# Procedures of Lower Clinical Value (PLCV)

Birmingham CrossCity, Birmingham South Central and Solihull CCGs

# PLCV - a quick reminder…

- Procedures of lower clinical value (PLCV) cover a range of types of clinical treatments, that are of value, but only in the right circumstances.

- NHS commissioners have a duty to refresh commissioning policies, inline with the latest clinical evidence.

- The clinical criteria for 45 procedures (21 policies) have been reviewed, to ensure patients have the same opportunity to access treatments within the scope of the policy harmonisation project, regardless of where they live in Birmingham and Solihull.

- Since 2014, a project team has being reviewing each of these 21 policies to ensure they are in-line with robust clinical evidence and national guidance.

- In most cases, very limited changes have been made and the rationale in the policies has been strengthened, which will help support GPs.

# What does this mean for patients?

- By having one standardised core set of policies, all patients who may require a PLCV will have to meet the same criteria, wherever they live in Birmingham and Solihull. This ensures all patients are treated fairly.

- There may be circumstances where a patient will no longer be able to receive a treatment, which they would previously been able to have. In these cases, the patient will be supported by their GP to consider the alternatives available to them, which may be of greater benefit.

- The criteria for a core set of procedures will be the same, regardless of which GP the patient sees, or which hospital they attend across Birmingham or Solihull.

- All policies have an equalities impact assessment.

# When did we talk to people?

- A series of meetings with patients took place from **November 2015** until the engagement started on the **1 February 2016**. This helped the project team develop the documents needed to support the engagement, including; the development of a survey, posters, leaflets and other materials.

- The engagement period ran from **1 February** until **14 March 2016**.

- There were **two** public meetings and a further **127** contacts between the CCGs' engagement teams, the general public and stakeholder organisations. There was also significant marketing communications activity, including social media. In total, there were **75** responses to the survey.

# What did they say?

Respondents indicated there was significant support for the six objectives underpinning the review of the 21 PLCV policies:

1. To ensure that procedures and treatments are offered consistently and fairly to patients;
2. To end the ‘postcode lottery; which currently exists, by having the same eligibility criteria for treatments;
3. To ensure that policies meet the latest national clinical guidance and are supported by robust clinical evidence;
4. To stop using treatments that do not have any benefits for patients, or have a very limited evidence base;
5. To prioritise treatments which provide the greatest benefits to patients; and
6. To stop offering cosmetic treatments e.g. Botox injections, liposuction, face lift, repairs of ear lobes and thigh lift.

# They also told us…

- Of the 21 policies for consideration, **eleven** produced neutral results from the survey, with no significant levels of support or disagreement.

- For **seven** policies, the largest proportion of survey respondents disagreed or strongly disagreed with the proposed policies; **three** policies saw significant support from survey respondents.

- It is important to note that the assessment of PLCV policies is an **ongoing and iterative** process. For this reason, all policies will be continuously reviewed, to ensure they are up-to-date and fit for purpose.

# Recommendations from the last meeting…

**You said:** engagement and communication with the public needs to be strengthened.

**We've responded by:** the numbers of local people and stakeholders engaged with is positive. The assessment of PLCV policies is an ongoing and iterative process. We have also agreed to work with our patients to agree a new name for PLCV.

**You said:** GPs need to be engaged as part development of new polices to enable the development of referral pathways.

**We've responded by:** Our memberships have been engaged, with clinical leads being a key part of the working group. This will continue to be the case as the process continues.

**You said:** Health and Wellbeing Boards need to be involved in leading and having overview of the proposals.

**We've responded by:** The Birmingham and Solihull Boards have both been briefed about the PLCV work and we will continue to keep them updated.

