The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)

Why review policies now?

It has always been a responsibility of CCGs and predecessor PCTs to review clinical policies on a regular basis. This is done to ensure that changes in best clinical/medical practice are taken into account, including National Guidance from NICE (National Institute for Health and Care Excellence) and other bodies. It also means updates as a result of new legislation or legal decisions can be made to existing policies. All policies have a review date, which is usually within two or three years of their adoption. Each CCG had policies due for review.

Harmonising the review of clinical policies across all the CCGs in Lancashire and South Cumbria provides an ideal opportunity to co-ordinate these policies and related services and make them consistent and fair. It reduces what is often referred to as the postcode lottery of healthcare across this area of the North West. In addition, as part of its guardianship of local NHS services, CCGs must take into account fully and responsibly, the management of the limited resources at its disposal. Reviewing the effectiveness and value of clinical policies is part of that responsible management.

A thorough review of clinical policies takes time and this is likely to be an ongoing process.

Which CCGs are involved?

All 8 CCGs in Lancashire are involved. These are:

Morecambe Bay Clinical Commissioning Group (which includes South Cumbria)

Chorley and South Ribble Clinical Commissioning Group

Greater Preston Clinical Commissioning Group

West Lancashire Clinical Commissioning Group

East Lancashire Clinical Commissioning Group

Blackburn with Darwen Clinical Commissioning Group

Blackpool Clinical Commissioning Group

What is the review process meant to achieve?

The main purpose of the review is to deliver the following outcomes for the CCGs, and through them, clinicians and patients.

- Review historical PCT policies to ensure a consistent and fair approach to reduce the 'postcode' lottery that can result from having different policies across a geographical area
- Develop a set of policies and principles against which to make these decisions
- Determine procedures that the CCG will not commission either routinely or at all – because the procedure does not satisfy principles under which the CCG commissions services or because particular criteria need to be met for the intervention to satisfy the principles. These need to be set out and demonstrated prior to approval of funding
- Update policies in accordance with National Guidelines and best clinical practice
- Ensure the limited and finite resources available for healthcare are prioritised according to the risks of mortality, disability, pain, poor health and damage to quality of life
- Develop collaborative policies across the 8 CCGs in Lancashire

What will this mean to patients?

The policies under review guide the decisions made by CCGs about the care and treatment that will be made available to patients. This is in both what the CCG will commission and in what Providers of services will be asked and paid to deliver. This has a direct impact upon the services patients and the public can expect from their local NHS services. For the majority of patients this will mean little or no change to the services they access now as they will continue to be routinely delivered as part of the commissioner/provider contract. However, for some services, especially those subject to clinical policies, there may well be a change in the service provided or that a service is no longer provided at all on the NHS due to its low clinical value, poor or unproven patient benefit and prioritisation of resources.

This will also have a direct impact upon decisions made for individual funding requests, both in terms of the referrals that GPs/other health professional will make for their patients and in the decisions that IFR panels will make about those referrals.

By having one harmonised set of policies, all patients who may require a procedure will have to meet the same criteria, wherever they live in Lancashire or South Cumbria. This ensures all patients are treated equally and that those who will benefit the most from the treatment will be able to receive it.

In cases where a patient will no longer be able to receive a treatment, the patient will be supported by their GP/other health professional to find alternative treatments which may be of greater benefit to them or in demonstrating they are an exception to the norm.

What impact will this have on individual funding requests?

An individual funding request can be made by your clinician (doctor or other health professional) if they believe that a particular treatment or service that is not routinely offered by the NHS is the best treatment for you, given your individual clinical circumstances.

Having the same or identical policies across CCGs will make the process for individual funding requests more streamlined, more efficient and reduce the likelihood of errors. There will be less confusion for both staff, patients and clinicians and the service will be more consistent, equitable and fair for the population across Lancashire and South Cumbria as a whole.

What are procedures of limited clinical value?

Some routine treatments are described as 'Procedures of Limited Clinical Value' (PLCV), alternatively called 'Procedures of Lower Clinical Priority' (PLCP). These are procedures which national experts have suggested have only limited or temporary benefit, and which are not felt to be necessary to maintain good health. However, it may also include procedures which are deemed to be effective but which will only be so when specific criteria, conditions and circumstances are met. This means they need to be considered on a case by case basis and meet strict criteria before they can be funded by the NHS.

The clinical policies developed by the CCG are often concerned with procedures of limited clinical value and identify the criteria that must be met, the effectiveness of those procedures in dealing with the health problem or concern and circumstances when the treatments will be funded.

A clinical policy identifies the treatment that is or is not available on the NHS in the area covered by the CCG and must be followed by all clinical staff within the area, including GPs. However, if the treatment is not routinely funded or the criteria is not met but your GP or other health professional feels there are exceptional circumstances in your case and you would benefit from this treatment, then your GP/Health Professional can support you by submitting an individual funding request (IFR) on the grounds of exceptionality to the policy.

Is this about saving money?

Yes and no. We believe that harmonising policies across Lancashire will help us to deliver more efficient and effective services. These services will be offered fairly and consistently across the area and be clinically appropriate. However, this exercise is taking place during a well-documented period of constraint for the NHS, which

cannot meet the rising demands and expectations placed upon it without identifying priorities and making difficult choices.

