

# **Treatment Policies Evidence Based Policy Harmonisation Program**

Status Update Presentation  
Birmingham and Solihull Joint HOSC  
Wednesday 10<sup>th</sup> January 2018

# Procedures of Lower Clinical Value (PLCV)

- PLCV as a term is nationally recognised in the NHS, but doesn't communicate well with clinicians or the public
- National evidence tells us that:
  - some procedures such as cosmetic surgery has low evidence of clinical necessity/effectiveness, **but**
  - other procedures such as hip replacements and cataract surgery that national evidence shows such procedures have a higher level of clinical necessity/effectiveness.
- National clinical evidence is continually changing and therefore NHS Commissioners must periodically review and update all their commissioning policies accordingly.
- **So** we are now using a better descriptor: ***'Treatment Policies'***

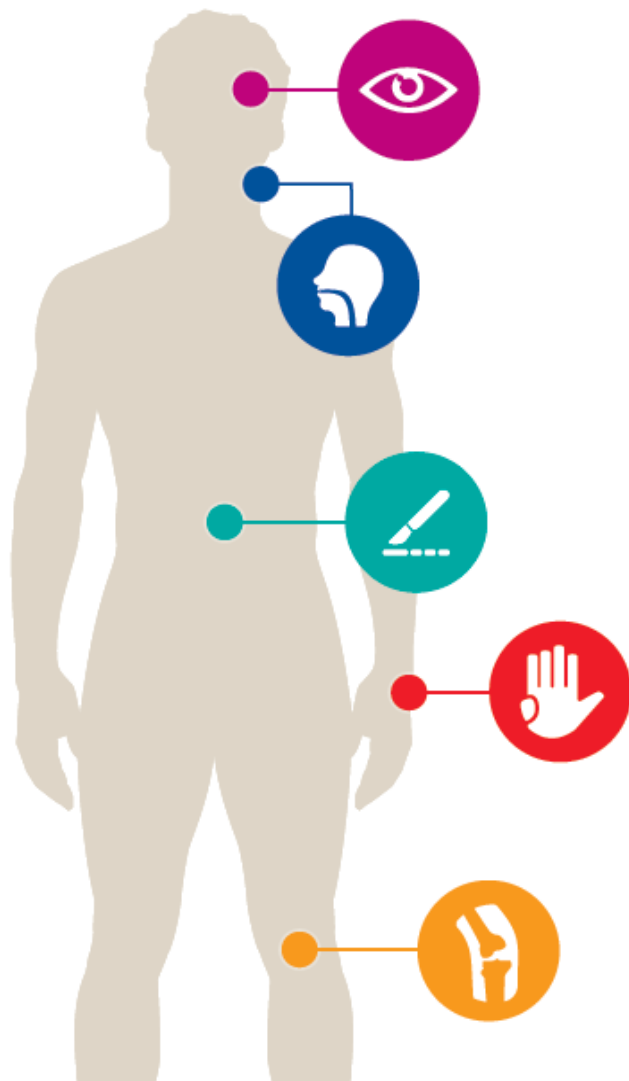
# Ensuring Fairness for Patients

## Why are we looking at Procedures of Lower Clinical Value?

At the moment, the criteria for a core set of PLCV may vary between areas. This can cause differences in the availability of some procedures between areas. You may have heard this called “postcode lottery” in the media and it can cause frustrations for both patients and clinicians.

The CCGs across Birmingham and Solihull believe there should be a single, consistent core set of policies which is fairer to patients. General Practitioners (GPs) and CCG staff have been working with colleagues from the local councils and public health to review each of the policies to ensure they are in line with robust clinical evidence and national guidance.

# What Does This Mean For Patients ?



## 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.

# Program Context and Approach

- CCG focus on an initial 'Phase 1' set of commissioning policies launched November 2017
- Further 27 treatment policies in development (Jly 17 - Oct 18)
- Combined CCGs' BSOL/Sandwell/Wolverhampton stakeholders formed the Treatment Policies Clinical Development Group (TPCDG) - (The backgrounds of members have included: GPs, Public Health, Medicines Management, Pathway Design, Contracting and Individual Funding Requests)
- The TPCDG is undertaking a series of Evidence Reviews/Policy Development steps to ensure a robust amendment/update process.
- Comprehensive and structured approach to clinician and public engagement based on lessons learned/public/JHOSC feedback
- Equality Impact Assessments are undertaken for each policy
- Sign-off/endorsement by appropriate governance boards and committees.

