- Clinical thresholds across a range of procedures to ensure that when patients do receive treatment, they achieve the best possible outcomes
- Procedures which are not routinely commissioned and therefore require prior approval through the Individual Funding Request Panel.
- The SY&B Plastics Policy (Commissioning Guidelines for Specialist Plastic Surgery Procedures) has been reviewed and incorporated into the policy.
- The Y&H Fertility Policy (as approved in January 2017) has also been incorporated into this policy.

Once adopted the policy will replace all individual policies and thresholds currently in place for SCCG. The policy will not replace guidelines and pathways included on the PRESS portal.

4.1.1 Clinical thresholds

The interventions indicated as clinical thresholds, reflect the areas identified within NICE or other guidance as having limited clinical value. Clinical thresholds are a predetermined set of criteria that must be met before some procedures are considered. Within this there may be procedures of limited clinical value which are procedures that medical experts have suggested have only limited or temporary benefit.

Where a clinical threshold applies, clinicians will be required to complete a referral checklist to accompany any referral. A referral will only be accepted if the patient meets the clinical threshold.

It must be emphasised that if a GP or consultant feels that a patient's circumstances are exceptional and the patient may benefit from any of these treatments then they must be referred to the IFR Panel.

4.1.2 Procedures not routinely commissioned

Procedures which are not routinely commissioned require prior approval through the Individual Funding Request Panel.

4.3 Individual Funding Requests (IFR)

This policy works in conjunction with the Individual Funding Request Policy. In some circumstances GPs, Consultants or other clinicians may think that individuals who do not meet the policy or specific threshold have exceptional clinical circumstances and may therefore benefit from a treatment which is not routinely provided. Requests for such treatments must be made through an Individual Funding Request (IFR) by the clinician. This request will then be considered and approved or rejected by an independent panel.

4.4 Deviations from the SY&B Policy

While the aim of the project has been to develop a common policy and process, there are several areas where complete consensus could not be achieved. In these cases individual CCG positions are indicated within the Policy.

There is one further area where SCCG proposes to deviate from the policy. SCCG propose that for orthopaedic interventions referrals continue to be made using the

existing MSK referral form and that a clinical decions is made by the receiving consultant on a case by case basis. These interventions are indicated in the table in appendix 1.

4.5 Key Changes to Process

Within the existing SCCG commissioning policies, treatments where thresholds apply, e.g. varicose veins, insertion of grommets, tonsillectomy and reversal of sterilisation require prior approval through the Individual Funding Request (IFR) process before referral to secondary care.

Under the new SY&B Commissioning for Outcomes Policy, this requirement would be removed. If the referring clinician considers that a patient meets the criteria for treatment then they may make a referral, completing the appropriate referral checklist.

The receiving provider will confirm that the referring provider will confirm the necessary information is provided and treat accordingly

5. **Engagement and Consultation**

5.1 Public and Patient Engagement

Public, patient and clinical engagement is an integral part of the commissioning process. In this case, this has been built on the principles of appropriate, proportionate and targeted engagement to enable clear understanding of the impact of future service provision and referral pathways.

Formal consultation is not required for the changes proposed within the policy however, patient group representatives from the SCCG Practice Participation Group Network were asked to provide views and input into the proposed approach and processes.

While the majority understood and accepted the rationale behind the development of the Policy a number of key issues were raised in their responses and actions taken to address these are as follows:

- Concerns about approaches that limit treatment on the basis of age – with the exception of the Fertility Policy which is based on NICE guidance, SY&B polices do specify an upper age limit for access to interventions.

- Policies will limit access to effective treatments for patients – as set out at section 3, the policy covers treatments where the evidence demonstrates that patients are likely to derive no or limited value form the intervention. Clinicians may use the IFR process if they feed a patient is likely to derive benefit from a treatment not routinely commissioned.

- Patients require clear information on the process and possible outcomes – an information leaflet for patients will be developed and made available to GPs. The network will be asked to provide comments and feedback on the patient leaflet and supporting information. to ensure there is consistent information for all South Yorkshire and Bassetlaw patients, the aim is to have a link on the CCG’s website to a South Yorkshire and Bassetlaw website where the policy documents and supporting information will be held.

- Patients may experience delays or other problems if GPs do not follow the thresholds and process – a full communications and awareness plan is being developed for GPs and practices to minimise any confusion. This will be supported with information to secondary care and the CASES peer review process.

Prior notification to NHS England has also been provided on a SYB footprint to ensure colleagues are aware of developments regarding the South Yorkshire and Bassetlaw Commissioning for Outcomes policy.

5.2 Clinical Engagement

Local clinical engagement has been built into the development of this policy, see table below.

August 2017	**Agreement to Converge Approach** Governing Body agreement to develop a shared South Yorkshire and Bassetlaw policy and support the principle of joining approaches to commissioning policies
October – December 2017	**Provider Engagement** - draft policy and proposed clinical evidence shared with main providers (STHFT and SCH) for review and comment. Further engagement to be planned as part of mobilisation.
September - October 2017	**SYB Clinical Convergence Meeting -** clinicians from the involved CCG's met to discuss any local differences and how these will be represented in the policy document.
December 2017 – January 2018	**Clinical Reference Group** – draft policy reviewed by SCCG clinical reference group
January 2018	**LMC engagement** **CASES Peer Review** – confirm policies and process with reviewers
January – March 2018	**GP and practice engagement** – confirm policy, process and information for patients Secondary Care - mobilisation meetings, confirm process

6. Risks and Benefits

Adopting the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy is expected to deliver the following benefits:

- Improved quality of care based on evidence based care for patients. Evidence shows that the outcomes from alternative treatments such as conservative management are as good as if procedures have taken place.
- Improved patient autonomy, experience and safety.
- Improved equality - reduced variance in access to interventions and ensuring patients are offered consistent treatment options across SY&B.
- More simpler and consistent advice for patients.
- Improved use of resources.

The following risks apply to this programme of work:

- Primary Care clinicians are not suitably engaged in the programme then this could result in low confidence of adherence to the policy.
- lack of compliance and adherence of the clinical thresholds by both Primary and Secondary Care.
- insufficient engagement takes place then the programme is unable to progress within stated timescales. There is also a subsequent risk to the CCG's reputation.

7. Impact of Implementing the Policy

Work is underway across SY&B ACS to quantify the possible financial impact of the additional thresholds and policies. Once concluded this will included within the CCG Quality, Improvement, Productivity and Prevention (QIPP Plan for 2018/19)

The Policy will be included in secondary care provider contracts and the process for monitoring adherence is set out in the SY&B Commissioning for Outcomes Policy. SCCG will establish benchmark data and monitor procedures throughout 2018/19 to confirm compliance and identify changes in referral and treatment practice.

The CASES Peer Review service, operating across seven specialties will support the process primary care with the process of implementation.

SCCG will put in place a process to monitor patient experience and outcomes form the policy changes to support future development and amendment of the Policy.

8. Supporting Primary Care Implementation

The CCG is clear that these changes should not impose significant additional workload on primary care and SCCG will liaise with the Local Medical Committee on the implementation of this Policy.

This policy includes the implementation of additional clinical thresholds that require the completion of referral checklists and procedures not routinely commissioned which require approval through the IRF process. These could place additional requirements on primary care. The table at Appendix 1 identifies the number of new interventions included in the policy that will require the completion of an additional referral form and the number of existing procedures where the process for approval has changed.

In total 15 new policies are implemented. A number of these sit within MSK where referral will continue to be by the existing MSK referral form so, in total there will be 6 new procedures that require the completion of a referral checklist or IFR request. In addition there are 8 existing interventions where the process will change from IFR application to referral checklist.

To support practices with the application of the Policy the SY&B CCGs are working together to make the referral checklists available on both SystmOne and EMIS, SCCG will also work closely with localities and neighbourhoods on the implementation of the policy.

