The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)

Supplementary FAQ's

These frequently asked questions are supplementary to the FAQ's already identified as part of the clinical policy review process.

These FAQ's relate to the following policies: Policy for the Surgical Treatment of Carpel Tunnel Syndrome; Policy for Tonsillectomy/Adeno-Tonsillectomy; Policy for the Surgical Release of Trigger Finger; Policy for the Management of Otitis Media with Effusion (OME) using Grommets; Policy for Breast Reduction Surgery; Policy for the Surgical Management of Gynaecomastia (enlarged male breasts); Policy for the Removal of Benign Skin Lesions. These are the policies adopted by Lancashire and South Cumbria CCGs that cover the relevant procedures within the guidance issued by NHS England on 17 evidence-based procedures which were to be in place on 1 April 2019.

Why was public engagement on these policies not undertaken prior to the NHS England mandated introductory date of 1 April 2019?

NHS England issued statutory guidance to NHS Clinical Commissioning Groups late last year, which required them to have policies in place covering various treatments including those identified above, by April 2019. The CCGs in Lancashire and South Cumbria concentrated on introducing clinical policies for the NHS England Evidence-based procedures for which there was no existing policy. This was done in time to meet the deadline of 1 April. Now the CCGs are working on amending and updating existing policies to bring these into line with the mandated guidance.

Why is a different approach being taken for this public engagement compared to consultations on other clinical policies?

NHS England has already undertaken a patient and public consultation on the criteria identified in these policies and there is not an opportunity, therefore, to change them further. Although NHS England is making the criteria for these treatments' mandatory Clinical Commissioning Groups are still required to inform and involve patients and members of the public. A suitable period of public engagement needs to be undertaken, therefore, but it must allow CCGs to meet the obligations laid down by NHS England as soon as is practical.

Public engagement will take place for a 4-week period on these amended policies.

Why are NHS England making these policies mandatory? Is this about saving money?

Both NHS England and the NHS Clinical Commissioning Groups are of the view that one of the main objectives of policies of this nature is to reduce avoidable harm to

patients. With surgical procedures, there is always a risk of complications. In addition, professional staff time is wasted if unnecessary procedures are undertaken.

The staff time and resources saved by undertaking this procedure appropriately allows that time and resources to be used elsewhere within the local NHS. Any savings generated in this respect, therefore, are ploughed back into the service where it is needed. Inappropriate care is also poor value for money for the taxpayers who make the NHS possible.

Having consistent treatments decisions based on the latest evidence also helps health professionals keep up to date without removing their clinical discretion which forms part of their professional duties. At a time when demand far outweighs capacity, these decisions reflect the national and local priority of using resources effectively.

What will this mean to patients?

The policies being amended guide the decisions made by CCGs about the procedures that will be made available to patients for these conditions. This is in both what the CCG will commission and in what Providers of services will be asked and paid to deliver. This has a direct impact upon the procedures patients and the public can expect to receive from their local NHS services. However, for most of the procedures mentioned below, the guidance from NHS England is less restrictive than the existing CCG policies. This means that aligning the policies with the guidance will allow greater patient access to these procedures generally, although for some procedures this change is minimal.

Where a procedure is not routinely available on the NHS (as is the case with one of the policies/procedures below), patients can still have access to them if their GP/consultant believes they are an exception and will benefit from receiving it. This is called submitting an Individua Funding Request (IFR) and this option is always open to clinicians.

An individual funding request can be made by your clinician (GP or other health professional) if they believe that a particular treatment or service that is not routinely offered by the NHS is the best treatment for you, given your individual clinical circumstances.

Policy for the Surgical Treatment of Carpel Tunnel Syndrome:

What is Carpel Tunnel Syndrome?

Carpal tunnel syndrome (CTS) is a relatively common condition caused by compression of the median nerve within the carpal tunnel in the wrist. This gives rise

to pain, numbness or tingling in the thumb, index and middle fingers. In severe cases it may cause nerve damage and weakness/wasting of the muscles of the hand, especially the thumb (Thenar wasting).Patients often report their symptoms are worse at night and may disturb sleep. The policy provides clinicians guidance on criteria for CCG commissioning on the surgical release of the carpal tunnel if all criteria is met.

In up to a third of cases carpal tunnel syndrome will disappear without treatment or with simple self-care. Non-surgical treatments, such as steroid injections or wrist splints are used to treat mild to moderate symptoms. Surgical release (decompression) of the carpal tunnel may be carried out if non-surgical approaches fail to relieve symptoms. Women are more likely than men to be affected by carpel tunnel syndrome and pregnant women can be more vulnerable. However, carpal tunnel syndrome in pregnancy often resolves within 12 weeks of delivery, but 50% of women have persisting symptoms at 1 year.

