

Ref:

21st November 2016

All NHS and Independent Sector Providers
Co-ordinated by Birmingham and Solihull CCGs

Friars Gate
1011 Stratford Road
Shirley
Solihull
West Midlands
B90 4BN

General number: 0121 713 8399
Direct line number: 0121-713-8866
E-mail: neildavidwalker@nhs.net
www.solihullccg.nhs.uk

Dear Colleague

RE: Launch and Contract Notice of Birmingham and Solihull CCGs Harmonised Treatment Policies

As previewed in our 2017-19 Commissioning Intentions document Birmingham CrossCity, Birmingham South Central and Solihull CCGs are now writing to provide contractual notification of our new harmonised treatment policies.

Allowing for the Christmas vacation period the effective date of commencement will be Tuesday 3rd January, 2017.

Introduction

The Clinical Chairs' Network of the Birmingham, Solihull and the Black Country CCGs agreed in autumn 2013 to develop a single core set of 21 commissioning policies. A working group was established which included Clinicians (including General Practitioners) and commissioning managers from the six CCGs, along with colleagues from Local Authorities and Public Health. The working group reviewed a total of 21 treatment policies, in accordance with national guidance and evidence, where available. During the summer of 2015, the working group received a number of submissions from local NHS acute trusts which informed the policy development work. Then during February and March 2016, the CCG's undertook a period of public engagement to ensure that patients, and other stakeholders, had the opportunity to give their views on the proposed new harmonised policies. Full details of that engagement process can be downloaded from:

<http://solihullccg.nhs.uk/publications/2078-plcv-engagement-report-final-1>

This engagement process included public engagement events in Birmingham and Solihull as well as extended external assurance and scrutiny from NHS England, The Birmingham and Solihull Health and Wellbeing Boards, and the Birmingham and Solihull Joint Health Oversight and Scrutiny Committee.

The harmonised treatment policies were then reviewed by all three CCGs Quality and Safety committees independently, with feedback being considered as part of the sign off of the final policy suite draft by the three CCGs' Governing Bodies at their respective August and September 2016 meetings.

Scope of Harmonised Treatment Policies

Each of the 21 treatment policies states whether the treatment or procedure is either:

- Not routinely commissioned: would require an Individual Funding request to demonstrate clinical exceptionality or,
- Restricted: funded if particular clinical criteria and thresholds apply.

There are also:

- Short summary explanations of what each procedure entails.
- For 'Restricted' procedures what the clinical thresholds for treatment are.
- Summaries of specific clinical guidelines that commissioners have used to inform the detail of individual commissioning policies, e.g. NICE, Royal Colleges or Other Clinical Associations.
- Equality Impact Assessment reviews for each assessed.

The 21 harmonised treatment policies (46 discrete procedure/treatment areas) include:

Policy	Access Criteria Change	General Text Change
Adenoidectomy	✓	No change
Cosmetic Surgery	✓	✓
Back Pain	✓	✓
Botox for Hyperhidrosis	No change	No change
Cataracts	✓	✓
Cholecystectomy	No change	No change
Male Circumcision	No change	No change
D&C for Menorrhagia	No change	No change
Blepharoplasty	No change	✓
Ganglion	✓	No change
Grommets	✓	No change
Haemorrhoidectomy	No change	✓
Hip Replacement	✓	No change
Hysterectomy for HMB	No change	No change
Hysterectomy for Menorrhagia	No change	No change
Groin hernia repair	✓	No change
Knee Replacement	✓	No change
Penile implant (NHSE from 1 April 2017)	No change	✓
Tonsillectomy	No change	✓
Trigger Finger	No change	No change
Varicose Veins	✓	✓

More details about our harmonised treatment policies full document and January 2016 – November 2016 delta version can be found at <http://solihullccg.nhs.uk/yourhealth/treatment-policies>. There is no change to Birmingham, Solihull and Black Country IFR Policy and Processes. It is (see below for further details on clinical code mapping and CCG payment scrutiny).

