Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 10 December 2024
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU

Present:

Councillor David Sedgwick	Stockport Council (Chair)
Councillor Jackie Schofield	Bolton Council
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Manchester City Council
Councillor Peter Joinson	Rochdale Council
Councillor Irfan Syed	Salford City Council
Councillor George Devlin	Trafford Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Sir Richard Leese	Chair, NHS Greater Manchester Integrated Care Board (ICB)
Warren Heppolette	Chief Officer for Strategy & Innovation NHS Greater Manchester Integrated Care (NHSGM)
Claire Connor	Director Communications & Engagement, NHSGM
Gareth Robinson	Interim Chief Officer, System Improvement, NHSGM
Sara Roscoe	Associate Director – Strategic Commissioning, NHSGM
Gareth Thomas	Digital Innovation Director, NHSGM and Health Innovation Manchester
Sylvia Welsh	Head of Governance and Scrutiny, GMCA
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA

JHSC/73/24 Welcome & Apologies

Apologies for absence were received and noted from, Councillor Linda Grooby, Councillor Zahid Hussain, and Councillor Charlotte Martin.

JHS/74/24 Chair's Announcements and Urgent Business

The Chair informed the Committee that Councillor Charlotte Martin had been appointed to the Committee by Tameside Council, to replace Councillor Naila Sharif, who was thanked for her valuable contributions. Additionally, Councillor Shibley Alam had been appointed as a Substitute Member for Tameside.

Councillor Elizabeth Fitzgerald, provided the Committee with an update on the progress of work being undertaken by the Joint Task and Finish Group on Women and Girls and Gender Based Violence. The Group, which also included Members from the GMCAs Joint Overview & Scrutiny Committee and the Police, Fire and Crime Panel, had held two meetings to date. A presentation from the Safer and Stronger Communities Directorate provided background information, resulting in the Task and Finish Group agreeing to focus on the topic of transport and travel. The Group also reviewed videos of lived experiences and agreed to gather further information at locations such as train stations and public transport hubs.

RESOLVED/-

That the progress of work be noted and that the Committee be provided with regular updates from the Women and Girls and Gender Based Violence Task and Finish Group.

JHSC/75/24 Declarations of Interest

No declarations of interest were received in relation to any item on the agenda.

JHSC/76/24 Minutes of the Meeting held on 15 October 2024

RESOLVED/-

That the minutes of the meeting held on 15 October 2024 be approved as a correct record.

JHSC/77/24 Update on the NHSGM Single Improvement Plan (SIP)

Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care Board (ICB), introduced a report, which provided an update on the development of the NHSGM SIP and progress to date against its delivery.

The Committee was informed that NHSMG had been issued with enforcement undertakings by NHS England in July 2024, which outlined specific areas where improvements were required, with work already initiated work to address these issues, together with the development of the SIP to guide the system-wide changes necessary to meet the requirements of the undertakings and exit the enforcement process.

The SIP was structured around four key programme pillars, which were aligned with the four core areas identified in the undertakings. While finance and emergency care identified as priorities, addressing mental health challenges was also identified as a significant focus.

It was emphasised that the SIP was not standalone process, the suite of plans (2024/25 Operational Plan, Sustainability Plan, Joint Forward Plan, and ICP Strategy), were all inter-related to ensure the delivery of the overarching 5-Year Strategy and national NHS objectives.

Financial constraints remained a significant challenge. However, it was still a priority for NHSGM to meeting the financial targets set by NHS England. Given the predicted severe winter, emergency care was identified as the most pressing issue. Members were assured that NHSGM had taken steps to prepare for these challenges.

Members were directed to paragraph 2.2 of the report, which outlined progress against the SIP. While the NHSGM System Improvement Board noted substantial progress had been made across the four key pillars, it was acknowledged that the majority of the work was still ongoing. There also were areas where NHSGM was slightly behind schedule. However, the delays were not significant and progress would continue

In terms of governance improvements, the oversight framework, covering both provider trusts and localities, established by NHSGM was deemed exemplary by NHS England, demonstrating a strong commitment to effective governance and accountability.

