HEALTH OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 43 Brighton & Hove City Council

Subject:		**Clinically Effective Commissioning (CEC): February 2018 Update**
Date of Meeting:		**28 February 2018**
Report of:		**Executive Lead, Strategy, Governance & Law**
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Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Clinically Effective Commissioning (CEC) is a regional NHS initiative which aims to improve the effectiveness and value for money of healthcare services by ensuring that commissioning decisions across the region are consistent; that they reflect best clinical practice; are in line with the evidence; and that they represent the most sensible use of limited resources.

1.2 Sussex and East Surrey CCGs have identified a number of procedures that are not a priority for funding. These are procedures where there is limited evidence in terms of improving patients' health. The CCGs, with clinicians across the health economies, have considered evidence in terms of clinical effectiveness and outcomes in line with research and guidance. They have also balanced the cost of such procedures against the overall health benefit gained to come up with updated and aligned policies.

1.3 The HOSC received an initial report on CEC at its September 2017 meeting. This is an update on progress since then.

2. RECOMMENDATIONS:

2.1 That members note the information included in this report; and

2.2 Decide whether they wish to further scrutinise any elements of the CEC programme (e.g. tranche 3 as detailed at 3.4 below).

3. CONTEXT/ BACKGROUND INFORMATION (information provided by B&H CCG)

3.1 CEC is an initiative which brings together clinicians and commissioners across the STP footprint to ensure that a range of at least 39 key procedures are delivered to the same thresholds and standards; that all treatments are clinically

effective and accord with published evidence and clinical best practice; and that treatments on offer represent the most sensible use of finite NHS resources.

3.2 Although CEC planning has been undertaken across several CCG areas, any decisions to change services arising from CEC will be taken by individual CCGs.

3.3 Treatments being evaluated by CEC have been divided into three tranches. The **first tranche** of treatments have already been considered by CCGs and any changes signed-off by CCG Governing Bodies. The focus here has been existing policies with the aim of updating and standardising them across all STP CCGs in line with the latest evidence and guidance i.e. policies that were already in place across the CCGs but with different thresholds. The aim was to bring all the CCGs' current policies into alignment based on the clinical evidence available.

3.4 Ensuring consistency of approach ensures fairness across multiple CCGs, and the changes to the policies are not significant enough to have a major impact on patients. Lay members, as part of the CCG's health policy committee, and representatives from the voluntary sector on the Committee for Investment and Disinvestment, were consulted through the process; and Equality Impact Assessments were carried out for each policy to ensure robust process was followed and that no group was disproportionately affected by the changes.

3.5 Tranche 1 treatments are:

1. Reduction mammoplasty
2. Augmentation/ Mammoplasty
3. Rhinoplasty/ Septorinoplasty
4. Asymptomatic gallstones
5. Circumcision
6. (Adeno)Tonsillectomy
7. Blepharoplasty (surgery on the upper & lower lid)
8. Chalazion
9. Female sterilisation
10. Trigger Finger
11. Hallux valgus/ Bunions- surgical treatment of

3.6 **Tranche 2** treatments are being considered and signed-off by individual CCGs. This consists of Procedures for which there is considerable variation in existing policies or where there is a lack of policies. Currently the policies are being formally reviewed by the CCG's Health Policy Committee (HPC) and then the Committee for Investment and Disinvestment (CIDC). An Equality Impact Assessment has been carried out for each updated policy and scrutiny of the results of these is done by the HPC and CIDC. Again, this process is focused on updating the policies in line with clinical evidence and guidance, in order to align practice across CCGs.

3.7 The CCG has undertaken patient and public engagement under the Big Health and Care Conversation specifically around Clinical Effective Commissioning, and will be carrying out further engagement along with the other Sussex CCGs in the months ahead. However, it is again the CCGs' view is that these plans do not reach the trigger that would require consultation.

