

Aligning Commissioning Policies across North East London



What is happening?

- CCGs have been working together to look at how to make sure that people, wherever they live, are able to have the same treatments and procedures. At the moment, this is different from borough to borough, which isn't fair.
- As part of this work, GPs have said that there are a number of procedures that could benefit from clearly defined criteria so they are clear about treatment options.
- To do this in a consistent way we need to make changes to what is known as a commissioning policy. This lists specific treatments, procedures and interventions the NHS funds, and who is eligible to have them.

One commissioning policy for NEL

Would mean that:

- all patients living in NEL would have access to the same types of care
- the care patients would receive would be in line with the latest clinical guidance
- hospitals and GPs would be clear about what policy to refer to
- patients would not have treatments that don't work or aren't the best option for them.
- NHS funds would be spent paying for procedures that people need, and that would give them a better quality of life.

Exclusions

The changes we're proposing would not apply to:

- Patients diagnosed with cancer or suspected of having cancer
- Patients that have survived cancer e.g. breast reconstruction post cancer
- Children (aged under 18) unless otherwise stated within the individual policy
- People receiving emergency or urgent care
- Where NHS England is responsible for commissioning the care.

Money

- The main reason for doing is to make sure that people, wherever they live, are able to have the same types of treatments and procedures, and that these treatments and procedures would be of benefit to them.
- Making the changes we're proposing would save some money – we estimate an annual saving of around £1.7 million across north east London – which works out at approximately 0.044% of our total commissioning budget of £3.8 billion.
- So while money is a factor, it isn't the main reason for doing it. It's about making sure we are making the most effective use of public money to commission the most appropriate healthcare services for local people.

Introducing new policies

- For some procedures there hasn't been a consistent process in place to make sure that everyone gets the right treatment at the right time, with no formal policies in place about who can have these treatments.
- While our providers tell us they make sure that only people who would benefit from the treatment have it, they also tell us it would be helpful to have a formal policy agreed.
- Our GPs also felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures.
- We'd expect that as a result of this, fewer people would have these procedures.

What we want to do – new policies (BHR)

Developing new policies for:

1. Chalazia removal (lumps on the eyelid)
2. Shoulder decompression surgery
3. Surgery for carpal tunnel syndrome
4. Interventional treatments for back pain

Example: Chalazia (BHR)

Chalazia are benign lumps on the eyelid. Most are harmless and disappear within six months but small number are persistent, very large, or can cause problems. We want to introduce the following policy:

We will fund treatment of chalazia when:

- A chalazion has been present for more than six months and has been managed conservatively with warm compresses, lid cleaning and massage for four weeks
- **OR**
- Interferes significantly with vision
- **OR**
- Interferes with the protection of the eye due to altered lid closure or lid anatomy
- **OR**
- Is a source of infection that has required medical attention twice or more within six months
- **OR**
- Is a source of infection causing an abscess which requires drainage
- **OR**
- Cancer is suspected

What we want to do – change and clarify criteria (BHR)

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for:

1. Ear surgery
2. Nose surgery
3. Dupuytren's contracture release
4. Cataract surgery
5. Weight loss surgery
6. Female breast reduction
7. Grommets for glue ear in children
8. Trigger finger treatment
9. Surgery for excessive sweating

This is so that only people who are likely to benefit from these types of surgery can have it.

Example: nose surgery - changes

Current policy	Proposed new policy
Unclear if policy includes septoplasty and rhinoseptoplasty	Policy includes septoplasty and rhinoseptoplasty
Treatments need to be tried for at least three months	Treatments need to have been tried (no time limit). This allows for flexibility if all conservative treatments are tried in less than three months, but also for treatments to be tried for longer based on clinical judgement about what is appropriate.
Significant symptoms to be confirmed by an ENT consultant as resulting from nasal obstruction	Documented evidence of medical problems caused by an obstruction of the nasal airway is required

What we're proposing - nose surgery

We will fund this treatment only when the following criteria is met:

Documented medical problems caused by obstruction of the nasal airway (continual impairment of sleep and/or breathing)

AND all conservative treatments have been exhausted.

OR

Correction of complex congenital conditions e.g. Cleft lip and palate

What we want to do – not routinely fund

- GPs have identified some treatments that they think the local NHS should no longer routinely fund
- This is because there is limited evidence that these procedures work, and/or they are not a good use of limited NHS resources.
- We believe the NHS should only be funding procedures to deal with medical conditions and symptoms, for people who will benefit clinically from having the treatment. This means that people won't have unnecessary treatment and the NHS won't waste money.

What we want to do – not routinely fund (BHR)

- Dilation and curettage (D&C) for heavy menstrual bleeding
- Split ear lobe repair
- Herbal medicines
- Treatment for scarring, skin hyperpigmentation and hypopigmentation

Example: repair of split ear lobes (BHR)

- Excessive weight or trauma on the earlobes (sometimes caused by wearing heavy earrings) can lead to a tear in the delicate earlobe tissues.
- We don't think the NHS should pay for surgery to repair split ear lobes because it is considered to be for cosmetic reasons.
- We think it is very rare that the NHS pays for this treatment, but making clear in our commissioning policy that repair will not be funded provides clarity for our GPs.

What about my situation?

- Whatever happens, there will always be exceptions.
- GPs can make an request for treatment if:
 - they believe that their patient is clearly different to other patients with the same condition, or
 - the patient might significantly benefit from the treatment in a different way to an average patient with the same condition.

A panel of clinicians will review and decide if funding should be granted.

We want to know what you think

- How might these proposals affect you or your family?
- Could we do things differently?
- Are there any circumstances where these proposed changes should not apply?

Have your say by 5pm, 3rd July 2019

- www.barkingdagenhamccg.nhs.uk/oncefornelondon
- www.haveringccg.nhs.uk/oncefornelondon
- www.redbridgeccg.nhs.uk/oncefornelondon

Thank you

Any questions?

Contact us:

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