NHS
Fylde and Wyre
Clinical Commissioning Group

POLICIES AND PROCEDURES FOR THE COMMISSIONING OF APPROPRIATE, EFFECTIVE AND PRIORITY HEALTHCARE

POLICY NUMBER 19

Policy for the Commissioning of Specified Services for which provision in service agreements may be limited

Policy/Procedure Number	F&WCCG/COMM/19
Date Adopted	26.03.2013
Review Date	May 2015

NHS FYLDE & WYRE CCG

November 2006

Policies for the Commissioning of Appropriate, Effective and Priority Health Care - Policy for the Commissioning of Specified Services for which provision in service agreements may be limited.

1 Introduction

1.1 This is the policy of the Fylde & Wyre Clinical Commissioning Group (CCG) to enable it to commission certain services specified in section 3 below. It forms part of a suite of Policies for the Commissioning of Appropriate, Effective and Priority Health Care. It is based on the considerations outlined in the General Policy within that suite. It will be applied in accordance with the CCG's Procedure for the Application, Amendment and Waiver of Policies for the Commissioning of Appropriate, Effective and Priority Health Care, and in accordance with the other policies and procedures within the suite.

1.2 Service providers within service agreements may be technically and clinically able and competent to deliver the service in question. Those service providers may have limited funding within the service agreements to provide those services, subject to clinical prioritisation. This policy does not prevent those service providers from delivering the service accordingly. The purpose of the policy is to enable the CCG to respond to requests for individual patient funding. Such requests may come from these service providers. Alternatively they may come from other service providers, in which case the provisions of the CCG's Policy for the Choice of Service Provider for Health Care will also apply. Subject to the provisions of the service agreement, a possible outcome is that the CCG will decide that the patient should be treated within the provisions of that agreement.

2 Definition

2.1 The healthcare addressed by this policy is considered by the CCG to have adequate evidence of its appropriateness and effectiveness in general terms, to be commissioned. The application of that evidence to individual patients may, however, be at issue. It is usually issues of priority that limit the availability of these services, and the policy enables individual requests to be considered.

2.2 The CCG is aware of the competing demands for its limited financial resources and the need to expend those resources on the most appropriate and effective treatments to improve the health of its population. The CCG's view is that (subject to careful consideration of the circumstances of the individual case to see whether there is an exceptional reason for adopting a more favourable view) the treatments addressed by this policy should not receive as high a priority in the allocation of resources as services of proven effectiveness for illnesses which are life threatening or cause more severe pain, discomfort or disability.

2.3 This policy applies to health care (including out of area treatments) for which this CCG is the ultimate source of funds. It also applies to health care commissioned by this CCG for people who reside elsewhere, but who are referred to NHS Trusts for whom this CCG is the lead commissioner, for out of area treatments.

3 The Policy

3.1 Dorsal Column Stimulators: Subject to clinical advice from the service provider, such requests will normally be approved, although treatments outside of this service provider will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.2 Implantable Cardiac Defibrillators: Subject to clinical advice from the service provider, which will usually include confirmation that the patient satisfies the criteria of current guidance from the National Institute for Clinical Excellence, such requests will normally be approved. Treatments outside of this service provider will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.3 Treatment for adults with growth hormone deficiency: The service agreement with the Christie Hospital currently provides for clinically suitable patients to be commence on growth hormone medication in accordance with a shared care protocol with the General Practitioner. Treatments outside of this arrangement will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved. Treatment for children will be commissioned in accordance with current guidance from the National Institute for Clinical Excellence.

3.1 Bone anchored hearing aids: There is therefore no automatic provision for this treatment within the service agreement. Individual patient

requests will therefore be considered by the Commissioning Panel, in reaching a judgement as to whether the CCG will commission such treatment, shall consider the proposed treatment with particular reference to the clinical features of the case and reach a decision as to whether there is an exceptional reason to support its provision.

3.2 Cochlear implants: Subject to clinical advice from the service provider, such requests will normally be approved. Treatments outside of this service provider will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved. In applying this policy, current evidence of effectiveness may be considered in relation both to adults and to children.

3.3 Embolisation of fibroids: While recognising the appropriateness and effectiveness of this form of treatment, the CCG has not, at present, judged it to be a higher priority than other competing demands for development resources. There is therefore no automatic provision for this treatment within the service agreement. Individual patient requests will therefore be considered by the Commissioning Panel, in reaching a judgement as to whether the CCG will commission such treatment, shall consider the proposed treatment with particular reference to the clinical features of the case and reach a decision as to whether there is an exceptional reason to support its provision.

3.4 Endoscopic laser treatments to the endometrium: While recognising the appropriateness and probable effectiveness of this form of treatment, the CCG has not, at present, judged it to be a higher priority than other competing demands for development resources. There is therefore no automatic provision for this treatment within the service agreement. Individual patient requests will therefore be considered by the Commissioning Panel who, in reaching a judgement as to whether the CCG will commission such treatment, shall consider the proposed treatment with particular reference to the clinical features of the case and reach a decision as to whether there is an exceptional reason to support its provision.

