“HARD CHOICES”-extracted from CCG 18th January 2017 MB

Objective(s) / Plans supported by this paper:

Delivery of the **Adherence to Evidence Based Medicine Programme**.

Supporting Information

In addition to the documents accompanying we are able to provide the following summary of the procedures that have been deemed as ‘in scope’ for the review by our Clinical Leaders via Enfield CCG’s Clinical Reference Group (CRG) and the various workstreams within the overall programme.

The Adherence to Evidence Based Medicine consists of five separate workstreams which are outlined as follows:

Workstream 1: Utilisation of the existing North Central London Procedures of Limited Clinical Effectiveness (PoLCE) Policy. This is already in use and no further work is envisaged other than ensuring that referrals meet current thresholds.

Workstream 2: Review of the evidence supporting the existing PoLCEs. This work was undertaken in 2015 and was agreed by Barnet, Haringey and Enfield CCGs but was not agreed by Camden and Islington CCGs. However, all the North Central London CCGs have agreed to revisit the agreed revisions from 2015 with a view to adopting them.

Workstream 3: This concerns a review of the evidence around the referral criteria and access associated with the following procedures:

- Bunions
- Hemorrhoids
- Hearing Aids
- Hernia
- Hips & Knees
- Vasectomy

These six procedures will form part of the consultation/engagement programme. Previously this list under workstream 3 also included a

review of the policies and evidence supporting IVF but following clinical review this has been withdrawn from the list being reviewed by Enfield CCG but may continue as part of the wider North Central London workstream.

Workstream 4: This concerns a longer list of procedures where other Clinical Commissioning Groups have introduced referral thresholds and changes to access policies that are different to those used in North Central London generally and Enfield specifically. The initial list of 192 procedures was reduced through review to the list below. This list is subject to on-going clinical review and may be shortened further (but not increased at this time without a further paper).

- Lower gastro-intestinal (GI) endoscopy (colonoscopy or sigmoidoscop
- Cholecystectomy for Gallstones
- Coronary Artery Stents
- Impacted Third Molars - Wisdom Teeth
- Dupuytrens Disease - Contracture
- Femoro-acetabular (Hip) Impingement (Arthroscopic and open Approaches) – Surgical Treatment - Hip Impingement surgery
- Penile Procedures
- Uterovaginal prolapse
- Chalazions
- Implantable Cardioverter Defibrillator devices for non-ischaemi cardiomyopathy
- Revision Mammoplasty
- Vertebroplasty and Kyphoplasty

- Breast Reconstruction

- Endoscopy:- Capsule Endoscopy & Double Balloon Endoscopy | Double Balloon
- Endoscopy
- Haemorrhoidectomy
- Laser treatment for soft palate
- Carotid Endarterectomy and Endovascular Stent
- Obstructive Sleep Apnoea
- Correction of Ptosis
- Ultrasound guided injections for hip pain (trochanteric bursitis and osteoarthritis of the hip)
- Revision of hypertrophic scars, skin graft for scars
- Polysomnography

Enfield Clinical Commissioning Group (ECCG), along with our North Central London colleagues, wants to the secure the greatest health impact it can with its resources by adhering as closely as possible to the clinical evidence base including that published by NICE (the National Institute for Health & Care Excellence) plus available evidence published by the Royal Colleges and other Clinical Commissioning Groups. Through this we will not only ensure the best possible outcomes for the population we serve and the best outcome for individual patients, but also that we obtain the best value from the services we commission.

There is considerable national and international evidence that many procedures offered routinely by the NHS are of limited clinical benefit to patients in some or all circumstances. Therefore there needs to be careful consideration as to whether or not a procedure is going to be of any benefit to an individual patient before deciding to undertake it.

To do this we must use the best and most up to date clinical advice and evidence to ensure we have the best chance of delivering a benefit to each individual patient who is put forward for the treatment.

To ensure this decision making process is applied consistently Enfield Clinical Commissioning Group, along with the other Clinical Commissioning Groups in North Central London adopted a common policy concerning these procedures that have limited clinical effectiveness in 2012 based on the best available evidence at that time.

As the clinical evidence base moves on we are now undertaking a further review to ensure that we are using the best and latest clinical evidence in our decision making. We are also looking at the range of procedures where the evidence base now suggests we need to make changes to the guidance for individual patient situations to avoid the risk of undertaking procedures that have little or no benefit to patients or even where the undertaking of the procedure could result in a risk of harm (*what about doing more of something?MB)*

Clinical Leaders at the Clinical Commissioning Group with the full support of the Governing Body are leading this review. Enfield Clinical Commissioning Group will engage widely and consult formally on the proposals which emerge, while continuing to work closely with partner Clinical Commissioning Groups in North Central London.

It is important to note that no part of the programme concerns either urgent or emergency procedures or the two week pathway for potential cancer (what is termed the 'Two Week Wait').

This paper provides a summary of the pre-engagement work done to date and an overview of the processes that will be followed and the clinical procedures that our clinical leaders have deemed as 'in scope' for this review.

It is noted that this paper was drafted prior to the Health Overview & Scrutiny Committee (HOSC) meeting held on the 5th January where decisions around the consultation will be considered and any updates from this meeting will be given verbally on the 18th January at the meeting.

RECOMMENDED ACTION:

The Governing Body is asked to:

1. Review the engagement log and the Communications and Engagement plan, noting any additional feedback arising from the HOSC meeting held on 5th January 2017.

2. Approve a move forward to a formal 30 day consultation which was agreed with the HOSC on 5 January 2017.

3. Approve that no decisions will be taken on any changes to any procedures until the consultation process has concluded and a further paper has been discussed at the CCG's Clinical Reference Group (CRG) and is brought to a further public Governing Body meeting.

4. Support this work is being led by Enfield CCG for the benefit of our patients and local health economy but is also being progressed by our North Central London CCG Colleagues with coordination across the area occurring via the Sustainability & Transformation Plan (STP) Clinical Cabinet. This will ensure that the risk of disparities in access and referral criteria are minimized across North Central London. (*two CCGs refused to do this MB*)

Patient & Public Involvement:

An outline of pre-engagement work is given later in this document. The Communications & Engagement Strategy is attached to this paper and has been provided to the HOSC.
On 5 January 2017, Enfield CCG went to the HOSC and agreed to formally consult on the Adherence to Evidence Based Medicine Programme for a period of 30 days.

The CCG has considered carefully with its legal advisers, its duty under s.14Z2 of the NHS Act 2006 (as amended); the duty to consult local authorities which CCGs have under s.244 of the Act and the applicable regulations issued under that section - the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. Regulation 23(1) indicates that a CCG must consult with the local authority when it has under consideration any proposal for a substantial development of the health service in the local authority's area, or for a significant variation in the provision of the service. The CCG does not consider the changes it may bring forward as a result of this review to constitute a substantial development and having discussed this informally with officers, proposes that it undertakes a formal 30 day public consultation nevertheless, so that it can continue to operate entirely transparently.

The CCG plans subject to the outcome of its engagement and consultation and decision making by North Central London partners, to introduce any changes resulting from the programme from 1st April 2017.