# AHSN / AAC Lipid Management Programme – governance structure

Updated March 2023

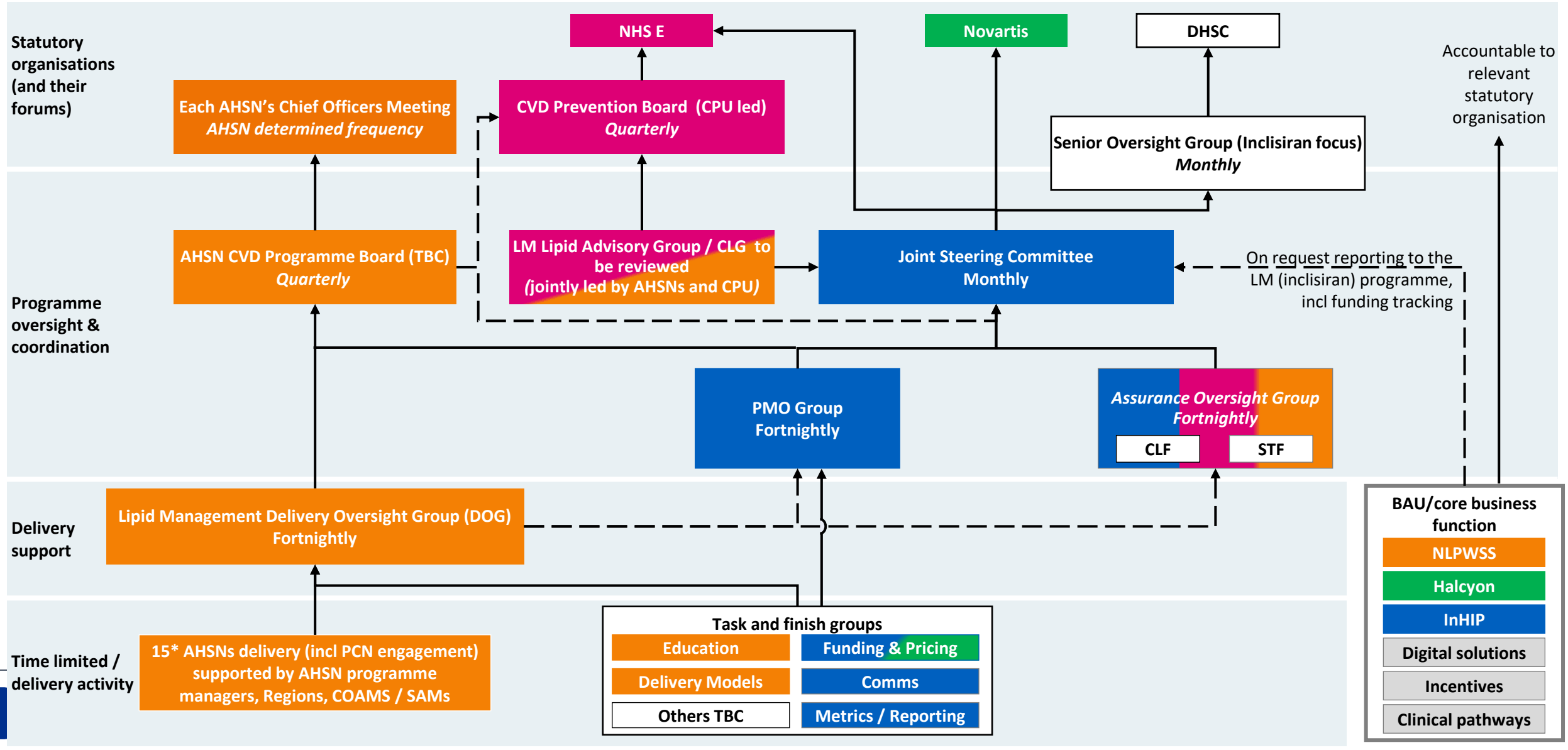
# Overarching governance framework- proposed

