

Updating the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to incorporate the Evidence Based Intervention Guidance

Governing Body meeting

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7 March 2019

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Purpose of Paper	
<p>The purpose of this paper is to present South Yorkshire & Bassetlaw CCG Governing Bodies with an updated SYB Commissioning for Outcomes (CFO) Policy to incorporate the national Evidence Based Intervention (EBI) guidance (clinically ineffective interventions) (November 2018). The CFO Policy was agreed by Governing Body in March 2018 with full local implementation from October 2018.</p> <p>Whilst CCG Governing Bodies have previously agreed a process for decision making whereby policy minor amendments and updates to the CFO policy e.g. to reflect new NICE guidance can be delegated to commissioners. On this occasion the whole policy is presented for approval and adoption because incorporating evidence based interventions represents a significant rewrite.</p> <p>This paper also provides assurance that the SY&B approach reflects national guidance.</p> <p>In addition to incorporating the EBI guidance, SY&B commissioners in conjunction with the Lead Medical Adviser & the Head of SYB Individual Funding Requests (IFR) have reviewed, and where appropriate refreshed, the aspects of the policy not covered by the EBI guidance. This includes a review of local evidence based interventions and the specialist plastics policies.</p> <p>Governing Body Members are asked to note that due to the size of the appendices, these have not been included in the main pack of papers and have been circulated separately as part of the supporting information pack (item 19a)</p>	
Key Issues	
<p>To ensure an equitable approach across the country, in November 2018 NHS England and partners (NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and NICE) issued statutory guidance to CCGs via the Evidence Based Interventions (EBI) guidance for CCGs.</p> <p>The national guidance is focused on 17 interventions. Four that should not be routinely offered to patients unless there are exceptional circumstances and 13 interventions that should only be offered to patients when certain clinical criteria are met. There is an overlap with the SYB Commissioning for Outcomes Policy.</p>	

A review by SYB commissioners and IFR colleagues providing clinical insight and overview highlighted that there were only minor variances between local and national guidelines. Whilst the review acknowledged the Public Health views when the CFO policy was agreed by Governing Body 12 months ago specific thresholds continue to incorporate health and wellbeing indicators relating to BMI. The IFR team have been closely involved in this work and the policies going out to GPs will always offer the option of an IFR route where exceptionality exists.

For some conditions, applying an evidenced based approach; commissioners and IFR clinicians believe there is justification to vary from the national policy. These conditions are:

- Breast reduction / asymmetry & gynaecomastia (male breast reduction)
- Tonsillectomy
- Arthroscopic Decompression of the shoulder
- Varicose Veins Surgery

Clinical assurance was sought via the Sheffield Clinical Reference Group (CRG) in addition to clinical input from clinical leads, consultants and managers within specific specialities.

The revised policy brings Sheffield CCG in line with other CCGs in relation to musculoskeletal (MSK) procedures and cataract surgery where previously Sheffield CCG deviated. This has resulted in convergence for the Integrated Care System for SYB.

The guidance will come into effect from 1 April 2019 via changes to reimbursement in the National Tariff Payment, and will apply to all patients added to the waiting list from 17 January 2019.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Approve and adopt the revised South Yorkshire and Bassetlaw Commissioning for Outcomes Policy.
- Approve the proposed implementation of the Policy from April 2019.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

To ensure there is a sustainable, affordable healthcare system in Sheffield.

Are there any Resource Implications (including Financial, Staffing etc)?

None

Have you carried out an Equality Impact Assessment and is it attached?

SYB Commissioners produced a joint equality impact assessment which was included in the previous Governing Body paper in March 2018.

Further details are included in Section 8 of the paper.

Have you involved patients, carers and the public in the preparation of the report?

Details are included in Section 7 of the report.