# Policy Refinement & Update – Phase 1

- Late 2016 - initial set of Phase 1 evidence reviews/policy updates completed and launched with providers and primary care
- New standardised web page and patient leaflets for all 3 BSOL CCGs; e.g. <http://bhamcrosscityccg.nhs.uk/your-health-services/treatment-policies-new>
- Jul-Dec 2017 - nine of the Phase 1 Policies were further updated to reflect ongoing feedback from clinical stakeholders
  - Cosmetic Surgery – Gynaecomastia
  - Cosmetic Surgery - Repair of Ear Lobes
  - Cosmetic Surgery – Rhinoplasty/Septoplasty/Septo-rhinoplasty
  - Cosmetic Surgery - Removal of Benign (non-cancerous) or Congenital Skin Lesions
  - Cosmetic Surgery - Removal of Lipomata
  - Diagnostic Hysteroscopy for Menorrhagia
  - Eyelid Surgery (Upper and Lower)
  - Low Back Pain
  - Cataracts

# Policy Refinement & Update - Phase 2

- July 2017 - the TPCDG has been reviewing and updating 27 Phase 2 policies.

## **Phase 2A - Treatment Policy List**

1. Assisted Conception
2. Provision of NHS funded Gamete Retrieval and Cryopreservation
3. Bariatric Surgery
4. Carpal Tunnel
5. Knee washout/debridement and Diagnostic and Surgical Arthroscopy of the Knee Joint
6. Cough Assisted Machines
7. Therapeutic Hip arthroscopy

*(Phase 2A - prioritised for initial review due to the potential complexity of the Evidence Review)*

# Policy Refinement & Update

## Timelines & Next Steps

- To Mar/early April 2018 - Evidence Review and Draft Policy Development will conclude
- Apr/May 2018 - Additional Clinical Engagement and Feedback period
- May/Jun 2018 – Public and professional engagement
- July/Aug 2018 - Policy sign-off/endorsement by appropriate health commissioning/programme boards
- Commissioning of Arden & GEM CSU to support and drive public/clinical engagement.
- Sep 2018 – BSOL Health Commissioning Board sign off
- Oct – Dec 2018 launch new policies with providers and primary care (including new patient leaflets and updated single BSOL CCG web page)



# Public Engagement Approach (Lessons Learned)

## Key Communication Messages & Approaches

- Tailored and appropriate language to deliver a consistent message to varied audience groups.
- Services are not being decommissioned, but the criteria for accessing the services is reviewed against clinical evidence
- Fairness through equitable access to consistent services across Birmingham and Solihull, with fair decisions based on a shared rationale and clinical evidence. No 'postcode lottery'
- Emphasis/reminder that the development and refinement of treatment policies for Birmingham and Solihull is continuous.
- Refinement of language and use of plain English in policy documents as well as patient leaflets
- 2 way approach – inform and listen

# Future Approach – Spring 2018

## Public and Clinician Engagement

### **Community and Clinical Engagement Events:**

- Proactive approach to face-to-face and electronic community engagement (not everyone has email)
- General public & community events across the Birmingham and Solihull area
- Targeted specialised engagement with affected groups, (up to 10 bespoke meetings)
- Continued Engagement with GPs, practice managers and provider Trusts (up to 3 dedicated GP events)

# Public and Clinician Engagement

## **Accessibility:**

- Email, phone, face to face and online contact points
- Information available in appropriate languages and formats.
- Targeted specialised engagement with affected groups in partnership with local organisations and providers.
- Report generation to permit detailed demographic analysis to ensure balanced consultation.

# Public and Clinician Engagement

[Home](#) | [Get Involved](#) | [Consultations and Surveys](#) | [Procedures of Lower Clinical Value](#)

## Combination of Electronic & Face to Face Approach

Procedures of Lower Clinical Value survey

 Print

Talk to us about  
**Procedures of Lower  
Clinical Value**



- Development, management and distribution of general public survey (electronic) – tailored to patient cohorts.
- Updates on CCG website pages and links, promotional literature and leaflets to disseminate the planned changes. Policy drafts developed with communication input.
- Tailored approach for specialised and general clinician engagement – capture/record full spectrum of views/feedback.

# Next steps: Engagement Timetable

Date	Activity
Apr – May 2018	Clinical Engagement period (six weeks)
May –June 2018	Public Engagement period (six weeks)
July 2018	Evaluation of survey results and post engagement final report with recommendations
Jul-Aug 2018	Working Group reconvenes and considers engagement feedback. Where appropriate some policies may be revised
Jul-Aug 2018	BSOL Engagement Report published (You Said/We Did)
Aug 2018	Final Policy Changes and Sign-Off
Sep 2018	Patient/GP Information Leaflet Publication
Oct - Dec 2018	Implementation of updated policies.