| Function | Function Description | Governance Groups | Meeting Frequency | Supported By |
|---|---|---|---|---|
| Overarching governance | Provide coordinated programme delivery and oversight, including ensuring clear accountability back to the constituent members of the tripartite | • Strategic Oversight Group (SOG)<br>• Joint Steering Committee (JSC)<br>• *AHSN CVD Programme Board (TBC)*<br>• Clinical Leadership Group (under review with the intention of forming a joint group with CPU) | Monthly *(CVD PB potentially quarterly)* | Virtual central PMO drawn from across the tripartite (MR, AH, AG, VH, SC, NU) |
| Delivery Support | Interface with AHSNs & support on-the-ground delivery of lipid management, through facilitating a community of practice, service improvement support, problem solving & contract hosting | • Delivery Oversight Group | Monthly | NENC Programme Team (SC, NU, JL) |
| Management of key deliverables | Delivery of a range of key deliverables that are needed to deliver programme objectives specified by the JSC and LMPB | • Communications Task and Finish Group<br>• Pricing Task and Finish Group<br>• Delivery Models Task and Finish Group<br>• Education Task and Finish Group<br>• Metrics and Reporting Task and Finish Group | As required to deliver specified requirement | T&F leads (Comm – LS, Pricing – MR / AG, DM – SC, Education – SC, Metrics – LC) |
| | | • Others as required based on additional deliverables | | T&F leads (TBC) |
| *Assurance Oversight* | *Rolling set of meetings with AHSNs on a one-to-one basis to support the management / assurance of STF and CLF contracts, reviewing delivery and unlocking barriers to delivery* | • *Assurance Oversight Group* | *Every other week, meet with three AHSNs per meeting (40 mins each)* | *MR, AH and NENC Programme Team (No NVS)* |
| | *Active review of programme. Focused on overseeing deliverables, proactive risks and issues mitigation and management, including escalations to relevant group with JSC ultimate escalation point in programme* | • *Programme Management Office Group* | *Fortnightly and alternate to Assurance Oversight Group* | *MR, AH, AG, VH, and NENC Programme Team* |

**A new proposed part of the programme governance arrangements, which recognizes the significant levels of funding being placed with AHSNs and local systems. Delivery support, with a service improvement focus, will continue to be through the Delivery Oversight Group with the Assurance Oversight Group meeting with individual AHSNs to undertake deep dives to review local delivery and unlock challenges / barriers to delivery. The PMO Group, along with active programme management function will provide assurance to NVS colleagues who cannot be involved in assurance meetings with AHSN bodies who have received funding to promote improvements in lipids management.**

# Proposed governance framework – lipid management and inclisiran programme

The work on inclisiran, as part of wider lioid management, is supported through tripartite working between NHS E, AHSNs and Novartis. This means the lines of accountability are complex with a need to report to multiple organisations.



# Summary of proposed outcomes from existing task and finish group deliverables review

| Group | Programme – existing T&FG retained with refreshed deliverables | Programme –T&FG ceases but Implementation support provided | BAU – T&FG ceases, any follow on action transfers to core business function | Current lead | Future lead |
|---|---|---|---|---|---|
| **Metrics & Reporting** | ✓ | | | NHS E – AAC | NHS E – AAC |
| **Education materials** | ✓ | | | AHSN | AHSN |
| **Communications** | ✓ | | | NHS E - AAC / AHSN | NHS E |
| **Delivery models** | ✓ | | | AHSN | AHSN (to ~Apr '23) |
| **Pricing, funding & supply** | ✓ | | | NHS E - AAC / AHSN / NVS | NHS E / NVS |
| **STF** | | ✓ | | NHS E – AAC | NHS E |
| **NLPWSS** | | ✓ | | AHSN / NVS | AHSN |
| **Clinical pathways** | | | ✓ | NHS E / AHSN | N.A. |
| **Incentives** | | | ✓ | NHS E – AAC | N.A. |
| **Digital solutions** | | | ✓ | NHS E / AHSN or NHS E - AAC | N.A. |
| **Health Inequalities (HI)** | Alignment of work with core NHS E HI focus, including monitoring arrangements | | | NHS E – AAC | TBC |

