Aligning commissioning policies across north east London

Creating a single commissioning policy for Barking and Dagenham, City and Hackney, Havering, Newham, Tower Hamlets, Redbridge and Waltham Forest

City and Hackney, Newham, Tower Hamlets and Waltham Forest

Tell us what you think by 5pm, 3 July 2019

Introduction

Across north east London, clinical commissioning groups (CCGs) have been working together to look at how to make sure that people, wherever they live, are able to have the same treatments and procedures. At the moment, this is different from borough to borough, which isn't fair for people and is confusing for people working in the NHS.

As part of this work, GPs have said that there are a number of procedures that they feel could benefit from clearly defined criteria so that they are clear about treatment options for their patients – things like which tests are best to carry out or which treatments or medicines to use first.

In order to do this in a consistent way across north east London, CCGs want to make changes to what is known as their commissioning policy. This lists specific treatments, procedures and interventions the NHS funds, and who is eligible to have them. They want to merge the different commissioning policies (currently there are different ones for Barking and Dagenham, Havering and Redbridge; City and Hackney; Newham; Tower Hamlets and Waltham Forest) to create one.

Clinical commissioning groups (CCGs) are led by local GPs who plan and commission (buy) health care services for the residents of their local area.

Commissioning is about deciding what services are needed, and making sure that they are provided well, and getting the best possible health outcomes for local people by assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals.

By doing this, it would mean that:

- all patients living in north east London would have access to the same types of care
- the care patients would receive would be in line with the latest clinical guidance
- hospitals and GPs would be clear about what policy to refer to, reducing confusion
- patients would not have treatments that don't work or aren't the best option for them.
- NHS funds would be spent paying for procedures that people need, and that would give them a better quality of life.

GPs from all the CCGs have been working together, looking at what currently happens in each commissioning policy, at clinical evidence and guidance and at work done by NHS England. They have also asked hospital consultants for advice. After lots of discussion, they have come up with what they think needs to change in order to create a new commissioning policy for north east London. They now want to know what you think.

The new commissioning policy is based on making sure that the right people get the right care, at the right time. This document explains what the current situation is, what we believe needs to change and why.

What we want to do

We have developed new policies for:

1. Chalazia removal (lumps on the eyelid)
2. Shoulder decompression surgery
3. Interventional treatments for back pain (without sciatica)
4. Haemorrhoidectomy
5. Cataract surgery
6. Hip replacement
7. Knee replacement
8. Spinal surgery
9. Functional electrical stimulation for foot drop
10. Abdominal wall hernia management and repair
11. Weight loss surgery

At the moment, there are no formal policies in place, and our GPs felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures.

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for:

1. Ear surgery
2. Nose surgery
3. Dupuytren's contracture release
4. Female breast reduction
5. Grommets for glue ear in children
6. Trigger finger treatment

This is so that only people who are likely to benefit from these types of surgery can have it.

We also think that we should no longer routinely fund the following treatments:

1. Injections for non-specific low back pain
2. Surgical interventions for snoring
3. Laser surgery for short sightedness

This is because there is limited evidence that these procedures work, and/or they are not a good use of limited NHS resources. We believe the NHS should only be funding procedures to deal with medical conditions and symptoms, for people who will benefit clinically from having the treatment. This means that people won't have unnecessary treatment and the NHS won't waste money.

What we're proposing would mean that the only way you could have these three procedures funded by the NHS is to demonstrate what is known as 'clinical exceptionality'. This means that a doctor believes their patient is clearly different to other patients with the same condition or their patient might significantly benefit from the treatment in a different way to an average patient with the same condition. If the doctor does not believe this, the patient could not have this treatment.

In order to demonstrate clinical exceptionality, evidence would have to be provided about why the patient should have this treatment, over and above other people with the same condition, which would then be then considered by a panel of clinicians who decide if funding should be granted.

Note: The changes we're proposing would not apply to:

- Patients diagnosed with cancer or suspected of having cancer
- Patients that have survived cancer e.g. breast reconstruction post cancer
- Children (aged under 18) unless otherwise stated within the individual policy
- People receiving emergency or urgent care
- Where NHS England is responsible for commissioning the care.

