

Excluded and Restricted Procedures (including Hearing Aids)– Alignment and Consultation

19 March 2019

Background

The Clinical Commissioning Groups (CCGs) have a process for prioritising the use of the resources available to commission healthcare in across the six Staffordshire and Stoke on Trent CCG. This is set out in the Policy on the Prioritisation of Healthcare Resources.

The CCG has a group known as the Clinical Priorities Advisory Group (CPAG), which is a subcommittee of the Governing Board. The group considers interventions and services which are referred from the CCG's commissioning team. This may be because there is a recognised unmet need and the CCG wishes to identify the best interventions to invest in or, as is the reason in this case, because there is a view that a services need to be reviewed.

CPAG undertakes the ranking of healthcare interventions using a scoring system of criteria based on the Portsmouth Scorecard. Interventions are scored by the group against 8 criteria that include; the magnitude of overall health benefit, where it looks at issues such as how far the intervention or service extends life and how far it improves quality of life, the strength of the evidence supporting the assessment of benefit which is assessed using the same categories adopted by NICE and the cost-effectiveness - which is best expressed as a cost for the gain of one quality adjusted life year.

This final score is reported to the CCG Strategic Commissioning team. No decision is made by CPAG about whether a service should or should not be commissioned. As the policy explains there is a threshold score, and interventions scoring below the threshold will not be considered by the CCG for new investment and where already commissioned, current eligibility criteria will be subject to review.

Context

As described, the CCG has a robust process for prioritising the services and treatments it commissions.

Introducing excluded or restricted criteria for any intervention are difficult decisions to make, which is why the CCG has a clinically-led prioritisation process. Inevitably, this will result in some services scoring below the threshold for investment, but the CCG has to ensure that it operates within its defined budget and achieves financial balance.

The CCGs currently have three excluded and restricted procedures policies across Staffordshire and Stoke on Trent including a number of differing commissioning policies (e.g. hearing aids, Assisted Conception). The CCG also has a number of interventions that have been scored at the CCGs Clinical Priorities Advisory Group (CPAG) that require further action and review.

The Commissioning teams have previously reviewed all interventions that had been scored at CPAG and began work on the alignment of their commissioning policies, including introducing restricted or excluded criteria for interventions that scored below the threshold for commissioning set by the CCGs and developing commissioning policies for interventions that scored within the threshold for commissioning.

Interventions were identified as either requiring a wording amendment only that did not significantly change existing criteria, amendments or additions to existing policy that required clinical engagement only and amendments or additions to existing policy that required public engagement/consultation due to the nature of the interventions that were being reviewed.

A large proportion of amendments were agreed across Staffordshire and Stoke on Trent and implemented within the excluded and restricted procedures policies, however the CCGs were unable to reach a joint consensus on a number of areas that meant we were unable to fully align our policies. These include;

- Assisted conception
- Hearing aids for non-complex hearing loss
- Male and female sterilisation
- Breast Augmentation and reconstruction
- Removal of excess skin following significant weight loss

Following the alignment of the management structure, a further piece of work is being undertaken to align our policies and ensure all areas that have been scored at the CCGs CPAG are reviewed and actioned. It is recognised that a number of these areas, including those listed above, will require formal consultation to gain public, patient and stakeholder involvement in the decision making process and ensure an aligned approach is taken across all CCGs.

This was discussed at the Joint Strategic Commissioning Committee on 16 January 2019 where it was recommended that the CCGs undertake a formal consultation for the areas listed above recognising that this would need to take place after the purdah period and local elections.

The recommendation to undertake a formal consultation for the areas listed above was approved at the Cannock Chase Clinical Commissioning Group, South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group and Stafford and Surrounds Clinical Commissioning Group Governing Body Meeting in Common on 31 January 2019.

The recommendation to undertake a formal consultation for the areas listed above was approved at the North Staffordshire Clinical Commissioning Group and Stoke-on Trent Clinical Commissioning Group Governing Body meeting in Common on 05 March 2019.

The recommendation to undertake a formal consultation for the areas listed above was approved at the East Staffordshire Clinical Commissioning Group Governing Body meeting on 07 March 2019.

Next Steps

Indicative milestones for this piece of work are as follows;

January-March 2019

- Finalise review of differences across the CCGs excluded and restricted procedures policy and identify all interventions that have been scored at CPAG that require further action
- Identify appropriate action required for interventions requiring review of current criteria and possible amendment or inclusion within current policies. These may be subject to;
 - internal approval only e.g. where a wording amendment does not significantly change existing criteria
 - clinical engagement to support any changes to clinical criteria or the commissioning of a new service
 - inclusion in formal consultation as any changes to current commissioning arrangements have been identified as requiring public, patient and stakeholder involvement

April-May 2019

- Development of Consultation plan
- Complete quality and equality impact assessment

June 2019

- Consultation plan presented to Joint Strategic Commissioning Committee for approval

July 2019

- Consultation plan presented to Governing boards for approval

August-September 2019

- Enter formal 12 week consultation