

Treatment Policies Evidence Based Policy Harmonisation Programme - Update

Sandwell HOSC

17th June 2019

Last HOSC update November 2018

- Reviewed Phase 2 Policy development programme.
- Delivered results of Phase 2 public and clinical engagement.
- Today: Plan for Phase 3

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 have a higher level of clinical necessity/effectiveness in certain clinical circumstances and so fall into the restricted category.
- 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: ***'Harmonised Clinical Treatment Policies'***

Purpose of Harmonised Clinical Treatment Policy 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.

NHSE Evidence Based Interventions Programme

- NHSE led clinical policy programme
- Phase 1 included 17 policies implemented from 1st April 2019 (Appendix 2.0)
- NHSE Phase 2 consultation to commence in next few months.
- SWB CCG has been selected as a Demonstrator Site due to the robust, consistent and evidence based nature of the Harmonised Clinical Treatment Policy Programme and is engaged in planning of Phase 2 EBI programme.

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
- Phase 2 – Launched July 2018 – set of 22 commissioning policies, implemented from April 2019
- **This is 'Phase 3' List of 12 policies**

Next steps: Engagement Timetable

Date	Activity
Sept - Oct 2019	Clinical Engagement period (six weeks)
Sept – Oct 2019	Public Engagement period (six weeks)
Oct- Nov 2019	Evaluation of survey results and post engagement final report with recommendations
End Nov 2019	Working Group reconvenes and considers engagement feedback. Where appropriate some policies may be revised
Dec 2019	Engagement Report published (You Said/We Did)
Jan 2020	Final Policy Changes and Sign-Off
Feb 2020	Communication to stakeholders
April 2020	Implementation of updated policies.

Engagement Phase 3: The review of 12 policies

- 12 policies will be prepared for review during a six-week patient, public and clinical engagement period from September 2nd 2019 until Friday 11th October 2019.
- Clinical engagement will enable 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 will enable 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.

Public Engagement Methodology

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

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.
- Return to Sandwell HOSC to present the results of the engagement to the committee.

Black Country and Birmingham Collaboration for Phase 3a

- Evidence reviews were jointly commissioned from Solutions for Public Health (NHS).
- Preliminary clinical engagement undertaken jointly.
- Policy development by SWB and BSOL CCGs.
- Black Country and Birmingham CCGs will undertake public, patient and clinical engagement on the draft policies simultaneously.
- Review the feedback in a co-ordinated manner.

Thank You

Q&A

Appendix 2.0 NHSE EBI Policies Implemented from April 2019.

- Snoring Surgery (in the absence of Obstructive Sleep Apnoea (OSA))
- Dilatation and curettage (D&C) for heavy menstrual bleeding
- Knee arthroscopy for patients with osteoarthritis
- Injections for nonspecific low back pain without sciatica
- Breast reduction
- Removal of benign skin lesions
- Grommets
- Tonsillectomy
- Haemorrhoid surgery
- Hysterectomy for heavy bleeding
- Chalazia removal
- Shoulder decompression
- Carpal tunnel syndrome release
- Dupuytren's contracture release
- Ganglion excision
- Trigger finger release
- Varicose vein surgery

Appendix 2.1 Policy Scope - Phase 3

Phase 3A - Treatment Policy List

- 1. Arthroscopic sub-acromial decompression
- 2. Image guided therapeutic intra-articular joint injections with corticosteroids with/without local anaesthetic.
- 3. Image-guided HIGH VOLUME intra-articular injections (40mls+) of saline with or without corticosteroid and/or local anaesthetic.

Appendix 2.1 Policy Scope - Phase 3

Phase 3B Treatment Policy List

1. Exogen Bone healing
2. Liposuction for lymphoedema & lipoedema
3. Bariatric Surgery
4. Knee arthroscopy – Acute
5. Non Invasive Ventilation
 - Sleep Apnoea
 - COPD
 - Neurodependent
6. Biological mesh
7. Apronectomy
8. Adenoidectomy
9. Hysteroscopy for Heavy Menstrual Bleeding