

Why does the CCG need a set of principles?

The CCG holds the keys and the purse strings for the majority of local health services. It is responsible for commissioning a wide range of clinical services, including secondary (hospital), community and mental health services for your area and for paying for those services, for and on behalf of, the local population. In some areas this also includes commissioning Primary care (GP services) alongside NHS England.

It's guardianship of local NHS services needs to be done in an open, fair and transparent manner but in so doing must take into account fully and responsibly, the management of the limited resources at its disposal. A set of agreed principles is vital to help the CCG meet its duties and responsibilities and to guide the clinical decisions made by both the CCG and the full range of clinical Providers who deliver the healthcare it commissions.

Why does the CCG need a suite of clinical policies?

Having a set of agreed principles only goes so far in helping to make clinical decisions. Individual cases bring about specific issues that need greater detail and depth in order to allow equitable, practical and justifiable decisions to be made about the clinical treatment that should or should not be provided under the NHS.

Specific policies, based upon the set of principles, support the process of clinical decision making on a daily basis. Although still open to interpretation and judgment, policies provide a firm bedrock for decisions about services that can be recognised, understood and tested by all concerned; clinicians, commissioners, appeals panels, patients and other stakeholders.

CCGs are legally obliged to develop and publish the governance protocols it has established for decision making and the policies it has adopted to determine whether care and treatments are to be made available to the local population.

What is meant by a governance framework?

As an organisation with responsibility for the expenditure of public money and the delivery of public services, a CCG must have a set of rules that governs what it does and how it does it. It must demonstrate integrity and solicitude in the decisions it makes. The governance framework, of which the principles and the clinical policies form a part, provides a legal and robust structure that both guides and protects the organisation and its members and gives meaning, reassurance and transparency to those (public, patients and others) who need to use and trust in its performance and decisions about their access to care and treatment.

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.

In addition, the individual funding request process (IFR) service provided by NHS Midlands and Lancashire Commissioning Support Unit applies the inherited policies of CCGs which were different from each other, some out of date and some up for review. This provided an ideal opportunity to review the policies across the CCGs, agree a common process for IFRs and increase the co-ordination of policies and services across Lancashire, making them more consistent and fair.

Which CCGs are involved?

All 8 CCGs in Lancashire are involved. These are:

Lancashire North Clinical Commissioning Group

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

Blackpool Clinical Commissioning Group run their own IFR process and are planning to review their policies in the near future but have joined in this review to help and inform their own review.

Which policies are involved?

Each Clinical Commissioning Group in Lancashire has a range of clinical policies which varies from CCG to CCG dependent upon their local circumstances. It would be a long and arduous job to harmonise or replicate all these policies across all CCGs at the same time. A number of policies common to each CCG are being considered first. For example, each CCG had several policies relating to cosmetic

procedures. It has been agreed to consolidate these into one Cosmetic Policy which replaces up to 8 previous policies. Other common policies include:

Reversal of Sterilisation	Dilatation and Curettage/Hysteroscopy	Policy for the Commissioning of Services for People with Erectile Dysfunction
Treatment of Varicose Veins	Policy for Surgical Release of Carpal Tunnel Syndrome	Policy for the Commissioning of Testing for Malignant Hyperthermia
Reversal of Sterilisation in Males & Females	Hip Arthroscopy	Surgical Management of Otitis Media with Effusion using Grommets in Children (under 12 Yrs)
Complementary and Alternative Therapies	Planned Caesarean Section	Procedures of Limited Clinical Value (Better Care Better Value - Lumbar Spine procedures)
Endoscopic Procedures on the Knee Joint Cavity	Photorefractive (Laser) Surgery for the Correction of Refractive Error	Epilepsy Assessment - In-Patient assessment using video telemetry or residential care for young children and young people with severe epilepsy
Male Circumcision	Spinal Cord Stimulation	Inguinal, Umbilical and Femoral Hernias
Tonsillectomy	Surgical Release of Trigger Finger	Functional Electrical Stimulation for foot drop of central neurological origin
Excision of Uterus		

Other policies may be added to this list as the process continues.

What will this mean to patients?

The principles and 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 may have a direct impact upon some of 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. However, for some

services, such as those mentioned in the table above, 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 and prioritisation of resources.

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

What impact will this have on individual funding requests?

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 as a whole.