A Member acknowledged the SIP set ambitious goals for leadership, financial planning, and service quality. Officers were asked to elaborate on the governance mechanisms to ensure the improvements were sustainable and accessible to all. The Member also asked for examples of how early indicators of success, such as those related to leadership development and financial planning, were being tracked and communicated to the public. The Committee was advised that , NHSGM had strengthened leadership, implemented a robust oversight framework, and prioritised health inequalities. An example of this the work undertaken to address the low take up of statins, which could help reduce the risk of heart disease and stroke in areas with high levels of deprivation.

The Member expressed concern about the use of the term ‘failings’, and suggested that while improvements were needed, NHSGM was actively working to enhance healthcare services.

The Director of Communications and Engagement, NHSGM, explained that in terms of engagement, NHSGM was actively engaging the public through its Fit for the Future Programme. This programme, driven by NHSGM's improvement plans, addressed financial challenges, performance issues, and health inequalities. Thousands of residents across Greater Manchester were engaged, with NHSGM working closely with Local Authorities (LA), Voluntary, Community, Faith and Social Enterprise (VCSFE) organisations, and Healthwatches, to reach underserved communities. The programmes third and final phase, focuses on health inequalities, and was set to be launched in the new year. While Fit for the Future would conclude as a formal programme, NHSGM would continue the discussion and evolve its approach to address ongoing challenges and opportunities. The Fit for the Future Programme would also be used as NHSGMs contribution to the Government's 10-year plan.

A Member raised the role of staffing within the SIP and asked if it would be addressed specifically or be integrated into the broader financial and operational planning. Officers were also requested to explain how the SIP would ensure adequate staffing levels to deliver quality care. The Committee was advised that staffing was a key component of SIP and improvement work was close to completion. Whilst it was a complex issue requiring long-term solutions, the SIP outlined strategies to address workforce challenges, including increased training and collaboration with universities. However, it was important to recognise that developing a skilled and specialised workforce, was a significant undertaking that might take several years.

A Member raised concern about the discrepancy between the perceived performance of NHSGM, with the suggestion that the severity of issues, including waiting lists and population health had not been adequately communicated to the Committee. The Member requested clearer and more detailed reporting, suggesting the use of benchmarking data and qualitative analysis. To enable effective Committee scrutiny and support, transparent and accessible information was

important. Officers highlighted that significant progress had been made, and performance data was regularly reported and was publicly available. It was acknowledged that some of the current metrics used had limitations. Going forward more comprehensive set of metrics would be used , providing a broader view of health in the region. Every effort was being made to provide a complete picture.

Gareth Robinson, Interim Chief Officer, System Improvement, NHSGM, highlighted that the Member's question directly addressed the core concerns raised in the enforcement undertakings. These concerns focused on governance and infrastructure, emphasising the need for robust mechanisms to identify and address potential failures. The focus on finance, performance, and the system oversight framework, along with the implementation of the undertakings, had provided NHSGM with a strengthened infrastructure and enabled greater scrutiny of performance. Once the mechanisms were fully operational, the enforcement undertakings could be lifted, and performance would be monitored through the established governance processes. Officers acknowledged the Member's concerns regarding the consistency of reporting and agreed to explore how information was presented. The Interim Chief Officer, NHSGM, to further reassure Members offered to share the body of information, evidence, and data that supported the plan and its progress.

A Member asked if staff retention was affected by the current terms and conditions. Significant effort was being made across the ICB, Integrated Care System (ICS), and within individual providers to improve staff engagement and culture. An NHS Staff Surveys have been undertaken and demonstrated progress, with a significant increase in response rates from approximately 44% to over 65% in two years. This increase suggested that staff felt more engaged and valued, and that they were being heard. It was highlighted that the shift was potentially a result of ongoing efforts to foster a listening and responsibility culture.

In response to a Member’s question about how the NHSGM plans fitted together, it was agreed that Officers would send Members a visual representation that showed how the plans were connected and built upon each other to ensure the delivery of the five-year strategy and national NHS objectives.

At the previous meeting, a Member highlighted the discussion on potential service disruptions and asked for an example. In response, as a direct example, was a report later on the agenda today (Item 8) regarding the cessation of certain services of limited clinical value exemplified NHSGMs efforts to improve service consistency and equity across Greater Manchester. This initiative would ensure resources were focused on high-value care, although it might result in some service changes.

