North East London Evidence Based Interventions Policy

NHS
North East London Commissioning Alliance

Update for BHR JHOSC

1.0 Introduction

This paper provides an update on the Evidence Based Interventions Policy, it includes a 'You said, We did' section which has been cascaded to stakeholders and participants in the engagement. Embedded in the document is the new policy which has been named the North East London Evidence Based Interventions Policy.

2.0 Background and Context

In May 2019, we asked local people to tell us what they thought about plans to change our commissioning policies in Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. These list specific treatments, procedures and interventions that the NHS funds, and who is eligible to have them.

During the six weeks of engagement we spoke to around 600 individuals by hosting or attending approx. 30 events and received 230 responses from individuals and organisations including:

- Patient Engagement Forums
- Older Peoples Reference Group meetings
- Age UK meetings
- Local Medical Councils
- GP Protected Learning Time Events
- Council for voluntary services
- Patient Participation Groups
- Patient Workshops
- Patient Events
- Health scrutiny committees

Information was published on the Clinical Commissioning Group (CCG) websites, which included an easy read format, a patient friendly version of the engagement document, a clinical version of the engagement document, an equality impact assessment and a quality impact assessment along with a questionnaire to collect responses.

CCG communications teams distributed communications to local GPs, CCG staff, MPs, Health Watch, patient reference groups, hospitals, councils and the north east London Citizen's Panel and tweets regarding the programme were sent from CCG corporate accounts. Information on the proposals was also included in staff newsletters, practice bulletins and GP practice portals and sent to local optical committees.

Chief Medical Officers from Barts, BHRUT, Homerton, ELFT, NELFT and Moorfields were contacted and asked to disseminate information via their networks to ensure feedback from consultants on the proposals could be captured.

Feedback given at events, via email and in questionnaires have been analysed and this feedback was presented to the Clinical Reference Group who discussed potential changes to the overall policy and to specific treatments.

Appendix B sets out a summary of the procedure level decisions made at the Clinical Reference Group which formed the basis of the recommendations we will be making to CCG Governing Bodies.

We are grateful to all those who have contributed and helped us refine and strengthen our proposals. We have benefitted from a rich array of suggestions and insights which have helped shape the proposed north east London Evidence Based Interventions policy **(embedded in Appendix A (i)).**

3.0 You said, we did

The following is a summary of recurring themes received either in questionnaires or at events and the actions the Alliance is taking as a result. This summary will be published on CCG websites and distributed to clinicians, patients and the public who took part in the engagement exercise.

1. **Concerns about the criteria for hip and knee replacements and whether it unfairly targeted older people and could undermine clinical judgement**

We have conducted an audit which showed that clinicians were following the proposed pathway and there would be no real impact on clinical practice from making this change, so GPs agreed to remove hip and knee replacements from the policy.

2. **Suggestions were made for patients to be involved throughout the process in the future.**

We are keen to learn from this engagement which is the first we've done as the North East London Commissioning Alliance and we will look at how we can involve patients more in the design and implementation of services.

3. **"The proposed policy does not state any exclusions for mental health patients"**

Mental health is often a factor in patients seeking treatment or surgery. There are no universally accepted and objective measures of psychological distress, so it is difficult to include such factors when setting clinical thresholds for agreeing when a particular treatment is effective or needed.

We believe it is generally better to provide support, such as therapy, to treat the mental health need, but if a clinician thought there were exceptional mental health reasons why a patient needed treatment, they could apply through the individual funding request process explaining why this is an exceptional case.

Our GPs considered the feedback received and felt it was important the policy was altered to make clear that if mental health affects people's ability to function then it should be considered for funding, provided there is evidence of the patient having received psychological treatment prior to the procedure. The policy has been updated to reflect this.

4. **Cancer - "It is unclear whether all (or just selective policies) are not applicable to patients who have or have survived cancer."**

We have always been clear that this does not apply to patients with confirmed or suspected cancer. GPs have updated the policy to include a statement to clarify that that cancer patients will be excluded where the treatment sought is in relation to their cancer care.

5. **"The documentation is too clinical and not clear"**

The nature of a document like this is that it is clinical, as it was developed in line with the latest national clinical guidance. Recognising this, we produced an easy read version but will consider how we might involve patients in ensuring documents are easy to understand in future work.

6. **"NICE guidance says you can't use visual acuity to determine whether cataract removal should be carried out"**

We have sought advice from clinicians at our local hospitals including Moorfields, a specialist eye hospital, and they all support the policy. This means that all patients in London will get the same access to cataract surgery.

7. "The questionnaire needs to be improved, hard for people to reference back to main document constantly to answer"

The complexity of what we were proposing meant that the questionnaire was complicated and we will test future questionnaires with local people before they are finalised.

8. If patient are unable to access these treatment, what are the alternatives?

We will make sure all clinicians know how to apply the policy asking them to consider the overall health and wellbeing of the patient and to ensure that, where appropriate, referrals are made to talking therapies and support services available through social prescribing link workers.

9. Clinicians fed back that they were concerned that this might add an additional administrative burden to their already busy workloads

Further to this feedback, work has commenced to simplify and automate the process using special software to reduce the administrative burden for clinicians.

