetings) and processes.

2.2 Each Priorities Committee member is responsible for:

1. Identifying the relevant committees \ groups within their ICBs
2. Establishing links with each including raising awareness of the Priorities Committee processes
3. Regular liaison with ICB personnel to identify and work up potential topics for Working Group's annual meeting, and on a rolling basis to submit topics to the Priorities Committee, as required by their stakeholders

2.3 Potential topics may also emerge from working with the clinical networks and senates and the wider integrated care system. These topics should be submitted for consideration at the annual Working Group meeting via member representatives on the Priorities Committee.

2.4 NHS England's commissioning responsibilities: Specialised Commissioning

1. 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 The Working Group will receive notification of topics to consider at its annual meeting via Priorities Committee members after consultation with their ICB/ICS stakeholders and liaison with the senates and clinical networks as necessary. A process for submitted topics using the required forms will be available from the Service Provider.

3.2 As part of a rolling programme, the Priorities Committee will review topic requests that arise in-year, a process for submitting topics using the required forms will be available from the Service Provider. The Priorities Committee member(s) presenting the topic will ensure that the topic is clearly expressed as a clear question against the topic selection criteria.

3.3 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/inequalities
3. Disease severity
4. Claimed therapeutic benefit
5. National policy and guidance
6. Risk of not reviewing

3.4 The process for agreeing potential topics identified by ICBs/ICSs and Topic Request Forms is described in the Appendix 2 to this document.

3.5 The Service Provider will provide support to ICBs with regard to the Topic Identification process and completion of forms as required.

4. Topic Selection

4.1 The topic selection criteria will use the same domains as set out at paragraph 3.3 above.

4.2 The Service Provider will provide support to Priorities Committee members on the completion of Topic Request forms.

4.3 A final assessment of each topic will be agreed and recorded by the Working Group at its annual meeting or by the Priorities Committee in-year.

4.4 The work programme to be undertaken by the Service Provider will be based on the agreed topics and communicated to ICBs.

5. Scoping

There are situations in which further scoping of a topic may be required before the Working Group / Priorities Committee can make a final decision on inclusion in the work programme. These may be when:

5.1 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.

5.2 In some cases, it can be unclear whether a topic is a significant pressure across an ICB or affects more than one ICB, 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 is required before Working Group / Priorities Committee can make a decision on inclusion in the work programme.

6. Pathway review

6.1 It is envisaged that the Working Group / Priorities Committee may increasingly focus on service and pathway redesign and innovation as a core activity of its priority work, owing to the significant number of services now designated as 'prescribed services' which are the responsibility of specialised commissioning. The Working Group / Priorities Committee will commission the service provider to undertake pathway reviews which will address ICB priorities and contribute to the ICBs' plan. These may comprise:

1. patient pathway diagram – usually based on national guidance;
2. Identification of key points on the pathway related to the index topic and generation of possible questions for an evidence based review;
3. identification of additional key points in the pathway likely to be impacted by changes resulting from the index topic – generation of possible questions at each point;
4. identification of key policy drivers applicable to the pathway (NICE guidance, Evidence Based Intervention (EBI) guidance, etc)
5. identification of high quality evidence relating to the specified questions (NICE guidance, Health Technology Assessments, Cochrane Systematic Reviews, etc). [*NB at this stage these will simply be referenced (not reviewed/appraised) as a guide to the strength of evidence likely to be available*.]
6. a pathway diagram, annotated with questions and with policy and evidence references appended will then be circulated to all Priorities Committee members. Comments, additions and prioritisation of suggested questions will be sought against a deadline and further work undertaken as necessary.

7. Consultation

7.1 The Service Provider will consult with appropriate local clinicians in advance of Priorities Committee meetings to ensure their views are taken into account in any policy or care pathway development. Clinicians will also be invited to attend a meeting of the Priorities Committee where the policy or care pathway is being discussed to present their views in person.