9. Next Steps and Timescales for Implementation in Sheffield

Having developed a SY&B final draft of the policies, these have been circulated to SCCG Clinical Reference Group for review. Subject to Governing Body approval, final

amendments will be made and, subject to Governing Body approval, signed off by the Chair and Accountable Officer on behalf of the Governing Body in January 2018. SCCG will work with Primary Care, the LMC and secondary care providers to implement the Policies in February 2018.

10.Review and Update of the Policy

The policy will be subject to an annual review. However, it is recognised that as clinical guidelines are updated some elements may require a review prior to this date. SY&B CCGs have agreed that additional amendments may be required during the implementation process.

Subject to approval of Governing Body it is proposed a process is established whereby future amendments are approved through CRG and then Quality Assurance Committee. There is also a process outlined in section 3 of the policy for agreeing changes across the South Yorkshire and Bassetlaw footprint. Changes will be published on the CCGs website and disseminated to primary care and secondary care providers.

10. Recommendations

The Governing Body is asked to:

1. Approve the draft SY&B Commissioning for Outcomes Policy, noting proposed amendments to be made for NHS Sheffield CCG and delegate authority to the Accountable Officer and Chair to approve the final amendments as described.
2. Approve the proposed process for future review and approval of amendments to the Policy by SCCG.
3. Approve the proposed implementation of the policy in February 2018.

Paper prepared by:	Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning
On behalf of:	Brian Hughes, Director of Commissioning and Performance

December 2017

Summary of SY&B Commissioning for Outcomes Policy APPENDIX 1

Procedure	New or Existing Policy	Process
Cholecystectomy	New	Checklist
Cataract Surgery	New	Checklist
Hysterectomy for Heavy Menstrual Bleeding	New	Checklist
Chalazion/Meibomian Cyst	New	Checklist
Blepharoplasty	New	Checklist
Acupuncture	New	IFR
Hallux Valgus	New	MSK referral form
Arthroscopic Decompression of the shoulder	New	MSK referral form
Spinal Joint Injections	New	MSK referral form
Carpal Tunnel	New	MSK referral form
Dupuytren's Disease	New	MSK referral form
Trigger Finger	New	MSK referral form
Ganglion	New	MSK referral form
Hip and Knee replacement	New	MSK referral form
Ingrowing Toe Nail in secondary care	New	MSK referral form/podiatry
Assisted Conception	Existing	As policy
Benign Skin Lesions	Existing	Checklist
Hernia Repair	Existing	Checklist
*Grommets	Existing	Checklist
*Tonsillectomy	Existing	Checklist
*Varicose Veins Surgery	Existing	Checklist
Male Circumcision	Existing	Checklist
Benign Perianal skin tags	Existing	Checklist
Haemorrhoidectomy	Existing	Checklist
Vasectomy Under General Anaesthetic	Existing	IFR
Reversal of Female Sterilization	Existing	IFR
Reversal of Male Sterilization	Existing	IFR
Face and Brow Lift	Existing	IFR
Abdominoplasty	Existing	IFR
Buttock, thigh and arm lift	Existing	IFR
Breast augmentation	Existing	IFR
Breast reduction	Existing	IFR
Male gynaecomastia	Existing	IFR
Breast asymmetry	Existing	IFR
Breast lift	Existing	IFR
Correction of nipple inversion	Existing	IFR

Hair removal	Existing	IFR
Hari transplantation	Existing	IFR
Acne scarring	Existing	IFR
Pinnaplasty	Existing	IFR
Rhinoplasty	Existing	IFR
Rhinophyma	Existing	IFR
Revision of surgical scars	Existing	IFR
Congenital vascular abnormalities	Existing	IFR
Thread veins	Existing	IFR
Tattoo removal	Existing	IFR
Reduction of labia minora	Existing	IFR
Liposuction	Existing	IFR

Health and care working together
in South Yorkshire and Bassetlaw

Appendix 2

South Yorkshire and Bassetlaw - Commissioning for Outcomes Policy

Draft 14

Version Control

Version	Date	Author	Changes
v1.0	01/04/2015	Dr Sarah Lever	
v1.1	19/06/2015	Hilary Porter	Added wording specifically excluding tonsillectomy as part of cancer treatment/management
V1.2	24/08/2015	Rebecca Chadburn	Change of email address
V2	28/07/16	Dr Sarah Lever	Renamed Clinical thresholds policy with 7 additional clinical thresholds added. Changes to process for referral and approval for treatment. Prior approval only required when deemed exceptional
V3		Dr Sarah Lever	Renamed South Yorkshire and Bassetlaw Commissioning for Value policy. Additional clinical thresholds added and commissioning policy made expressly clear for all procedures including, cosmetic, plastic and fertility procedures.
V8	4/9/17	Jack Harding	Formatting

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1. Executive Summary

Now more than ever, it is important for the NHS to demonstrate that it is making the most effective use of public monies to maximise the health and wellbeing of the people of South Yorkshire and Bassetlaw (SY&B). We need to ensure that our resources are used wisely to maximise the impact of the services we commission to improve health, reduce health inequalities and ensure our population receives appropriate high quality evidence based clinical care.

We seek to ensure that our commissioning decisions are fully informed and based on the best evidence available and provide best value for money. To ensure that we fulfil these aims, SY&B Commissioners have agreed a regional wide Commissioning for Outcomes Policy. The Policy sets out our approach and governance arrangements to ensure that as far as possible, our decisions are robust, rational and justifiable.

Section 1

2. Introduction

The purpose of this Policy is to establish a system for transparent and coherent prioritisation for the commissioning of health and wellbeing services. It provides a framework for making decisions about relative priorities at a strategic and planning/commissioning level and facilitates rational and reasonable decisions about which services are commissioned in accordance with the SY&B Sustainability and Transformation Partnership.

The Policy applies to all commissioning decisions made by SY&B CCGs and should be applied when healthcare interventions can no longer be prioritised on the basis of clinical evidence, outcomes and value for money.

This policy links with our strategic plan and commissioning intentions available at the STP plan LINK

3. Decision Making and Prioritisation Approach

SY&B CCGs are required to make decisions about strategic and operational priorities for annual resource allocation. These may arise from:

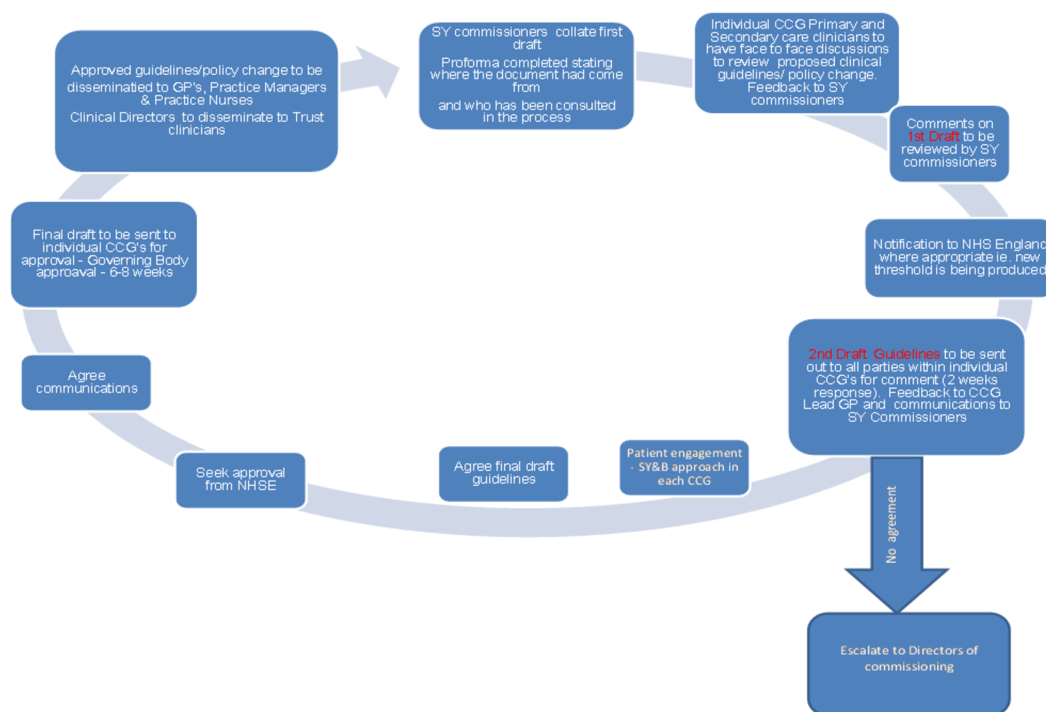
- business cases for investment in services
- value for money reviews
- performance monitoring of services or specific treatments where they no longer provide evidenced clinical value, outcomes and best value for money or are a lower priority than services we need to fund within our affordability envelope (including proposal for new Individual Funding Request (IFR) policies)