RESOLVED/-

1. That the application of enforcement undertakings on NHSGM and their acceptance by the NHSGM ICB be noted.
2. That the NHSGM response and the arrangements introduced in response to the enforcement undertakings, be noted
3. That the progress of the SIP be noted.
4. That the mechanisms by which NHSGM would continue to oversee the progress against SIP, and the six-month review in conjunction with NHS England in January 2025 be noted.
5. That NHS Officers be requested to submit quantifiable reports, to enable a more rigorous evaluation and a deeper understanding of the situation, which could be benchmarked and scrutinised by the Committee.
6. That the diagram showing the interconnectivity of the SIP and the various strategies, as contained within the Sustainability Plan, be recirculated to Members of the Committee.

JHSC/78/24 Reconfiguration Progress Report and Forward Look

Members considered a report presented by Claire Connor, Director of Communications and Engagement, NHSGM, that set out reconfigurations currently planned or undertaking engagement and/or consultation. The report also included additional information on any engagement that was ongoing.

The following update was noted:

- Adult Attention Deficit Hyperactivity Disorder (ADHD) – the financial implications and developing a pre-consultation business case were being developed. This would ensure that those involved in the consultation process had a clear understanding of the full picture.

- IVF (In Vitro Fertilisation) - this proposal would be considered by the NHSGM Board in January 2025, where a decision would be made on whether to proceed with full public consultation. The Committee's recommendation for full consultation would be considered.

- Specialised Weight Management - the public engagement phase for this initiative had concluded. The National Institute for Health and Care Excellence (NICE) guidance was awaited before making any final decisions on the next steps.

- Children’s ADHD Engagement - current engagement work focused on children and young people. A previous presentation to the Committee outlined plans for this initiative.

- Specialised Commissioning Cardiac and Arterial Vascular Surgery Engagement – NHSGM was initiating engagement on specialist cardiac and vascular surgery services, led by the Northern Care Alliance. This initiative would be presented to the Committee in the near future.

- Fit for the Future and Ten-Year Engagement Plan – engagement work would continue and information gathered to inform decision making.

- Diabetes Structured Engagement - the diabetes specialist education initiative, referenced at the last meeting, was scheduled to commence on 6 January 2025. An update on its progress would be presented to this committee in spring 2025.

- Northwest Women and Children's Transformation Programme - while the specifics of scrutiny for this project were still being discussed, the Committee would be involved.

A Member acknowledged the potential of digital tools like the Greater Manchester Care Record (GMCR) to transform care, notwithstanding that, it was very important to address digital inequality as the report at Item 8 (Greater Manchester Integrated Care System (ICS) Digital Transformation Strategy and Priority Programmes) identified that 43% of the population was in some way digitally excluded. The Member asked specifically about the elderly and how would they access services. Officers were asked to share examples of initiatives that were bridging this gap. It was explained that NHSGM prioritised face-to-face engagement to reach individuals who might be digitally excluded. Officers worked closely with Local Authorities, the GMCA Aging Hub, public health teams, VCSFE organisations, and Healthwatches to identify the most effective ways to connect with communities. For example, NHSGM had recently engaged with a Knit and Natter group in Trafford, as recommended by Trafford Healthwatch. By going directly to communities and understanding their specific needs, NHSGM would ensure that everyone had the opportunity to participate in shaping healthcare services. Furthermore, and to aid the solution, it was reported that funding had been secured to develop a new engagement model in conjunction with the VCSFE sector and Local Authorities, which would focus on reaching underserved populations and individuals who were not currently engaged with NHSGM. Members were reassured that while digital engagement was a valuable tool, it was important to recognise its limitations and face-to-face interactions were a key component of NHSGM's engagement strategy.

In response to an invitation from the Director of Communications and Engagement, for Members to get involved, Councillor Irfan Syed volunteered to assist in engaging with hard-to-reach communities within the Salford area, ensuring their voices were heard and their needs were addressed.

A Member asked how the children's ADHD initiative would involve Local Authorities and their partner organisations in co-designed solutions. The Member emphasised the importance of early and ongoing engagement to avoid concerns, given the potential impact on children's services. It was clarified that the term engagement was being used broadly to encompass all forms of involvement. While the current phase focused on public engagement, Officers acknowledged the importance of involving key stakeholders, commissioners, LAs and their partner organisations. The Director of Communications and Engagement encouraged interested parties to contact her directly to participate in shaping the solution.

