



# **Aligning commissioning policies across north east London**



# Background

- There are currently two commissioning policies in north east London; one that covers City and Hackney, Newham, Tower Hamlets and Waltham Forest and one that covers the outer north east London CCGs.
- The policy covering CCGs in inner north east London has been in place since 2014/15 and therefore required review.
- There has been a national consultation on 'Evidence Based Interventions' that has resulted in recommendations for CCGs to change their current commissioning policies.
- In addition, NHS England (London) has led an extensive programme of work called London Choosing Wisely looking at latest clinical evidence for certain treatments.

# What is happening locally?



- CCGs have been working together to look at how to make sure current commissioning policies are up to date with latest clinical practice and consistent with national and London policies.
- As part of this work, GPs in north east London including representatives from City and Hackney have said that there are a number of procedures that could benefit from more clearly defined criteria so they are clear about treatment options.
- To do this in a consistent way we need to make changes to the local commissioning policy. This lists specific treatments, procedures and interventions the NHS funds, and who is eligible to have them.

# One commissioning policy



Would mean that:

- The care patients receive is in line with the most up to date clinical guidance and is undertaken at the right point in their care pathway.
- Patients do not have treatments that carry unnecessary risk, don't work, or aren't the best option for them.
- Hospitals and GPs are able to be clear with patients about what treatments are available and for whom.
- Improve access and reduce waiting times with staff and resources focussed on clinically appropriate treatments
- All patients living in London, nationally and in NEL have the same access to the treatments that are outlined in this policy

# Process and methodology



- North East London wide clinical review group (CRG) formed. CRG members were:

GP Name	CCG
Dr. Anju Gupta	Barking & Dagenham CCG
Dr. Maurice Sanomi	Havering CCG
Dr. Sarah Heyes	Redbridge CCG
Dr. Anita Bhatia	Redbridge CCG
Dr. Mohammad Tahir	Redbridge CCG
Dr. Dinesh Kapoor	Waltham Forest CCG
Dr. George Sowemimo	Waltham Forest CCG
Dr. Victoria Tzortziou-Brown	Tower Hamlets CCG
Dr. Shah Ali	Tower Hamlets CCG
Dr. Catherine Gaynor	Newham CCG
Dr. Bapu Sathyajith	Newham CCG
Dr. Suresh Tibrewal	City & Hackney CCG
Dr. Gary Marlowe	City & Hackney CCG

- The group met monthly between July 2018 and March 2019 to discuss clinical appropriateness of policies and to form a consensus on preferred policies for North East London.

# Process and methodology contd



- Where the CRG required input from specialists, a total of 32 consultants from across Homerton, Barts, BHRuT, Moorfields, East London Foundation Trust & North East London Foundation Trust provided their clinical expertise to the group in order to help form clinical consensus as to the most clinically appropriate policy.
- Following extensive clinical discussions the proposed policy was formed



# Exclusions

The changes we're proposing would not apply to:

- Patients diagnosed with cancer or suspected of having cancer
- Patients that have survived cancer e.g. breast reconstruction post cancer
- Children (aged under 18) unless otherwise stated within the individual policy
- People receiving emergency or urgent care
- Where NHS England is responsible for commissioning the care.

# Effective use of capacity and resources



- The main reason for doing this is to make sure that patients are able to have the same types of treatments and procedures, and that these treatments and procedures would be of benefit to them.
- Making the changes we're proposing would save some money. More importantly we estimate 2000 surgical theatre slots can be freed up to treat patients.
- Whilst money is a factor, it isn't the main reason for doing this. It's about making sure we are making the most effective use of public money to commission the most appropriate healthcare services for local people.