- Decisions required outside of our planning process on funding outside existing commissioned services and exceptionality for individual cases. This may apply in the following circumstances:

  - A new intervention is made available that is of significant importance
  - A new treatment or service is made available that provides such significant health or financial benefits
  - A proposal is submitted by an external body that provides benefits

SY&B CCGs work together to agree a common approach where decisions are not specific to individual CCGs and their providers. As legal entities, decisions are required by individual CCGs prior to implementation at a SY&B level. Accordingly, the decision making approach within individual CCGs is set out in Figure 1

Figure 1 SY&B process for decision making



4. Priorities for Annual Resource Allocation

SY&B CCGs will prioritise existing resources, reconsider commissioned services that are not considered to be delivering the expected health benefit, and consider any new services or business cases to ensure that we are utilising our resources effectively. Local needs and national benchmarking information, where appropriate, will guide CCGs in this prioritisation of expenditure at a local level between commissioning programmes. The following criteria will be used for consideration:

- Alignment with the SY&B Accountable Care System
- Alignment with the CCGs' strategic objectives or national mandatory priorities
- Benefits and outcomes are identified and evidenced/measurable
- Compliance with any legal and clinical frameworks or guidance and procurement processes
- Response to a need that has been assessed
- Clinical effectiveness, outcomes including assessment by NICE or other evidence-based review
- Impact on health inequalities and protected characteristics
- Will improve patient safety and experience
- Accessibility to service users
- Affordability and value for money

5. Service Developments

SY&B commission services in line with NICE Guidance. There is a contractual requirement for providers to treat in line with NICE guidance.

The CCGs will not introduce new drugs/technologies on an ad hoc basis through the mechanism of individual case funding. To do so risks inequity, since the treatment will not be offered openly and equally to all with equal need. There is also the risk that diversion of resources in this way will de-stabilise other areas of health care which have been identified as priorities by the CCGs.

The CCGs expect consideration of new drugs/technologies to take place within the established planning frameworks of the NHS. This will enable clear prioritisation against other calls for funding and the development of implementation plans which will allow access for all patients with equal need.

The CCGs have a default policy of not funding a treatment where no specific policy exists to approve funding for the treatment. If the CCGs or an individual CCG has not previously been asked to fund an intervention that has the potential to affect a number of patients, applications should be made by clinicians for the CCGs/CCG to consider the intervention through its general commissioning policy and not by way of an IFR application.

Interventional Procedure Guidance issued by NICE will be deemed by the CCGs as a Service Development and will not be routinely funded by the CCGs unless agreed in advance.

6. Scope of Document

SY&B Commissioning for Outcomes Policy covers the following:

- Clinical thresholds across a range of procedures to ensure that when patients do receive treatment, they achieve the best possible outcomes (7.1)
- Procedures which are not routinely commissioned and therefore require prior approval through the Individual Funding Request Panel (8.1)
- The SY&B Commissioning Guidelines for Plastic Surgery Procedures have been incorporated into this document
- The Y&H Fertility Policy has been incorporated into this document

This document sets out:

- The procedures covered by this policy
- The referrals process including the use of the IFR process where prior approval is required or there is a case for exceptionality
- The procedures and threshold for treatment
- Monitoring arrangements
- Rules around payment
- Referral checklists
- Patient information sheet

7.1 Making a Referral

Where a clinical threshold applies, GPs/optometrists/MSK service is required to complete the referral checklist, attaching the document with the referral. Referrals without a completed checklist should be returned to the referral source indicating the reason for rejection. The provider will confirm that the electronic checklist is present and that the patient meets the threshold, criteria. The secondary care element of the referral checklist will be completed (where this applies to a condition or procedure) and electronically signed/accepted by the receiving clinician to evidence that the patient meets the criteria. The document will be included within the patient notes.

A referral should only proceed to treatment if the patient meets the clinical threshold and a completed and compliant referral checklist is in place.

In some circumstances, GPs, Consultants or NHS clinicians may consider an individual has exceptional clinical circumstances and may benefit from a treatment which is not routinely provided. Requests for such treatments must be made through an Individual Funding Request (IFR) by the clinician. This request will then be considered, approved or rejected by an independent panel. The referral process is illustrated at Annex 1.

Note that a checklist is not required for heavy menstrual bleeding. Consultant to Consultant referrals must comply with the Consultant to Consultant Policy. In these circumstances the receiving Consultant must complete a checklist to indicate whether or not the patient meets the Threshold criteria. Any qualifying evidence must also be documented within the patient's medical records.

The criteria for treatment and referral checklists for each procedure are set out in section 3 of this document.

Where patients do not meet the criteria for referral they should be advised to seek review by their GP or other appropriate health care professional should their condition change. Likewise where patients are on a pathway for elective care, clinical review should be available where necessary should a patient's condition require earlier intervention.

Table 1 shows the responsibilities of the GP/Optometrist/Consultant for each condition.

8. Procedures not routinely commissioned

There are a number of services not routinely commissioned unless NICE Guidance applies. These include:

- Vasectomy under General Anaesthetic
- Spinal Joint injections
  (i) Therapeutic substance into spinal facet or sacroiliac joints
  (ii) Spinal injection as a diagnostic tool
- Acupuncture (except for those conditions which are NICE approved)

8.1 Process for IFR Referral

If a GP or consultant feels that a patient's circumstances are exceptional and may benefit from any of these treatments then they must be referred to the IFR Panel (10).

The criteria for treatment and referral checklists for each procedure are set out in section 3 of this document.

12. Monitoring and payment

CCGs will audit adherence to the clinical thresholds policy. Where there is no evidence that the patient meets the clinical threshold, CCGs will not pay for the patient's treatment. SC 29.22 of the contract makes clear that the commissioner is under no obligation to pay for activity which has been undertaken by the provider in contravention of agreed prior approval schemes.

CCGs will monitor activity and finance levels on a monthly basis through the Contract Performance Meeting. A baseline will be established and activity monitored against the following OPCS codes listed in Table 2

13. Review

This policy will be reviewed on an annual basis.

Date of next Review: **December 2018**

14. List of Treatments and Services where low priority procedures/clinical thresholds apply

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review

ENT	Myringotomy/ Grommets	The CCG will **only** fund grommet insertion in children (age under 18 for Barnsley/Doncaster/ Bassetlaw/Rotherham or 16 and under for Sheffield) when one or more of the following criteria are met:
		• Recurrent otitis media – 5 or more recorded episodes in preceding 12 month period
		• Suspected hearing loss at home or at school / nursery following 3 months of watchful waiting
		• Speech delay, poor educational progress due to hearing loss
		• Abnormal appearance of tympanic membrane
		• Persistent hearing loss for at least 3 months with hearing levels of:
		  • - 25dBA or worse in both ears on pure tone audiometry **OR**
		  • - 35dHL or worse on free field audiometry testing **AND**
		  • - Type B or C2 tympanometry
		• Suspected underlying sensorineural hearing loss
			ENT UK 2009 OME/Adenoid and Grommet Position Paper http://www.bapo.org.uk/tonsillectomy_position_papers_09.pdf
			
			NICE guidelines – CG60 Surgical management of otitis media with effusion in children. https://www.nice.org.uk/guidance/cg60/chapter/1-Guidance
			