3.5 Nuchial screening: Subject to further evidence of effectiveness and National Guidance the CCG does not consider that the value of Nuchial Screening as an antenatal test for Down's Syndrome is proven. Furthermore, the CCG has not, at present, judged it to be a higher priority than other competing demands for development resources. There is therefore no automatic provision for this treatment within the service agreement. Individual patient requests will therefore be considered by the Commissioning Panel, in reaching a judgement as to whether the CCG will commission such treatment, shall consider the

proposed treatment with particular reference to the clinical features of the case and reach a decision as to whether there is an exceptional reason to support its provision.

3.9 Insulin Pumps for unstable diabetes: Subject to clinical advice from the service provider, which will usually include confirmation that the patient satisfies the criteria of current guidance from the National Institute for Clinical Excellence, such requests will normally be approved. Requests will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.10 Mammography for women with a family history of breast cancer: The CCG has a service agreement for the management of women who, by virtue of their family history, have a lifetime risk of developing breast cancer that exceeds 1 in 4. Subject to further evidence of effectiveness and National Guidance the CCG does not consider that the value of mammography for women with a family history of breast cancer but whose lifetime risk is assessed to be less than 1 in 4. Furthermore, the CCG has not, at present, judged it to be a higher priority than other competing demands for development resources. There is therefore no automatic provision for this treatment within the service agreement. Individual patient requests will therefore be considered by the Commissioning Panel who, in reaching a judgement as to whether the CCG will commission such treatment, shall consider the proposed treatment with particular reference to the clinical features of the case and reach a decision as to whether there is an exceptional reason to support its provision.

3.11 Sterilisation at the time of termination: Requests from service providers with single procedure service agreements for funding to carry out a sterilisation at the same time as a termination of pregnancy will normally be approved, subject to the service provider accepting responsibility for ensuring adequate consent and counselling, and accepting responsibility for the clinical quality of its service.

3.12 Botulinum treatment for Dystonia: The CCG recognises the appropriateness and effectiveness of this form of treatment for certain neurological conditions. The CCG has a portfolio of service agreements for neurology services, and expects the providers of those services to use the available resources to address the greatest clinical priorities, which may include Botulinum toxin. At present, the CCG has not judged this service to be a higher priority than other competing demands for development resources in excess of existing provision. Consequently, and subject to consideration of exceptional circumstances by the Commissioning Panel, it is not expected that

funding for additional requests within these service providers will be approved. Requests for treatments outside of this service provider will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.13 Services for people with Chronic Fatigue Syndrome: The CCG recognises the appropriateness and effectiveness of those forms of treatment that are recommended by the January 2002 report of an Independent Working Group to the Government's Chief Medical Officer. The CCG has invested resources in a service provider within the portfolio of service agreements for such services, and expects the providers of those services to use the available resources to address the greatest clinical priorities. At present, the CCG has not judged this service to be a higher priority than other competing demands for development resources in excess of existing provision. Consequently, and subject to consideration of exceptional circumstances by the Commissioning Panel, it is not expected that funding for additional requests within these service providers will be approved. Requests for treatments outside of this service provider will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.15 Limb prostheses and disablement aids: The CCG recognises the appropriateness and effectiveness of these devices. The CCG has invested resources in service providers within the portfolio of service agreements for such services, and expects the providers of those services to use the available resources to address the greatest clinical priorities. At present, the CCG has not judged this service to be a higher priority than other competing demands for development resources in excess of existing provision. Consequently, and subject to consideration of exceptional circumstances by the Commissioning Panel, it is not expected that funding for additional requests within these service providers will be approved. Requests for treatments outside of this service provider will be subject to the provisions of The CCG's *Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.16 Respiratory sleep services – Obstructive Sleep Apnoea: The CCG recognises the appropriateness and effectiveness of services for obstructive sleep apnoea. The CCG has invested resources in a service provider within the portfolio of service agreements for such services, and expects the providers of those services to use the available resources to address the greatest clinical priorities. At present, the CCG has not judged this service to be a higher priority than other competing demands for development resources in excess of

existing provision. Consequently, and subject to consideration of exceptional circumstances by the Commissioning Panel, it is not expected that funding for additional requests within these service providers will be approved. Requests for treatments outside of this service provider will be subject to the provisions of *The CCG's Policy for the Choice of Service Provider for Health Care* and may not be approved.

3.16 Respiratory sleep services – Nasal Ventilation: The CCG recognises the appropriateness and effectiveness of nasal ventilation in selected patients. Any requests for individual patient funding may be commissioned (usually within the portfolio of service agreements) subject to the prior authorisation of the Commissioning Panel who will consider the detail of the service agreement, issues priority and any clinical advice about the patient, in reaching his judgement. The Commissioning Panel may regard as highest priority those patients with stable, or slowly progressive conditions who without treatment would be at risk of sudden death. He may consider whether palliative care would be more appropriate for patients with an advanced terminal condition.

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Director of Public Health
29 November 2006