5.0 Implementation Update

The NEL CCGs informed all acute and independent Sector providers on 1st October 2019 in accordance with service condition 29.24, via their Coordinating Commissioner. The policy came into effect from 1st November 2019.

Blue Teq System Implementation

There are three main NHS Acute Providers within the NEL CCG system; these are BHRUT, Barts and Homerton. As part of the implementation phase, a new process that requires the Trust to get prior approval for specific procedures is being put in place. These procedures are outlined in category 2 of the NEL EBI policy. Out of the three, BHRUT is the only Trust that had an existing prior approval process in place.

We have met with each of the providers to help support the change in process and system along with the CSU Prior Approval Team. The preferred software system used by the team is BlueTeq.

5.1 Policy Review

The Clinical Review Group (CRG) agreed to review the policy six months from the date the policy went live (1 November 2019), therefore a review CRG will be established in May 2020 to look through any feedback received since the policy has been published.

APPENDIX A

(i) Final Policy

NEL EBI
2019-2020_CRG_DRA

APPENDIX B

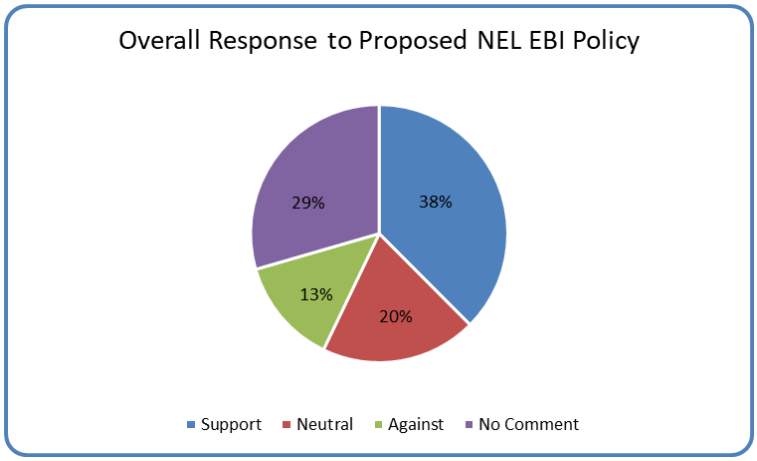
Procedure	Decision made
The following Injections for <u>non-specific</u> low back pain :	
Facet joint injections	Adopt NHS England policy to ensure consistency of approach for patients and clinicians.
Therapeutic medial branch blocks	Adopt NHS England policy but provide clarity that diagnostic medial branch blocks continue to be funded as per NICE guidance
Intradiscal therapy	Adopt NHS England policy to ensure consistency of approach for patients and clinicians.
Prolotherapy	Adopt NHS England policy to ensure consistency of approach for patients and clinicians.
Trigger point injections with any agent, including botulinum toxin	Adopt NHS England policy to ensure consistency of approach for patients and clinicians.
Epidural steroid injections for chronic low back pain or for neurogenic claudication in patients with central spinal canal stenosis	Adopt NHS England policy to ensure that consistency of approach for patients and clinicians.
Any other spinal injections not specifically covered above	Adopt NHS England policy to ensure that consistency of approach for patients and clinicians.
Surgical interventions for snoring in the absence of obstructive sleep apnoea	Adopt NHS England policy to ensure that consistency of approach for patients and clinicians.
Chalazia removal	Adopt NHS England policy to ensure consistency of approach for patients and clinicians.
Haemorrhoidectomy	Adopt NHS England policy to ensure consistency of approach for patients and clinicians.
Shoulder Decompression	Adopt NHS England policy but with a review in March 2020 if anticipated guidance has an impact.
Interventional treatments for back pain : Epidurals, Spinal Decompression, Discectomy, Epidurolysis, spinal fusion surgery	Adopt London policy to ensure consistency of approach for patients and clinicians.
Lumbar disc replacement surgery	Adopt London policy to ensure consistency of approach for patients and clinicians.
Acupuncture	Clarify that acupuncture is not routinely funded as an isolated intervention

Ozone discectomy	Adopt London policy to ensure consistency of approach for patients and clinicians.
Cataract Surgery	Adopt London policy to ensure that consistency of approach for patients and clinicians.
Hip arthroplasty	Remove from policy following feedback and audit results showing compliance with good practice
Knee arthroplasty	Remove from policy following feedback and audit results showing compliance with good practice
Laser surgery for short sightedness	Adopt proposed local policy following support from local clinicians
Functional electrical stimulation (FES) for foot drop	Adopt proposed local policy
Abdominal wall hernia management and repair	Adopt proposed local policy
Bariatric Surgery	Adopt proposed policy in line with NICE guidance
Pinnaplasty/Otoplasty	Adopt proposed policy following feedback from local clinicians
Rhinoplasty/Septoplasty/Rhinoseptoplasty	Adopt proposed policy following feedback from local clinicians
Dupuytren's contracture release	Adopt NHS England policy to ensure that consistency of approach for patients and clinicians.
Female breast reduction	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Grommets for glue ear in children	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Trigger Finger	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Dilation & Curettage (D&C) for heavy menstrual bleeding in women	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Surgical treatment of carpal tunnel syndrome	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Repair of split ear lobes	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Herbal medicines	Adopt NHS England policy to ensure consistency of approach for patients and clinicians
Treatment for scarring and skin hyper- or hypo-pigmentation	Adopt proposed local policy
Sympathectomy for severe hyperhidrosis	Adopt proposed local policy