			Perera R. Autoinflation for hearing loss associated with otitis media with effusion.(Cochrane review). In: Cochrane database of systemic reviews, 2006. Issue Chichester: Wiley Interscience. http://www.cochrane.org/CD006285/ENT_autoinflation-for-hearing-loss-associated-with-otitis-media-with-effusion-glue-ear
			
			Evidence note. QIS. Number 22, January 2008. The clinical and cost effectiveness of surgical insertion of grommets for otitis media with effusion (glue ear) in children. file:///C:/Users/janet.sinclair-pinde/Downloads/EN22_Grommets.pdf
				Clinical threshold – refer using checklist. IFR for exceptionality
				Barnsley CCG require prior approval through IFR for this procedure
					Dec 2018

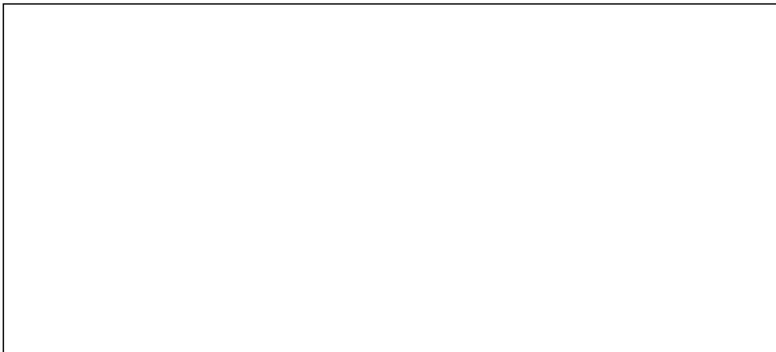
Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
		• Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk • OME in the presence of a secondary disability e.g. autistic spectrum disorder, Down Syndrome, cleft palate • Persistent OME (more than 3 months) with fluctuating hearing but significant delay in speech, educational attainment or social skills. **Adults** should meet at least one of the following criteria. • Persistent hearing loss for at least 3 months with hearing levels of 25dB or worse on pure tone audiometry **or** • Recurrent acute otitis media – 5 or more episodes in the preceding 12 month period **or** • Eustachian tube dysfunction causing pain **or** • Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk **or** • Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk **or**	Fickelstein Y. et al. Adult-onset otitis media with effusion. Archives of Otolaryngology -- Head & Neck Surgery, May 1994, vol./is. 120/5(517-27). Dempster J.H. et al. The management of otitis media with effusion in adults. Clinical Otolaryngology & Allied Sciences, June 1988, vol./is. 13/3(197-9) Yung M.W. et al. Adult-onset otitis media with effusion: results following ventilation tube insertion. Journal of Laryngology & Otology, November 2001, vol./is. 115/11(874-8). Wei W.I. et al. The efficacy of myringotomy and ventilation tube insertion in middle-ear effusions in patients with nasopharyngeal carcinoma. Laryngoscope, November 1987, vol./is. 97/11(1295-8) Ho W.K. et al. Otorrhea after grommet insertion for middle ear effusion in patients with nasopharyngeal carcinoma. American Journal of Otolaryngology, January 1999, vol./is. 20/1(12-5) Chen C.Y. et al. Failure of grommet insertion in post-irradiation otitis media with effusion. Annals of Otology,	Clinical threshold – refer using checklist. IFR for exceptionality Barnsley CCG require prior approval through IFR for this procedure	

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
		• As a conduit for drug delivery direct to the middle ear • In the case of conditions e.g. nasopharyngeal carcinoma, ethmoidal cancer, maxillectomy, olfactory neuroblastoma, sinonasal cancer, and complications relating to its treatment (including radiotherapy), if judged that the risks outweigh the benefit by the responsible clinician. • Part of a more extensive procedure at Consultant's discretion such as tympanoplasty, acute otitis media with facial palsy	Rhinology & Laryngology, August 2001, vol./is. 110/8(746-8) Ho W.K. et al. Randomized evaluation of the audiologic outcome of ventilation tube insertion for middle ear effusion in patients with nasopharyngeal carcinoma. Journal of Otolaryngology, October 2002, vol./is. 31/5(287-93) Park J.J. et al. Meniere's disease and middle ear pressure - vestibular function after transtympanic tube placement. ACTA OTOLARYNGOL, 2009 Dec; 129(12): 1408-13 Sugaware K. et al. Insertion of tympanic ventilation tubes as a treating modality for patients with Meniere's disease: a short- and long-term follow-up study in seven cases. Auris, Nasus, Larynx, February 2003, vol./is. 30/1(25-8) Montandon P. et al. Prevention of vertigo in Meniere's syndrome by means of transtympanic ventilation tubes. Journal of Oto-Rhino-Laryngology & its Related Specialties, 1988, vol./is. 50/6(377-81)		
ENT	Tonsillectomy	The CCG will **only** fund tonsillectomy when one or more of the following criteria have been met: • Recurrent attacks of tonsillitis as defined by: - Sore throats are due to acute tonsillitis which is disabling	Burton MJ, Glasziou PP. Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. *Cochrane Database of Systematic Reviews* 1999, Issue 3. Art. No.: CD001802. First published online: July 26 1999. Available from:	Clinical threshold – refer using checklist. IFR for exceptionality	Dec 2018

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
		and prevents normal functioning **AND** - 7 or more well documented, clinically significant *, adequately treated episodes in the preceding year **OR** - 5 or more such episodes in each of the preceding 2 years **OR** - 3 or more such episodes in each of the preceding 3 years • Two or more episodes of Quinsy (peritonsillar abscess) • Severe halitosis secondary to tonsillar crypt debris • Failure to thrive secondary to difficulty swallowing caused by enlarged tonsils • Sleep disordered breathing or obstructive sleep apnoea diagnosed by an overnight pulse oximetry or polysonography • Biopsy/removal of lesion on tonsil • * A Clinically significant episode is characterised by at least one of the following: o Oral temperature of at least 38.30C requiring antibiotic treatment o Tender anterior cervical lymph nodes. o Tonsillar exudates.	http://www.cochrane.org/reviews/en/ab001802.html (accessed 2016) Paradise JL, Bluestone CD, Bachman RZ. Efficacy of tonsillectomy for recurrent throat infection in severely affected children. Results of parallel randomized and non-randomized clinical trials. N England J Med 1984:310(11):674-83 SIGN. Management of sore throat and indications for tonsillectomy. A National clinical Guideline. April 2010 http://www.sign.ac.uk/pdf/sign117.pdf (accessed 2016)	Barnsley CCG require prior approval through IFR for this procedure	
Vascular	Varicose	The CCG will only fund Varicose Vein surgery if	National Institute for Health and Care	Clinical	Dec 2018

Part 2
To be completed by Hospital Consultant

For second eye surgery	Delete as appropriate	
If vision in the first operated eye is better than 6/10 (0.20 logMAR) corrected postoperatively then the patient will need to have sufficient cataract to cause blurred or dim vision with a monocular distance acuity of 6/18 (0.40 logMAR) or worse in the second eye to qualify for cataract surgery. If vision in the first eye does not correct to better than 6/10 then second eye cataract surgery can be offered only if the binocular corrected vision is 6/10 or worse or the second eye vision is monocularly worse than 6/18 corrected.	Yes	No
The only exceptions to the referral criteria above are as follows:		
Anisometropia (a large refractive difference between the two eyes, on average about 3 dioptres), which would result in poor binocular vision or disabling diplopia which may increase the risk of falls.	Yes	No
Angle closure glaucoma including creeping angle closure and phacomorphic glaucoma	Yes	No
Diabetic and other retinopathies including retinal vein occlusion and age related macular degeneration where the cataract is becoming dense enough to potentially hinder management.	Yes	No
Oculoplastics disorders where fellow eye requires closure as part of eye lid reconstruction or where further surgery on the ipsilateral eye will increase the risks of cataract surgery	Yes	No
Corneal disease where early cataract removal would reduce the chance of losing corneal clarity (e.g. Fuch's corneal dystrophy or after keratoplasty)	Yes	No
Corneal or conjunctival disease where delays might increase the risk of complications (e.g. cicatrising conjunctivitis)	Yes	No
Other glaucoma's (including open-angle glaucoma), inflammatory eye disease or medical retina disease where allowing a cataract to develop would hamper clinical decision making or investigations such as OCT, visual fields or fundus fluorescein angiography	Yes	No
Neuro-ophthalmological conditions where cataract hampers monitoring of disease (e.g. visual field changes)	Yes	No
Post vitrectomy cataracts which hinder the retinal view or result in a rapidly progressing myopia.	Yes	No



Please send this form with the referral letter.