Updating the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to incorporate the Evidence Based Intervention Guidance

March 2019

1. Purpose

- 1.1.** The purpose of this paper is to present CCG Governing Bodies with an updated South Yorkshire and Bassetlaw Commissioning for Outcomes (CFO) Policy to incorporate the national Evidence Based Intervention (EBI) guidance (clinically ineffective interventions).
- 1.2.** Whilst CCG Governing Bodies have previously agreed a process for decision making whereby policy minor amendments and updates to the CFO policy e.g. to reflect new NICE guidance can be delegated to commissioners. On this occasion the whole policy is presented for approval and adoption because incorporating evidence based interventions represents a significant rewrite.
- 1.3.** This paper also provides assurance that the SY&B approach reflects national guidance.
- 1.4.** In addition to incorporating the EBI guidance, SY&B commissioners in conjunction with the Lead Medical Adviser & the Head of IFR have reviewed, and where appropriate refreshed, the aspects of the policy not covered by the EBI guidance. This includes a review of local evidence based interventions and the specialist plastics policies.

2. Introduction

- 2.1.** As research is carried out and medicine advances, treatments can be found to be inappropriate in certain circumstances therefore it is important to ensure only appropriate treatments are offered. Sometimes, a safer, less invasive alternative becomes available. Surgical interventions can be painful and can result in unintended complications or harm. Therefore, they should only be offered to patients who really need it.
- 2.2.** To ensure an equitable approach across the country, in November 2018 NHS England and partners (NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and NICE) issued statutory guidance to CCGs via the Evidence Based Interventions (EBI) guidance for CCGs.
- 2.3.** The aim of the Evidence Based Interventions programme is to prevent avoidable harm to patients, avoid unnecessary operations and to free up clinical time by only offering interventions on the NHS that are evidence-based and appropriate.
- 2.4.** The guidance looks at how to best reduce the number of unnecessary interventions provided by the NHS and focuses commissioning guidance and clinical criteria for when seventeen interventions should be commissioned and offered. Four that should not be routinely offered to patients unless there are exceptional circumstances and thirteen interventions that should only be offered to patients when certain clinical criteria are met.
- 2.5.** The interventions are summarised in Table 1 below.

Table 1 – National Evidence Based Interventions

Category 1 Interventions which should not be routinely commissioned or performed	
A	Snoring surgery in absence of OSA
B	D&C for heavy menstrual bleeding
C	Knee arthroscopy for osteoarthritis
D	Injections for non-specific lower back pain
Category 2 - Interventions which should only be routinely commissioned or performance when specific criteria are met	
E	Breast reduction, asymmetry and gynaecomastia
F	Removal of Benign Skin Lesions
G	Grommets for glue ear in children
H	Tonsillectomy for recurrent tonsillitis
I	Haemorrhoid surgery
J	Hysterectomy for heavy menstrual bleeding
K	Chalazia removal
L	Arthroscopic Decompression of the shoulder for sub-acromial pain
M	Carpal tunnel release
N	Dupuytren's surgery
O	Ganglion surgery
P	Trigger finger release
Q	Varicose vein surgery

2.6. The guidance will come into effect from 1 April 2019 via changes to reimbursement in the National Tariff Payment, and will apply to all patients added to the waiting list from 17 January 2019.

3. South Yorkshire & Bassetlaw Approach

3.1. Many local health systems have already developed and implemented policies that address the above issues, engaging and consulting local clinicians, providers and their populations.

3.2. In South Yorkshire and Bassetlaw criteria for commissioning certain interventions (procedures of limited clinical value, prior approval and clinical thresholds) have been in place for several years from CCG formation.

3.3. More recently the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy (CFO) has brought together commissioning policies from across the region into a single standardised policy. SY&B Commissioners and the Individual Funding Request (IFR) team have therefore completed a comparison of the variances between the SYB Commissioning for Outcomes (CFO) policy and the national EBI policy which is summarised in **Appendix 1**.