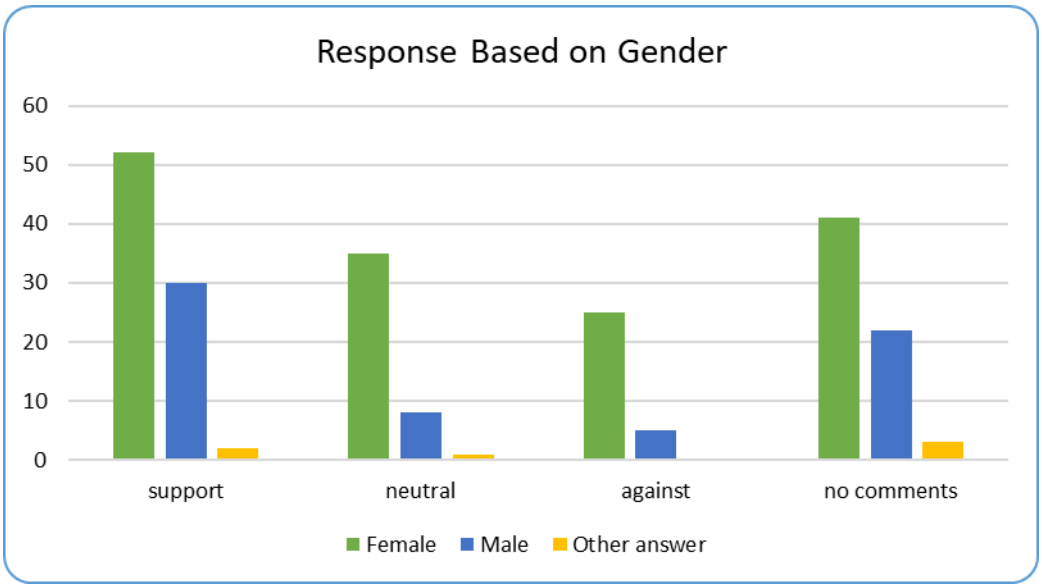
APPENDIX C

The following is an analysis of the questionnaires that were received either electronically or on paper. These graphs demonstrate the reach that the engagement exercise achieved and the level of support for the proposed changes.

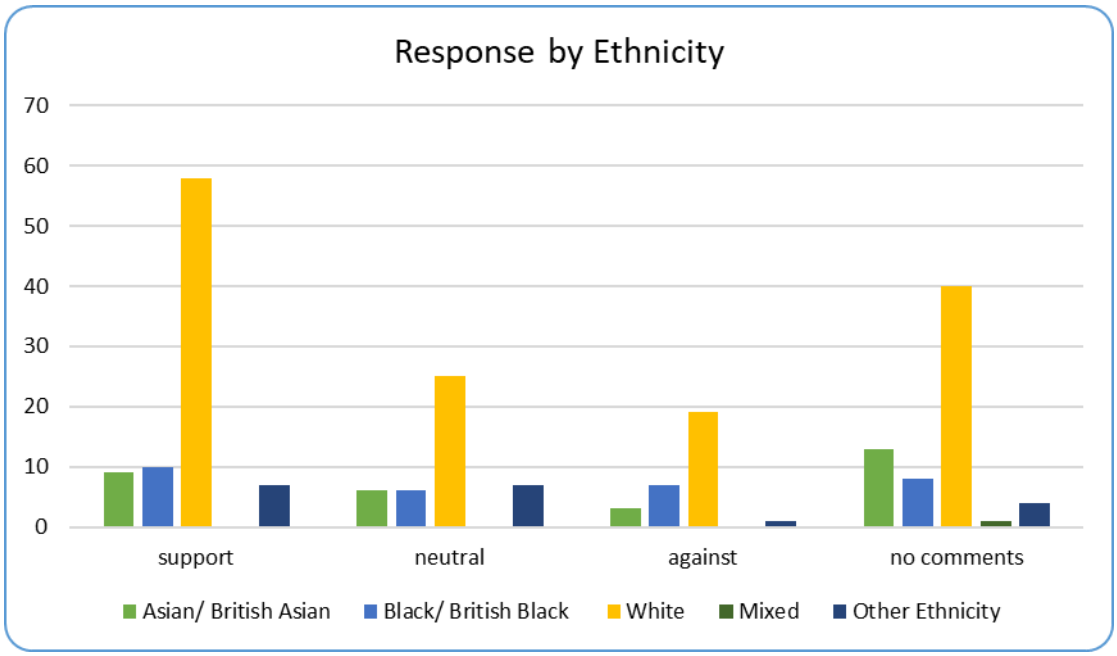
1. Overall response to proposed NEL EBI Policy



2. Response based on Gender



3. Response based on Ethnicity



4. Response based on Age