Male Circumcision

Instructions for use:
To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

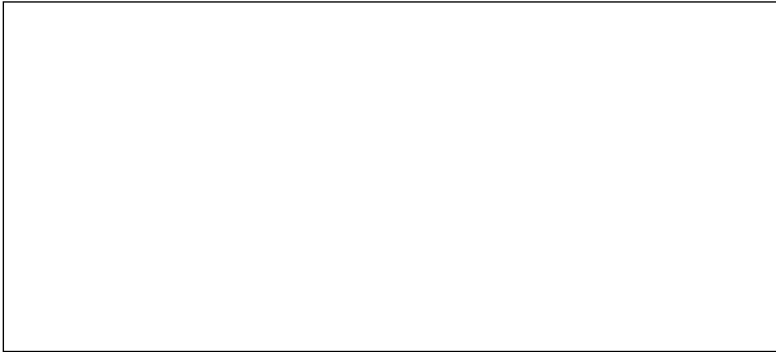
To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund male circumcision when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets* ***one or more*** *of the following criteria.*	Delete as appropriate	
Phimosis (inability to retract the foreskin due to a narrow prepucial ring) or recurrent paraphimosis (inability to pull forward a retracted foreskin)	Yes	No
Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin)	Yes	No
Balanoposthitis (recurrent bacterial infection of the prepuce).	Yes	No
Recurrent febrile urinary tract infections due to an anatomical abnormality as confirmed by a secondary care Consultant e.g. Urologist, Paediatrician	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.*
This policy does not apply to

- Penile malignancy. Use the 2ww cancer referral pathway
- Traumatic foreskin injury where it cannot be salvaged



Please send this form with the referral letter.

Treatment of benign perianal skin lesions in secondary care

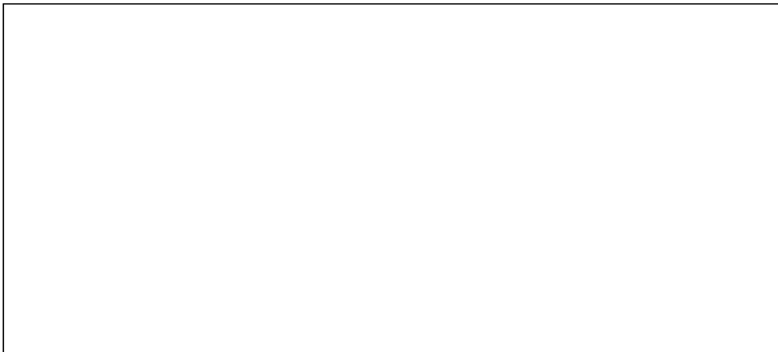
Instructions for use:
To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

<u>The CCG will only fund surgical treatment of benign skin lesions when the following criteria are met:</u>

In ordinary circumstances, referral should not be considered unless the patient meets **one or more** of the following criteria.*	Delete as appropriate	
There is clinical uncertainty about the benign nature of the skin lesion	Yes	No
Viral warts in immunocompromised patients where underlying malignancy may be masked	Yes	No
Recommended by GU Med when conservative treatment has failed	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.*



Please send this form with the referral letter.

Haemorrhoidectomy

Instructions for use:

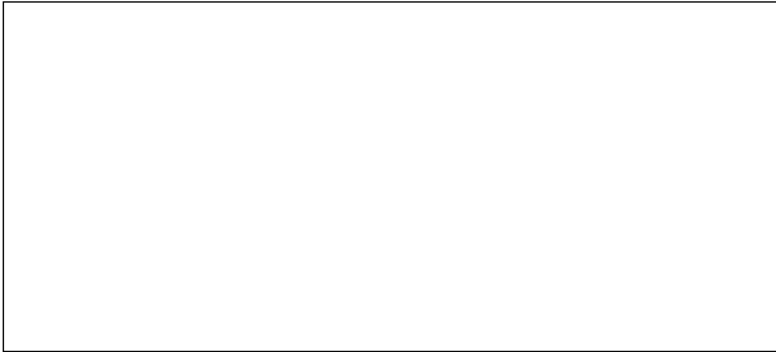
To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund haemorrhoidectomy when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets the following criteria.*	Delete as appropriate	
Recurrent third or fourth degree haemorrhoids **OR**	Yes	No
Irreducible and large haemorrhoids with frequently reoccurring, persistent pain or bleeding **OR**	Yes	No
Failed conservative treatment (including non-operative interventions: rubber band ligation, injection sclerotherapy, infrared coagulation/photocoagulation, bipolar diathermy and direct-current electrotherapy.)	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.*



Please send this form with the referral letter.

Surgery for Ingrown Toenails

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

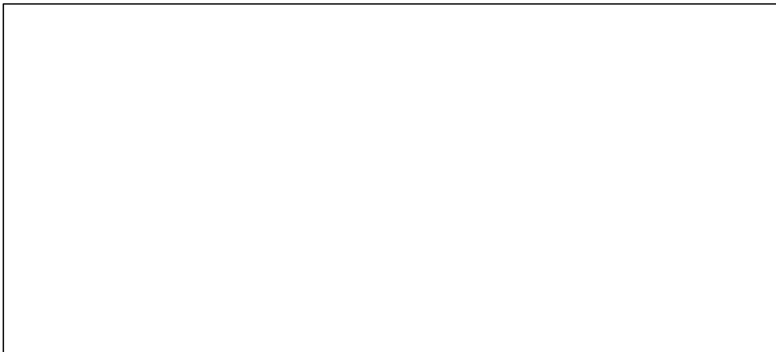
To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund surgery for ingrown when the following criteria are met:

*In ordinary circumstances**, referral should not be considered unless the patient meets **one** of the following criteria.*	Delete as appropriate	
Patient is in clinical need of surgical removal of ingoing toe nail has been seen by a community podiatrist and has a documented allergic reaction to local anaesthetic preventing treatment in the community and a general anaesthetic will be needed.	Yes	No
Patient has infection and/or recurrent inflammation due to ingrown toenail **AND** has high medical risk*.	Yes	No

**Medical risk is determined by the referring clinician - including, but not limited to, vascular disease, neurological disease or diabetes which are categorised as having high medical need due to the risk of neuropathic complications.*

***If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.*



Please send this form with the referral letter.

Hallux Valgus Surgery

Instructions for use:
To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

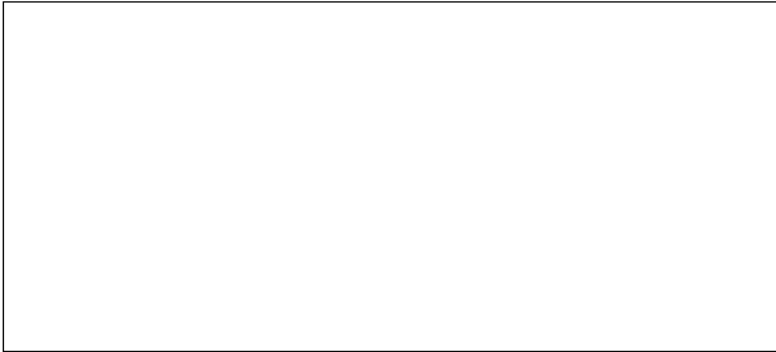
To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund hallux valgus surgery when the following criteria are met:

This procedure is **not** funded for cosmetic reasons or for asymptomatic or mild symptomatic hallux valgus.

