



## Hampshire and Isle of Wight Integrated Care Board

### HIOW PRIORITIES COMMITTEE MEETING

Minutes of the meeting held Thursday 17th November 2022, 9:00-10:00

On-line via Microsoft Teams

David Chilvers	GP, Clinical Lead for Urgent Care and Priorities	Hampshire and Isle of Wight Integrated Care Board (ICB)
David Carpenter	Ethics Advisor	NHS Health Research Authority
Julia Bowey	IFR Lead, Clinical Associate Planned Care and Covid Vaccine Programme Lead Southampton	Hampshire and Isle of Wight ICB
Neil Hardy	Associate Director – Medicines Optimisation	Hampshire and Isle of Wight ICB

#### In Attendance:

Tiina Korhonen	Clinical Effectiveness Lead	SCW CSU
Joan Sharp	Clinical Effectiveness Manager	SCW CSU
Karen Blogg	Clinical Effectiveness Administrator	SCW CSU
Nicola Goodchild	Clinical Effectiveness Administrator	SCW CSU
Marion Mason	Interim Head of Prior Approval and Assurance – Clinical Policy Implementation Service	SCW CSU

#### Apologies:

Pippa Brown	Planning and Programmes Manager – PMO to HIOW Planned Care Programme	Hampshire and Isle of Wight ICB
Genevieve Ryan	Senior Commissioning Manager	Hampshire and Isle of Wight ICB
Dr Timothy Whelan	GP and Planned Care Clinical Lead	Hampshire and Isle of Wight ICB
Russell Swart	GP, Farnborough PCN Clinical Director, NHCCG Clinical Lead, MSK and project support	Hampshire and Isle of Wight ICB
Lyn Darby	Transformation Programme-Planned Care	Hampshire and Isle of Wight ICB
Steve Parker	Medical Director	Isle of Wight NHS Trust
Linda Collie	Planned Care Clinical Lead	Hampshire and Isle of Wight ICB
Tracey Gwyther	Senior Commissioning Manager, Planned Care	Hampshire and Isle of Wight ICB
Linda Samuels	Lay member	Hampshire and Isle of Wight ICB

<b>1</b>	<b>Welcome &amp; Introductions</b>
1.1	The Chair opened the meeting, welcomed the Committee members, and set out the format of the meeting
<b>2</b>	<b>Apologies for Absence and Quoracy</b>
2.1	Apologies for absence recorded as above. The meeting was not quorate.
<b>3</b>	<b>Declarations of Interest</b>
3.1	The declaration of interest (DOI) form was circulated to all members prior to the meeting. Submitted declarations were sent to the Chair for review prior to the meeting. No material DOI were noted.
<b>4</b>	<b>Draft Minutes of the Priorities Committee meeting held 15th September 2022 – Confirm Accuracy</b>