RESOLVED/-

1. That the contents of the report be noted.
2. That it be noted that Councillor Irfan Syed volunteered to assist in engaging with hard-to-reach communities within the Salford area, ensuring their voices were heard and their needs were addressed.
3. That it be noted that Members were requested to contact the Director of Communications and Engagement, NHS Greater Manchester with contact details of stakeholders who wanted to be involved in the Children’s ADHD engagement.

JHSC/79/24 Greater Manchester Integrated Care System (ICS) Digital Transformation Strategy and Priority Programmes

Consideration was given to a report and presentation introduced to Members by Gareth Thomas, Digital Innovation Director, NHSGM and Health Innovation Manchester that provided an update on the Greater Manchester ICS Digital Transformation Strategy (the strategy) and priority delivery programmes.
Comments made:

- Greater Manchester aspired to be a world-leading digital city. To achieve this, a comprehensive digital transformation strategy was developed in 2022, informed by extensive consultation with 250 individuals and 250 staff.

- The strategy focused on five key ambitions: integrated care and coordination, operational efficiency, individual empowerment, population health understanding, and accelerated access to research and innovation.

- Sat behind the ambitions, were three core activities: digitisation, integration, and innovation. Digitisation focused on investing in technology and infrastructure, integration aimed to connect clinical professionals and patients, and innovation sought to adopt new models of care and innovative treatments. All digital initiatives within Greater Manchester were aligned with these strategic priorities and were monitored quarterly by the Digital Transformation Group.

- The GMCR was an example of how the strategy was being implemented. The digital tool, allowed healthcare professionals to instantly access a patient's medical history. This would improve patient care and also save time and resources. Officers estimated that the tool would save £22m through time savings by 2026.

- The strategy also focussed on driving innovative models of care, such as the End-of-Life Care Planning (EPAC) tool, which aimed to support patients and families in planning for end-of-life care. By reducing unnecessary hospitalisations, this initiative could significantly improve patient, family experiences and make savings.

- There were also initiatives to empower patients through the use of technology. Proof-of-concept projects across care settings were exploring the use of handheld apps to enable patients to participate in their care. This approach aimed to give patients greater choice and control over their healthcare decisions.

- In terms of improving patient safety through digital tools, Officers highlighted the SMASH dashboard (a recent award winner), which used the care record to identify potential medication risks, improving patient outcomes.

- The strategy was underpinned by resident feedback, gathered through the Patient Public Engagement Group and other channels. A significant communications campaign, reaching approximately 15% of the Greater Manchester population, was conducted to inform residents about data sharing and the benefits of digital transformation.

- To support innovation and improve patient care, Greater Manchester had established a secure data environment. This platform allowed researchers to access de-identified patient data for secondary purposes, such as identifying areas of need and developing new treatments. An example was the Tirzepatide (a medication used for the treatment of type 2 diabetes and weight loss) announcement, which leveraged Greater Manchester data capabilities to identify areas of need and intervene earlier. Robust governance processes, including Caldicott Garden oversight, would ensure the ethical and secure use of patient data.

- Greater Manchester was seen a national leader in data governance, securing approvals for secondary use of data for research and innovation. By linking local and national datasets, Greater Manchester could pave the way for significant advancements in healthcare.

- A significant aspect of the digital transformation, had been the improvement to primary care access through online tools like the NHS App and online consultations. Digital first facilitators had played an important role in promoting these services, leading to increased patient engagement. This approach had enhanced patient experience and also contributed to more efficient healthcare delivery.

A Member asked about the long-term vision. Officers explained that it was an ongoing process. NHSGM and Health Innovation Manchester were always working to improve technology and services. There was still a lot to do to ensure everyone had equal access to technology and efforts would continue to prioritise new innovations making sure they were safe and effective for patients.

A Member raised digital inclusion and highlighted it as a risk and how it would be mitigated Officers emphasised the importance of co-design with residents and service users to identify areas of need to mitigate any risk. A digital exclusion heat map, overlaying various measures of social exclusion and digital capability, was used to target interventions in specific areas. This approach, exemplified by the targeted delivery of lipid-lowering (medications or treatments that reduce the levels of lipids, or fats, in the blood, particularly cholesterol) therapies, ensured that resources were allocated to those who needed them most. Additionally, the strategy emphasised providing multiple access points to services, combining digital and traditional methods to cater to diverse needs. Councillor Jackie Schofield was satisfied with the approach and offered her support.