In ordinary circumstances, referral should not be considered unless the patient meets **one** of the following criteria.*	Delete as appropriate	
Significant and persistent pain when walking **AND** conservative measures tried for at least six months (e.g. Toe spacers, bunion pads, medication or altered footwear) do not provide symptomatic relief **OR**	Yes	No
Ulcer development at the site of the bunion or the sole of the foot **OR**	Yes	No
Evidence of severe deformity (overriding toes) **OR**	Yes	No
Physical examination and X-ray show degenerative changes in the 1st metatarsophalangeal joint, increased intermetatarsal angle and/or valgus deformity >15 degrees	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.*



Please send this form with the referral letter.

Meibomian cyst/chalazion

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

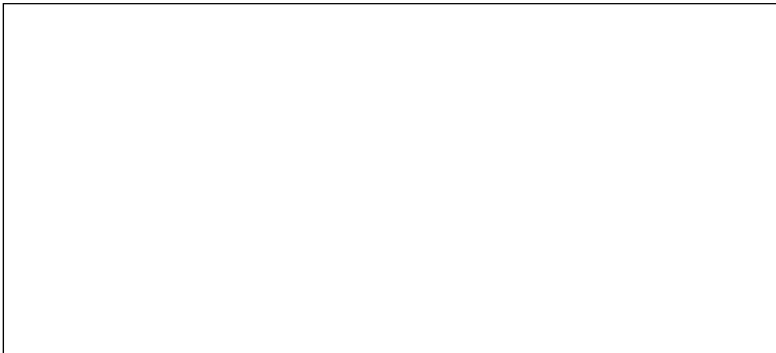
To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund management of Meibomian cyst when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets **two or more** of the following criteria*	Delete as appropriate	
Conservative treatment has been tried for at least 3 months **AND**	Yes	No
Interferes with vision **OR**	Yes	No
Is causing persistent inflammation and pain	Yes	No

** If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to the Individual funding request policy for further information.*

A meibomian cyst/chalazion that keeps coming back should be biopsied to rule out malignancy. Use the appropriate referral route for suspected malignancy in this case.



Please send this form with the referral letter.

Upper Eyelid Blepharoplasty

Instructions for use:
To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund management of blepharoplasty when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets **one or more** of the following criteria*	Delete as appropriate	
Does the patient complain of symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue?	Yes	No
Did the patient develop symptoms following skin grafting for eyelid reconstruction?	Yes	No
Did the patient develop symptoms following surgery for ptosis?	Yes	No

** If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to the Individual funding request policy for further information.*

If the above criteria are not met, does the patient meet ALL of the following exceptions:–

Is there documentation that the patient complains of interference with vision or visual field related activities such as difficulty reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin **AND**	Yes	No
Is there redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead **AND**	Yes	No
Evidence from visual field testing that eyelids impinge on visual fields reducing field to 120° laterally and/or 20° or less superiorly	Yes	No

Please send this form with the referral letter.

Arthroscopic Subacromial Decompression of the Shoulder (ASAD)
Instructions for use:
To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral.

To Receiving Clinician: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund ASAD when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets **ALL** of the following criteria.*	Delete as appropriate	
Patient has had symptoms for at least 3 months from the start of treatment **AND**	Yes	No
Symptoms are intrusive and debilitating (for example waking several times a night, pain when putting on a coat) **AND**	Yes	No
Patient has been compliant with conservative intervention (education, rest, NSAIDs, simple analgesia, appropriate physiotherapy) for at least 6 weeks **AND**	Yes	No
Patient has initially responded positively to a steroid injection but symptoms have returned despite compliance with conservative management **AND**	Yes	No
Referral is at least 8 weeks following steroid injection **AND**	Yes	No
Patient confirms that they wish to discuss surgical treatment options	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the CCG Individual Funding Request policy for further information.*

Primary Subacromial decompression in isolation is not normally funded unless the patient has a massive subacromial spur scoring the muscle and may otherwise require a cuff repair.

17. Patient Information Sheet

Patient information sheet
Procedures of limited clinical value and clinical thresholds

How do we choose the best treatment for your health problems?

By using a combination of the evidence provided by national **clinical thresholds** and **procedures of limited clinical value** South Yorkshire & Bassetlaw CCG are able to choose the best treatment for your health problems. This leaflet briefly explains where those ideas came from and how they are used.

What is a procedure of limited clinical value?

Procedures of limited clinical value are procedures which medical experts have suggested have only limited or temporary benefit and which are not felt to be necessary to maintain good health

What is a clinical threshold?

Clinical thresholds are a predetermined set of criteria that must be met before some procedures are considered. The threshold may be such that medication would deal with the problem. Surgery should be a last resort for a number of conditions and should not take place before considering and trying other non-surgical, reasonable options.

Your GP will look for alternatives to surgery for certain procedures where clinical thresholds apply.

Assessing what people in South Yorkshire & Bassetlaw need

Our aim is to provide both value for money alongside quality services based on the whole population of SY&B. We aim to do this in a way that is fair so that different people with equal need have equal opportunity to access services.

What is SY&B CCG's approach to procedures of limited clinical value?

Some treatments will only be considered if specific predetermined and evidence based criteria have been met; these are the clinical thresholds for treatment as set out in SY&B CCG's Commissioning for Outcomes policy.

Examples

- Research has shown that around 80% of individuals with carpal tunnel syndrome initially respond to non-surgical treatment, especially among young people or pregnant women
- Gallstones are often seen on scans but do not cause any symptoms or only mild symptoms which can be controlled by diet.
- Research has shown that obese patients suffer significant complications following hip/knee surgery, such as joint infections and poor healing.
- Medical treatment for heavy menstrual bleeding is very successful and in many circumstances prevents the need for hysterectomy and complications of surgery.

This approach is not new. These clinical thresholds are already in place at many other CCGs.

Clinical thresholds apply to the following:

- Benign Skin Lesions
- Carpal Tunnel Surgery
- Cataract Surgery
- Cholecystectomy (Gall Bladder surgery)
- Dupuytren's Disease
- Ganglion Surgery
- Grommets
- Hernia Repair
- Hip and Knee Replacement
- Hysterectomy for Heavy Menstrual Bleeding
- Tonsillectomy
- Trigger Finger
- Varicose Vein Surgery
- Upper Eye Lid Blepharoplasty
- Chalazion
- Surgery for ingrown Toe Nail in Secondary care
- Bunions
- Haemorrhoidectomy
- Benign perianal skin lesions
- Male Circumcision

What are the implications for you?

This may mean that your doctor is not able to offer you a certain treatment because it would not be funded by the local NHS. Your doctor has to observe the policy because it is the policy of the local NHS, and is the best way to ensure that local NHS funds are spent on the things that will bring greatest overall health benefit to local people.

In some circumstances, your GP, Consultant or NHS clinician may think you have exceptional clinical circumstances and may benefit from a treatment which is not routinely provided. Requests for such treatments must be made through an Individual Funding Request (IFR) by your clinician. This request will then be considered and approved or rejected by an independent panel.

Where you do not meet the criteria for referral you should see your GP or other appropriate health care professional should your condition change. Likewise if you are on a pathway for elective care, you should request a clinical review if your condition changes.

If you are considered to be a vulnerable patient (those with mental health issues, learning disability or cognitive impairment) you should be clinically assessed and given the opportunity to improve your lifestyle by referral for appropriate interventions.

Further information in respect of the Commissioning for Outcome Policy can be found on the internet at: https://www.healthandcaretogethersyb.co.uk/

How can you raise a concern/complaint about this policy?