**You said:** That case study information and information in Plain English is shared with the public.

**We've responded by:** we have started working on Plain English leaflets for each policy.

**You said:** the Committee would like to receive a final copy of the engagement report.

**We've responded by:** sharing the engagement report with you.

# Listening to feedback…(1)

**Birmingham LMC said:** GPs must retain full clinical freedom to refer patients for a specialist assessment/opinion.

**We responded:** The following statement will be added to all polices*: In cases of diagnostic uncertainty, the scope of this policy does not exclude the clinician's right to seek specialist advice. This advice can be accessed through a variety of different mediums and can include both face to face specialist contact as well as different models of consultant and specialist nurse advice and guidance virtually.*

**Birmingham LMC said:** changes to policies should not put any additional un-resourced workload on general practice.

**We responded:** we do not seek to restrict outpatient referrals for specialist opinion. In Solihull and Birmingham, specialist advice and support can be received in a range of clinical specialties.

**The Royal College of Surgeons said:** patients' access to treatment must be based on clinical assessment and evidence-based practice.

**We responded:** no absolute referral or treatment block exists, because of the shared Individual Funding Request process across Birmingham, Black Country and Solihull since 2013.

**Birmingham Children's Hospital said:** there appears to be no differentiation between adults and children in the policies.

**We responded:** further discussions have taken place with Birmingham Children's Hospital to identify specific areas of concern and, where possible, the draft policies have been amended.

# Listening to feedback…(2)

**Members of the public said:** the cosmetic surgery policy does not seem to take into account additional issues arising from conditions treated by cosmetic surgery, such as poor mental health.

**We responded:** No policy includes mental health criteria; this is because there are no objective measures of psychological distress that can be used. The Individual Funding Request (IFR) process to be used where, in exceptional circumstances, an application can be submitted by a suitably qualified clinician such as a psychiatrist or psychologist.

**Respondents said:** the non-specific, specific and chronic back pain policy had been considered as a procedure of lower clinic value, but this condition has a debilitating effect.

**We responded:** We can confirm that the policy is based on current guidance . Additionally, NICE are currently consulting on revised guidance for Non-Specific Bank Pain and Sciatica and expect to publish updated clinical guidelines in September 2016. At that point this policy will be updated.

**The Royal College of Surgeons said:** the varicose veins policy proposes to only surgically treat more advanced cases of varicose veins; varicose veins that are not treated at an earlier stage are likely to deteriorate and require later surgery.

**We responded:** We have reflected on the feedback and have further reviewed NICE guidance relating to varicose veins. As a result the draft policy has been amended to take on board this feedback.

# Listening to feedback…(3)

**The RNIB said:** the proposal to lower the visual acuity threshold for cataract surgery is welcomed, as the change will enhance accessibility and will in turn significantly benefit those patients whose cataract is impacting on their day-to-day activities. Patients should be eligible for cataract surgery, if they experience disabling visual symptoms attributable to their condition.

**We responded:** although visual acuity is a useful component of the assessment of visual disability from cataract, cataract surgery should be considered in the first eye or second eye, of a patient who has disabling visual symptoms attributable to cataract. Therefore we now propose removing the linkage between a visual acuity of 9/6 or worse **and** other disabling visual symptoms linked cataracts.

**The Royal College of Surgeons said:** there is evidence that prolonging the wait for total hip replacement in patients with severe pain and reduced mobility, results in poorer outcomes from surgery. There is also no consistent evidence that patients with a high BMI who undergo hip replacement surgery, for example, do better or worse than other patient groups.

**We responded:** there is not sufficient or unequivocal evidence either to include or not include a particular BMI for hip replacement. The criteria has been amended and does not have a set BMI, but emphasises the need for surgeons/anaesthetists to carefully assess the clinical risk of surgery for higher BMI patients.

# Next steps….

- **Engagement report** published, subject to final approval [July 2016]
- **Health and Wellbeing Boards** continue to be updated on harmonised policies process and detail
- **Harmonised Policies** to go to CCG Governing Bodies for approval [August to September 2016]
- **Further communications** to GP practices, local acute providers and general public [September/October 2016]
- **Local acute contracts varied** to incorporate new policies [October 2016]
- **Next tranche of harmonised policies** to be scoped by Birmingham and Solihull CCGs [Autumn 2016]
- **Electronic approval** for acute providers of treatments within the harmonised commissioning policies – initial stage of provider dialogue [Autumn 2016]