

Local Members' Interest
n/a

## **Health and Care Overview and Scrutiny Committee - Monday 20<sup>th</sup> September 2021**

### **Difficult Decisions update**

#### **1. Recommendations**

- 1.1. To note the update on the Difficult Decisions engagement process.
- 1.2. To note the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform any future proposals.

### **Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups**

#### **Summary**

#### **2. What is the Overview and Scrutiny Committee being asked to do and why?**

- 2.1. In January 2020, the six Staffordshire and Stoke-on-Trent CCGs began their initial phase of the Difficult Decisions engagement process regarding five areas of care.
- 2.2. In response to the COVID-19 (Coronavirus) pandemic, all local health services focussed on supporting the frontline. As a result, some work programmes were placed on hold in April 2020 and this included the Difficult Decisions engagement.
- 2.3. This report provides an update to members on the work completed to date and details the process through which this programme will follow including a proposed timeline for returning to the committee.
- 2.4. The committee is asked to advise on any additional information required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform any future proposals.

#### **Report**

#### **3. Background**

- 3.1. The Clinical Commissioning Groups (CCGs) have a process for prioritising the use of the resources available to commission healthcare across the six Staffordshire and Stoke-on-Trent CCGs. This is set out in the Policy on the Prioritisation of Healthcare Resources.
- 3.2. 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.

- 3.3. 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 eight 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.
- 3.4. 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.
- 3.5. 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.

#### **4. Context**

- 4.1. As described, the CCG has a robust process for prioritising the services and treatments it commissions.
- 4.2. 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, as some interventions/services score below the threshold for investment, difficult decisions have to be made; however, using a clinically-led prioritisation process based on review of available scientific evidence of effectiveness ensures that where interventions are excluded from commissioning or, where they are prohibitively expensive or in limited supply, restrictive criteria are used to ensure that these interventions are reserved for those most likely to benefit.
- 4.3. This is particularly important given the CCGs challenged financial position and the need to balance the services that are commissioned against their statutory responsibilities to ensure that they operate within their defined budgets and achieve financial balance.
- 4.4. In 2019, the six Staffordshire and Stoke-on-Trent CCGs reviewed eligibility criteria for a range of interventions/procedures with the overarching aim of aligning criteria where there were differences across the CCGs and to review any outstanding recommendations from the CCGs CPAG.
- 4.5. During the review, the CCG recognised that public engagement and involvement would be required to inform the proposals for a number of areas. These are;
  - 4.5.1. Assisted conception
  - 4.5.2. Hearing aids for non-complex hearing loss (Mild hearing loss only)
  - 4.5.3. Male and female sterilisation
  - 4.5.4. Breast Augmentation and reconstruction
  - 4.5.5. Removal of excess skin following significant weight loss

- 4.6. In January 2020, the six Staffordshire and Stoke-on-Trent CCGs began their initial phase of the Difficult Decisions engagement regarding the above five areas of care.
- 4.7. Feedback was gathered via online and paper surveys and during seven deliberative events. The deliberative events were structured as 'be a commissioner' workshops, to gather intelligence on how participants felt services should be prioritised. Two additional events were held on request from two organisations representing people who suffer with hearing loss. Additionally, respondents provided feedback, guidelines and research through the submission of correspondence during the engagement period.
- 4.8. The CCGs launched this engagement exercise to gather the views of patients, the public and other interested stakeholders and use this feedback to inform future proposals.
- 4.9. The initial engagement exercise concluded on 01 March 2020 and the CCGs expected to begin the next stage of the programme in May 2020 once the analysis of the initial feedback was complete. Further information on the initial engagement and the report of findings can be found here:  
<https://www.northstaffsccg.nhs.uk/get-involved/consultation-engagement/difficult-decisions>
- 4.10. Plans for any further engagement was put on hold in April 2020 when all local health services focused on supporting the efforts to manage the COVID-19 (coronavirus) pandemic. All stakeholders involved in this engagement received a statement explaining this decision.
- 4.11. In December 2020, North Staffordshire CCG reviewed the clinical evidence available for hearing loss to understand whether there was any additional evidence available that may change the original CPAG prioritisation scores and remove hearing aids from the difficult decisions programme.
- 4.12. The review did not identify any additional evidence that had not already been considered by the CPAG. It was however noted that the evidence of benefit to patient with moderate hearing loss was stronger than the evidence of benefit to patients with mild hearing loss.
- 4.13. During the review, the CCG recognised the likely outcome of future engagement is that no restrictions for moderate hearing loss will be implemented across the other five CCGs.
- 4.14. Due to the delays in concluding the difficult decisions work, North Staffordshire CCG Governing body discussed the provision of hearing aids for moderate hearing loss in January 2021 and approved a recommendation to remove restrictions for moderate hearing loss within the hearing aid commissioning policy.
- 4.15. The removal of this restriction in the hearing aid policy relates to moderate hearing loss only as further work is required to review mild hearing loss within the difficult decisions programme alongside the other 4 areas of care highlighted in section 4.5.