# What we want to do – new policies



Developing new policies for:

- Chalazia removal (lumps on the eyelid)
- Shoulder decompression surgery
- Interventional treatments for back pain (without sciatica)
- Haemorrhoidectomy
- Cataract surgery
- Hip replacement
- Knee replacement
- Spinal surgery
- Functional electrical stimulation for foot drop
- Abdominal wall hernia management and repair
- Weight loss surgery



# Example: Chalazia

Chalazia are benign lumps on the eyelid. Most are harmless and disappear within six months but a small number are persistent, very large, or can cause problems. We want to introduce the following policy:

**We will fund treatment of chalazia when:**

- A chalazion has been present for more than six months and has been managed conservatively with warm compresses, lid cleaning and massage for four weeks
- **OR**
- Interferes significantly with vision
- **OR**
- Interferes with the protection of the eye due to altered lid closure or lid anatomy
- **OR**
- Is a source of infection that has required medical attention twice or more within six months
- **OR**
- Is a source of infection causing an abscess which requires drainage
- **OR**
- Cancer is suspected

# What we want to do – change and clarify criteria)

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for:

- Ear surgery
- Nose surgery
- Dupuytren's contracture release
- Female breast reduction
- Grommets for glue ear in children
- Trigger finger treatment

This is so that only people who are likely to benefit from these types of surgery can have it.

# Example: nose surgery



<b>Current policy</b>	<b>Proposed new policy</b>
Unclear if policy includes septoplasty and rhinoseptoplasty	Policy includes septoplasty and rhinoseptoplasty
Treatments need to be tried for at least three months	Treatments need to have been tried (no time limit). This allows for flexibility if all conservative treatments are tried in less than three months, but also for treatments to be tried for longer based on clinical judgement about what is appropriate.
Significant symptoms to be confirmed by an ENT consultant as resulting from nasal obstruction	Documented evidence of medical problems caused by an obstruction of the nasal airway is required

# What we're proposing - nose surgery

**We will fund this treatment only when the following criteria is met:**

Documented medical problems caused by obstruction of the nasal airway  
(continual impairment of sleep and/or breathing)

**AND** all conservative treatments have been exhausted.

**OR**

Correction of complex congenital conditions e.g. Cleft lip and palate

# What we want to do – not routinely fund

- GPs have identified some treatments that they think the local NHS should no longer routinely fund
- This is because there is limited evidence that these procedures work, and/or they are not a good use of limited NHS resources.
- We believe the NHS should only be funding procedures to deal with medical conditions and symptoms, for people who will benefit clinically from having the treatment. This means that people won't have unnecessary treatment and the NHS won't waste money.

# What we want to do – not routinely fund



- Injections for non-specific low back pain
- Surgical interventions for snoring
- Laser surgery for short sightedness

# Example: Surgery for snoring(INEL)

This would **not** apply to patients with obstructive sleep apnoea

- Snoring is very common and is not usually a health issue
- We don't think the NHS should pay for surgery to try to stop people snoring because clinical studies show surgery doesn't work in the long term and there is a risk of complications and side effects.
- We would instead encourage patients to consider alternatives to surgery that can improve the symptoms of snoring, such as
  - Weight loss
  - Stopping smoking
  - Drinking less alcohol
  - Medical treatment for blocked nose
  - Mouth splints to move jaw forward when sleeping

# What does this mean for patients?

- Whatever happens, there will always be exceptions.
- GPs can make an request for treatment if:
  - they believe that their patient is clearly different to other patients with the same condition, or
  - the patient might significantly benefit from the treatment in a different way to an average patient with the same condition.

A panel of clinicians will review and decide if funding should be granted.

# How many treatments will this affect?



- We estimate that this will affect 365 treatments for City and Hackney.
- 194 of those treatments happened at local NHS providers. The remaining 171 happened outside of North East London with many at independent sector hospitals.
- This compares to over 56,280 planned daycase, inpatient and outpatients procedures commissioned by City and Hackney CCG last year.

# We want to know what you think

- How might these proposals affect you or your family?
- Could we do things differently?
- Are there any circumstances where these proposed changes should not apply?

**Have your say by 5pm, 3 July 2019**

[www.cityandhackneyccg.nhs.uk/oncefornelondon](http://www.cityandhackneyccg.nhs.uk/oncefornelondon)

Any questions?

If you would like to know more, please email [nelcsu.nelsmw@nhs.net](mailto:nelcsu.nelsmw@nhs.net) or call 020 3688 2455 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.