Clearer Communication of Treatment Policies to aid Patient Treatment Decision

As Birmingham CrossCity, Birmingham South Central and Solihull CCGs continue to progress towards a single statutory commissioning organisation from April 2018 we recognise that it is important that we standardise and improve the way in which we communicate detail of our Treatment Policies to the wider public. To that end we have been working to provide a standard web layout of our Treatment Policies information for the three CCGs. A beta version of the new web page can be found at: <http://solihullccg.nhs.uk/yourhealth/treatment-policies>.

Every individual treatment policy will, with supporting information, be downloadable as a separate .pdf document. However we are conscious that despite our best endeavours, these are still technical documents that are not always easy to read and understand by the wide spectrum of patients and public across Birmingham and Solihull. Equally public and patients will use this information to support personal decision making about their own treatment programme

Therefore with the support and review of our Patient Panels we are currently in discussion with ArdenGEM CSU regarding the development of easier read leaflets for all 46 treatment policies. Because we are committed to ensure that every leaflet is fully reviewed by our Patient Panels we estimate that the production of all 46 patient and public treatment leaflets will be completed by no later than December 2017. As leaflets are designed and reviewed they will be progressively added to the standardised Treatment Policies web pages of Birmingham CrossCity, Birmingham South Central and Solihull CCGs. One proforma leaflet for Varicose Veins has already been completed. This provides an indication of our commitment to make each treatment policy easier to understand and support patients to have more informed control of the treatment and management options for their particular condition.

Harmonised Policies – Code Mapping, Verification

An accurate clinical coding mapping data is essential to enable BSOL CCGs to validate Trust clinical coding data and ensure that those policy treatments delivered in an acute hospital setting are in line with the harmonised treatment policy. An accurate code map is also essential to monitor historic and future monthly finance and activity trends at procedure and provider level and thus also support monthly coding, counting and charging reviews by BSOL finance and BI teams.

CHKS (part of the Capita group) were commissioned by the three CCGs to undertake a clinical coding mapping review of the final draft of the harmonised treatment policies presented to the three BSOL Governing Bodies in August/September 2016.

CHKS were selected based on their expertise and capability to provide the CCGs with high quality clinical coding assurance given their significant experience of delivering national data assurance programmes and clinical coding services across the NHS in England, together with their extensive knowledge of working with healthcare providers in coding and assuring their healthcare activity made them appropriate partners to undertake this work.

CHKS' experienced and approved clinical coding auditors reviewed the Birmingham, Solihull and Black Country CCGs – Harmonised Treatment Policies document. Where there were missing or incorrect codes, these were corrected.

CHKS then prepared a revised table for the CCG showing accurate OPCS and ICD-10 codes for all relevant aspects of the treatment for the conditions listed. CHKS also made reference to the need for site codes in many of the operations. However, these will be in addition to the procedure codes listed. The Midlands and Lancashire CSU Business Intelligence (BI) embedded analyst function then road-tested the code mapping on selected procedures where activity appeared to be understated or overstated and made further revision.

The detail of the code map with revisions is available to download from <http://solihullccg.nhs.uk/yourhealth/treatment-policies>.

We will also provide on these web pages a monthly update in an excel workbook that allows Commissioners and Providers to review historic and current activity and tariff cost trends by provider, CCG and procedure, currently up to M06 2016-17.

STP Vibrant Acute/Fit for Future Secondary Tertiary Care: Harmonised Treatment Policies Phase 2

Increasingly as a health and care system all local providers and commissioners recognise that (i) elective NHS and Independent Sector treatment and diagnostic capacity is finite; and (ii) more treatment/clinical interventions do not always mean better outcomes and experience.