## NOT QUORATE

4.1	<p>The Committee agreed the minutes were a true record of the meeting, except MM commented that for the first action in section 6.5 “for uploading” needs to be removed as Policy 7: Continuous glucose monitoring (CGM) for diabetes still needs to go through the whole process.</p> <p><b>Action: CE Team to remove “for uploading” from the final copy of the September minutes</b></p> <p><b>Post meeting note: Action completed/closed</b></p>
5	<p><b>Draft Minutes of the Priorities Committee meeting held 15th September 2022 – Review Actions and Matters Arising</b></p>
5.1	<p><b>Draft Minutes of the Priorities Committee meeting held 15<sup>th</sup> September 2022 – Item 5.2 NH to connect MM with the Comms Contact</b></p> <p>Once the draft minutes are finalised, these can be uploaded to the website. Comms were contacted, no issues were raised.</p> <p><b>Action: closed</b></p> <p>There is ongoing work with the ICB medicines optimisation website and a link to the Priorities Committee statements was felt to be useful.</p> <p><b>Action: NH to arrange this link to the SCW/HIOW ICB Priorities Committee website</b></p>
5.2	<p><b>Draft Minutes of the Priorities Committee meeting held 15th September 2022 – item 6.5 Policy 7: Continuous glucose monitoring (CGM) for diabetes</b></p> <p>At the beginning of this work (in May 2022) a short holding statement was sent to providers stating awareness of the NICE recommendations and that the policy was being updated. This will need to be updated. It was considered that the new policy will be fairly similar to NICE recommendations for people with Type 1 diabetes. The new policy is awaiting sign off by the ICB Integrated Assurance Committee (IAC). Actions were agreed at the November CPOG meeting relating to governance, taking policies to the IAC and then following them through to contract notice to providers. A table listing different devices their merits, drawbacks and costings is nearly complete.</p> <p><b>Action: NH to update the holding statement whilst the ICB agreement of the updated CGM policy is in process.</b></p> <p><b>Action: NH to complete and circulate the table of devices once the new Policy 7 is agreed by the ICB.</b></p>
5.3	<p><b>Draft Minutes of the Priorities Committee meeting held 15<sup>th</sup> September 2022 – Item 7 Proposed Evidence-Based Interventions List 3 (EBI3) guidance: Comparison with current HIOW Policies</b></p> <p>Most of the actions relating to this section are to be completed after the final EBI3 guidance is published. This was due in October 2022 but was delayed until late December.</p> <p><b>Action: CE to review these outstanding actions when EBI3 is published</b></p> <p><b>Post meeting note: EBI3 is now due to be published in early 2023</b></p> <p>Actions agreed to be implemented before the final guidance was published relating to the following proposals were found to be compliant with that currently on Ardens IT system:</p> <ul style="list-style-type: none"> <li>• Thyroid nodule referral and investigation</li> <li>• Management of abdominal aortic aneurysms (AAAs)</li> <li>• Angioplasty for PCI (percutaneous coronary intervention) in stable angina</li> <li>• Non-visible haematuria</li> </ul> <p><b>Action: DC to discuss proposals for needle biopsy of prostate with urology colleagues. Ongoing.</b></p> <p><b>Action: DCI to offer feedback to EBI relating to differences between CBA and INNPF policies.</b></p> <p>It was fed back to the Committee that at the EBI3 engagement sessions the Academy of Royal Colleges EBI team did hear from the attendees that a clarity is required in between threshold and not normally funded positions. <b>Action closed.</b></p>
5.4	<p><b>Draft Minutes of the Priorities Committee meeting held 15<sup>th</sup> September 2022 – Item 9.1 HIOW ICB Priorities Committee Standard Operating Procedure (SOP) and Terms of Reference (ToR)</b></p> <p>The CE Team were to add the contract notice point to the SOP, make amendments to the ToR as discussed to reflect the HIOW organisational changes and sections 4.1 and 6.2, and to pass the SOP and ToR to the policy implementation team be published on the policy website.</p> <p><b>Actions: Completed/closed</b></p> <p>Related to the new website, the current absence of a hyperhidrosis policy was queried. It was confirmed that all policies were transferred from the old to the new website. It was clarified that Policy 68 Treatments for primary focal hyperhidrosis is a new policy which was signed off by the</p>

