



Agenda item 7

**Part 1 meeting of the Castle Point and Rochford CCG
Governing Body held on Thursday 27th July 2017**

Service Restrictions and Pathways

Submitted by: Robert Shaw, Director of Acute Commissioning & Contracting

Prepared by: Lynne Smith, Commissioning Projects Manager

Status: For Approval

Executive Summary

i) Recommendations

The Governing Body is asked to approve changes to the service restriction policy criteria and/or pathway changes for the following procedures:

- Hip Replacement
- Knee Replacement
- Simultaneous Joint Replacement
- Arthroscopy
- Shoulder Replacement
- Facet Joint Injections
- Breast procedures
- Bariatric Surgery
- Spinal Cord Stimulation
- Vasectomy
- Toric lens for Cataracts

ii) Overview

Castle Point & Rochford CCG is required to ensure we commission services that provide the best clinical outcomes for our patients within our financial allocation. Demand for Health Care services continues to rise as well as the impact of

demographic changes. To ensure we continue to invest in the right services, we consistently review access criteria and apply restrictions in line with clinical evidence and other CCG's restrictions.

Our Public Health team and lead clinicians have researched clinical evidence to support the proposed changes to the existing Service Restriction Policy (SRP). These proposed changes have been widely consulted on with key stakeholders including primary and secondary care clinicians and with the general public as and when appropriate. All comments and concerns made have been taken into consideration in relation to each proposed change which may include changing SRP approval status (i.e. Threshold to Prior Approval or Not Funded) or a revision of existing criteria in line with clinical research.

iii) Proposed Changes

The following changes are proposed:

Procedure:	Hip and Knee Replacements
Current SRP Status:	Threshold Approval
Summary Proposal:	Revision of existing criteria Change Status to Prior Approval
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total of 588 hip replacements and 718 knee replacements over this two year period.</p> <p>In August 2016 the CCG conducted a public consultation around restrictions to hip and knee replacements. There are already eligibility criteria in place for these conditions, to which these would be an extension. The consultation focussed on restrictions for patients that have a BMI of 40+ and/or are smokers that require hip or knee replacements. The consultation also recommended, at the request of the local Orthopaedic Surgeons, to use the New Zealand Score instead of the Oxford Score when assessing eligibility.</p> <p>Following the outcome of the consultation and further clinical discussion it is recommended that, rather than further restrictions in relation to smoking and BMI, a pathway is implemented to ensure that patients have completed a weight management course in the last 12 months and/or undertaken a smoking cessation course in the last six months prior to surgery.</p> <p>In addition, the following indicators will be required to be assessed in primary care and secondary care to ensure that the patient is suitable for surgery;</p> <ul style="list-style-type: none"> • Diabetes under control. This will be based on the individual patient • Hypertension under control. This will be based on the individual patient • No significant cardiac event with the last nine months • No stroke within the last nine months

	<p>The above pathway requirements will ensure that patients are given all opportunities to be at their physical optimum prior to surgery which, evidence shows, results in improved outcomes. Refer to Appendix 1, Page 1, Hip and Knee Replacement, references 1-3.</p> <p>This has been discussed with NHS England who is supportive of this approach. The pathway and associated changes have been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	<p>Assessment rating is 'low' due to the following factors:</p> <p><u>Age</u> This project is for adults only, aged over 16 years, but patients aged over 65 years are more likely to need a hip or knee replacement. Older adults may be less able to lose weight due to their need for surgery and their ability to exercise more generally (weight loss requires exercise and food management)</p> <p><u>Disability</u> Those who have a disability may not be able to lose the required percentage of weight pre-operatively.</p>
Recommendation:	<ul style="list-style-type: none"> • Change SRP status to Prior Approval. • Hip & knee pathway to be implemented to ensure that patients have completed a weight management course in the last 12 months and undertaken a smoking cessation course in the last six months. • Use of New Zealand score instead of the Oxford score.