A Member asked about the secure data environment, who used it, and the broader potential for commercialisation or sharing it with other regions. The Member also asked, what safeguards would be in place to protect patient data. Officers explained that the environment was currently in its alpha phase, with a series of test projects involving both academic and commercial partners. While the primary focus was on improving healthcare for Greater Manchester residents, there was potential for commercialisation of the data asset. However, any such commercialisation would be subject to strict governance and ethical considerations. The ultimate goal was to use data to drive innovation and improve patient outcomes, with any benefits being reinvested into the healthcare system.

The Member further asked about the rules for data sharing. Members were assured that any project that utilised the data must demonstrate a clear benefit to patients. This ensured that data was used responsibly and ethically, prioritising the well-being of individuals. There were robust governance processes in place, including collaboration with NHS England and adherence to national standards, to oversee the use of this data.

A Member highlighted a growing potential for remote healthcare, such as virtual General Practitioner (GP) consultations. Officers were requested to elaborate on the measures being taken to ensure the security of patient data in such scenarios. Additionally, it was asked if were there any plans to integrate wearable devices, like smartwatches, to enable proactive monitoring and personalised healthcare. Officers clarified that while remote consultations were limited by regulations and professional standards, certain tasks like radiology reporting could be performed remotely. Regarding wearable devices, Officers acknowledged the potential benefits but emphasised the need for robust data security and privacy measures. It was also highlighted the importance of improving digital infrastructure and training to ensure equitable access to technology across healthcare providers.

A Member asked Officers how the secure data environment be leveraged to identify individuals at risk of developing health conditions, enabling earlier interventions and better patient outcomes. It was also asked what specific opportunities were being explored in this area. In response, it was explained that to improve healthcare, NHSGM was using technology to identify areas where it needed to invest. By analysing data, NHSGM could identify people at risk of health problems early on. This process enabled NHSGM to intervene and prevent illnesses. For example, studies like Incisura (a cholesterol-lowering treatment) and Tirzepatide show how data could help target specific treatments to the right people. While there were challenges in linking data to individuals, Officers were working hard to develop safe and ethical ways to do this.

A Member asked how the integration of the strategy goals fitted in with the ICB's strategy and how it translates into localised benefits for residents. Officers reported that the strategy aligned with the ICB's goals to improve healthcare delivery in Greater Manchester. By focusing on digital innovation, population health, and access to new treatments, NHSGM aimed to drive innovation and improve patient outcomes. The strategy was developed in collaboration with the ICB and providers to ensure that innovations were relevant to the needs of the local population. The aim was to transition successful innovations into mainstream healthcare practice. To learn more about the specific projects and initiatives, Officers recommended Members review the recent Health Innovation Manchester report presented to the Committee at the last meeting.

A Member asked for an example of how NHSGM and Health Innovation Manchester had collaborated to improve patient outcomes and how was this being communicated to local ICBs to ensure widespread adoption of best practices. To provide assurance, Officers explained that Health Innovation Manchester was an NHS organisation integrated with NHSGM. Regular meetings between the executive teams ensured alignment of priorities and collaborative working. An example of this was the Inclisiran (a cholesterol-lowering treatment) project, where Health Innovation Manchester piloted a new treatment and demonstrated its effectiveness. Efforts were being made to scale up this intervention across the region. This collaborative approach enabled the translation of innovative ideas into improved patient care.

RESOLVED/-

1. That the the Greater Manchester Integrated Care System Digital Transformation Strategy be noted.
2. That Officers be requested to provide the Committee with regular updates on progress.

JHSC/80/21 Proposed Increased Scrutiny and Potential Pause of Procedures of Limited Clinical Value in Greater Manchester

Sara Roscoe, Associate Director of Strategic Commissioning, NHSGM, presented a report detailing a proposal for increased scrutiny and the pause of procedures of limited clinical value in Greater Manchester. The report also included additional information on ongoing engagement.

It was explained that to improve the quality and efficiency of services, NHSGM was reviewing a list of procedures to make sure they were only used when genuinely needed. This was expected to be completed by the end of the March 2025.

Comments made:

- It was clarified that procedures of limited clinical value referred to medical treatments or surgeries that lacked strong evidence of effectiveness, posed potential harm, offered minimal benefit, or had less effective and more cost-effective alternatives.

- It was suggested that by pausing procedures of limited clinical value, resources could be redirected towards treatments with demonstrable effectiveness, ultimately leading to better patient outcomes and a more sustainable healthcare system.