3.8 **Tranche 2** treatments are:

12. Minor Skin Lesions (Treatment of)
13. Excision of Haemorrhoid
14. Hernia Treatments
15. Varicose veins
16. Carpal tunnel syndrome (surgical treatment of)
17. Ganglia (Excision of ganglia)
18. Dupuyutrens contracture
19. Arthroscopy/ Knee washout (in patients with knee osteoarthritis)
20. Penile Implants
21. Vasectomy
22. Grommets in older children (12 and above) and adults (ventilation tubes) (Insertion of)
23. Grommets in children under 12 (ventilation tubes) (Insertion of)
24. Bone anchored hearing aid – unilateral
25. Correction of brow Ptosis*
26. Female genital prolapse/stress incontinence (assessment of)
27. Hysterectomy for heavy menstrual bleeding
28. Uterine fibroids (minimally invasive surgery for)
29. Discectomy for lumbar disc prolapse (elective)
30. Epidural injections for lumbar back pain
31. Therapeutic facet joint injections/medial branch blocks
32. Acupuncture for Non- Specific Low Back Pain (LBP)
33. Obstructive sleep apnoea in adults

3.9 **Tranche 3** (some of which may be considered under tranche 2): work on this has yet to be completed regarding review of the evidence and engagement in relation to the proposed changes to policies. If CCGs update these policies and are proposing significant changes, the CCG provides the assurance that this will be proactively discussed with the HOSC at future meetings. The tranche 3 treatments are:

34. Fertility preservation techniques
35. IVF
36. Cataract surgery
37. Hip replacement surgery (primary)
38. Knee replacement surgery (primary)
39. Bariatric surgery

3.6 It is important to note that CEC is not necessarily considering whether to cease providing any of the above treatments: the discussion will be about updating the policies in line with the evidence and whether thresholds for treatment need to be altered to account for best practice/ emerging evidence of efficacy.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 None to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 CCGs have a legal duty to engage with patients, carers and the public when planning and/or commissioning services. There is a duty also to engage when changing a service. The level of engagement required is related to the significance of the change. The CCG is developing how it plans to engage going forward regarding more significant changes to policies incorporating learning from a 'Difficult Decisions' workshop held and discussions at the HPC on 27th November 2017.

5.2 Lay members sit on the Health Policy Committee and Voluntary sector representatives are members of the Committee for Investment and Disinvestment. Equality Impact Assessments have been conducted for all policies being reviewed.

6. CONCLUSION

6.1 Members are asked to note the update on CEC and also to decide whether they wish to further scrutinise elements of the CEC programme (e.g. potential plans to change tranche 3 services which may have a significant local impact).

6.2 As noted in the report above, the CCG's position to date is that none of the changes so far identified by CEC are significant enough to require public consultation or to require formal consultation with HOSCs (under legislation local HOSCs must be consulted at any early stage of all NHS plans to make substantial variations to service: SVIS). However, HOSCs may still chose to scrutinise NHS change plans under general scrutiny powers even where these plans do not amount to a SVIS.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this report for information

Legal Implications:

7.2 There are no legal implications to this report

Lawyer Consulted: Elizabeth Culbert; Date: 16/01/18

Equalities Implications (information provided by B&H CCG):

The EIA process assesses for any actual or potential discrimination against protected characteristic groups, and whether any groups are likely to be treated less favourably than others in respect of the relevant clinical care. Equality Impact Assessments (EIAs) are completed for each policy; these are rapid EIAs, which indicate whether further equality assessments might need to be carried out.

In addition there is an established mechanism for dealing with requests from patients when there isn't a commissioned service available and they have a rare disease or illness and/or are clinically exceptional. This process is managed through the Individual Funding Request (IFR) process. More information on this process can be found at https://www.gp.brightonandhoveccg.nhs.uk/individual-funding-requests-information-clinicians

Sustainability Implications:

7.3 None identified.

Any Other Significant Implications:

7.4 None identified.

Documents in Members' Rooms

None

Background Documents

None