Financial impact

The main reason for aligning commissioning policies across north east London is to make sure that people, wherever they live, are able to have the same treatments and procedures, and that these treatments and procedures would be of benefit to them.

Making the changes we're proposing would save some money – we estimate an annual saving of around £1.7 million across north east London – which works out at approximately 0.044% of our total commissioning budget of £3.8 billion.

So while money is a factor in this piece of work, it isn't the main reason for doing it. It's about making sure we are making the most effective use of public money to commission the most appropriate healthcare services for local people. Any money we save would be re-invested in other health services.

About this document

This document sets out what we'd like to do and why. We've tried to explain this as simply as possible, but sometimes it is hard to avoid using technical language. There's more information on our websites, including an easy read document and background to this piece of work. If you're a nurse, doctor or someone with a clinical background, there is a document with more technical detail there too.

Please go online and fill in our questionnaire about these proposals.

www.cityandhackneyccg.nhs.uk/oncefornelondon
www.newhamccg.nhs.uk/oncefornelondon
www.towerhamletsccg.nhs.uk/oncefornelondon
www.walthamforestccg.nhs.uk/oncefornelondon

Over the next six weeks (until 3 July 2019) we will be talking to local people about what we're proposing and encouraging them to respond to our questionnaire. All responses will inform a report, which will go to our governing bodies to consider and make a decision. We will put that report and details of whatever decisions are made on our websites.

We want to know what you think

- How might these proposals affect you or your family?
- Could we do things differently?
- Are there any circumstances where these proposed changes should not apply?

Please fill out our questionnaire by 5pm on 3 July 2019

Developing new policies for certain treatments and procedures

For some procedures there hasn't been a consistent process in place for to make sure that everyone gets the right treatment at the right time, with no formal policies in place about who can have these treatments.

While our providers tell us they make sure that only people who would benefit from the treatment have it, they also tell us it would be helpful to have a formal policy agreed. Our GPs also felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures. We'd expect that as a result of this, fewer people would have these procedures.

These are:

1. Chalazia removal
2. Shoulder decompression surgery
3. Interventional treatments for back pain (without sciatica)
4. Haemorrhoidectomy
5. Cataract surgery
6. Hip replacement
7. Knee replacement
8. Spinal surgery
9. Functional electrical stimulation for foot drop
10. Abdominal wall hernia management and repair
11. Weight loss surgery

1. Chalazia removal

Chalazia are benign (non-cancerous) lumps on the eyelid that happen due to oil glands becoming blocked and swelling. Most are harmless and disappear within six months if you regularly apply warm compresses to the eye and massage the lump. A small number of chalazia are persistent, very large, or can cause problems such as making it hard to see. In these cases surgery is needed, which involves cutting into the lesion and scraping away the contents.

We want to introduce the following policy:

NEL CCGs will fund treatment of chalazia (incision and curettage or triamcinolone injection if appropriate) when one of the following criteria is met:

1. A chalazion has been present for more than six months and has been managed conservatively with warm compresses, lid cleaning and massage for four weeks

OR

2. Interferes significantly with vision

OR

3. Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy

OR

4. Is a source of infection that has required medical attention twice or more within a six month time frame

OR

5. Is a source of infection causing an abscess which requires drainage

OR

6. Cancer is suspected

Number of procedures in 2018/19	Cost
328	£174,073

2. Shoulder decompression surgery

Shoulder decompression surgery involves taking out small pieces of bone and soft tissue (like tendons) from inside the shoulder by keyhole surgery.

We want to introduce the following policy:

NEL CCGs will fund shoulder decompression surgery when:

1. The surgery is for pure subacromial shoulder impingement

This means surgery is only for subacromial pain (associated with any of the structures that sit within the space between the ball and socket joint of the shoulder) and is not for pain caused by other conditions such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy because it isn't clinically effective for these conditions.

Before surgery, physiotherapy and exercise programmes should be considered. If pain continues or gets worse, surgery should be considered.