Procedure:	Simultaneous Joint Replacement
Current SRP Status:	Threshold Approval
Summary Proposal:	Change to 'Not Funded'
Reason for Change:	<p>Very few simultaneous joint replacements are undertaken, however the proposed change would formalise this position and bring the CCG in line with peers.</p> <p>Whilst there may be an advantage that the surgery is undertaken at the same time, it can pose greater risks. Having both joints replaced at the same time increases risks of complications and recovery and rehabilitation time may be also be increased which can place a greater demand on the body. It is suggested that staged joint replacement pose less risk to older patients and patients with heart conditions whilst also reducing the length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 years and whilst having staged joint replacements will mean having two episodes of surgery the main advantage is the potential to reduce the risk of complications and overall recovery time. Refer to Appendix 1, Simultaneous Joint Replacement, Page 2, references 1 – 6.</p> <p>This change has been approved by the CCG Clinical Executive Committee.</p>

Quality and Equality Impact Assessment:	<p>Assessment rating is 'low' due to the following factors:</p> <p><u>Age</u> This project is for adults only, aged over 16 years, but patients aged over 65 years are more likely to need a hip or knee replacement. Older adults may be less able to lose weight due to their need for surgery and their ability to exercise more generally (weight loss requires exercise and food management)</p> <p><u>Disability</u> Those who have a disability may not be able to lose the required percentage of weight pre-operatively.</p>
Recommendation:	<ul style="list-style-type: none"> Change SRP status to Not Funded, applications for funding would remain available via the Individual Funding Request (IFR) process for any exception cases.

Procedure:	Arthroscopy
Current SRP Status:	Threshold Approval
Summary Proposal:	Threshold Approval
Reason for Change:	<p>In south east Essex there is a proportion of patients that undergo an arthroscopy and within a year have a total joint replacement. Due to this the current criteria has been reviewed and updated against clinical evidence.</p> <p>In 2016/17 six patients had a knee arthroscopy and a total knee replacement within a year and one patient had a hip arthroscopy and a total hip replacement within a year.</p> <p>Clinical experience has also shown that age is a factor that determines how effective arthroscopy is. A study published by the BMJ in June 2015 looked at the benefits of arthroscopy. The study included 1270 patients with an age range from 49.7 years to 62.8 years. The results of the study demonstrated that following arthroscopy there was significant patient improvement at three and six months but not at later stages following the six month period.</p> <p>This change has been approved by the CCG Clinical Executive Committee.</p> <p><i>Refer to appendix four for the proposed criteria and appendix six for the current criteria.</i></p>
Quality and Equality Impact Assessment:	<p>The assessment rating is 'low' due to the following factors:</p> <p><u>Age</u> This project is for adults only, aged over 16 years, but patients aged over 65 years are more likely to need a hip or knee replacement. Older adults may be less able to lose weight due to their need for surgery and their ability to exercise more generally (weight loss requires exercise and food management). Arthroscopy has an age restriction included but this is based on clinical evidence.</p>

	<u>Disability</u> Those who have a disability may not be able to lose the required percentage of weight pre-operatively.
Recommendation:	<ul style="list-style-type: none"> • SRP status to remain as threshold. • Criteria change as per best practice evidence.

Procedure:	Shoulder Replacement
Current SRP Status:	Not currently restricted
Summary Proposal:	Add to the SRP, with status of 'Prior Approval'
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total of 41 shoulder replacements during this two period.</p> <p>Shoulder replacement is currently not a restricted procedure within the CCG policy. The local Orthopaedic Surgeons support the research and evidence that patients will benefit from physiotherapy prior to determining the need for a shoulder replacement. The criteria for shoulder replacement will require access via the Musculo Skeletal Clinical Assessment and Triage Service (MSK CAT's) and referral to physiotherapy. <i>Refer to Appendix 1, Shoulder Replacement, Page 2, reference 1.</i></p> <p>These changes have been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	Assessment rating is 'low' taking into account the age difference as the older are more likely to have shoulder pain.
Recommendation:	<ul style="list-style-type: none"> • Include Shoulder Replacement within the SRP with an eligibility requirement of completion of physiotherapy assessment and treatment. • Apply a status of Prior Approval

