Procedures of Lower Clinical Value
Changes to policy in Sandwell & West Birmingham
What are Procedures of Lower Clinical Value?

As a CCG we are responsible for commissioning (buying) health services to meet the health needs of the local population.

In addition, we monitor, evaluate and manage the performance of those services, ensuring they are safe and clinically/cost effective.

Some routine procedures such as cosmetic surgery, cataract surgery, hip and knee surgery and removal of tonsils are known as Procedures of Lower Clinical Value.

These are considered to have value, but only in the right circumstances.
Why is a change needed?

National clinical guidance for many of these procedures has changed and the CCG’s policies need to be updated to reflect that.

The criteria for these procedures varies between areas which means there are differences in the availability of some procedures depending on where you live.

The CCGs across Sandwell, Birmingham and Solihull believe there should be a single, consistent approach which is fairer to patients and in line with the latest clinical evidence.

We have worked together to review the criteria for 21 policies (covering 45 procedures) to make sure this is the case.
Why have a policy at all?

The main reasons for having policies for these procedures are so that:

- Patients receive appropriate health treatment, in the right place and at the right time
- Treatments with no, or a very limited, evidence base are not used
- Treatments with minimal benefits to health are restricted
Which procedures are included?

The more common procedures included are below:

- Cosmetic surgery (for example liposuction and breast augmentation)
- Cataract surgery
- Hip/knee replacement surgery
- Removal of tonsils/adenoids
- Treatment for non specific back pain, specific and chronic back pain
- Male circumcision
- Dilation and curettage for menorrhagia (D+C)
- Removal of the gall bladder

A full list is available at: www.sandwellwestbhamccg.nhs.uk
What does this mean for patients?

All patients who require a procedure of lower clinical value will have to meet the same criteria, regardless of where they live.

If a patient can’t have a procedure they may have previously had, their GP will help them find an alternative treatment.

All of the 45 procedures will still be available, but the access criteria will have changed.

If the patient’s GP believes that their circumstances are exceptional, then their specialist doctor can submit a request for a procedure to be paid for through an Individual Funding Request (IFR).

The changes are about offering a fair and clinically appropriate service, not about saving money or depriving people of treatment they need.
Key Messages

• These are not new policies they are policies that have been around for many years which have been reviewed by a Policy Group

• This is not about making cost savings

• There is not a blanket ban on procedures

• Patients will be able to have procedures based on if they meet the clinical criteria or if clinical exceptionality can be demonstrated

• Cosmetic procedures will not be routinely undertaken unless there are exceptions

• Clinicians can complete an IFR for the patient if they can demonstrate why the patient is significantly different compared to any other patient to warrant treatment
What is the IFR Process?

• The IFR process is when an IFR application is submitted by the patients referring clinician or GP, usually the specialist clinician

• The application cannot be submitted by the patient

• The evidence within the application needs to determine clinical exceptionality for the patient to have the treatment outside of a commissioned policy or where there is no policy, the application needs to demonstrate why the patient is significantly different compared to any other patient to warrant treatment

• The application is assessed by a Panel, which consists of;
  • The CCG’s authorising officer such as the CCG GP lead
  • The head of Medicines Management
  • An independent GP who is trained in IFR but not the patient’s GP
Examples of POLCV

Inverted nipple
• This would be deemed as a cosmetic procedure and the patient would not normally get this procedure
• However if the patient has encountered trauma, such as burns/scalding or has had breast cancer the likelihood is that they would get the procedure as this meets the clinical exceptionality

Cataract
• If the patient is experiencing a reduction in vision, such as reduced visual acuity in affected eye to 6/9 or less, the likelihood is they would get it as they meet the clinical criteria

Hips
• If the patient is experiencing a reduction in quality of life as a result of their condition and has arthritis and has a hip problem they would be able to have this procedure as they meet the clinical criteria
• If a patient was overweight and they did not have a condition they would be referred to a rehabilitation programme to see if that makes a difference first
We would like your views

We want to know whether you agree with the principles we used as we reviewed the policies:

• To offer procedures and treatments **consistently and fairly** to patients
• To **end the ‘postcode lottery’** by having the same eligibility criteria for treatments regardless of where patients live
• To ensure that policies meet the latest **national clinical guidance** and are supported by robust **clinical evidence**
• To stop using treatments that **do not have any benefits** for patients, or have a very limited evidence base
• To prioritise treatments which provide the **greatest benefits** to patients
• To **stop offering cosmetic** treatments
How to have your say

Fill in our survey:

Online at www.sandwellwestbhamccg.nhs.uk

Hard copies available on request via SWBCCG.engagement@nhs.net or phone 0121 612 1447.

If you would like to tell us about your experiences of these procedures, you can do so via Time2Talk:
Email: swbccg.time2talk@nhs.net
Tel: 0121 612 4110