3.4. This review highlighted that there were only minor variances between local and national guidelines.

- 3.5.** The approach that commissioners have taken is to update the existing CFO policy to incorporate the national guidance. Commissioning for Outcomes is a broader policy which includes additional local evidenced based procedures, specialist plastics policy, fertility policies and procedures not routinely commissioned. Where necessary local documentation has been updated to reflect national wording and evidence base.
- 3.6.** For some conditions, applying an evidenced based approach; commissioners believe there is justification to vary from the national policy. These conditions are:
- Breast reduction / asymmetry & gynaecomastia (male breast reduction)
 - Tonsillectomy
 - Arthroscopic Decompression of the shoulder
 - Varicose Veins Surgery
- 3.7.** The majority of variances proposed are included to ensure that the policy can be implemented in primary and secondary care and so are about processes rather than clinical policy.
- 3.8.** The exception is Varicose Veins where the current policy requires patients to have a BMI of 30 or less. Whilst this is not a feature of the national guidance, NICE clinical guidance 168 notes that a raised BMI is identified as a factor associated with increased risk of progression of varicose veins and notes that the surgical outcome with increased BMI is worse (there is a higher risk of reoccurrence).
- 3.9.** The following justification and rationale has been arrived at for deviation from national guidance in the areas outlined in section 3.4 and to maintain additional policies (listed in Table 2):
- The national guidance states that the EBI programme does not seek to reverse local decisions which have been legitimately reached. The SYB CFO policy has been arrived at via legitimate local decision making.
 - The development of these commissioning policies has been consistent with national guidance.
 - To remove the policies would conflict with the CCGs' statutory responsibilities to commission a range of services from providers that will best meet the needs of their patients and population overall.
 - To remove the policies could result in an increase in referrals or activity that would be contrary to the objectives of the EBI programme.

4. Local Evidenced Based Procedures

- 4.1.** In addition to incorporating the EBI guidance, South Yorkshire and Bassetlaw (SY&B) commissioners have reviewed, and where appropriate refreshed, the aspects of the policy not covered by the EBI guidance. This includes local evidence based interventions and fully incorporating the specialists plastics policies into the CFO policy.
- 4.2.** The following additional procedures have been added to the specialist plastics policy:
- Correction of male pattern baldness (not routinely commissioned)
 - Vaginoplasty and hymen reconstruction (not routinely commissioned)
 - Surgical Repair of torn or split earlobes (not routinely commissioned).

Table 2 – Local Evidence Based Interventions

Procedures that are subject to a local evidence based intervention but not included in the national proposals
1. Osteoarthritis (Hip Replacement)
2. Osteoarthritis (Knee Replacement)
3. Management of Gall Bladder Disease
4. Surgical Repair of Hernias
5. Cataract Surgery
6. Male Circumcision
7. Benign Perianal Skin Lesions
8. Ingrown Toe Nail
9. Bunions
10. Blepharoplasty
11. Grommets for Adults
Procedures not routinely commissioned
12. Acupuncture
13. Vasectomy under General Anaesthetic
14. Procedures in the Specialist Plastics Policy
15. Procedures in the Fertility Policy

4.3. The following procedures have been removed from the specialists plastics policy as they are covered by checklists in the Commissioning for Outcomes Policy:

- Benign Skin Lesions
- Blepharoplasty

4.4. Furthermore, work has been undertaken to update and rewrite sections of the policy and checklists and remove variances e.g. where there were differences in criteria or referral procedures. These are also summarised in Appendix 1.

5. Anticipated Benefits & Risks

5.1. The Evidence-Based Interventions programme as a whole, is guided by the following five goals:

- Reduce avoidable harm to patients. With surgical interventions, there is always a risk of complications. Weighing the risks and benefits of appropriate treatments should be co-produced with patients.
- Save precious professional time, when the NHS is severely short of staff, professionals should offer appropriate and effective treatment to patients.
- Help clinicians maintain their professional practice and keep up to date with the changing evidence base and best practice.
- Create headroom for innovation. If we want to accelerate the adoption of new, proven innovations, we need to reduce the number of inappropriate interventions. This allows innovation in healthcare, prescribing and technology to improve patients' ability to self-care and live with long term conditions.

- Maximise value and avoid waste. Inappropriate care is poor value for the taxpayer. Resources should be focused on effective and appropriate NHS services

5.2. The aims of the local CFO policy in line with national guidance are to:

- improve the quality of care provided for all patients by following evidence based policies / providing & commissioning evidence based care.
- offer more equitable access for patients by reducing variation between individual GPs (i.e. not just SY&B CCGs)
- review and bring together similar commissioning policies from across the region with the aim of reducing variance between individual CCG policies by producing a standardised policy.
- reduce the number of policies providers are expected to follow.