Procedure:	Spinal Injections/Facet Joint Injections
Current SRP Status:	Threshold Approval
Summary Proposal:	Change to MSK CATs Prior Approval
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total of 645 facet joint injections over this two year period.</p> <p>Public Consultation took place during February 2017 proposing 'not funding' this procedure for therapeutic use based on a Cochrane Review that stated there is insufficient evidence to support the use of injection therapy in sub-acute and chronic low-back pain. Public Consultation resulted in a mixed response with 23% of responders supported the change; 75% no change; 3% undecided. In light of the Public response it is proposed that this procedure will still be funded for patients that have been referred to the Musculo Skeletal Clinical Assessment and Triage Service (MSK CAT's). This multidisciplinary service will ensure patient is assessed for the most appropriate treatment for their presenting symptoms / diagnosis which may include a spinal injection / facet joint injection as per the NHS Guidance</p>

	<p>'Therapeutic Spinal Injections for Pain related to lumbar spine (Nov 2013). Refer to Appendix 1, Facet Joint Injections, Page 3, references 1-4.</p> <p>The criteria will require access to facet joint injections via Prior Approval system administered by the Musculo Skeletal Clinical Assessment and Triage Service (MSK CAT's) to provide assurance the criteria are applied.</p> <p>This change has been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	Assessment rating is 'low' taking into account there is generally an age difference.
Recommendation:	<ul style="list-style-type: none"> Change SRP status to Prior Approval via MSK CATs

Procedure:	Breast Procedures
Current SRP Status:	Threshold Approval
Summary Proposal:	Change to Prior Approval
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total 31 breast procedures over this two year period.</p> <p>The change to prior approval would provide assurance to the CCG that no Breast Procedures were being carried where the current criteria were not being met.</p> <p>This change has been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	Assessment rating is 'medium' due to only affecting female gender.
Recommendation:	<ul style="list-style-type: none"> Change SRP status to Prior Approval.

Procedure:	Bariatric Surgery
Current SRP Status:	Threshold Approval
Summary Proposal:	Change status to Prior Approval Formally Adopt NHS England criteria for access with inclusion of CCG residency
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total of 20 Bariatric surgical procedures during this two year period.</p> <p>The commissioning of Bariatric Surgery was transferred from NHS England to the CCG from 1st April 2016. The CCG has continued to adhere to the same access criteria, but has not formally adopted this position.</p> <p>Due to a number of Commissioners no longer funding Bariatric Surgery it is suggested a length of residency requirement is incorporated into the eligibility criteria. This is a precedent already in place with other procedures, such as specialist fertility services. Refer to Appendix 1, Bariatric Surgery, Page 3, references 1-11.</p>

	These changes have been approved by the CCG Clinical Executive Committee.
Quality and Equality Impact Assessment:	Assessment rating is 'low' taking into account race related increase risk of complications arising from obesity.
Recommendation:	<ul style="list-style-type: none"> • Change SRP status to Prior Approval. • Formally adopt the previous NHS England eligibility criteria • Add two year residency within the locality to the criteria.

Procedure:	Spinal Cord Stimulation
Current SRP Status:	Prior Approval
Summary Proposal:	Revision of existing criteria
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total of 11 procedures during this two year period.</p> <p>Clinical evidence (NICE Technical Appraisals T159) demonstrates benefit to only patients with chronic pain regional pain syndrome type 1 and Failed Back Surgery Syndrome. It is proposed that the SRP criteria will exclude patients with chronic pain of other neuropathic origin and still support the NICE Guidance pre-requisites of:</p> <ul style="list-style-type: none"> • Adults • >50mm on Visual analogue Scale • 6 months of appropriate conventional management • Successful trial of stimulation <p><i>Refer to Appendix 1, Spinal Cord Stimulation, Page 5.</i></p> <p>This change has been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	Assessment rating is 'low' with no equality impact identified.
Recommendation:	<ul style="list-style-type: none"> • Revise existing criteria in light of the clinical evidence to fund procedure for patients with chronic pain regional pain syndrome Type 1 and Failed Back Surgery Syndrome, as per the criteria above, via the 'Prior Approval' process.