## 5. Involvement process

- 5.1. There are no proposals at this stage and these will not be developed until the full engagement and involvement process is complete.

- 5.2. The process for deciding the long-term solutions for the five service areas will be based on the best balance of clinical evidence and evidence gained through public involvement. A clear audit trail to evidence how the proposals were developed and the considerations taken, will be captured.
- 5.3. The development of any proposals will go through a three stage process;
- 5.3.1. *Stage 1: Development of a long list of solutions* - Possible solutions for harmonising the eligibility for each procedure developed by the CCG clinical and commissioning team. Each of the solutions will be evaluated against a list of essential criteria. Feedback from the initial engagement exercise will be used to inform solution development and develop a list of desirable criteria that will be reviewed in Stage 2 and applied in Stage 3.
- 5.3.2. *Stage 2: Criteria weighting* - In this stage, patients and public and other stakeholders (including NHS staff) will work together to understand the criteria identified in stage 1 and then together confirm the weighting that should be applied to that criteria. This will be a single online event.
- 5.3.3. *Stage 3: Development of proposals* - During this stage, public and patients and wider stakeholders (including NHS staff) will work together to evaluate the different possible solutions against criteria through a scoring process. There will be one event for each procedure.
- 5.4. On conclusion of the above stages, a business case will be developed to outline the proposals for each of the five procedures and at this point we will be able to identify future involvement activity needed.
- 5.5. All future proposals will include full Quality Impact Assessment (QIA), Equality Impact Assessment (EIA). Consideration of the financial impact of the proposals will be outlined within the business case.

## 6. Next Steps

- 6.1. The CCGs are now in a position to re-commence this work and move onto the next phase of the process.
- 6.2. Due to COVID-19, we recognise that there have been changes to the way the NHS has been able to deliver services and see patients and this may have affected the way people feel about or changed their experience of the services.
- 6.3. As a result, the CCG want to re-engage with service users to understand whether there is anything new we should consider since the conclusion of the initial engagement in 2020. We have therefore included an engagement re-set within stage 1 of the above process.
- 6.4. A high level involvement plan with indicative timescales is included in the table below;

*Table 1: High level involvement plan*

Activity	Date
<b>Stage 1a: Development of a long list of solutions</b>	August – October 2021
<b>Stage 1b: Engagement reset</b> including: Public survey, analysis of responses, release report of findings	August – November 2021
<b>Stage 2: Criteria weighting</b> including: Virtual event and report of findings	November 2021 – January 2022
<b>Stage 3: Development of Proposals</b> , including: Virtual and/or face to face events, data processing and analysis, impact assessments, development of business case	January - March 2022

6.5. On completion of the involvement process in March 2022, the CCGs will present the findings to the HOSC to identify future involvement activity.

## 7. Link to Trust's or Shared Strategic Objectives

7.1. The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

### Our purpose

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

## 8. Link to Other Overview and Scrutiny Activity

8.1. Paper presented to Health and Care Overview and Scrutiny Committee - 19 March 2019.

8.2. Briefing shared with Leek Health Overview and Scrutiny Panel – February 2020.

8.3. Paper presented to Health and Care Overview and Scrutiny Committee 14 September 2020 (specific to North Staffordshire Hearing Aid policy)

8.4. Stakeholder briefing shared with Health and Care Overview and Scrutiny Committee – February 2021 (specific to North Staffordshire Hearing Aid policy)

## 9. Community Impact

9.1. As part of developing any business case we will review the impact on the communities affected e.g. health inequalities, travel analysis and quality impacts and these will inform the final proposals.

## 10. Contact Officer

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**11. Appendices/Background papers**

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