## NOT QUORATE

	<p>CCG Board in June 2022 but is awaiting completion of the contract notice and upload to the website. There are other quite significant policies with commissioning position changes that are also awaiting ICB agreement and contract notice. The Committee was in agreement that there needs to be continued pressure to ensure the ratification of the outstanding policy updates and new policies by the ICB. It was noted that this may need to be in the ICB risk register unless progress is made with the governance arrangements.</p> <p><b>Action: DC to follow up with PB for an update on the governance processes for policy ratification and implementation.</b></p>
<b>6</b>	<b>Recommendation for ratification of updated policies:</b>
<b>6.1</b>	<ul style="list-style-type: none"> <li> <p><b>Policy 25: Anal fissure</b>            Minor revision of wording following a policy update in August. the Committee noted that the clinical coding for this procedure was missing from the policy. This would be useful for possible monitoring.  <b>Action: CE Team to add the Clinical Coding for Botulinum injection to the policy.</b>  <b><u>Post meeting note: Action completed/closed</u></b>  <b>Action: CE Team to add this policy update to the list for the Integrated Assurance Committee for progression to sign off.</b></p> </li> <li> <p><b>Policy 73: A reversal of female sterilisation and reversal of male sterilisation (vasectomy)</b>            The November CPOG requested the current statement be updated with no change in commissioning position. The importance of pre-sterilisation assessment, counselling and obtaining a valid consent was agreed as an additional wording.  <b>Action: CE to add this policy to the list for the Integrated Assurance Committee for progression to sign off.</b></p> </li> </ul> <p>The committee agreed to recommend these two updated/new policies for ratification.</p>
<b>7</b>	<b>South East of England Regional Priorities Committee and Process Development Update</b>
<b>7.1</b>	<p>The NHSEI South East Region Senior Leadership Team (SERLT) has agreed the development of Regional Priorities Committee and IFR Processes. There is now a Programme Board in place to oversee this development. The aim is to achieve a model in place for April 2023, possible initially as a shadow Committee. There are six Integrated Care Boards (ICB) within the SE Region, currently serviced by five Priorities Committees. All ICBs within the SE have different clinical commissioning policies in place and in addition, due to historic commissioning arrangements, some ICBs do not have a single set of policies which apply to their entire population. Aim of the project is to reduce variation in care and improve and health system efficiency. It is reported that the six ICB Medical Directors are engaged with the project. The development of the governance and responsibilities of the joint Committee are in progress.</p> <p>It was noted that the question of local sovereignty may be a complex matter to agree in the regional context. Currently the ICB Chief Medical Officer is supportive of the local Priorities Committee to make these decisions on clinical policy matters. It was also noted that whilst efficiencies can be achieved by carrying out one evidence review and one Committee process it would be of concern to lose local engagement with the clinicians and the local assurance processes. It was felt that it is important to preserve the local expertise, embedding of policies, the local engagement and implementation. The Committee also discussed the recent experiences with the Hampshire and White Prescribing Committee and its challenges in the context of also having Reginal Medicines Optimisation Committee. It was agreed that it is important for HIOW to be part of the Program Board in order to influence the status of the committee, its governance and processes.</p> <p>The Committee heard that the regional Programme Board has approached SWC leadership team to explore available support the project. The initial request would be to support the ICB policy mapping across the region for all clinical policies. Achieving an alignment of policies is the anticipated first stage, progressing to developing a joint IFR panel. In addition, support is required to develop the governance aspect of the regional committee. The support required for the regional development is expected to be drawn from the current local priorities work resources. In the HIOW context (as well as for the other ICB Committees) this means slowing down the local</p>

## NOT QUORATE

	<p>committee work to key priorities only and using the CE time for the regional work. The local workprogramme priorities were discussed and it was noted that there were no new topics on the Priorities Committee workprogramme for January or March. CE team will review the plan and re prioritise necessary policy updates only and review the Priorities Committee agendas. Any urgent request for review will always be addressed. It is anticipated that the CPOG operational group will continue to support the priority work.</p> <p>The Committee agreed the repurposing of the CE resource to support the regional development.</p>
<b>8</b>	<b>AOB</b>
<b>8.1</b>	<p><u>Policy 5: Functional electrical stimulation (FES) in the management of drop foot of central neurological origin</u></p> <p>It was confirmed that this policy was recommended for ratification at the September Priorities Committee and is on the list awaiting ratification by the Board</p>
<b>8.2</b>	<p><u>Varicose Veins</u></p> <p>A review of this policy was requested. It is on the work programme and due to be presented at the December CPOG.</p>
<b>9</b>	<b>Next meeting</b>
	<p>The next online meeting will be held via 'Teams' on Thursday 19<sup>th</sup> January 2023, 9 – 12 noon.</p>
<b>10</b>	<b>Meeting Close</b>
	<p>The Chair thanked everyone for their contributions to the discussions and closed the meeting.</p>