Procedure:	Vasectomy (undertaken in secondary care)
Current SRP Status:	Threshold
Summary Proposal:	Change status to 'Prior Approval'
Reason for Change:	<p>Data analysis undertaken 2015/16 & 2016/17 identified a total of 14 procedures during this two year period undertaken in an acute hospital setting.</p> <p>The CCG currently commission an excellent Community</p>

	<p>Vasectomy Service and therefore propose to limit the number of hospital vasectomies by introducing 'Prior Approval' status for hospital vasectomy.</p> <p>The proposal is to decommission secondary care Vasectomy procedures as there are commissioned services available in the community.</p> <p>This change has been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	Assessment rating is 'low' taking into account the procedure is male gender specific.
Recommendation:	<ul style="list-style-type: none"> Change SRP status to Not Funded, applications for funding would remain available via the Individual Funding Request (IFR) process for any exception cases.

Procedure:	Toric Lens for Cataracts
Current SRP Status:	Not currently restricted
Summary Proposal:	Add to the SRP, with status of 'Not Funded'
Reason for Change:	<p>Recent studies identified lack of clinical evidence on the long-term effectiveness. Exceptional case will need to demonstrate need for Toric Lens to be used as an alternative to current practice. <i>Refer to Appendix 1, Toric Lens for Cataracts, Page 6, references 1 – 2.</i></p> <p>Public Consultation took place during February 2017 proposing 'not funding' this procedure. Public Consultation resulted in a mixed response 33% supported change; 38% no change; 29% undecided.</p> <p>These changes have been approved by the CCG Clinical Executive Committee.</p>
Quality and Equality Impact Assessment:	Assessment rating is 'low' taking into account the age group mainly affected by cataracts.
Recommendation:	<ul style="list-style-type: none"> Include Toric Lenses within the SRP Apply a status of Not Funded, applications for funding would remain available via the Individual Funding Request (IFR) process for any exception cases.

iii) Key issues

Currently the Mid and South Essex STP is comparing the Service Restriction Policies of South East Essex, Mid Essex and South West Essex CCG's with a view to align them to improve equity and access for patients by 2018/19. This will potentially require Castle Point & Rochford CCG to make further revisions to the Service Restriction Policy. However, all the changes proposed above will move us closer to a standardised policy across the STP, and not implement further

differences.

iv) Associated papers

Appendix One – Service restriction proposals supporting evidence

Appendix Two – Orthopaedic Hips & Knees pathway

Appendix Three – Outcome of the Public Consultation – Hip and Knee Replacement

Appendix Four – Proposed arthroscopy criteria

Appendix Five – Outcome of the Public Consultation – Gynaecomastia; Toric Lens;
Facet Joint Injections

Appendix Six - Current Service Restriction Policy:

<http://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/corporate-policies>

Appendix Seven – Quality Impact Assessment

Appendix Eight – Equality Impact Assessment

Governing Body monitoring information

Internal governance

The proposals were approved at the following meetings:

Clinical Executive Committee - 6th April 2017

Clinical Executive Committee - 4th May 2017

Clinical Executive Committee – 13th July 2017

Clinical Executive Committee – 20th July 2017

Stakeholder and community engagement

Public Consultation in relation to Gynaecomastia, Toric Lens and Spinal / Facet Joint injections completed in February 2017. Public Consultation in relation to Hip and Knee Replacements in August 2016.

Resource implications

None

Legal implications

None

NHS Constitution

This report supports the following NHS Constitution principles:

- Access to NHS services is based on clinical need, not an individual's ability to pay
- The NHS aspires to the highest standards of excellence and professionalism
- The patient will be at the heart of everything the NHS does
- The NHS works across organisational boundaries
- The NHS is committed to providing best value for taxpayers money
- The NHS is accountable to the public , communities and patients that it serves

Equality and diversity implications

An equality impact assessment has been completed for all the proposed changes. Copies are available upon request.

Further information

For further information about this report, please contact: Lynne Smith
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