- NHSGM had a series of commissioning statements developed by a multidisciplinary team, which outlined their approach to commissioning healthcare services that met resident needs, through a rigorous process of identifying, evaluating, prioritising, and continuously reviewing services based on evidence of effectiveness, safety, and value.

- Despite commissioning statements and resource constraints, activity for procedures of limited clinical value continued to increase, potentially exposing patients to unnecessary risks, prompting the ICB to recommend greater scrutiny.

- It was explained that an initial proposal for prior approval of certain procedures was deemed to be overly burdensome for clinicians, therefore a robust audit process had been implemented. The process reviewed patient case notes to ensure adherence to the evidence-based commissioning statements. This served as a reminder to all providers of the importance of adhering to guidelines, while allowing for exceptional cases to be considered through the existing individual funding request process.

- There was a need for open dialogue with the public, acknowledging that some procedures might not be appropriate for everyone and that there was strong evidence to support this. This was an ongoing process, and NHSGM would continue evolve their approach. Their aim was to be transparent with patients and the public about the effective use of resources and the rationale behind decisions.

- Whilst ensuring that patients who met the clinical criteria received the necessary procedures, it was recognised a significant increase in activity might not always be warranted. This aspect required further investigation to ensure resource sustainability, patient safety, and the delivery of the right treatment in the right circumstances.

- NHSGM recognised the importance of tailoring their approach. Given the significant number of procedures impacted, a robust Equalities Impact Assessment was taking place to identify patient groups most likely to experience health inequalities. Efforts were being made to engage with these groups, including direct patient contact where possible. This required careful consideration of data privacy and obtaining appropriate consent. Whilst this process would take time, NHSGM was committed to ensuring a thorough and

meaningful engagement process to gather the necessary insights from patients. An eight-week public engagement program commencing in the new year was anticipated. Initial communications had been shared publicly, and a question and answer section had been developed and published on the NHSGM website.

- The engagement plan under development would outline the specific patient groups targeted for engagement and the methods used to reach them and would be shared with Members at the next meeting.

- It was noted that a fuller update would be provided at the next meeting on 21 January 2025.

A Member asked about the potential for divergence of clinical opinion between treating clinicians and the decision-making body. Officers were asked to elaborate on the appeals process for clinicians who believed a specific procedure was clinically necessary for a particular patient, despite the potential limitations identified in the commissioning statements. It was explained that individual funding requests would be reviewed by a panel of experts, requiring clinicians to provide evidence justifying the need for a procedure outside of standard guidelines. The process would ensure that only exceptional cases were considered.

The Member further asked if there was an analysis of the impact of the changes on the patients and what work would be needed at a local level. It was reported that the initial assessment of procedure volumes was preliminary. It was envisaged the audit would provide more accurate data, including the number of patients undergoing procedures that might not meet the established criteria, which was important for understanding the potential impact of changes. Each policy statement incorporated epidemiological data and utilisation rates to inform the Equalities Impact Assessment. Data analysis would be conducted at a local level to provide a better understanding of procedure utilisation.

In response to a Member’s request for clarification, it was reiterated that NHSGM was not formally pausing referrals. The increased scrutiny would effectively ensure that all procedures were evaluated against the established criteria. Which might lead to a temporary reduction in certain procedures whilst the review process was undertaken. Engagement with primary care would take place to manage expectations.

A Member asked how GPs would be supported as they were at the frontline of the changes. NHSGM recognised the importance of supporting GPs and acknowledged the impact these changes might have on patients. To mitigate these concerns, NHSGM would prioritise clear communication with patients, provide robust support to clinicians through resources and guidance, and leverage national resources like the NHSC Evidence-Based Intervention Program to facilitate informed decision-making and explore alternative management options.

The Member also suggested that the approach could inadvertently hinder efforts to return people to work, as some of the procedures addressed debilitating conditions. Officers agreed that some of the procedures did have an impact on debilitating conditions, and patients would want solutions. To address this, NHSGM would prioritise clear communication, consistent messaging from the ICB to ensure clarity and support for clinical colleagues and disseminating information to patients about the benefits and disbenefits of these procedures. Furthermore, NSHGM was leveraging existing resources, such as the NHSC Evidence-Based Intervention Program, which provided resources, including patient information leaflets, to support clinicians in having informed conversations with patients. Returning people to work was an important consideration. NHSGM would ensure that alternative management strategies were not only clinically effective but also supported patients in managing their conditions effectively at home. This would mean going outside medical interventions and encompassing broader support services. The approach aligned with the broader objectives of the Sustainability Plan and NHSGMs commitment to providing holistic, patient-centered care.