Number of procedures in 2018/19	Cost
85	£411,238

3. Interventional treatment for back pain (without sciatica)

Back pain can take many forms – from short term to chronic, long-term pain – and it is important that we give patients the tools to manage their pain and improve their quality of life. For many patients, specialist treatments only come after a period of time managing pain with their GP, and after seeing specialist musculoskeletal services.

GPs have identified a number of back pain treatments that they think could benefit from a clear policy on who can have this treatment. These are:

a) Epidurals
b) Spinal decompression
c) Discectomy
d) Epidurolysis

An epidural is an injection in the back to stop you feeling pain in part of your body. Epidurals are best known for being used for pain relief when a woman is in labour and we do not intend to limit the use of epidurals for this. This applies to epidurals for back pain only.

We want to introduce the following policy:

NEL CCGs will fund epidurals for back pain without sciatica when:

1. The patient has radicular pain consistent with the level of spinal involvement
AND
2. The patient has moderate-severe symptoms that have lasted for 12 weeks or more

AND either one of the following:

3(a). The patient has severe pain and has been given advice, reassurance, pain relief and physical therapy through the community musculoskeletal (MSK) service.
AND/OR
3(b). The MRI scan confirms the clinical diagnosis.

A maximum of three epidural injections, within a 12-month period would be funded.

Spinal decompression refers to removal of pressure from the nervous structures within the spinal column.

We want to introduce the following policy:

NEL CCGs will fund interventions for spinal decompression when:

1. The patient has radicular/claudicant leg pain consistent with the level of spinal involvement
   AND
2. The MRI scan (unless contraindicated) shows one or more areas of spinal stenosis whereby the pathology is consistent with the clinical diagnosis
   AND
3. The patient has shown no sign of improvement despite conventional therapy such as physical therapy for one year.

Discectomy is the surgical removal of abnormal disc material that presses on a nerve root or the spinal cord. It involves removing a portion of an intervertebral disc, which causes pain, weakness or numbness by stressing the spinal cord or radiating nerves.

We want to introduce the following policy:

NEL CCGs will fund interventions for discectomy when:

1. The patient has radicular pain consistent with the level of spinal involvement
   AND
2. The patient has shown no sign of improvement despite conventional therapy for 12 weeks

Epidurolysis is minor surgery used to treat people with low back and leg pain caused by epidural adhesions (type of scar tissue in the spine). Affected nerve roots are identified and separated from scar tissue.

We want to introduce the following policy:

NEL CCGs will fund interventions for epidurolysis when:

1. The patient has late onset radiculopathy post spinal surgery
   AND
2. MRI Gadolinium-enhanced or dynamic epidurogram (unless contraindicated) findings show adhesive radiculopathy
   AND
3. Conservative management and epidural injections have failed

This would not apply to:

- People with sciatica
- Children (aged under 18)
- Patients thought to have/who have cancer
- Patients with nerve damage, fracture or infection

GPs have also identified a number of treatments that because there is limited clinical evidence that they are effective for people with back pain, they believe the NHS should not routinely fund. These are:

Therapeutic spinal injections (including facet joint injections, intradiscal therapy, prolotherapy, trigger point injections) – which reduce inflammation and are said to lessen or resolve pain.

Spinal fusion surgery for non-radicular back pain (also called spondylodesis or spondylosyndesis) is a surgical technique that joins two or more vertebrae which prevents any movement between the fused vertebrae.

Lumbar disc replacement surgery which involves replacing problematic discs in the lower spine with an artificial disk made of medical-grade metal and/or plastic.

Acupuncture - complementary medicine in which fine needles are inserted into the skin at specific points along lines of energy.

Ozone discectomy - an injection of gas inside the intervertebral disc

Number of interventional treatments in 2018/19	Cost
2397	£2,156,760

4. Haemorrhoidectomy

Haemorrhoids, also known as piles, are swellings containing enlarged blood vessels found inside or around the bottom. Often haemorrhoids (especially at an early stage) can be treated by simple measures such as eating more fibre or drinking more water. If these are unsuccessful many patients will respond to other treatments before surgery is needed.

