

Consultation on Evidence Based Interventions

Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington & Sedgefield Clinical Commissioning Groups

Purpose of the Report

- 1 The purpose of this report is to inform the Health and Wellbeing Board of the consultation on Evidence Based Interventions.
- 2 A copy of the letter sent by Professor Stephen Powis, National Medical Director, NHS England to Clinical Commissioning Group Accountable Officers, Clinical Commissioning Group Clinical Chairs, Trust and Foundation Trust Chief Executives and Trust and Foundation Trust Medical Directors is attached as Appendix 2, the easy read version of the consultation is attached as Appendix 3 as is the FAQs as Appendix 4.

Background

- 3 Evidence shows that some interventions are not clinically effective, or are only effective when they are performed in specific circumstances.
- 4 As medical science advances, some interventions are superseded by those that are less invasive or more effective.
- 5 At both national and local levels, there is a general consensus that more needs to be done to ensure that the least effective interventions are not routinely performed, or that they are only performed in more clearly defined circumstances.
- 6 On 4 July 2018 the Evidence Based Interventions programme was launched. Public consultation will run until 28 September 2018 on the design principles of the programme.
- 7 This consultation is focussed on hearing views on the proposed changes to interventions for 17 conditions with the outcome that these changes will avoid harm to patients, free up some staff capacity that could be used for other things and save money. These changes also mean that we could focus on using new and better treatments from the findings of latest research.
- 8 The 17 conditions are across 2 categories: Category 1 Interventions the NHS thinks are completely ineffective and category 2 interventions that should be done only in very special cases. The 17 interventions are set out in the consultation document.

- 9 Funding for these 17 interventions is through 2 routes explained as follows: for those interventions under Category 1, Doctors use an Individual Funding Request (IFR) and for those interventions under Category 2, a Prior Approval which is less complex, further explanation of these 2 processes is included in the consultation documentation.

Recommendations

- 10 The Health and Wellbeing Board is recommended to:
- a) Note the letter attached as Appendix 2, which provides more detail on the programme, and the consultation document.
 - b) Note the contents of the consultation documentation attached as Appendix 3
 - c) Note the contents of the FAQs attached as Appendix 4
 - d) Note the opportunity to respond to the consultation, and the methods available to do so.

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Appendix 1 – Implications

Finance

The finance implications would be considered nationally, commitment that savings will be invested in health care services

Staffing

None

Risk

None to note at this stage

Equality and Diversity / Public Sector Equality Duty

This will be considered at a national level

Accommodation

None

Crime and Disorder

None

Human Rights

None to note at this stage

Consultation

This is being led by a new national collaboration with the Academy of Medical Royal Colleges, NICE, NHS Clinical Commissioners and NHS Improvement' GIRFT (getting it right first time) Programme to turn this consensus into action - the Evidence Based Interventions Programme.

Procurement

None

Disability Issues

None to note at this stage

Legal Implications

None to note at this stage