7.2 A public view, as necessary, will be sought through local Healthwatch organisations and other appropriate lay bodies to provide a conduit for the public's views on priority setting to be taken into account.

7.3 The Priorities Committee will make recommendations to the ICBs regarding the need for public engagement or full public consultation on each policy or care pathway proposal.

7.4 ICB members of the Priorities Committee are responsible for undertaking consultation within their organisation regarding policy recommendations from the Priorities Committee, ensuring these are considered by their Governing Bodies in a timely manner and the decisions made reported back to the Priorities Committee.

8. Making recommendations

8.1 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 *Terms of Reference* for further information.

9. Population Health, Public Health and Health Inequalities

9.1 The Priorities Committee will continually review the way in which it is able to support ICBs and ICSs in addressing population health, public health and health inequalities. As collaborative working across the ICSs evolves, BOBFPC may have a role in supporting the ICSs and ICBs with addressing such issues more effectively.

9.2 It is anticipated that the BOBFPC will support the work of the ICBs within the Committee role in the following ways:

<u>Collaborative working with ICBs, Integrated Partnerships and partners within the ICS</u>

1. BOBFPC will liaise with ICBs to support the identification of interventions and pathways where there may be health inequalities, for review. These should link with ICB plans and priorities and take account of joint health and wellbeing strategies published by the health and wellbeing boards.
2. BOBFPC membership includes local authority public health (PH) and Healthwatch representatives from across the 2 ICSs it serves. BOBFPC will seek their considerations during the process of policy and evidence reviews and policy development.
3. BOBFPC will liaise with Healthwatch and local authorities to review population health and public health priorities identified in any relevant joint strategic needs assessments, that may be appropriate for review by the ICBs. This may include discussion of unexplained variation with local public health team and Healthwatch to enhance equity in access and outcome.

<u>Data and reports</u>

1. BOBFPC will explore population health data to investigate how the local population is accessing health and care services.
2. BOBFPC will review activity data including individual funding requests and expenditure. Activity by indices of deprivation will be reviewed where possible.
3. BOBFPC will liaise with PH and ICB personnel to explore data from joint strategic needs assessments and Healthwatch reports relevant to ICB plans and identified priorities.

EVIDENCE REVIEW METHODOLOGY

10.1 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

10.2 Methodology will be as follows:

1. identification of the topic and formulation of the question(s) to be addressed by the review;
2. bullet point 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. epidemiology;
6. appraisal of evidence of clinical effectiveness;
7. appraisal of evidence of cost effectiveness;
8. safety profile;
9. current activity/prescribing levels across systems (where relevant). Including analysis of variations in practice (e.g. by funnel plot); with specification of any diagnostic or procedure codes used;
10. modelling of potential activity and cost impact (positive or negative) resulting from investment/disinvestment in the intervention;
11. identification of relevant implementation issues (e.g. resource and capacity issues);
12. identification of possible ethical and equity issues. This will include a formal Equality Analysis (which will be carried out once a final policy has been agreed). This is important in guiding the Priorities Committees to a decision which will be compliant with equality legislation and support the ICBs in addressing health inequalities.
13. discussion and conclusion which addresses the questions posed at the start of the review;
14. suggested policy options for consideration by Priorities Committee;
15. consultation with ICBs, 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;
16. responses to consultation included in full in appendix to review paper;
17. links to references used in the review.

10.3 Evidence search. This will be carried out by experienced knowledge officers/service provider deriving search terms from the agreed review questions.

10.4 Selection of evidence of clinical effectiveness. The reviewer will follow the hierarchy of evidence as follows:

1. 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.
2. where no meta-analyses or systematic reviews have been published; randomised controlled trials will be sought and included.

3. where no randomised trials are available; other controlled trials will be sought and included.
4. 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.
5. review of abstracts and study inclusion as above will be done by the paper author only.