Information regarding how to raise concerns or make a complaint to your CCG can be found at:

BARNSLEY

Write to: Quality Team, Barnsley CCG' Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY
or alternatively you can telephone**:** 01226 433716
or Email: safehaven.riskmanagement@nhs.net

For further advice you can also contact Healthwatch at: The Core, County Way, Barnsley, S70 2JW or Tel: 01226320106

BASSETLAW

Write to: Complaints Department, Retford Hospital, North Road, Retford, Notts, DN22 7XF
or alternatively you can telephone**:** 01777 863321
or Email: BASCCG.CommunicationOffice@nhs.net

For further advice you can also contact Healthwatch at; Unit 2, Byron Business Centre, Duke St, Hucknall, Notts, NG15 7HP or Tel: 01159635179

DONCASTER

Write to: Patient Experience Manager, Doncaster CCG, Sovereign House, Heaven's Walk, Doncaster, DN4 5HZ
Or alternatively you can telephone 01302 566228
Or Email: Donccg.enquiries@nhs.net

For further advice you can also contact Healthwatch at: 3 Cavendish Court, South Parade, Doncaster, DN1 2JD or Tel: 0808 8010391

ROTHERHAM

http://www.rotherhamccg.nhs.uk/concerns-and-complaints.htm
Write to: Rotherham CCG, Oak House, Moorhead Way, Rotherham, South Yorkshire S66 1YY
or alternatively you can telephone: 01709 302108
or Email: complaints@rotherhamccg.nhs.uk

For further advice you can also contact Healthwatch at: 22-30 High St, Rotherham S60 1PP or Tel: 01709717130

SHEFFIELD

http://www.sheffieldccg.nhs.uk/about-us/contact-us.htm
Write to: Complaints Team, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield, S9 4EU
or alternatively you can telephone (0114) 305 1000
or Email: SHECCG.complaints@nhs.net

For further advice you can also contact Healthwatch at: The Circle, 33 Rockingham Lane, Sheffield, S1 4FW or Tel: 01142536688

18. Table 2 OPSC Codes

Procedure	Primary Procedure Codes	First Secondary Procedure Codes	Second Secondary Procedure Codes	Primary Diagnosis Codes	Other Criteria
Carpal Tunnel Syndrome	A651, A659			G560	
Hip and Knee Replacement for Osteoarthritis (Hips)	W371, W378, W379, W381, W388, W389, W391, W398, W399, W931, W938, W939, W941, W948, W949, W951, W958, W959			M15, M16, M17	
Hip and Knee Replacement for Osteoarthritis (Knees)	W401, W408, W409, W411, W418, W419, W421, W428, W429, O181, O188, O189			M15, M16, M17	
Asymptomatic gallstones	J181, J182, J183, J184, J185, J188, J189, J211, J212, J213, J218, J219			K802, K805	
Cataract Surgery	C711, C712, C713, C718, C719, C721, C722, C723, C728, C729, C741, C742, C743, C748, C749, C751, C752, C753, C754, C758, C759				
Asymptomatic inguinal hernias in adults	1) T191, T192, T198, T199, 2) T20, T21, T25, T26, T27 3) T24	1) <> N132 2) NOT IN (G693, H111, G762, H175)		1) K402, K409, K439, K469 2) K402, K409, K439, K469 3) K429	1) Age >= 18 2) Age >= 18 3) Age >= 18
Dupuytren’s Contracture	1) T521, T522, T525, T526, T541 2) T528, T529, T548, T549, T558, T559, T561, T562, T571, T574, T578, T579		2) Z894	1) M720 2) M720	
Ganglion	T591, T592, T593, T594, T598, T599, T601, T602, T603, T604, T608, T609, T611, T613, T618, T619				
Trigger Finger	T691, T692, T698, T699, T701, T702, T718, T719, T723, T728, T729			M653	

Procedure	Primary Procedure Codes	First Secondary Procedure Codes	Second Secondary Procedure Codes	Primary Diagnosis Codes	Other Criteria
Adenoidectomy	E201, E204				
Anal Skin Tags	H482				
Botulinum Toxin Type A (Botox) for Spasticity or Hyperhidrosis	1) X851 2) Any 3) X851 4) Any	2) X851 4) X851		1) G80 or R61 2) G80 or R61 3) Any 4) Any	3) 1st Secondary Diagnosis G80 or R61 4) 1st Secondary Diagnosis G80 or R61
Bunions	W791, W792, W799, W151, W152, W153, W154, W155, W156, W158, W159, W591, W592, W593, W594, W595, W596, W597, W598, W599			M201	
Chalazion	Is not blank			H001	
Dilatation & Curettage	Q103, Q108, Q109			N920, N921, N922, N924	
Eyelid Surgery (excluding Chalazion)	C121, C122, C123, C124, C125, C126, C128, C129, C131, C132, C133, C134, C138, C139, C161, C162, C163, C164, C165, C168, C169			<> H001	
Haemorrhoidectomy	H511, H512, H513, H518, H519, H521, H522, H523, H528, H529, H531, H532, H533, H538, H539				
Ingrowing toe nail	1) S641, S642, S681, S682, S683, S701 2) S641, S642, S681, S682, S683, S701	1) Z906, Z907, Z506 2) S641, S642, S681, S682, S683, S701	2) Z906, Z907, Z506		
Male Circumcision	N303				
Shoulder Arthroscopy	Is not blank			M750, M751, M754	
Vasectomy	N171				

Procedure	Primary Procedure Codes	First Secondary Procedure Codes	Second Secondary Procedure Codes	Primary Diagnosis Codes	Other Criteria
Benign Skin Lesions	1) S063, S064, S065, S081, S082, S083, S088, S089, S101, S102, S103, S104, S105, S108, S109, S111, S112, S113, S114, S115, S118, S119 2) Is not blank			1) Any 2) D17, L82	
Hysterectomy	Q072, Q074, Q075, Q082			N920, N921, N922, N924	
Hysteroscopy	Q181, Q188, Q189			N920, N921, N922, N924	
Myringotomy / Grommets	D151, D153				
Tonsillectomy	F341, F342, F343, F344, F349				
Varicose Veins	L841, L842, L843, L844, L845, L846, L848, L849, L851, L852, L853, L858, L859, L861, L862, L868, L869, L871, L872, L873, L874, L875, L876, L877, L878, L879, L881, L882, L883, L888, L889				

Appendix 2

19. Definitions

Definition of Procedures of Limited Clinical Value
Procedures of limited clinical value are those that deliver a relatively poor output/outcome to the population. This schedule sets out those procedures of limited clinical value that are not routinely commissioned or only commissioned when certain criteria are met.

Definition of Clinical Thresholds
Clinical thresholds are a predetermined set of criteria that must be met before some procedures are considered. The threshold may be such that medication would deal with the problem. Surgery should be a last resort for a number of conditions and should not take place before considering and trying other non-surgical, reasonable options.

Definition of Commissioning
Assessing local needs, agreeing priorities and strategies, and then buying services on behalf of our population from a range of providers whilst constantly responding and adapting to changing local circumstances.

Definition of Individual Funding Request
An individual funding request is where prior approval for a patient's treatment is required due to that treatment or symptom criteria being outside of our approved commissioning policies and in such cases exceptionality will need to be proven.

