NHS
Wirral
Clinical Commissioning Group

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE REPORT
23RD MARCH 2017

Report Title	Service Review Consultation – Outcomes and next steps
Lead Officer	Nesta Hawker – Director of Commissioning, Wirral CCG
Recommendations	1. Note the process undertaken to inform the service review consultation 2. Note the decisions made by Governing Body of 7 February 2017 3. Note the next steps

1. EXECUTIVE SUMMARY

1.1 Wirral CCG held a full 90 day public consultation relating to proposed service changes across a number of different specialties.

1.2 The process was undertaken in collaboration with the Cheshire CCG's (Eastern Cheshire, South Cheshire and Vale Royale and Western Cheshire). Wirral CCG acted as the lead CCG for the review and consultation.

1.3 A paper was taken to Wirral CCG's Governing Body of 7 February 2017 to consider each proposal in the context of clinical evidence of effectiveness, public and clinical feedback and national benchmarking. Governing Body reached a decision on each proposal, as described within section 4 of this paper.

2. BACKGROUND AND PROCESS

2.1 Wirral CCG has historically adopted the Cheshire and Merseyside 'Procedures of Lower Clinical Priority' (PLCP) commissioning policy. This policy sets out a number of procedures that are either not routinely commissioned or require a set threshold to be met prior to referral.

2.2 Wirral CCG undertook a process to review the current policy against evidence of best practice, clinical effectiveness and cost effectiveness. Following this a list of procedures to be potentially added or amended within the policy were identified. A final list for consultation was agreed with CCG clinical leads and NHS England.

2.3 Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) were undertaken on each area consulted on. These were informed by pre-engagement discussions with clinicians, a review of evidence of clinical effectiveness and best practice from other CCG policies. These were made available to the public via the CCG website throughout the consultation period.

2.4 Consultation packs were produced including a detailed overview of the proposed changes, the rationale and background and a survey. They were available at public meetings and also through a dedicated launch page on the CCG's website with a separate '*how to make your views known'* page with a link to the online survey.

2.5 The consultation documents were provided in Polish, Chinese (Mandarin), Bengali and Vietnamese and in an easy read format.

2.6 Key stakeholders were identified during pre-engagement and written to to advise them of the consultation, inviting their input.

2.7 The consultation was advertised via the CCG website, GP practice screens, via Twitter, Facebook sponsored adverts, patient leaflets and an advert in the Wirral Globe and Wirral View. The consultation also featured on BBC North West Tonight and Radio Merseyside.

2.8 The CCG undertook a variety of engagement strategies throughout the consultation period; these included three public meetings, extraordinary meeting of the Patient Voice committee, clinical senate and a stakeholder group at Wirral Multicultural Organisation.

2.9 Feedback from the consultation events and surveys were summarised alongside benchmarking and evidence of clinical effectiveness in a report to Governing Body.

3. KEY MESSAGES

3.1 Wirral CCG received 724 responses to the consultation. Across all CCG's undertaking the consultation, 1821 responses were received.

3.2 Key demographic details are shown below:

3.2.1 81% of respondents were aged 25-64 years of age (18.5% aged 25-34, 32.83% aged 35-49 and 29.67% aged 50-64).

3.2.2 76.29% of respondents were female, 21.20% male.

3.2.3 88.89% of respondents were White British, 0.51% Asian British, 0.17% Black African.

3.2.4 56.89% of respondents stated religion as Christianity, 20.39% atheist and 22% preferred not to say.

3.2.5 73.43% of respondents did not class themselves as having impairments.

3.2.6 52.09%of respondents are in full time work, 14.41% part time work.

4. KEY FINDINGS AND SUMMARY OF DECISIONS MADE

4.1 Please see below summary of procedures consulted on, proposal and decision made by Governing Body:

Condition/Treatment	**Proposal detail**	**Decision**
Cosmetic Procedures		
Surgery for the correction of asymmetrical breasts	Stop funding	Stop routine funding*▪
Surgery for breast reduction	Stop funding	Stop routine funding*▪ - with consideration for musculoskeletal problems
Surgery for gynaecomastia	Stop funding	Stop routine funding*▪
Hair removal treatments for hirsutism (e.g. laser or electrolysis)	Stop funding	Stop routine funding*▪ with consideration for medical

		conditions
Overarching principle to stop all funding requested primarily for cosmetic purposes	Stop funding	Stop routine funding*▪
Dermatology		
Surgery to remove benign skin lesions	Introduce the following threshold: • Sebaceous cysts • Lesions causing functional impairment • Lesions on face that could be considered disfigurement • Any lesion with suspicion of cancer	Introduce specified threshold.
Desensitising light therapy using UVB (ultra-violet shortwave) or PUVA (Psoralen combined with UVA) for PMLE (polymorphic light eruption).	Introduce the following threshold: • Diagnosis made by Dermatology consultant • Severe • Functional impairment • Remains server despite preventative measures • Treatment likely to make significant improvement	Introduce specified threshold.
ENT		
Secondary Care ear wax removal including microsuction	Option 1 – adopt below threshold: • Complications in past • Middle ear infections • Previous ENT surgery • Perforation • Cleft palate • Acute otitis externa Option 2 – stop funding, excluding perforated ear drum	Introduce below threshold: • Perforated ear drum • Otitis Externa • Hearing loss and all other methods of ear wax removal have failed • Enable inspection of ear drum due to clinical concern of other pathologies • Clinical risk of other methods of removal
Fertility and Sterilisation		
IVF (In Vitro Fertilisation) with or without Intracytoplasmic Sperm Injection (ICSI)	The following proposals were suggested: • reduce number of cycles from 3 to 2 • reduce number of cycles from 3 to 1 • introduce additional restrictions within policy – BMI and smoking status of both partner • increase threshold for eligibility from 2 years of trying to conceive to 3 years	Adopt the below: • Reduce the number of IVF cycles funded from 3 cycles to 2 cycles. • Incorporate additional restrictions for IVF – BMI and smoking status to male partner (currently applies only to female partner) • Eligibility threshold for IVF for period of trying to conceive to be increased from 2 years to 3