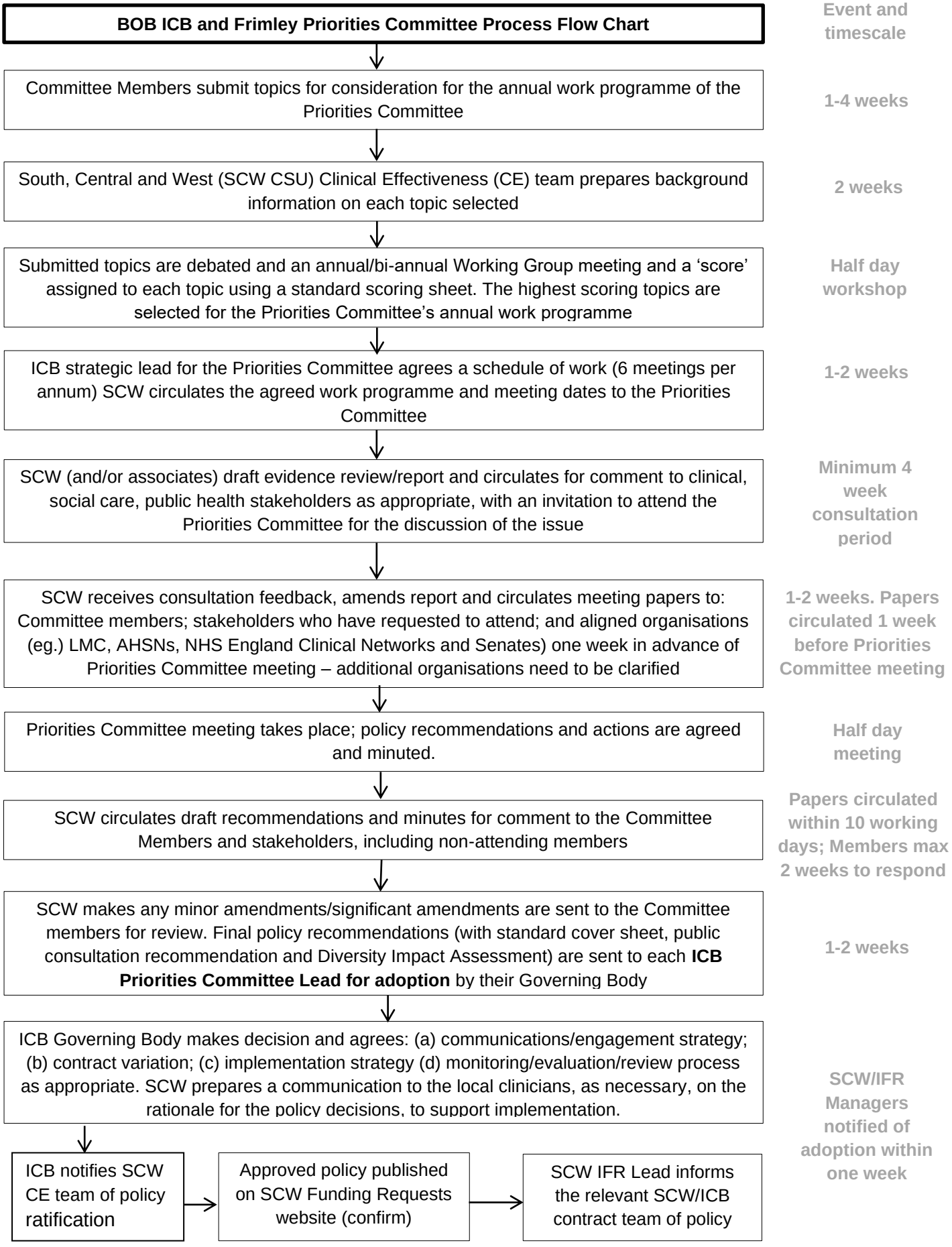
10.5 Quality Assurance: Internal peer review. Prior to the consultation phase, each review will be subject to peer review by a senior member of the Service Provider review team who has not been involved in the draft stage. The consultation phase also acts as an extended peer review.