We want to introduce the following policy:

NEL CCGs will fund haemorrhoidectomy when one of the following criteria has been met:

1. Do not respond to non-operative measures
   OR if the haemorrhoids are more severe
2. Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding
   OR
3. Irreducible and large external haemorrhoids

Number of procedures in 2018/19	Cost
251	£292,834

5. Cataract surgery

A cataract is cloudiness of the lens, the normally clear structure in your eye which focuses the light. They can develop in one or both eyes. The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy. Minor cloudiness of the lens is a normal part of ageing.

Significant cloudiness, or cataracts, generally get slowly worse over time and surgery whereby the natural lens is replaced by an implant is the only way to make it easier to see. However, you don't need to have surgery if your vision is not significantly affected and you don't have any difficulties carrying out everyday tasks such as reading or driving.

New glasses, brighter lighting, anti-glare sunglasses and magnifying lenses help reduce the impact of cataracts.

Surgery should only be offered if you have cataracts that are affecting your ability to carry out daily activities.

Visual acuity describes how well you see detail. This is usually measured using a chart with rows of letters that start with one big one at the top and get smaller row by row. During a routine eye test, you sit 6 metres from the chart. If glasses or contact lenses are worn, these should be used for the test. Each eye is tested while the other one is covered.

The rows of letters correspond to the minimum size of letter that could be seen by someone with normal vision from 6m up to 60m. The first number is the distance the chart is viewed from. 6/6 is normal vision (what used to be known as 20/20 vision, when distance was measured in feet not metres) In order to legally drive a car, you must have a visual acuity of 6/12 or less.

If you can only read the big letters on the top line, that's recorded as 6/60 – you can see at 6m what can normally be seen from 60m with normal vision. This would mean that you would be considered severely sight impaired, or legally blind.

We want to introduce the following policy:

NEL CCGs will fund cataract surgery when:

1. Patient has a best corrected visual acuity of 6/9 or worse in either the first or second eye **AND**
2. The cataract is affecting the patient's ability to carry out day to day activities and increasing the risk of falls.

Note: The policy would not apply to:

- Patients with confirmed or suspected cancer
- Patients with acute trauma or suspected infection
- Children under the age of 18

Number of procedures in 2018/19	Cost
2118	£1,663,462

Osteoarthritis

Osteoarthritis is the most common form of arthritis in the United Kingdom and can cause joint pain and stiffness. The severity of symptoms can vary greatly from person to person, and between different affected joints.

For some people, the symptoms can be mild and may come and go. Other people can experience more continuous and severe problems which make it difficult to carry out everyday activities.

Often Osteoarthritis affects the hip or knee, requiring surgery to replace these joints.

The policies proposed for hip replacement and knee replacement which follow only apply to people with osteoarthritis.

6. Hip replacement

Also known as hip arthroplasty this is a common type of surgery where a hip joint is replaced with an artificial one (known as a prosthesis).

GPs looked at guidance from the National Institute of Health and Care Excellence, the Royal College of Surgeons and the British Orthopaedic Association to develop a draft policy.

We want to introduce the following policy:

NEL CCGs will fund hip replacement surgery when all of the following criteria are met:

1. The patient has osteoarthritis with joint symptoms (pain, stiffness and reduced function) that have a substantial impact on quality of life as agreed with the patient and / or the patient's representative, referring clinicians and surgeons

AND

2. The symptoms resist non-surgical treatment (including pain relief, exercise, physiotherapy and weight loss, where appropriate)

AND

3. The patient's symptoms are consistent with degenerative disease, and before surgery there is radiological confirmation of this

AND

4. The patient has been involved in making decisions about their treatment options.

Number of procedures in 2018/19	Cost
336	£2,361,274

This policy would not apply to:

- Children (aged under 18)
- Patients with confirmed or suspected cancer, acute trauma, suspected infection or inflammatory arthropathy
- Patients with underlying disease (such as haemophilia or sickle cell) related hip disease
- Young adults (18 to 25) with abnormal hip anatomy

7. Knee replacement

Also known as knee arthroplasty, this is the most common type of surgery performed for osteoarthritis. Depending on the extent of osteoarthritis in the joint, a knee replacement can be either partial (one compartment is replaced) or total (the whole joint is replaced).