5.3. The following risks may apply to implementing this programme of work based on prior experience of mobilising the policy:

- There is a risk that if Primary Care clinicians are not suitably engaged in the programme then this could result in low confidence of adherence to the policy.
- There is also a risk of a lack of compliance and adherence of the clinical thresholds by both Primary and Secondary Care.
- There is a risk that if 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.

6. Impact of Implementing the Policy

6.1. In addition to setting out clinical guidance the Evidence Based Intervention (EBI) guidance also sets out local activity goals. From 1 April 2019 the national activity goals expected that:

- No Category 1 interventions will be performed unless accompanied by an IFR and therefore the numbers of activity for Category 1 interventions will reduce to near zero.
- Category 2 interventions should be reduced to the 25th percentile of the age-sex standardised rate of CCGs.

6.2. As noted in section 3 of this paper, CCGs in South Yorkshire have had commissioning criteria for interventions in place for several years. Each area will have therefore made progress against national activity targets since adopting the Commissioning for Outcomes Policy in 2018/19 and as a result of previous policies.

7. Patient and Public Involvement

7.1. A national public consultation exercise on EBI took place between 4 July and 28 September 2018. NHS England and partners received 707 online responses and 97 individual submissions. They also spoke to 397 individuals by hosting or attending events across the country. The response to the public consultation is published here: <https://www.england.nhs.uk/publication/evidence-based-interventions-response-to-the-public-consultation-and-next-steps/>

7.2. As part of the development and implementation of the original SYB CFO policy, individual CCGs have engaged local clinicians, providers and their populations. Local engagement on the SYB CFO policy continues to be place led taking a proportionate and incremental approach building on previous work.

8. Equalities and Health Inequalities Analysis

8.1. NHS England have published an Equalities and Health Inequalities Analysis on their website: <https://www.england.nhs.uk/publication/evidence-based-interventions-policy-equality-and-health-inequalities-full-analysis-form/>

8.2. The analysis did not note any significant concerns in equality groups or health inclusion groups. Noting that the work aims to reduce health in equalities in access and outcomes for all patients groups by ensuring offer of appropriate treatment. Furthermore none of the interventions are subject to a blanket ban; if a clinician feels that a patient's circumstances are exceptional and may benefit from any of these treatments then they can be referred to the IFR Panel.

8.3. For age the analysis highlights that a number of the interventions have a similar age profile to elective interventions overall. Where the age-profile differs (tonsillectomies, hysterectomy due to menstrual bleeding and knee arthroscopy) this is consistent with the age groups at which the underlying problem is most prevalent.

8.4. For ethnicity, the analysis looked at the profiles of patients referred in 2017/18 noting that the prevalence for these interventions are similar to all elective care. In the whole there is no substantial difference between the proportion of these interventions that are accessed by ethnic groups compared to the white British group when you take account of the different ethnic groups in different age groups.

8.5. The analysis did note that some conditions (chalazia removal and dupuytren's) were more common in different ethnic groups. However the guidance advance equality by prompting consideration of what is the most appropriate treatment between the doctor and their patient, meaning patients will always receive the most appropriate treatment.

8.6. To address any impacts the guidance has been reviewed to ensure it is NICE, and/or NICE-accredited and specialist society guidance and that the interventions will be available to people who meet the criteria and in exceptional circumstances through an individual funding request where appropriate.

9. Recommendation

9.1. CCG Governing Bodies are asked to approve and adopt the revised South Yorkshire and Bassetlaw Commissioning for Outcomes Policy.

9.2. Approve the proposed implementation of the Policy from April 2019.

Enclosures:

- **Appendix 1 – Comparison of Variances between Evidence Based Intervention Guidance and Commissioning for Outcomes Policy (V19) & Summary of Changes to Local Evidence Based Interventions.**
- **Appendix 2 – South Yorkshire and Bassetlaw Commissioning for Outcomes Policy (V20)**

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21 February 2019