Healthier Lancashire & South Cumbria

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

Title of Paper	The development of Lancashire and South Cumbria clinical commissioning policies for varicose vein treatment and hysteroscopy: A decision paper for the Joint Committee of Clinical Commissioning Groups (JCCCGs)		
Date of Meeting	02 May 2019	Agenda Item	8

Lead Author	Rebecca Higgs, Policy Development Manager, NHS Midlands and Lancashire Commissioning Support Unit (CSU)		
Purpose of the Report	Please tick as appropriate		
	For Information		
	For Discussion		
	For Decision	√	
Executive Summary	The Commissioning Policy Development and Implementation Working Group (CPDIG) has completed a review of two intervention specific commissioning policies. Revised and updated policies have been prepared for adoption across Lancashire and South Cumbria.This paper details the process undertaken to develop those policies.		
Recommendations	That the JCCCGs ratify Lancashire and South Cumbria policies on the following interventions: *-Policy for the treatment of Varicose Veins* *-Policy for Hysteroscopy*		
Next Steps	Following ratification arrangements will be made to implement the commissioning policies within relevant commissioned services.		
Equality Impact & Risk Assessment Completed	**Yes**	No	Not Applicable
Patient and Public Engagement Completed	**Yes**	No	Not Applicable
Financial Implications	Yes	**No**	Not Applicable
Risk Identified	Yes		**No**
If Yes : Risk			
Report Authorised by:	Andrew Bennett, Executive Director of Commissioning, Healthier Lancashire and South Cumbria ICS		

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NHS Midlands and Lancashire Commissioning Support Unit

The development of Lancashire and South Cumbria clinical commissioning policies for varicose vein treatment and hysteroscopy

A decision paper for the Joint Committee of Clinical Commissioning Groups (JCCCGs)

1. Introduction

1.1 The purpose of this paper is to apprise the JCCCGs of the work undertaken by the Commissioning Policy Development and Implementation Working Group (CPDIG) to develop commissioning policies on the treatment of varicose veins and hysteroscopy.

2. Policy for the treatment of Varicose Veins

2.1 Not all Clinical Commissioning Groups (CCGs) in Lancashire and South Cumbria currently have policies in force for the treatment of varicose veins. Where policies are in force, these now require review. This policy has therefore been developed to introduce a harmonised policy across the region, addressing the existing variation in access criteria, and to ensure the policy is aligned with the existing evidence base for the intervention.

2.2 The development of this policy has been completed in accordance with the process approved by the CPDIG, which has been shared with the JCCCGs previously.

2.3 That process includes the following key steps:

i. an evidence review by an allocated policy lead;
ii. clinical stakeholder engagement with both Specialist and General Practitioners;
iii. public and patient engagement;
iv. notification of local Health, Overview and Scrutiny Committees;
v. consideration of any financial implications
vi. an Equality Impact Risk (EIA) Assessment;
vii. consultation with Healthier Lancashire and South Cumbria Care Professionals Board (the CPB) for clinical assurance purposes.

2.4 During the development process, whilst the outcome of the public and patient engagement process was being considered, NHS England (NHSE) published national guidance titled “Evidence Based Interventions: Guidance for CCGs.”

2.5 As outlined in our paper to the March JCCCGs, this forms part of a national programme of work being undertaken by NHSE to target the effective use of NHS resources and is a parallel workstream to the medicines programme titled “Items which should not be routinely prescribed in primary care.”

2.6 The guidance includes recommendations for national criteria regarding the availability of interventions for varicose veins. As a result, the scope of the CPDIG review was widened to ensure those recommendations were taken into consideration.

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2.7 Clinical engagement on the policy involved GP practices, Secondary Care Trusts and the Strategic Clinical Network. Patient engagement was also undertaken. All stakeholder groups felt strongly that the proposed policy should be amended to reflect the recommendations of the existing clinical guidance from the National Institute of Clinical Excellence (NICE), NICE CG168, which allows the treatment of symptomatic varicose veins. This approach was also supported by NHSE's Evidence Based Intervention Guidance.

2.8 Modelling was therefore undertaken to understand the potential impact of aligning the commissioning policy with NICE CG168. Currently five CCGs (NHS Blackpool, Chorley and South Ribble, Fylde and Wyre, Greater Preston and West Lancashire CCGs) have identical criteria-based commissioning policies that preclude the treatment of symptomatic varicose veins. The remaining three CCGs (NHS Blackburn with Darwen, East Lancashire and Morecambe Bay CCGs) do not have existing policies; clinicians are therefore expected to follow national guidance and consequently the management of symptomatic veins is assumed to be already commissioned in those areas.