We want to introduce the following policy:

NEL CCGs will fund total or partial knee replacement surgery when all of the following criteria are met:

1. Osteoarthritis with joint symptoms (pain, stiffness, reduced function, joint instability) that have a substantial impact on quality of life as agreed with the patient and/or the patient's representative, referring clinicians and surgeons
   AND
2. The symptoms resist to non-surgical treatment (including pain relief, exercise, physiotherapy and weight loss where appropriate)
   AND
3. The patient's symptoms are consistent with degenerative disease, and before surgery there is radiological confirmation of this
   AND
4. The patient has been involved in making decisions about their treatment options.

This policy would not apply to:

- Patients with joint failure from causes other than degenerative disease / osteoarthritis
- Patients with confirmed or suspected cancer, acute trauma or suspected infection
- Patients with inflammatory arthropathies
- Children under the age of 18

Number of procedures in 2018/19	Cost
570	£4,180,632.

8. Spinal surgery

Our proposed spinal surgery policy focuses on a surgical procedure called discectomy which involves releasing the pressure on spinal nerves caused by a bulging or slipped disc by removing a section of the damaged disc. Discectomy carries risks and should be considered only after other options such as pain relief and physical therapy have been tried.

We want to introduce the following policy:

NEL CCGs will fund spinal surgery (discectomy) when the following criteria is met:

1. Patient is >18 years, and has MRI disc herniation at level and side corresponding to clinical symptoms

   AND either of the following:
   2(a). Demonstrable neurological deficit
   OR
   2(b). Radicular pain despite conservative therapy under the care of a specialist back pain MDT for at least six weeks

Number of procedures in 2018/19	Cost
205	£221,626

9. Functional electrical stimulation for foot drop

Functional electrical stimulation (FES) is a treatment that applies small electrical charges to a muscle that has become paralysed or weakened, due to damage in the brain or spinal cord. The electrical charge stimulates the muscle to make its usual movement. FES can be used as a treatment for foot drop, where disruptions in the nerve pathways between the legs and brain mean the front of your foot cannot be lifted to the correct angle when walking.

We want to introduce the following policy:

NEL CCGs will fund treatment when one of the following criteria are met:

Initiation

1. Foot drop makes it difficult to walk and evidence that this is not satisfactorily controlled using ankle-foot orthosis

OR

Continuation

2. Gait improvement from its use

Because of the way data is currently logged, there is not recent dfata on numbers of patients or costs.

10. Abdominal wall hernia management and repair

A hernia is when an organ or fat protrudes through the wall of muscle around it, looking like a lump or bulge beneath the skin. Abdominal wall hernias occur around the belly. There are two main types of surgical hernia repair; open surgery, where the surgeon make a small incision into the groin, and then pushes the protruding tissue back into the abdomen and minimally invasive surgery using small incisions in the abdomen and inserting a camera to guide the surgeon.

We want to introduce the following policy:

NEL CCGs will fund abdominal wall hernia management and repair when one of the following hernias are diagnosed:

1. Symptomatic hernias (i.e. hernias causing pain)
2. Irreducible hernias
3. All femoral hernias
4. Spigelian hernias
5. Inguinal hernias extending to scrotum
6. Incisional hernias with small defects
7. Hernias at risk of strangulation
8. Symptomatic umbilical hernias

Number of procedures in 2018/19	Cost
886	£1,541,786

11. Weight loss surgery

This is an operation that helps you lose weight by making changes to your digestive system. It may be an option if you are severely obese (very fat) and have not been able to lose weight or keep from gaining back any weight you lost.

We want to introduce the following policy:

NEL CCGs will fund weight loss surgery when all of the following criteria are met:

1. The patient has a BMI of 40 kg/m2 or more **OR** between 35 kg/m2 and 40 kg/m2 and other significant diseases (type 2 diabetes or high blood pressure) that could be improved if they lost weight
2. **AND**
   All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss
3. **AND**
   The person has been receiving or will receive intensive management in a tier 3 service (specialist support for obese people)
4. **AND**
   The person is generally fit for anaesthesia and surgery
5. **AND**
   The person commits to the need for long term follow up

Number of procedures in 2018/19	Cost
106	£714,600

Procedures where we want to change the clinical criteria

We are proposing changing the eligibility criteria for the following procedures:

1. Ear surgery
2. Nose surgery
3. Dupuytren's contracture release
4. Female breast reduction
5. Grommets for glue ear in children
6. Trigger finger treatment

We want to make these changes to make it clearer who should have these treatments.