A review of the procedures of limited clinical value or of lower clinical priority not only provides an opportunity to consider the latest evidence around effective and appropriate healthcare but also an opportunity to consider what can be afforded in the light of all the other services the NHS is expected to provide. There will be some cases therefore, when the decision may be partly or even mostly about the money.

I've requested or heard of requests for cosmetics procedures but not heard reference to a cosmetics policy – why is that?

All of the Clinical Commissioning Groups in Lancashire currently have a number of clinical policies that deal with cosmetic issues or with the patients' appearance, such as the policy for hair depilation, the policy for cosmetic facial procedures and the policy for tattoo removal. In undertaking the process to review these cosmetics procedures the opportunity has been taken to consolidate these various policies, with a range of titles, into one overarching cosmetics policy. Procedures that you may have referred to previously will now come under the one policy but they will all have in common the fact that they are cosmetic and are concerned with the appearance of individuals.

Will someone with serious burns or other injuries come under the new draft cosmetics policy?

Cosmetic or what may be considered as cosmetic procedures in relation to trauma, such as serious burns and other accidents, and cancer treatments, do not come under this policy. These procedures are routinely funded as part of the cancer and trauma treatments provided through hospital contracts and are therefore, not covered by this policy.

Does the cosmetics policy cover issues relating to transgender?

Appearance changes requested or desired in order to align a patient's appearance with that of their chosen gender are covered by the draft cosmetics policy. However, cosmetic procedures for people undergoing gender reassignment where those procedures fall within the commissioning remit of NHS England are not covered by this policy, which relates only to the responsibilities of Clinical Commissioning Groups.

What changes have been made to the draft updated and revised policy on the commissioning of cosmetic procedures?

The existing policies vary between each CCG in Lancashire and South Cumbria and the changes made are also varied as a consequence. The main change that is

common to all the CCGs is that any cosmetics treatments or procedures that were mainly concerned with changing the appearance and had little or no other purpose will now **not** be routinely funded. Some procedures, such as tattoo removal, were not funded by any CCG area anyway, but some procedures, such as breast augmentation, breast asymmetry and abdominoplasty (tummy tuck) were provided in some areas but these will no longer be routinely provided under the revised draft policy.

For more detailed information on the level of change for each of the cosmetic procedures included in the policy for your CCG area you are directed to the level of change document included as part of the consultation papers on the CCG website. Alternatively, you can email haveyoursay@lancashirecsu.nhs.uk and request a copy of the level of change document or request a copy from your CCG. However, the level of change document should be read with reference to the draft policy itself, which is clear about which procedures will or will not be routinely funded going forward.

You funded some of these cosmetic procedures before – why can't this continue? What has changed?

Yes, some cosmetic procedures with the main purpose of changing your appearance were funded previously, in certain circumstances. Some of these procedures or treatments will continue to be available if they relate to a medical or functional problem for the person concerned (see below).

However, to continue to fund procedures that are only or mainly concerned with appearance cannot be maintained in the current financial environment. Demand for services that are more clearly concerned with preserving life or preventing grave health consequences continues to rise and the local NHS simply cannot afford to support cosmetic procedures to the detriment of these higher priority services. It is the practical realisation of this that has changed for the CCGs across Lancashire and South Cumbria.

What is meant by medical or functional problems, as they relate to cosmetic procedures?

Some medical issues, such an intertrigo, where folds of excess skin become infected, may require a cosmetic procedure to treat the problem. Similarly, excess folds of skin may interfere significantly with mobility or with cleanliness, or, if around the eyes, interfere with sight, and these are functional problems that a cosmetic treatment or procedure may resolve. These types of issues will continue to be funded where they meet the criteria outlined in the policy.

If you do not meet the criteria for a treatment but your doctor believes you would benefit from the treatment, an Individual Funding Request can be put forward.

I gave feedback about a revised cosmetics policy last year. I heard nothing more. What is the link between that policy and the new draft that is on the website now?

Some people may recall seeing or providing feedback on a revised draft cosmetics policy last year. That policy was never adopted. This is the same policy with further revisions and amendments.

Following the engagement process with patients and members of the public all the Clinical Commissioning Groups realised they could not continue with the draft cosmetics procedure policy as it stood at that time. It was felt that the policy needed further work. A significant element of this work was around what the CCGs could afford to fund in relation to cosmetics procedures going forward.

The latest draft policy is the original harmonised draft policy from last year with broad changes and revisions. As a result of this process the current, smaller cosmetics policies (there are several of these covering different procedures) remain the existing, live policies around cosmetic procedures. They will remain in force until the revised draft policy on cosmetic procedures is adopted by the CCG.

When will these policies be adopted by the CCGs?

A firm date for the adoption of this policy has not been determined as there are still a number of processes to go through before the CCGs can approve and adopt this policy. Public engagement will take place over a 12 week period following which there may be changes made to the policy. The policy will then need to be considered by the Commissioning Policy Development and Implementation Working Group, which is overseeing the policy review process, before final consideration by the CCGs. It is anticipated however, that the policy should be in place by April 2018.