What is changing to bring the policy into line with the guidance from NHS England?

Much of the existing policy remains in place. However, there are a few areas where the guidance from NHS England is less restrictive than, or expands upon, the criteria which identifies patient access to this procedure in the existing Lancashire and South Cumbria policy. The amended or expanded criteria is as follows:

- That there is a permanent reduction in sensation, OR
- That there is muscle wasting/weakness of thenar abduction (the muscles of the hand/thumb);

The two criteria above are new and have been added to the existing policy.

- The conservative management* period is reduced from 3 months (in the existing policy) to 8 weeks, before surgery should be considered;
- The amended criteria clarify what is meant by conservative management for this condition, which may be either splinting and steroid injection or splinting or steroid injection. In the existing policy conservative management is only referred to as splinting and steroid injection.

Adopting the criteria identified above improves patient access to this procedure compared to the existing policy.

*Conservative management is a term used in the treatment of many conditions and means the use of any non-surgical treatments for that condition. Where conservative, non-surgical treatments are successful, surgery would not be required and should, in any case, be tried prior to surgery. Clinical policies covering surgical treatments will normally indicate as part of their access criteria that conservative non-surgical treatments must be shown not to be successful before the surgical treatment is recommended.

Policy for Tonsillectomy/Adeno-Tonsillectomy:

Are tonsillectomies still allowed under the amended Tonsillectomy policy?

A tonsillectomy, the surgical procedure for the removal of the palatine tonsils, will continue to be commissioned by the CCG under the updated policy. Most of the eligibility criteria remain unchanged. To align with the guidance various conditions have been added for which tonsillectomies will be undertaken.

The conditions that have been added to the qualifying criteria are as follows:

- Acute and chronic renal disease resulting from acute bacterial tonsillitis OR
- Metabolic disorders where a period of reduced oral intake could be dangerous to health OR
- PFAPA (Periodic fever, Apthous stomatitis, Pharyngitis, Cervical adenitis) OR
- Severe immune deficiency that would make episode of recurrent tonsillitis dangerous.

Adopting the criteria identified above extends patient access to this procedure for patients who have these conditions.

Policy for the Surgical Release of Trigger Finger:

What is Trigger Finger?

Trigger finger is a condition that affects one or more of the hand's tendons, making it difficult to bend the affected finger or thumb. If the tendon becomes swollen and inflamed it can 'catch', making it difficult to move the affected finger or thumb and can result in a clicking sensation. It usually affects the thumb, ring finger or little finger. One or more fingers can be affected, and the problem may develop in both hands. It's more common in the right hand, which may be because most people are right-handed.

Symptoms of trigger finger can include pain at the base of the affected finger or thumb when you move it or press on it, and stiffness or clicking when you move the affected finger or thumb, particularly first thing in the morning.

If the condition gets worse, your finger may get stuck in a bent position and then suddenly pop straight. Eventually, it may not fully bend or straighten.

What is changing to bring the policy into line with the guidance from NHS England?

To align the policy with the guidance from NHS England some additional criteria have been added to the existing criteria for patient access.

The criteria that have been added are as follows:

- The use of splinting as an alternative conservative management option (the existing policy mentions steroid injections only)
- Immediate treatment if 2 other digits have been unsuccessfully treated previously
- Absence of the requirement to try conservative management if the patient is diabetic.

As previously, these additions will expand the range of patients who can have access to this procedure compared to the existing policy.

Policy for the Management of Otitis Media with Effusion (OME) using Grommets (the treatment of glue ear for children using grommets) :

What is Otitis Media with Effusion?

Otitis Media with Effusion (OME), also commonly known as glue ear, is a condition where fluid collects in the space of the middle-ear without there being signs of acute inflammation. It is the most common cause of hearing impairment in children and although it usually resolves itself, in cases where it persists a few complications can result.

What are grommets?

Grommets are small ventilation tubes inserted into the ear during a surgical procedure to allow the circulation of air in the middle ear and prevent the build-up of fluid. As with all surgery there are risks and possible complications and grommets will, therefore, only be inserted following assessment by a specialist (Ear, Nose and Throat – ENT). Grommets are left in place for a long period and usually work their way out of the ear over time. On occasion, further grommets may need to be inserted.

Why is the policy only aimed at children?

Otitis media with effusion (glue ear) tends to affect younger children, being most common with children between the ages of 2 and 5. It is less common with older children with only a small percentage of cases occurring in children between the ages of 10 and 12. The clinical evidence does not support the use of grommets to treat older children or adults with a similar condition.

What is changing to bring the policy into line with the guidance from NHS England?