# Task and finish groups deliverables progress – current T&FGs that would continue operating within programme structure (1/2)

| Task & finish group | Completed deliverables | Continuing deliverables | Additional deliverables |
|---|---|---|---|
| **Metrics and reporting** | • Agree **short-term timeline** for metrics currently available to support implementation<br>• Data definition (**data dictionary**) against the list of metrics (although review as work progresses)<br>• Reporting mechanism / medium (**dashboard**) (although additions and improvements ongoing)<br>• **Permission received to share data** from NHS E and NHS BSA with inclisiran and CVD programme leads | • Design **list of metrics** to support performance tracking, to monitor the impact on health inequalities and to identify unwarranted variation (Produce performance reporting)<br>• Agree **long-term timeline** for when additional metrics are implemented (Still to align other lipid metrics work in AHSN & NHS E then h/o dashboard to CDAO products team) | • Develop **single version of the data truth** owned by tripartite<br>• Consider **links with other NHS E work** / business intelligence solutions / tools<br>• Consider **expanding dashboard scope** to support local delivery<br>• **Agree health inequality metrics** across the tripartite and **linked to NHS E health inequalities dashboard** |
| **Education materials** | • Scope need & feasibility of reintroducing **National Advice & Guidance Service for Lipids** (cancelled)<br>• Complete Shared Decision Making **(SDM) materials tender process** (in progress, completion expected by 31 March 2023)<br>• Pending compliance, combine a NVS-AHSN-HEART UK **calendar of overarching events** (cancelled, replaced with linking locally in AHSN region) | • Wider **dissemination of Tackling Cholesterol Together** material<br>• Deliver collection of **online case studies.**<br>• Review/update all current existing materials & **consider partnerships with other colleges or third sector** to develop new on demand content | • Define **scope of SDM digital tool**, where SDM tool effort sits, & clarify NVS exit from SDM discussion<br>• Determine where Patient Advocacy / **Change Maker programme** sits<br>• Identify necessary links to other groups & define **information flow process** |
| **Pricing, funding, and supply** | • **Wholesaler AAH** (Delivery Costs & Surcharges, Ordering/Account Set Up, Ordering Caps/Stock Management)<br>• **Primary Care Access** (FP34D reclaim for PCN's / GP Federations, Short dates stock) | • Complete **funding model** activity<br>• Publish **Funding & Supply NHS Guidance**<br>• Implement consistent approach to **query management & resolution** | Largely dependant on NHS E decision therefore:<br>• **Publish updated Funding and Supply Document**<br>• Establish **log and standard operation process for queries**<br>• **Monitor queries resolution** & ensure a prompt response |

# Task and finish groups deliverables progress – current T&FGs that would continue operating within programme structure (2/2)

| Task & finish group | Completed deliverables | Continuing deliverables | Additional deliverables |
|---|---|---|---|
| **Communications** | • Design **comms plan**, with timeline, for implementation programme, encompassing internal and external stakeholder comms<br>• Create **comms toolkit & information pack** for secondary prevention in PC pathway (in progress, completion expected by 31 March 2023)<br>• Identify **comms support** (in progress, completion expected by 31 March 2023) | • Design **joint BP & lipids messaging** pack & quotes / hold joint webinar (ICS CVD leads, AHSN DMs, regional leads)<br>• Continue to **present TCT education resources** to PC to widen reach of messaging<br>• Determine **single space for resources on inclisiran & lipids programme**; updating published docs & web pages with new narrative / Share achievements from schemes (when underway) | To be agreed:<br>• **Refresh comms plan** with milestones & timeline for next phase, ensuring strategic and proactive focus<br>• Support programme to **maintain patient & public focus** through comms messaging<br>• Create **links to other groups** with defined information flow process to ensure comms group have sight of all activity (i.e. National Programme's comms team) |
| **Delivery models** | • Build and publish **interactive PDF** with digital agency (publishing approval in progress, completion expected by 31 March 2023)<br>• Design / **capture best practice delivery models** for implementation of national lipid guidance in both primary and secondary care | • **Produce additional case studies** as identified by Novartis or AHSNs (FCB Health etc)<br>• Define **Delivery Model specific stakeholder & comms plan** & sign off<br>• Harvest **materials for search tools, case studies, project Halcyon evaluations, process maps**<br>• Obtain more material on **secondary care collaboration & Halcyon project evaluation** to illustrate real world delivery<br>• **Publish secondary care delivery models** (e.g. WM, NEL, NENC) | No refresh given short continuation timeline however group to determine where ongoing activity will be handed off to and if / how the programme will need ongoing oversight, then enact with the support of programme leadership |