1. Ear surgery

This is an operation to correct ears that stick out. The surgery is performed by cutting behind the ear and is carried out under general anaesthetic.

Current policy	Proposed new policy
Patient must have 'significant ear deformity'	Significant ear deformity is defined as having 'prominence measuring >30mm'.
Patient must be between 5-18 years old	Patient must be under 18

We want to introduce the following policy:

NEL CCGs will fund ear surgery when all of the following criteria are met:

1. The patient is under the age of 18 at the time of referral for significant prominent or bat ears
   AND
2. Where the prominence measures >30mm

Number of procedures in 2018/19	Cost
No data held	No data held

2. Nose surgery

When funded by the NHS, rhinoplasty involves reconstructing the nose by repairing nasal fractures, modifying nasal cartilages and bones, or adding tissue. Septoplasty is an operation on the partition inside the nose. Rhinoseptoplasty is for patients with a nasal obstruction. It removes any internal obstructions and stabilises structures inside the nose that may be stopping you breathing through your nose. **Note: NEL CCGs will not fund any type of nose surgery for cosmetic reasons.**

Current policy	Proposed new policy
Unclear if policy includes septoplasty and rhinoseptoplasty	Policy includes septoplasty and rhinoseptoplasty
Treatments need to be tried for at least three months	Treatments need to have been tried (no time limit) This allows for flexibility if all conservative treatments are tried in less than three months, but also for treatments to be tried for longer based on clinical judgement about what is appropriate.

Significant symptoms to be confirmed by an ENT consultant as resulting from nasal obstruction	Documented evidence of medical problems caused by an obstruction of the nasal airway is required

We want to introduce the following policy:

NEL CCGs will fund this treatment only when the following criteria is met:

1. Documented medical problems caused by obstruction of the nasal airway (continual impairment of sleep and/or breathing) **AND** all conservative treatments have been exhausted.
   OR
2. Correction of complex congenital conditions e.g. Cleft lip and palate

Number of procedures in 2018/19	Cost
146	£344,880

3. Dupuytren's contracture release

Dupuytren's contracture draws the finger(/s) and sometimes the thumb into the palm and prevent them from straightening fully. If not treated the finger(s) may bend so far into the palm that they cannot be straightened. All treatments aim to straighten the finger(s) to restore and retain hand function for the rest of the patient's life, but are not permanent cures.

Current policy	Proposed new policy
Treatment will be funded if patient has a loss of finger extension of 30 degrees or more at the proximal interphalangeal joint (knuckle).	Treatment will be funded if patient has a loss of finger extension of 20 degrees or more at the proximal interphalangeal joint.

We want to introduce the following policy:

NEL CCGs will fund intervention/treatment when one of the following criteria are met:

1. Finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint

   OR
2. Severe thumb contractures which interfere with hand function

NEL CCGs will fund collagenase for Dupuytren's contracture when

1. The patient is a participants in an ongoing clinical trial

OR

2. Patient has visible tissue/veins if:

(a) there is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to two affected joints
AND
(b) needle fasciotomy is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.

Number of procedures in 2018/19	Cost
69	£186,173

4. Female breast reduction

Breast reduction surgery is for women whose breasts are large enough to cause problems like back and shoulder pain, skin inflammation and poor quality of life. **The aim of surgery is not cosmetic, it is to reduce symptoms (e.g. backache).**

We have developed two policies for female breast reduction – one for both breasts, and one for one breast, which is the treatment available when a woman has very uneven breasts.

Note: this does not apply to women who have had cancer.