# Thank You

## Q&A

# Appendix 1.0 Policy Scope – Phase 1

Policy	Treatment
Adenoidectomy	
Cosmetic Surgery	Abdominoplasty / Apronectomy
Cosmetic Surgery	Thigh Lift, Buttock Lift and Arm Lift, Excision of Redundant Skin or Fat
Cosmetic Surgery	Liposuction
Cosmetic Surgery	Breast Augmentation
	a) Non breast cancer
	b) Breast cancer
Cosmetic Surgery	Breast Reduction
Cosmetic Surgery	Mastopexy (Breast Lift)
Cosmetic Surgery	Inverted Nipple Correction
Cosmetic Surgery	Gynaecomastia (Male Breast Reduction)
Cosmetic Surgery	Labiaplasty
Cosmetic Surgery	Vaginoplasty
Cosmetic Surgery	Pinnaplasty
Cosmetic Surgery	Repair of Ear Lobes
Cosmetic Surgery	Rhinoplasty
Cosmetic Surgery	Face Lift or Brow Lift (Rhytidectomy)
Cosmetic Surgery	Hair Depilation (Hirsutism)
Cosmetic Surgery	Alopecia (Hair Loss)
Cosmetic Surgery	Removal of Tattoos / Surgical correction of body piercings and correction of respective problems
Cosmetic Surgery	Removal of Lipomata
Cosmetic Surgery	Removal of Benign or Congenital Skin Lesions
Cosmetic Surgery	Medical and Surgical Treatment of Scars and Keloids
Cosmetic Surgery	Botulinum Toxin
	Injection for the Ageing Face

# Appendix 1.2 Policy Scope - Phase 1

Policy	Treatment
Cosmetic Surgery	Treatment for Viral Warts
Cosmetic Surgery	Thread / Telangiectasis / Reticular Veins
Cosmetic Surgery	Rhinophyma
Cosmetic Surgery	Resurfacing Procedures: Dermabrasion, Chemical Peels and Laser Treatment
Cosmetic Surgery	Other Cosmetic Procedures
Cosmetic Surgery	Revision of Previous Cosmetic Surgery Procedures
Non Specific, Specific and Chronic Back Pain	
Botulinum Toxin for Hyperhidrosis	
Cataracts	
Cholecystectomy for Asymptomatic Gallstones	
Male Circumcision	
Dilation and Curettage (D&C) for Menorrhagia	
Eyelid Surgery (Upper and Lower) - Blepharoplasty	
Ganglion	
Grommets	
Haemorrhoidectomy	
Hip Replacement Surgery	
Hysterectomy for Heavy Menstrual Bleeding	
Hysteroscopy for Menorrhagia	
Groin Hernia Repair	
Knee Replacement Surgery	
Penile Implants	
Tonsillectomy	
Trigger Finger	
Varicose Veins	



# Appendix 2.1 Policy Scope - Phase 2

## Phase 2A - Treatment Policy List

1. Assisted Conception
2. Provision of NHS funded Gamete Retrieval and Cryopreservation
3. Bariatric Surgery
4. Carpal Tunnel
5. Knee washout/debridement and Diagnostic and Surgical Arthroscopy of the Knee Joint
6. Cough Assisted Machines
7. Therapeutic Hip arthroscopy

# Appendix 2.1 Policy Scope - Phase 2

## Phase 2B Treatment Policy List

1. Treatment for snoring – uvulopalato and uvulopalatopharyngoplasty; palate implants; and radiofrequency ablation of soft palate
2. Ear Wax
3. Surgery for Asymptomatic/Symptomatic Bursions
4. Dupuytren Contracture (Xiapex Injections)
5. Umbilical and Para-Umbilical Hernia (including laparoscopic approach)
6. Incisional Hernia (including laparoscopic approach)
7. Investigation of Painless Rectal Bleeding
8. Lithotripsy to Treat Small Asymptomatic Renal Calculi
9. Breast Implant Revision Surgery
10. Port wine stain progression
11. Candida Hypersensitivity Syndrome
12. Vasectomy – Local and General Anaesthetic
13. Reversal of Male or Female Sterilisation
14. NIV and CPAP Machines for Non-Invasive Ventilation
15. Genital Prolapse Surgery
16. Treatment for M.E (Inc. inpatient, graded exercise and CBT)
17. Allergy Testing (Indications TBC)
18. Complimentary Therapies & Alternative Medicines
19. Standing & Open MRI
20. Acupuncture for Indications Other than Back Pain (proscribed by NICE NG59)