# Task and finish groups deliverables progress – current T&FGs that would no longer be part of the programme (although reporting and assurance to programme maintained) (1/2)

| Task & finish group | Completed deliverables | Comment |
|---|---|---|
| **STF** | • Recommend & **agree design & ambition** of the Fund<br>• **Prioritisation** and eligibility of funding (aim to target funding where there is greater health inequalities)<br>• **Support to applications** completion, coordination, assessment, & selection<br>• Develop and ensure successful applicants **sign contracts** | • **Operational delivery** of the STF to now be supported via NENC contracting arrangements and via the PMO, **monitored by the Assurance Oversight Group** |
| **NLPWSS** | • Development & execution of **EOI process,** allocations to 102 PCNs achieved<br>• Define solution deployment packages (specification), execute **Tripartite contracting,** and disperse funds | • Execute supplier selection process / Complete final actions to **execute Soar Beyond & Deontics deployment** work orders, and signoff Competency Framework, finalise materials signoff.<br>• NENC, as holder of contract, to provide performance monitoring (likely via communities of practice) and **report on progress of 102 PCN initiatives against agreed milestones** to JSC / LMPB using agreed metrics and evaluation template |
| **Incentives** | Indicators devised:<br>• across primary & secondary prevention for endorsement, which **incentivise optimisation of lipid management** in patients across the whole pathway<br>• which are **suitable for use in either IIF or QOF**, subject to due process internally at NHS E & the negotiation process with GPC<br>• Secure **financial underpinning for draft indicators** for QOF<br>• Successfully negotiate **indicators into contract** | • Links to be maintained via the PMO with the NHS E **primary care contracting team to monitor the impact of the new lipid incentives** coming into QoF from 01/04/23 |

# Task and finish groups deliverables progress – current T&FGs that would no longer be part of the programme (although reporting and assurance to programme maintained) (2/2)

| Task & finish group | Completed deliverables | Comment |
|---|---|---|
| **Digital solutions** | • Delivery of **phase 1 patient identifier tool** (incl algorithm to translate from non-HDL to LDL) (cancelled, digital briefing pack delivered instead)<br>• 1st stage of **inclisiran algorithm live** across all suppliers<br>• Design reporting on update and **usage of patient finding tool**<br>• **Specify phase 2** & assessing viability (incl stakeholder sign-off). On hold<br>• **Convene a webinar** where suppliers of tools can take Q&A (in progress, completion expected by 31 March 2023) | • New group to be stood-up should additional digital incentives be identified |
| **Clinical pathways** | In support of the newly developed acute and primary care pathways:<br>• Create an **overarching narrative**, to drive engagement with stakeholders through educating & understanding the detail of clinical pathways work<br>• Complete a **gap analysis** to understand what routes of engagement currently exist & where additional routes are required<br>• Design a comprehensive **comms & engagement plan** (in progress, completion expected by 31 March 2023)<br>• Articulate approach to onward **monitoring & reporting of engagement**<br>• Agree & **assign ownership across the tripartite** of the key messaging, key audiences, engagement channels & reporting engagement | • Further work to be supported through revised clinical advisory group led by AHSNs and CPU jointly, or Comms Group |
| **Health Inequalities** | TBD | TBD |