REVIEW

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

February 2014
Updated July 2017
Updated November 2018
Updated May 2020
Updated July 2021
Updated November 2022

Appendix 1 Process flow chart



Appendix 2. Proforma for topic selection used for previous workshops. (re ICB formation)

BOB ICB and Frimley ICB Priorities Committee

Pro forma for topic selection for the Working Group

(Updated December 2021, reviewed annually prior to workshop)

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

1. Organisation submitting request. *Please state.*

2. Issue for review. *Please outline the issue, problem, or specific priority 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.

What is the patient group affected? *e.g. frail elderly, people with comorbidities, adults with long term conditions; children with asthma*

How many people across your ICB/ population 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 select*

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

For your organisation, is the topic raised to address cost-pressure?

- Probably cost neutral ☐
- Moderate cost impact ☐
- Significant cost impact ☐
  (either high cost to achieve OR in terms of savings)

5. Considered priority rating of the topic. *Please select*

- 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, increased waiting times)

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

Please consider this request for review by the BOB ICB and Frimley ICB Priorities Committee working group:
Signature ***(****Medical Director/Chief/Accountable Officer/Clinical Chair/Chief Operating Officer)*

Date:

Forward request to: scwcsu.clinicaleffectiveness@nhs.net

Appendix 3. Selection of topics and work programme development
(NB version used for previous workshop)

Thames Valley Priorities Committee
Working Group Meeting

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	Select	Score
Potential scale of impact of evidence review	Single intervention request	☐	**1**
	Supports care pathway improvement	☐	**3**
Number of CCGs requesting / affected by this topic *The greater the number requesting a review, the higher priority will be given.*	No. of CCGs requesting review:		
	1 CCG	☐	**2**
	2 CCGs	☐	**4**
	3 CCGs	☐	**6**
	All CCGs	☐	**8**
Patient Population How many people across the Thames Valley area are likely to be affected by the health problem/issue associated with the proposed project?	Population affected across the Thames Valley *(2.4 million people):*		
	0–100 (i.e. 0-5 people per 100,000)	☐	**1–2**
	101–1,000 (i.e. 5-50 people per 100,000)	☐	**3–4**
	1,000+ (i.e. more than 50 people per 100,000)	☐	**5+**
Resource impact 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.	Probably cost neutral	☐	**1**
	Moderate cost impact	☐	**5**
	Significant cost impact (either high cost to achieve OR in terms of savings)	☐	**10**
Capacity impact Ability to release capacity to support elective care waiting list prioritisation due to the current COVID -19 circumstances	Capacity neutral	☐	**1**
	Moderately release of capacity	☐	**5**
	Significant release of capacity	☐	**10**

Disease severity With regard to the disease(s) that the project relates to consider: • 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	Minor quality of life impact, no disability Quality of life impact but no significant mortality Quality of life impact, some morbidity/disability or modest increase in mortality Intermediate mortality impact or significant disability or quality of life impact on patient or carers 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	☐ ☐ ☐ ☐ ☐	**1** **2** **3** **4** **5**
Claimed therapeutic benefit With regard to the therapeutic improvements the project relates to consider:	Little potential additional therapeutic benefit compared to existing care Moderate potential additional benefit Significant potential additional benefit	☐ ☐ ☐	**1 – 2** **3 - 4** **5**
Risk of not addressing the problem the project relates to: Consideration of the risk CCGs will be exposed to if they do not undertake the project	Low risk – no evidence that clinicians or patients are concerned about the problem Moderate risk – low level of demand. • Change requested by individual clinicians (no clinical consensus). • Little evidence of demand by patients High risk – evidence of • 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	☐ ☐ ☐	**1 – 2** **3 – 4** **5+**

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

Working Groups' decision:	
1. Refer to work programme:	Yes ☐ No ☐
2. Decision deferred:	Yes ☐ No ☐
If additional information is required, please describe:	