Only one relatively minor change is required to align the Lancashire and South Cumbria policy with the NHS England guidance. This is the inclusion of the criteria related to children who are unable to undergo standard hearing assessments.

Cosmetic Procedures:

The remaining 3 policies all relate to specific cosmetic procedures. The Policy for the Commissioning of Cosmetic Procedures was adopted over 12 months ago and consolidated 24 different cosmetic procedures into one overarching policy. In order to bring the patient access criteria for these specific procedures into line with the NHS England guidance, they have been separated out from the main policy to form 3 separate policies.

Policy for Breast Reduction Surgery:

What is changing to bring the policy into line with the guidance from NHS England?

Although much of the existing policy criteria can be retained there are several changes and additions to the criteria, most of which relate to the information that must be provided to women before breast reduction surgery can take place.

To align with the guidance the qualifying BMI requirement would be reduced by 0.5kg/m^2 from the existing 27.5kg/m^2 to 27.kg/m^2. In addition, the qualifying period for a stable BMI would also be reduced from 2 years in the existing policy down to 12 months.

Both the existing policy and the guidance have criteria relating to functional symptoms such as inflammation or infection of skin folds (intertrigo) and persistent neck, shoulder or back pain. However, the guidance also includes soft tissue indentations at the site of bra straps, which has now been added to the policy criteria.

In addition, the criteria now include the provision of the following information to women prior to undertaking breast reduction surgery:

- Written information to allow women to balance the risks and benefits of breast reduction surgery
- Information that smoking increases complications from surgery and that smokers should be advised to stop
- Be informed that breast surgery can cause permanent loss of lactation for breast feeding

These amendments and additions will increase the level of patient access to this procedure.

Policy for the Surgical Management of Gynaecomastia (enlarged male breasts):

What is changing to bring the policy into line with the guidance from NHS England?

Under the existing cosmetics policy the reduction of enlarged male breasts is not routinely commissioned on the NHS as it is cosmetic only. Although this remains the case in most instances, to align with the NHS England guidance this surgery will now be commissioned in a single circumstance, where the gynaecomastia (enlarged male breasts) has occurred following prostate cancer treatment.

This is the only change regarding the patient access criteria for this procedure.

Policy for the Removal of Benign Skin Lesions:

A skin lesion is a general term for a range of lumps and bumps on the skin including moles, cysts, skin tags, calluses, corns and warts. Most skin lesions are benign in that they are not cancerous or harmful to the body in general.

To align this policy (now separated from the main cosmetics policy) with the guidance from NHS England, several changes to the criteria are required and additional criteria added.

- The scope of the policy is now limited to cover benign skin lesions only. Under the previous cosmetics policy lesions that were potentially malignant were also referred to, but this has been removed to be covered by the cancer treatment pathway
- The list of lesions covered by the policy has been extended to include three further types explicitly listed in the NHS England guidance (moles, solar comedones and corns/callouses)
- Criteria has been added to include treatment where the lesion is any of the following:
  - Obstructing an orifice
  - Impairing visual fields
  - Significantly impacting on function by restricting joint movement
  - Is a facial viral wart
  - Causes pressure symptoms e.g. on nerve or tissue
  - Repeated infections requiring 2 or more antibiotics a year (a criterion that existed previously but did not specify the number of antibiotics provided)

These amendments and additions will increase the level of patient access to this procedure.

Why is the policy not including the treatment of facial spider naevi in children where it is causing a significant psychological impact?

The guidance from NHS England proposes that the NHS should remove facial spider naevi in children if they are causing significant psychological impact. The Lancashire and South Cumbria CCGs currently do not treat any cosmetic procedures (including removal of benign skin lesions), for patients of any age, on the basis that a patient's condition is causing psychological distress.

NHS England have not provided a definition of 'significant psychological impact' to help the CCGs or clinicians determine when it is considered appropriate to allow this treatment to take place. If the CCG accepted this criterion it could not be applied on a reliable basis even for children with facial spider naevi.

In addition, if the new policy includes the treatment of children with facial spider naevi on the basis of psychological impact, this will not be consistent with the position in Lancashire and South Cumbria when treating all the other cosmetic conditions. As a result, access to treatment would be unequal both for children and adults. To ensure the provision of cosmetic procedures remains equitable the CCGs are not proposing to change that position now and therefore, are not proposing to align the policy with this criterion.

When will these policies be adopted by the CCGs?

Public engagement will take place over a 4-week period following which the responses provided will be assessed. The policies will then need to be considered by the Commissioning Policy Development and Implementation Working Group, which is overseeing the policy review process, before final consideration by the Joint Committee of Clinical Commissioning Groups, which ratifies polices on behalf of all 8 CCGs. It is anticipated that ratification will be sought in July 2019.