Definition of Exceptionality
In order to demonstrate exceptionality the patient

20. Must be significantly different to the population of interest (i.e. patients with pulmonary hypertension and/or the subpopulation), and,
21. Be more likely to benefit from this intervention than might be expected than other patients with the condition

Appendix 3

Sheffield Clinical Commissioning Group

Equality Impact Assessment

Title of policy or service:	**Commissioning for Outcomes Policy**	
Name and role of officer/s completing the assessment:	Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning	
Date of assessment:	28 December 2017	
Type of EIA completed:	**Initial EIA 'Screening'** ☒ ***or*** **'Full' EIA process** ☐	*(select one option - see page 4 for guidance)*

1. Outline	
Give a brief summary of your policy or service • Aims • Objectives • Links to other policies, including partners, national or regional	Through 'Shaping Sheffield' the Sheffield Place Based Plan, NHS Sheffield Clinical Commissioning Group's (SCCG) strategic objectives for elective care focuses on the management of demand for planned care in secondary care. To date, quality improvements have been made through the development of CASES peer review and whole journey pathways together with the ongoing development of key community services. However, the scale of the CCG's financial challenge is significant and demands further action to ensure that commissioned services are as effective as possible. Accordingly, the CCG has worked with the other CCGs within the South Yorkshire and Bassetlaw Accountable Care System (ACS), its main provider, GPs and the public to review current commissioning policies and thresholds and to introduce clinical thresholds across a range of procedures with low or limited clinical value to ensure that when patients do receive treatment, they achieve the best possible clinical outcomes. The Commissioning for Outcomes Policy will provide a consistent and comprehensive policy across the ACS. Clinical thresholds apply to the following: • Carpal Tunnel • Dupuytren's disease

- Trigger finger
- Ganglion
- Hip and knee replacement
- Benign skin lesions
- Cholecystectomy
- Hernia repair
- Cataract surgery
- Grommets
- Tonsillectomy
- Hysterectomy for heavy menstrual bleeding
- Varicose veins surgery
- Circumcision
- Vasectomy under General Anaesthetic
- Anal Skin Tags
- Haemorrhoidectomy
- In-growing Toe Nail
- Chalazion
- Blepharoplasty
- Acupuncture for Low Back Pain
- Joint Injections

therapeutic substance into spinal facet or sacroiliac joints

- (i)

- (ii) Spinal Injection as a diagnostic tool

- Shoulder Arthroscopy
-

The evidence that the CCG has used in preparing the clinical thresholds policy can be found within the policy document.

Benefits to patients and staff

This process will allow prioritisation of cost effective, clinically evidenced care.
It may improve services and staff experience through reduced waiting times for commissioned services.
Support for clinicians to focus on delivering evidence based care
The policy supports the elimination of discrimination in all equality strands. All equality groups

	have the same access to the treatment and the policy aims to ensure equity of access to treatment across SCCG. The Policy exists to bring clinical consistency to referral and therefore decisions about an individual's cases will be free from bias. All interventions carry potential for risk/harm and the policy supports patients and clinicians decision making where the intervention may also deliver limited clinical benefit. This may be particularly relevant for more vulnerable patients.

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

	What key impact have you identified?			**For impact identified (either positive and or negative) give details below:**	
(Please complete each area)	**Positive Impact**	**Neutral impact**	**Negative impact**	**How does this impact and what action, if any, do you need to take to address these issues?**	**What difference will this make?**
Human rights	☐	☒	☐	<u>Positive Impact</u> The consistent application of the NICE guidance in this policy by doctors and consultants will reduce unwarranted variation and enable equality of services. <u>Negative Impact</u> There is a possibility that people	Consistent application for everyone across Sheffield will ensure individuals can get the best clinical outcomes. Exception criteria exist and clinicians are expected to discuss approaches with patients to review the benefits they can derive from different

				perceive this negatively and as an infringement of their rights to access services, however the clinical evidence supports this process through the application of the criteria and exceptions. The CCG will continue to review evidence based practice and good practice from elsewhere.	treatments and what would work before the individual. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Age	☐	☒	☐	Hip / Knee Older people are more likely to require hip or knee replacement. In particular older people who have participated in certain sports which put pressure on their joints or who have had certain occupations such as lifting heavy objects. The level of the impact would be likely increased in an older person is living on his/her own. Cataracts Ageing is by far the most common cause of cataracts in adults. A gradual accumulation of yellow–brown pigment develops in the lens of the eye as a result of ageing. Most cataracts occur in people over the age of 60 years Grommets Children/Younger people are more likely to suffer from Otitis media with effusion. Tonsillitis Tonsillitis is more prevalent in Children/Younger people.	The policy applies to all ages. The CCG would promote self-management and education of both of patients and clinicians to enable individuals to make informed choices. In addition there are clear exceptions that would make a patient suitable for referral. In addition to the exception criteria there is inclusion within the process for patients to revisit GPs should the presenting symptoms worsen e.g. serve pain, severe disability. Note these procedures are deemed to have low clinical value regardless of age. Patients meeting the set criterion will continue to receive surgical treatment and therefore it is anticipated there will be limited impact. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates

					exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities.
Carers	☐	☒	☐	Positive Impact Elderly people and their carers may prefer alternative treatments that do not require repeated hospital visits However there is also potential for elderly people and their carers may take longer to adjust to self-care treatments and may require additional support. Negative Impact The potential that people do not have the surgery when they feel they require it negatively impacting on their self-care abilities and thus the dependency on carers may potentially increase.	Same as in age, however reasonable adjustments may need to be made for individual needs. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Disability	☐	☒	☐	Dependency on carers may potentially increase (see carers). The policy provides a consistent clinically based criteria for decision making, benefitting patients by providing consistency and equity of service provision. Patients meeting the set criterion will continue to receive surgical treatment and therefore it is anticipated there will be limited impact.	The policy applies to the whole population of Sheffield The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Sex	☐	☒	☐	None Anticipated For some conditions women / men have a higher risk factor for example: - Women have a higher risk factor for Cholecystitis than men - Men are more likely to develop Dupuytren's and to have more severe contractures than women.	The policy will apply to both men and women. There is no evidence that either sex is more impacted. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates

				However there are objective clinical symptoms that would allow any patient to be referred regardless of sex.	exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Race	☐	☒	☐	Language barriers my pose difficulties, the patient leaflet and IFR Policy leaflet will be made available in an accessible format in the common languages for Sheffield <u>Circumcision</u> There are some cultural reasons why circumcision may take place more prevalently in some groups than other however the commissioning stance is clinically focused. The Department of Health website states that this intervention is not funded where it is requested for non-medical reasons. An NHS funded service will remain in place for those who have a clinical need.	The policy transcends race and will meet the clinical needs of individuals regardless of their race. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Religion or belief	☐	☒	☐	<u>Circumcision</u> Circumcision of infant males (for non-clinical reasons) is established religious practice within Judaism, Islam, Coptic Christianity and the Ethiopian orthodox church. The Department of Health website states that this intervention is not funded where it is requested for non-medical reasons. An NHS funded service will remain in place for those who have a clinical need.	The policy will ensure that clinically eligible patients are able to access treatment regardless of their religion or belief. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities

Sexual orientation	☐	☒	☐	None Anticipated	The policy will ensure that clinically eligible patients are able to access treatment regardless of their sexual orientation. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Gender reassignment	☐	☒	☐	None Anticipated	The policy will ensure open access to transgender patient. The Individual Funding Request process is available in all cases where a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities
Pregnancy and maternity	☐	☒	☐	None Anticipated Varicose Veins - Prevalence of varicose veins rises in pregnancy Hernia - Pregnant women are at higher risk of developing inguinal/umbilical hernia due to increased pressure in the abdomen from the growing foetus Gallstones - Gallstones are more common during pregnancy due to decreased gallbladder motility and increased cholesterol saturation of bile Carpal Tunnel Syndrome - Carpal Tunnel Syndrome is more prevalent in	Patients meeting the set criterion will continue to receive surgical treatment and therefore it is anticipated there will be limited impact. It is unlikely that planned surgery would be undertaken during pregnancy. It is unlikely that planned surgery would take place in the immediate post-natal period The Individual Funding Request process is available in all cases where

				pregnancy	a patient does not meet the criteria for an intervention but demonstrates exceptionality and would be more likely to benefit from a procedure, this may be particularly relevant where patients have other co-morbidities.
Marriage and civil partnership (only eliminating discrimination)	☐	☒	☐	None Anticipated	
Other relevant groups	☐	☒	☐	None Anticipated	
HR Policies only: Part or Fixed term staff	☐	☒	☐	Not applicable	

IMPORTANT NOTE: *If any of the above results in '* ***negative'*** *impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	**Actions required**	**How will you measure impact/progress**	**Timescale**	**Officer responsible**

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	**Lead / Reviewing Officer:**	**Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning**	**Date of next Review:**	**December 2018**

Once completed, this form **must** be emailed to Richard Kennedy for sign off:

signature:	