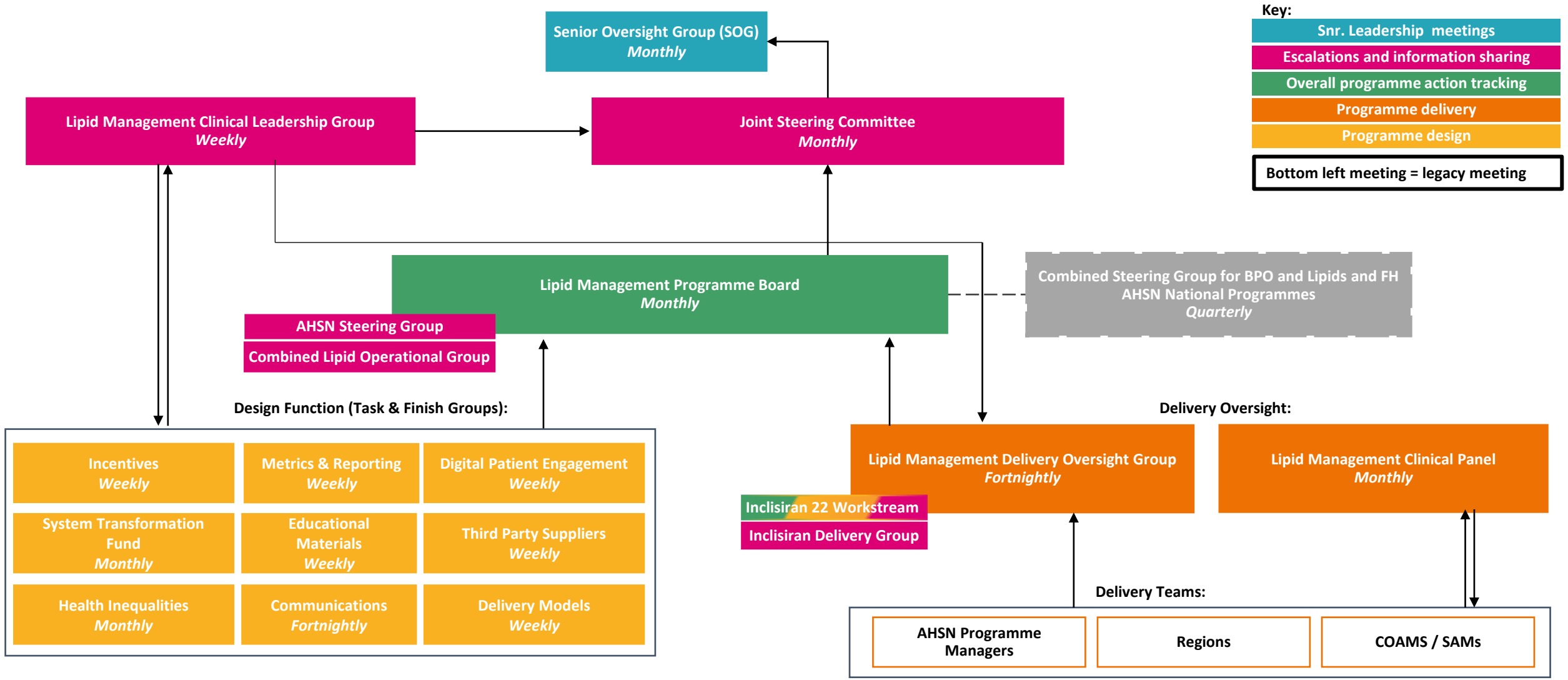
# Terms of reference summary for key groups

| Group | Comment |
|---|---|
| Strategic Oversight Group | Stay as is with updated membership |
| Joint Steering Committee | Terms of reference and membership to be updated |
| Lipid Management Programme Board | A quarterly AHSN CVD Programme Board will potentially be established in place of the current monthly LMPB, which will be stood down, the previous LMPB monthly content will be managed through the JSC and PMO |
| Programme Management Office meeting | Has been meeting since summer 2022 and now being more formally brought into the governance structure to support programme delivery (including taking on some coordination functions from the LMPB) – terms of reference to be agreed |
| 'Clinical Advisory Group' | Joint Group being set up with CPU to replace the Clinical Leadership Group – details awaited |
| Delivery Oversight Group | Terms of reference and membership will be updated to reflect changes |
| Assurance Oversight Group | A new group to support the provider oversight and assurance of the 13 system transformation fund (STF) initiatives and the 12 Combined Lipids Fund (CLF) contracts, including reviewing progress on local delivery and unlocking barriers to delivery |
| Task and Finish Groups | Will not have Terms of Reference but will have PIDs detailing deliverables and list of members, including identification of lead / chair |

