

Subject:		Clinically Effective Commissioning (CEC): Update	
Date of Meeting:		17 October 2018	
Report of:		Executive Lead for Strategy, Governance & Law (Monitoring Officer)	
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Ward(s) affected:		All Wards	

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 has been monitoring the CEC initiative for some months. The current report provides a general update on progress of the initiative, including its revision to include more procedures and the establishment of a CEC 'pipeline' which will identify further procedures for review.

2. RECOMMENDATIONS:

- 2.1 That the Committee notes the information contained in this report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 CEC originally reviewed around 39 procedures, dividing them into three 'tranches' (tranches 1, 2 and 3). The HOSC received updates on the progress of this initiative in September 2017 and February 2018.
- 3.2 CEC has subsequently been revised to include more procedures. CEC is now in four tranches (tranches 0, 1, 2 and 3). The revised tranches are:

Tranche 0: Covers 79 procedures, predominantly only commissioned by exception.

- Alternative therapies
- Cosmetic or plastic surgery procedures
- Breast surgery procedures
- Facial procedures
- Skin and subcutaneous procedures
- Ear, nose, throat procedures
- Gynaecology procedures
- Neurology/neurosurgery procedures
- Ophthalmology procedures
- Other surgery procedures
- Urology procedures
- IPG exclusions & clinical trials
- Cosmetic or plastic surgery procedures
- Musculoskeletal procedures
- NHS England commissioned services
- Foetal alcohol spectrum disorder

Tranche 1: Covers 12 procedures where the policies already existed across the CCGs but had different threshold criteria and so the aim was to align the policies across the STP.

1. Asymptomatic Gallstones surgery
2. Blepharoplasty
3. Chalazion surgery
4. Circumcision
5. Dilation and Curettage
6. Female Sterilisation surgery
7. Hallux Valgus Surgery
8. Reduction Mammoplasty
9. Revision / Augmentation Mammoplasty
10. Rhino/ Septoplasty
11. Tonsillectomy
12. Trigger Finger surgery

Tranche 2: Covers a further 16 procedures, for which there is considerable variation in existing policies or lack of policies.

1. Arthroscopy/ Knee washout (in patients with knee osteoarthritis)
2. Brow Ptosis surgery
3. Carpal tunnel syndrome (surgical treatment of)
4. Excision of Haemorrhoid surgery
5. Female genital prolapse/stress incontinence (assessment of)
6. Ganglia (Excision of ganglia)
7. Grommets in children under 12 (ventilation tubes) (Insertion of)
8. Grommets in older children (12 and above) and adults (ventilation tubes) (insertion)
9. Hernia Treatments
10. Hysterectomy for heavy menstrual bleeding
11. Minor Skin Lesions (treatment of)
12. Obstructive sleep apnoea surgery in adults
14. Uterine fibroids (minimally invasive surgery for)
15. Varicose veins surgery
16. Knee replacement surgery (primary)
17. Hip replacement surgery (primary)

Tranche 3: A draft pipeline of policies (Tranche 3) has been developed. Once the pipeline has been agreed by individual CCGs, the proposed areas for consideration will be subject to a thorough health policy appraisal of clinical evidence. This will then be appraised through the new CEC processes and a formal decision will be made for each as to whether or not there is robust clinical evidence to support policy development.

- 3.3 When the HOSC last considered CEC (February 2018), members were told that tranches 1 and 2 of the original CEC programme had been agreed by CCGs and that tranche 3 was then being considered. (Tranches 1, 2 and 3 of the original CEC programme map approximately across to tranches 0, 1 and 2 of the revised programme, although the revised programme also includes additional procedures). The CCGs have now agreed tranches 0, 1 and 2 of the revised CEC programme.
- 3.4 To date, the CCGs' view has been that none of the service changes agreed as part of CEC tranches 0, 1 or 2 constitutes a Substantial Variation in Service (SViS) such that formal consultation is required with local HOSCs. However, CCGs believe that some plans in the CEC pipeline (tranche 3 of the revised programme) are likely to meet the SViS bar, requiring formal consultation with HOSCs (and potentially also with service users). Since the aim of CEC is to standardise treatment across Sussex, these SViS will apply across local authority boundaries. This means that they must be scrutinised by a Joint HOSC (JHOSC) of all areas affected rather than by individual HOSCs. A separate report seeking agreement for the establishment of a JHOSC will be brought to the HOSC.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Not applicable to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 None directly. This report has been shared with Sussex CCGs which have contributed to its content.

6. CONCLUSION

- 6.1 HOSC members are asked to note CCGs' progress in agreeing tranches 0, 1 and 2 of the revised CEC programme.
- 6.2 Members are also asked to note progress in identifying CEC pipeline procedures (tranche 3 of the revised programme); and to note that tranche 3 procedures that represent a Substantial Variation in Service (SViS) will need to be scrutinised by a joint HOSC (JHOSC).

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None for the council to this information report

Legal Implications:

7.2 There are no legal implications to this report

Lawyer Consulted: Elizabeth Culbert Date: 18/09/18

Equalities Implications:

7.3 None to this report. Any substantive scrutiny of substantial variation relating to the CEC programme would include consideration of equalities issues.

Sustainability Implications:

7.4 None to this report. Any substantive scrutiny of substantial variation relating to the CEC programme would include consideration of relevant sustainability issues.

Any Other Significant Implications:

7.5 None identified.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Background Documents

None