Given the significant savings target outlined in the Sustainability Plan, a Member raised concerned that increased scrutiny might lead to clinicians erring on the side of caution, potentially resulting in unnecessary investigations and hindering the achievement of those savings. It was explained that the Sustainability Plan's savings target considered pre-pandemic activity levels. Given the potential impact of this initiative, figures would be reviewed to ensure they remained realistic whilst maintaining quality patient care.

In terms of the removal of common benign eyelid lesions, a Member asked if each proposal would have its own individual engagement. It was explained that ideally, each procedure would have its own engagement exercise. However, due to resource constraints, some efforts might be consolidated. The EIA would guide the approach, identifying potential opportunities for cross-group engagement where appropriate. The goal was to conduct a tailored engagement exercises for each procedure to ensure all affected groups were heard.

A Member asked what procedures were actually being undertaken at the moment or had they been paused while the audit took place. It was clarified that procedures were going ahead when they met the clinical criteria.

A Member asked Officers to provide examples of procedures that were currently considered to be of limited clinical value and how would NHSG ensure that the initiative did not exacerbate existing health inequalities, particularly for individuals from low-income families or those with disabilities. An example of a procedure often considered for review was tonsillectomy. Whilst tonsillectomy was a common procedure, the evidence base often supported a 'watchful waiting' approach for recurrent tonsillitis in many cases, particularly in children. Another example involved benign skin lesions. The policy outlined criteria for necessary intervention, such as the presence of a concerning feature. However, procedures solely for cosmetic reasons, without any clinical indication, would generally would not be considered necessary. Consideration was also given to addressing broader issues, such as access to communication aids for children with sensory needs. Whilst not strictly a procedure, the example demonstrated how thought was given to the broader context of service delivery and ensure equitable access. Regarding health inequalities,

NHSGM was conducting an Equality Impact Assessment and engaging with relevant patient groups to identify and mitigate any potential negative impacts. It was highlighted that all commissioning policies were aligned with NICE guidance, to ensure decisions were evidence-based and consistent with national best practice.

Given the potential impact of the initiative on clinical practice, the Chair was particularly interested in the level of clinician engagement undertaken to date. The Chair asked that the report being presented at the meeting on 21 January 2025 included detailed feedback from clinicians on the proposals. It was important to make sure that clinicians felt empowered to make the right decisions for their patients whilst also adhering to evidence-based guidelines and resource allocation considerations.

Officers agreed to the Chair's request and stated that the initiative had sparked valuable dialogue with clinicians. In recent weeks, positive engagement had been received from clinical groups, such as hand surgeons, who were eager to collaborate and explore innovative practices within the context of evidence-based guidelines. This had fostered valuable discussions regarding the practical implications of these changes and identified opportunities for further collaboration and refinement of NHSGMs approach.

In response to a question about an overview of the financial resources allocated to the initiative, NHSGM would provide a detailed in their next report a breakdown of the expenditure associated with this initiative. The initial Sustainability Plan included a savings target of approximately £60 million. Whilst a precise figure for non-compliant procedures was being refined, Officers would provide data on the current annual expenditure on the procedures under review. As the initiative progressed, Officers would be able to further refine the figures, which would provide a more accurate estimate of the potential cost savings associated with increased scrutiny and adherence to evidence-based guidelines.

RESOLVED:

1. That the report be noted.
2. That a fuller update of actions taken would be presented to the Committee on 21 January 2025.
3. That Officers be requested to include details of the consultation with clinicians , together with the total quantum of savings , and non-compliance information in the report to be submitted to the Committee on 21 January 2025.

JHSC/81/24 Committee Work Programme for the 2024/25 Municipal Year

RESOLVED/-

That the Committee's Work Programme be noted.

JHSC/82/24 Dates and Times of Future Meetings

The Chair expressed his sincere gratitude to all Members of the Committee for their dedication and contributions throughout the year.

That the following programme of meetings be noted.

- 21 January 2025 – 10am
- 18 February 2025 – 10am
- 18 March 2025 – 10am