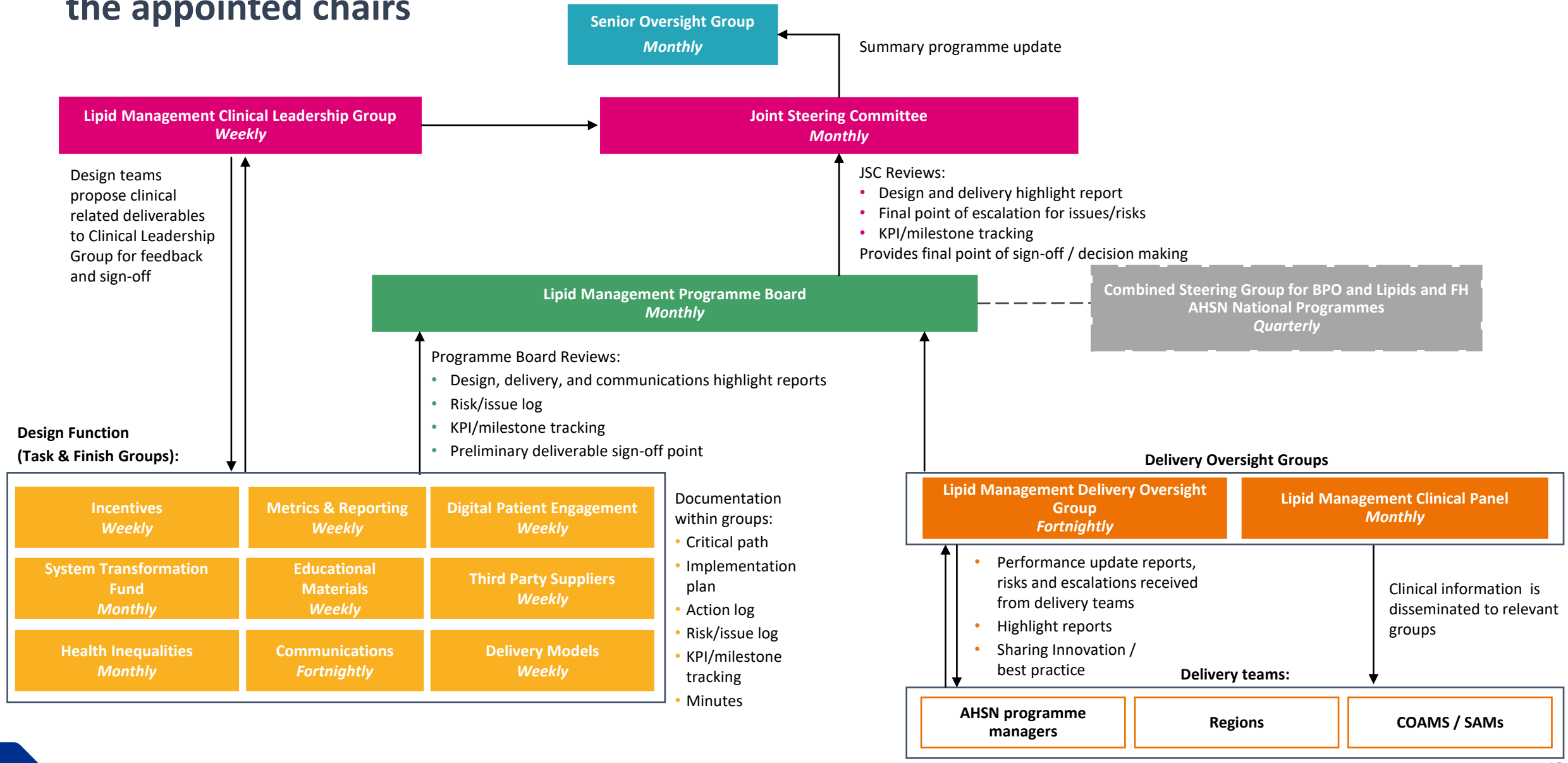
# AHSN / AAC Lipid Management Programme – governance structure

June to March 2023

# The new governance structure looks to approach the programme as a true tripartite, minimising the need for single organisation meetings



