

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

POLICY NUMBER 24

**Policy for the Commissioning of Services for Complex Cases
through the Commissioning Panel**

Policy/Procedure Number	F&WCCG/COMM/24
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NHS FYLDE & WYRE CCG

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Policies for the Commissioning of Appropriate, Effective and Priority Health Care - Policy for the Commissioning of Services for Complex Cases through the Commissioning Panel

1 Introduction

- 1.1 This is the policy of the Clinical Commissioning Group (CCG) to enable it to commission complex, expensive and long term packages of care to meet the needs of certain patients. 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. Except where stated otherwise, 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. However the appropriateness, effectiveness and priority may be subject to the features of individual patients, and this policy enables due consideration to be given.

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- 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.
- 2.4 This policy applies to requests for packages of care where the requested financial commitment is high (exceeding £20,000 per patient in any financial year), recurrent on an indefinite basis, or likely to be shared with another organisation (e.g. the Local Authority).

3 The Policy

- 3.1 The Clinical Commissioning Group will establish a Commissioning Panel for the consideration of such cases.
- 3.2 In reaching its decision about each individual case, the Commissioning Panel may consider some or all of the following:
- i The appropriateness of an NHS budget being used for the purpose, recognising
 - The need to collaborate with partner organisations
 - The extent to which the service requires trained healthcare professionals
 - The extent to which the service is for the management, treatment, maintenance or prevention of a disease process, as opposed to the provision of social care for the patient in a safe environment
 - The continuing care criteria currently in force
 - ii Whether Fylde and Wyre Clinical Commissioning Group is the one that is correctly responsible for the patient
 - iii Whether the proposed charges of the service provider are reasonable

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- iv The extent to which the panel has been assured that the service provider is competent.
 - v Whether a more cost effective service could be delivered by any other service provider
 - vi Whether there is already implicit provision for the package within existing service agreements
 - vii The urgency of reaching a decision, and the resources available to investigate the request
 - viii The alternative packages that might be available
 - ix Clinical advice
 - x The extent to which the decision sets precedents that would need to be approved formally by the organisation
 - xi The extent to which the decision is consistent with previous precedents, and represents an equitable use of resource
 - xii Any legislation, Court Order or legal precedent that requires the CCG to take a particular course of action (including current human rights and mental health legislation)
 - xiii The implications of any short term decision on the long-term management of the patient (e.g. whether arrangements for follow up are in place)
 - xiv The wishes of the patient and the patient's relatives
 - xv The effect of the decision on the infrastructure of the service and on other clients using that service.
 - xvi the competing priorities of the CCG.
- 3.1 The decision may be for a fixed duration of funding. Any extension of funding will require a further decision by the panel, which will be reached through the re-application of this policy.
- 3.2 The Panel will record its decision, and retain any supporting evidence.
- 3.4 The appeal process will be that of the Individual Patient Review Panel. That panel's decision, when ratified by the Board of the CCG, will be final.

Dr F Atherton
Director of Public Health
29 November 2006

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