		years for unexplained infertility (age to be taken into account)
Surgical Sperm Recovery	Stop funding with IFR for genetic conditions	Stop routine funding* with individual funding request for genetic conditions
Donor Oocyte cycle	Stop funding	Stop routine funding*
Donor sperm insemination	Stop funding	Stop routine funding* unless part of current approved IVF cycle
Intrauterine Insemination Unstimulated	Stop funding	Stop routine funding*
Sterilisation (male & female)	Option 1 – stop funding all male and female sterilisation, excluding those based on medical advice/ psychological impact Option 2 – to introduce a threshold approval to stop male sterilisation under general anaesthetic	Stop routine funding of male sterilisation under general anaesthetic. (Female sterilisation and male sterilisation under local anaesthetic will remain unchanged.)
Trauma and Orthopaedics		
Shoulder Arthroscopy	Introduce below threshold to have been tried and failed prior to referral: • Activity modification • Physiotherapy and exercise programme • Oral analgesia • Intra-articular joint injections • Manipulation under anaesthetic • And had frozen shoulder for at least 12 months	Introduce specified threshold.
Dupuytren's Contracture	Stop funding conservative treatments as limited advice – i.e. injections **And** Introduce below threshold for surgery: • Metacarpophalangeal joint and/or proximal IP joint contracture of 30+ • Severely impacting daily living and functional limitation • Young person with early onset disease without family history, clinical assessment demonstrates they will benefit from surgery	Stop routine funding * of conservative treatments Introduce specified threshold.
Knee Replacement	Introduce below threshold for surgery:	No change to current policy.

	• Severe pain – measured on recognised pain score • Radiological features of disease • Demonstrated disease in all three compartments of knee	
Hip Injections excluding bursitis	Option 1 – introduce below threshold: • Diagnostic aid • Introduce contrast medium to the joint as part of hip arthogram • Babies for hip arthrography • Children and adults with inflammatory arthropathy Option 2 – stop funding hip injections in adults	Introduce specified threshold. Children and bursitis will be excluded.
Urology		
Erectile Dysfunction	Stop funding pharmaceutical and secondary care interventions	Continue to fund pharmaceutical intervention for erectile dysfunction however a robust prescribing policy will be introduced
Circumcision for religious reasons	Stop funding	Stop routine funding *
Percutaneous posterior tibial nerve stimulation (PTNS) for urinary and faecal incontinence	Stop funding	No change to current policy.
If a patient is already on the pathway, should they continue or be re-assessed?		
Response received across all above specialty areas to the question 'if a patient is already on the pathway, should they continue or be re-assessed?'	Patients already referred should continue to be treated. The above revisions will be affective for all new referrals from 1st April 2017.	Patients already referred should continue to be treated. The above revisions will be affective for all new referrals from 1st April 2017.

*stop routine funding – this means the procedure will be listed as 'not routinely commissioned' however if clinical exceptionality applies; funding can be requested via the 'Individual Funding Request' (IFR) route.

▪Exclusions in place for: Cancer patients, Burns/accident victims, Birth defect, PCOS for hirsutism, Musculoskeletal conditions, severe psychological impact.

5. NEXT STEPS

5.1 The PLCP policy has been updated and shared with Quality and Performance Committee of 28th February 2017.

5.2 Notice has been given to providers and partners of the changes to the PLCP.

5.3 Information has been shared across primary care to highlight the amendments made to the PLCP.

5.4 The PLCP validation tool (a tool for GPs to validate criteria met) has been updated to reflect new policy.

5.5 The outcome of Governing Body decisions has been updated on Wirral CCG's website and a patient friendly stakeholder report will be produced. The updated policy will also be available on the Wirral CCG website.

5.6 The updated PLCP policy will be enforced for new patient referrals after 1st April 2017. Any patients who have already been referred by their GP for any of the following services will be continue to be treated.

5.7 Activity undertaken that does not meet the PLCP policy will not be funded.

5.8 Activity levels within secondary care and Individual Funding Request Team will be closely monitored to evaluate the impact of the revisions and consider any unintended consequences.

6. CONCLUSION

6.1 People Overview and Scrutiny Committee are asked to:
- 6.1.1 Note the process undertaken to inform this review and consultation
- 6.1.2 Note the decisions made by Governing Body of 7 February 2017
- 6.1.3 Note the next steps identified