To that end we will:

1. Support and promote to clinicians, patients and the public the work of the Academy of Medical Royal Colleges Choosing Wisely initiative (<http://www.choosingwisely.co.uk/>). This will help patients and their doctors to make the right decisions about personal care. Choosing Wisely UK is part of a global initiative aimed at improving conversations between patients and their doctors and nurses to make better decisions about care. Often, this will help to avoid tests, treatments or procedures that are unlikely to be of benefit.
2. Under the governance/oversight of the new Birmingham and Solihull Operational Delivery Group, CCGs will be commencing a second phase of harmonised treatment policies (see below for more detail of the scope of this work).
3. Strongly encourage all local acute NHS and Independent Sector providers to proactively contact us with their own proposals for new treatment policies where they believe local elective capacity can be better used to deliver improved outcomes for our population and minimise elective capacity dedicated to less clinically effective and proven treatments.
4. Start the process now for the 2018-19 contract year of moving to contract for surgical HRGs on a standardised POD profile with gain share and percentage tolerance provisions.
5. Work closely with all local acute providers to deliver more effective and more widespread use of GP Advice and Guidance through the nationally mandated CQUIN.
6. Work with the local acute provider economy to ensure that more surgical speciality consultations, minor treatments and diagnostics, and therapy assessment and triage occur in community and primary care settings, thereby releasing hospital capacity for clinic consultations to focus on (i) patients likely to need surgery that can only be delivered in a hospital acute setting; (ii) patients requiring 2 Week Wait suspected cancer or breast symptom consultations.
7. Continue to work with selected specialties in particular local NHS and Independent Sector providers to collaboratively re-design sub-specialty pathways to provide the necessary extra capacity detailed above.

The scope of the second phase of policy harmonisation will be reviewed at the BSOL Operational Delivery Group at its forthcoming November and January meetings. The table below provides a draft indication of the phase 2 policy scope.

