

Treatment Policies Evidence Based Policy Harmonisation Programme - <u>Update</u>

Sandwell HOSC 17th September 2018



Last HOSC update on 19th March 2018

- Gave a brief overview of what PLCV
- Shared the project milestones and timeline (Phase 2)
- Informed of the process including consultation
- Explained how patients and the public can feedback



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'



Purpose of PLCV Process

- To ensure policies incorporate the most up-to-date published clinical evidence so that we prioritise funded treatments that are proven to have clinical benefit for patients.
- Stop variation in access to NHS funded services across
 Birmingham, Solihull and the Black Country (sometimes called
 the 'postcode lottery' in the media) and allow fair and equitable
 treatment for all local patients.
- Ensure access to NHS funded treatment is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.



Previous Phase 1 Policy Process

- A joint working group was established across Birmingham, Solihull and Black Country
- Representatives included GPs, Public Health, Medicines Management.
 Commissioning and clinical lead from each CCG
- List of 21 policies agreed for review
- CCG focus on an initial 'Phase 1' set of commissioning policies launched November 2017
- This is 'Phase 2' List of 22 policies



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	Engagement Report published (You Said/We Did)
Aug 2018	Final Policy Changes and Sign-Off
Sep 2018	Communication to stakeholders
Oct - Dec 2018	Implementation of updated policies.



Engagement:The review of 22 policies

- 22 policies were prepared for review during a six-week patient, public and clinical engagement period from Monday 14 May until Friday 22 June 2018
- Clinical engagement enabled clinical and managerial colleagues with specialist knowledge of the draft policies to have the opportunity, along with primary care colleagues and other key stakeholders, to review and comment on the draft policies.
- Public engagement enabled public opinion on the newly drafted policies to be sought through a number of mediums including surveys; outreach engagement; stakeholder briefings; website information and the media.



Clinician Engagement - Approach

- Briefing video: this video explained the principles of the harmonised treatment policies, highlighted some of the proposed changes and invited feedback.
- Targeted correspondence to Specialist Clinicians / Medical Directors and Chief Nurses / Private Providers / Contract Managers
- Clinicians were invited to circulate the request for policy review to colleagues.
- Each policy pack consisted of the evidence review, DRAFT policy document and equality impact assessment.
- Reminders were sent at regular intervals to encourage a clinical engagement in the policy development process.



Clinician Engagement - Approach

- 207 clinicians were contacted across the region from the following providers:
 - University Hospitals Birmingham NHS Foundation Trust
 - Sandwell and West Birmingham Hospitals NHS Trust;
 - University Hospitals of North Midlands NHS Trust
 - BMI Healthcare
 - Spire Healthcare
 - Birmingham Community Healthcare NHS Foundation Trust
 - Birmingham and Solihull Mental Health NHS Foundation Trust.



Clinician Engagement - Outcomes

- Clinicians were understanding and supportive of the CCG in undertaking an evidence based review of treatment policies in order to provide equitable access to healthcare provision.
- Clinicians were pleased to be given the opportunity to engage with the policy development process.
- 10 policies received further clinical feedback and required further review by the Treatment Policy Clinical Development Group.
- Clinicians were keen to continue to engage with the policy review process.
- Clinicians were keen for these policies to be widely communicated to those in primary care so that the referral pathways and patient expectations could be appropriately managed.



Public Engagement Methodology

- Survey
- Outreach engagement
- Stakeholder briefings
- Website information
- Media



Activity and Outcomes



Media releases

3,586



Website information



12

Outreach sessions

100+

Conversations



60

Number of Tweets

17,000

Twitter impressions

Leisure centres
Outpatient clinics
General and targeted
Events

Stakeholder briefing

Emailed to over 500 stakeholder organisations



189 Completed Questionnaires (103 during face to face engagement)

Public Engagement Approach

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 & Solihull and Sandwell and West Birmingham, 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 Sandwell and West Birmingham and 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



Public Engagement

Community Events:

- Proactive approach to face-to-face and electronic community engagement (not everyone has email)
- General public & community events across the Birmingham & Solihull and Sandwell and West Birmingham areas.
- Targeted specialised engagement with affected groups (up to 10 bespoke meetings)



Key points

- Principles that underpin the development of the proposed policies
- Development of You Said We Did document summarising the feedback and response – policy by policy.
- Full Engagement Report Prepared.



Thank You Q&A

Appendix 2.1 Policy Scope - Phase 2

Phase 2A - Treatment Policy List

- 1. Assisted Conception
- Provision of NHS funded Gamete Retrieval and Cryopreservation
- Carpal Tunnel
- Knee washout/debridement and Diagnostic and Surgical Arthroscopy of the Knee Joint
- 5. Therapeutic Hip arthroscopy
- 6. Cough Assist Machines



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 Irrigation
- 3. Surgery for Asymptomatic/Symptomatic Bunions
- 4. Dupuytren Contracture
- 5. Umbilical and Para-Umbilical Hernia
- 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. Vasectomy Local and General Anaesthetic
- 12. Reversal of Male or Female Sterilisation
- 13. Treatment for M.E.
- 14. Complimentary Therapies & Alternative Medicines
- 15. Standing & Open MRI
- 16. Acupuncture for Indications Other than Back Pain