2.9 The modelling identified that the NICE guidance recommended that the three types of interventional procedures available to manage varicose veins should be offered in a sequential order, moving from the least to most invasive and expensive. Target intervention rates were set for all three types of procedures.

2.10 Analysis of CCG activity and expenditure rates found that current local practice was not in line with the NICE best practice intervention targets, with a markedly higher than expected rate of surgical interventions, which are the most invasive and also incur the greatest cost. The modelling therefore identified that:

- the introduction of the treatment of symptomatic varicose veins in the five CCGs with existing policies may result in a cost pressure of £130,620 across the Integrated Care System (ICS).
- aligning clinical practice with the NICE intervention targets and thereby increasing the use of the less invasive and more cost-effective procedures may result in cost savings of £178,841 across the ICS.
- if both changes occur simultaneously a cost saving of £48,221 per annum may be achieved at ICS level. It is recognised that due to the variation in the presence of existing policies in the region there will be a differential impact on individual CCGs.

2.11 The CPDIG agreed that, in light of the feedback received from stakeholders including patients, and the findings of the impact modelling, the proposed policy should be amended to include provision for patients with symptomatic varicose veins. This constitutes a widening of access for patients in the five CCGs with existing policies.

2.12 The policy was presented to Healthier Lancashire and South Cumbria's Care Professionals Board, who supported its development. The anticipated financial impact of the policy was presented to Healthier Lancashire and South Cumbria's Finance Investment Group, who noted the anticipated impact.

2.13 The final draft policy and a stage two Equality Impact Assessment (EIA)[1] was presented to the CPDIG on 18 April 2019. No equality risks were identified and the group agreed the policy should proceed to ratification.

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2.14 The final policy is available to view via the following link: https://csucloudservices.sharepoint.com/:b:/s/CSU/IFR/EeURiNy-bApLl8K3nqTeh_gBrBnrBrWxxNbcR1jxWKA_8g?e=PEDXDP

3. Policy for Hysteroscopy

3.1 The CCGs in Lancashire and South Cumbria currently have a harmonised commissioning policy for hysteroscopy, which was ratified in March 2018.

3.2 The NICE guidance relating to the assessment and management of Heavy Menstrual Bleeding (NG88) was updated in 2018 following the ratification of the current policy. The guidance contains revised recommendations regarding the type of investigation that should be used depending on a patient's clinical presentation. In particularly, hysteroscopy is now recommended as a first line investigation in certain circumstances.

3.3 The updated NICE guidance was reviewed by the CPDIG who agreed that the policy should be amended to reflect the updated guidance. It was also agreed that, in light of the requirement for Providers to ensure that clinical practice is aligned with NICE guidance unless otherwise specified, that there would be no requirement to undertake engagement regarding the low-level change made to the policy. Once ratified, clinicians will be informed of the updated policy.

3.4 An updated EIA[2] and the final version of the policy was presented to the CPDIG on 18 April 2019. No equality risks were identified, and the group agreed that the policy should proceed to ratification. The final policy is available to view via the following link: https://csucloudservices.sharepoint.com/:b:/s/CSU/IFR/Ec9i2T7OtcFCoUm5ql1PGIQB13FIGl4cBom2tOLgIp1ZBA?e=MXx3mw

4. Conclusion

4.1 The JCCCGs is asked to ratify the following collaborative commissioning policies, which will replace any existing CCG policies:

- *Policy for the treatment of Varicose Veins*
- *Policy for Hysteroscopy*

Elaine Johnstone, Chair of the CPDIG
22 April 2019

References

1. Equality Impact Risk Assessment Stage 2 for Policies, Policy for the treatment of Varicose Veins https://csucloudservices.sharepoint.com/:b:/s/CSU/IFR/EQkQLaHnz6xNjZBPYbcujR0Bl1EaoUB2Isdkwoo-fMO4AQ?e=PEjjlx
2. Equality Impact Risk Assessment Stage 1 for Policies, Policy for Hysteroscopy https://csucloudservices.sharepoint.com/:b:/s/CSU/IFR/EUHCMZAZAtxCojbFNpLNgNMBRksMvA1R7Sfk-f6r5jMJDw?e=AgCJm6