Identifie	Policy	Included in Local Providers	Category
47	Port Wine Stain	HEFT	Not routinely commissioned
48	Rosecea – Laser Treatment	HEFT	Not routinely commissioned
49	Planned caesarean section	HEFT	Restricted-RCOG Guidelines
50	Laser treatment for myopia	HEFT	Not routinely commissioned
51	Diagnostic Arthroscopy of the knee	HEFT; UHB	Not routinely commissioned
52	Dupuytren disease-Palmer Fasciectomy	HEFT; UHB	Restricted (query should be 'not routinely commissioned' now with Xiapen?)
53	Carpal Tunnel Syndrome	HEFT; UHB	Restricted
54	Reversal of male and female sterilisation	HEFT	Not routinely commissioned
55	Complementary and alternative therapies	HEFT	Not routinely commissioned
56	Any treatment purporting to treat allergy as a cause of chronic (post-viral) fatigue syndrome	HEFT	Not routinely commissioned
57	Treatment of myalgic encephalomyelitis	HEFT	Not routinely commissioned
59	Any treatment of candida hypersensitivity syndrome	HEFT	Not routinely commissioned
60	Radiotherapy for age-related macular degeneration of the eye	HEFT	Not routinely commissioned (HEFT novel therapy trial - Oraya; subject to ongoing provider/Commissioner discussion but not commissioned due to insufficient outcome data)
61	Bionucleoplasty for disc degeneration	HEFT	Not routinely commissioned
62	Laser disc surgery and ligament procedures for low back pain	HEFT	Not routinely commissioned
63	Arthroscopic washout	HEFT	Not routinely commissioned
64	Reversal of vasectomy	HEFT	Not routinely commissioned
65	Use of dilators or microwaves for benign prostatic hyperplasia	HEFT	Not routinely commissioned
66	Use of lithotripsy to treat small asymptomatic renal calculi	HEFT	Not routinely commissioned
67	Treatment for hyperhidrosis	HEFT	Not routinely commissioned
69	Congenital vascular abnormalities	HEFT	Restricted
70	Photodynamic therapy	HEFT	Restricted
71	Surgical removal of mucoid cysts at DIP joint	HEFT	Restricted
72	NIV & CPAP Machine	HEFT	Restricted
73	Hyperbaric Oxygen Therapy	HEFT	Restricted
75	Removal of ear wax	HEFT	Restricted
76	Investigation of painless rectal bleeding	HEFT	Restricted
77	Allergy Testing	HEFT	To be Added
78	Acupuncture	HEFT	Restricted
79	Carotid artery surgery for asymptomatic patients with carotid artery disease	HEFT	Restricted
81	Cryotherapy to remove lesion of eyelid	HEFT	Restricted
83	Assisted Conception	All ACU Providers	Not routinely commissioned
Other Draft Policies			
	Bariatric Surgery (NHSE policy to be updated by CCGs)	All WM Accredited	Not routinely commissioned
	Cough Assist Machines	HEFT	Restricted
	Gamete (Egg) Storage	All ACU Providers	Restricted
	Open Standing MRI	IS Imaging	Not routinely commissioned
Other Draft Policies (Misc CCGs)			
	Autologous chondrocyte implantation	Crodon List	TBC
	Surgical treatment female genital prolapse stress incontinence	Croydon List/N Warks CCG	TBC
	Revision of total knee replacement	Croydon List	TBC
	Hysterectomy (apart from for HMB)	Croydon List	TBC
	Miscellaneous	Staffs List	TBC
	Treatment of Wet Age-Related Macular Degeneration and Other Neovascularising Eye Conditions	N Warks CCG	Restricted
	Carotid Artery Surgery	N Warks CCG	Restricted
	Homeopathy	N Warks CCG	Not routinely commissioned
	Consultant to Consultant (C2C) referrals	N Warks CCG	Restricted
	Endoscopic Thoracic Sympathectomy (for Facial blushing and/or Sweating)	N Warks CCG	Restricted
	Surgery for asymptomatic bunions	N Warks CCG	Restricted
	Total Prosthetic Replacement of the Temporomandibular Joint (TMJ)	N Warks CCG	Restricted
	Continuous Positive Airway Pressure (CPAP) for Adults Policy	N Warks CCG	Restricted
	Skin hypo pigmentation	S & W Bham CCG	Not routinely commissioned
	Routine Ear irrigation	S & W Bham CCG	Not routinely commissioned
	Botulinum toxin type A for spasticity	S & W Bham CCG	Not routinely commissioned (in secondary care)
	Extracorporeal Shockwave therapy for Refractory Plantar Fasciitis	S & W Bham CCG	Not routinely commissioned
	Extracorporeal Shockwave therapy for Refractory Achilles Tendinopathy	S & W Bham CCG	Not routinely commissioned
	Day Case Procedures to be undertaken in OP Treatment settings	Wiltshire	Not routinely commissioned as Day Cases/Inpatient Elective

In the meantime however we actively encourage local acute providers to feed into this process with initial suggestions of other procedures or treatments that could be subject to clinical threshold conditions or not be routinely commissioned. Please email summary suggestions and clinical rationale and evidence to neildavidwalker@nhs.net.

Clinician's right to seek specialist advice

In cases of diagnostic uncertainty, the scope of this policy does not exclude the Clinician's right to seek specialist advice. This advice can be accessed through a variety of different mediums and can include both face to face specialist contact, as well as different models of consultant and specialist nurse advice and guidance virtually.

How does the IFR Application System work in practice?

Commissioners, GPs, service providers and clinical staff treating registered patients of the CCGs are expected to implement this policy. When procedures are undertaken on the basis of meeting the criteria specified within the policy, this should be clearly documented within the clinical notes. Failure to do so will be considered by the CCGs as lack of compliance.

Patients with problems or conditions that might require treatments included in this policy should be referred to a consultant or specialist only;

- After a clinical assessment is made by the GP or Consultant; AND
- The patient meets all the criteria set out in the policy.

GPs wishing to seek a specialist opinion for patients who meet the above criteria, should ensure the essential clinical information is included in the referral letter confirming the patient has been assessed in line with this policy.

GPs, Consultants in Secondary Care and provider finance departments need to be aware that the CCGs will not pay for the procedures listed in any of these treatment policies unless the patient meets the criteria outlined in this policy.

The CCGs recognise that there will be exceptional, individual or clinical circumstances when funding for treatments designated as low priority will be appropriate.