# The new governance structure has a structured flow of information and reporting, with the appointed chairs



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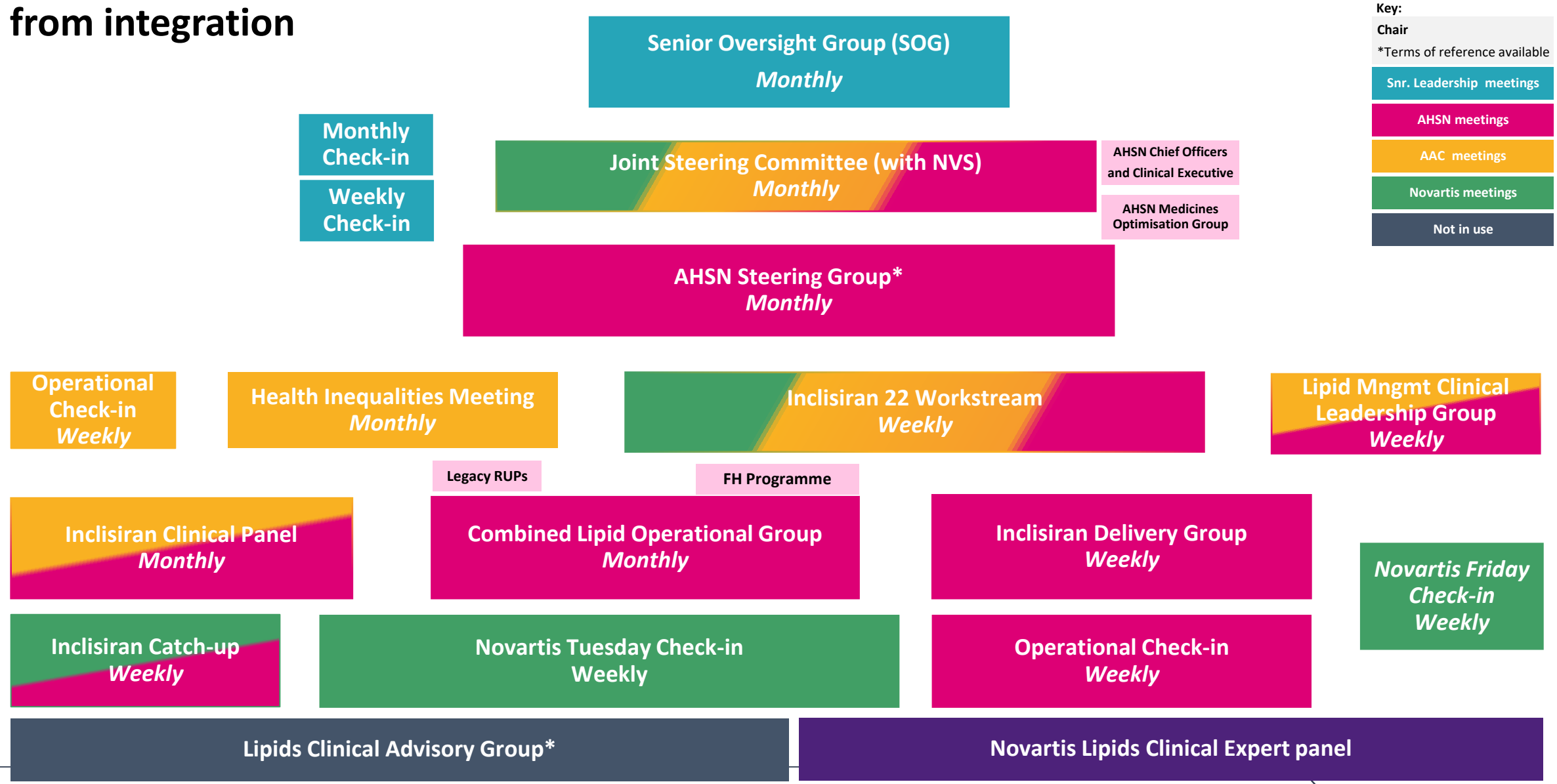
Pre-June 2022

# This previous governance structure contained 19 meeting groups and would benefit from integration