Where a treatment is either not routinely funded, or the patient does not meet the specified clinical criteria, this means the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Individual Funding Requests should only be sent to the respective 'nhs.net' accounts detailed in the Treatment Policies document. Guidance regarding IFRs and an application form, can be found at <http://solihullccg.nhs.uk/yourhealth/treatment-policies>.

BSOL CCGs Review of Not Routinely Commissioned Activity

From the start of Q4 2016-17 where the SUS referral date was 3 January 2017 onwards all OPCS/ICD codes for treatments 'not routinely commissioned' in both the phase 1 harmonised policy and existing residual local policies will be routinely checked for evidence in the SUS data of a CSU IFR Blueteq funding authorisation code. Should BSOL CCGs not find the Blueteq funding authorisation code the applicable units of activity and tariff cost will be automatically included in monthly reconciliation statement payment query logs for discussion with the respective NHS or Independent Sector Acute Provider.

BSOL CCGs will review SUS activity for the 46 treatments against the OPCS/ICD code map based on the primary data field for payment purposes. However for trend reporting purposes we will also monitor for the

46 treatments against the OPCS/ICD code map based on any data field to ensure that, in particular, not routinely commissioned activity, is not taking place in undue volumes.

Position of South Staffordshire CCGs

Birmingham and Solihull NHS and IS acute providers are requested to note that the South Staffordshire CCGs: South East Staffordshire and Seisdon Peninsular, East Staffordshire and Cannock Chase CCGs are not party to the Birmingham, Solihull and Black Country CCGs' harmonised policies. Whilst many of the exclusions and clinical access criteria are consistent with the South Staffordshire Policies, it is the responsibility of the provider to satisfy themselves that associate commissioners that are not partners to the Birmingham, Solihull and Black Country CCGs' harmonised policies are willing to fund activity within the scope of their local treatment policies. Prior approvals for South Staffordshire can be obtained through Blueteq or by contacting the IFR team in Tamworth at IFRteam@nhs.net. Details of their local treatment policies can be downloaded from:

<http://sesandspccg.nhs.uk/docs/publications/gp-information/83-embedded-policy-document>.

BSOL CCGs Review of Restricted Activity

We have reviewed the 2017-19 NHS Standard Contract technical guidance and specifically paragraphs 42.9 – 42.14 and their varying requirements on Commissioners, Acute Providers and Primary Care.

We note that some CCGs regionally and nationally are operating a 100% prior approval system irrespective of the source of that referral. This approach is being trialled by NHS Walsall CCG at selected local NHS and Independent Sector acute and we will review the initial results during the first half of 2017 as part of the phase 2 policy harmonisation work.

In the meantime as part of the STP Vibrant Acute/Fit for Future Secondary Tertiary Care programme in 2016/2017 BSOL CCGs are running several primary care referral assessment and support pilots with the following practice groupings: (i) Birmingham Northfield Locality; (ii) Solihull GPS Group to explore primary care hub models that can assess primary care referrals for restricted procedure; (iii) Solihull Heart of West Midlands (Primary Care) Ltd. Cataract Referral Refinement Service (also operated in Sandwell and West Birmingham CCG). These pilots will also consider whether it is appropriate in primary care hubs to use the Blueteq software with policy/procedure specific decision/authorisation templates (drafts already developed) for restricted procedures/treatments.

Contract Variation Order

This letter should be considered the explanatory detail to support a standardised BSOL Contract Variation Order which will be issued by the respective BSOL CCG senior contract manager in the week commencing 21st November 2016.

Finally should you have any queries regarding the implementation of this Contract Variation Order please contact your CCG senior contracts manager and carbon copy in neildavidwalker@nhs.net so that we can respond to your queries as soon as practicable.

Yours sincerely,

A handwritten signature in black ink that reads "N.D. Walker". The letters are cursive and fluid, with the first letters being larger and more prominent.

Neil Walker
Chief Contract and Performance Officer
NHS Solihull CCG