Surgical reduction of both breasts

Current policy	Proposed new policy
Eligible women must have a cup size of H or larger	Removed so patients with a smaller cup size can have breast reduction surgery
Breast reduction must remove at least 500gms or at least 3 cup sizes from each breast	Breast reduction planned should remove 500gms or more or at least 4 cup sizes from each breast.
The patient must have documented that they have has a body mass index (BMI) equal to or below 27 kg/m2 for at least two years	The patient must have had a BMI below 27 kg/m2 for at least 12 months.
Evidence must be submitted to demonstrate the patient is still in pain despite six months of therapeutic measures	Removed

We want to introduce the following policy:

NEL CCGs will fund breast reduction of both breasts when all of the following criteria are met:

1. The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain

AND

2. In cases of back and shoulder pain, a physiotherapy assessment has been provided

AND

3. Breast size results in functional symptoms that require other treatments/interventions (e.g. skin rashes, upper back pain, a professionally fitted bra has not helped with backache, soft tissue indentations at site of bra straps)

AND

4. Breast reduction planned to be 500gms or more per breast or at least four cup sizes

AND

5. Body mass index (BMI) is <27 and stable for at least 12 months

AND

6. Women must be provided with written information to allow them to balance the risks and benefits of breast surgery

AND

7. Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking

AND

8. Women should be informed that breast reduction surgery can mean they are unable to breastfeed.

Reduction of one breast (treatment for uneven breasts)

Current policy	Proposed new policy
There must be gross asymmetry, defined as a minimum of three cup sizes difference between breasts.	Gross asymmetry is defined as a difference of 150 - 200gms size as measured by a specialist. This ensures the measurement is carried out by a specialist.
The patient must show she can't maintain a normal breast shape using non-surgical methods (such as a padded bra)	Not required
Breasts must be fully developed, with no change in the size of either breast in the past 18 months.	Not required
	Body mass index (BMI) to be <27 and stable for at least 12 months has been added. This promotes a healthy weight before surgery and encourages maintenance of a healthy weight.

This treatment is considered for uneven breasts instead of breast enlargement if there is an impact on the woman's health. Surgery will not be funded for cosmetic reasons.

We want to introduce the following policy:

NEL CCGs will fund breast reduction of one breast when all of the following criteria are met:

1. A difference of 150 - 200gms size as measured by a specialist

AND

2. Body mass index (BMI) is <27 and stable for at least 12 months

Number of procedures in 2018/19	Cost
46	£92,326

5. Grommets for glue ear in children

This is a surgical procedure to insert tiny tubes (known as grommets) into the eardrum as a treatment for fluid build-up (glue ear) when it is affecting hearing in children.

Glue ear is a very common childhood problem (four out of five children will have had glue ear by age 10), and in most cases it clears up without treatment within a few weeks. Common symptoms can include earache and difficulty hearing. When the hearing loss is affecting both ears it can cause language, educational and behavioural problems. In most cases glue ear will improve by itself without surgery.

Evidence suggests that grommets only offer a short-term hearing improvement in children with no other serious medical problems or disabilities.

Current policy	Proposed new policy
The child should be aged between three and twelve.	No age restriction
The child must have documented persistent hearing loss on two occasions at intervals of three months or more	The child must have one episode of persistent hearing loss of at least three consecutive months documented
Funded if the otoscopic features are atypical and accompanied by a foul-smelling discharge suggestive of cholesteatoma	This criterion has been removed, to make sure that the cholesteatoma is treated before a new grommet is fitted.

Funded if the child has five or more episodes of acute otitis media.	Requirement removed
	All children must have had a specialist audiology and ENT assessment.

We want to introduce the following policy:

NEL CCGs will fund grommets for glue ear when:

1. All children must have had specialist audiology and ENT assessment

AND

2. Persistent otitis media with effusion in both ears for at least three consecutive months

AND

3. Hearing level in the better ear of 25-30dbHL or worse averaged at 0.5, 1, 2 & 4kHz

OR exclusively in one of the following circumstances

4(a). The child has persistent otitis media with effusion in both ears with a hearing loss less than 25-30dbHL where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant

OR

4(b). The child cannot undergo standard assessment of hearing thresholds where there is clinical evidence of persistent glue ear and where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.

This guidance would not apply to children with Down Syndrome or cleft palate, who may be offered grommets after a specialist multi-disciplinary team assessment.

Number of procedures in 2018/19	Cost
317	£286,938

6. Trigger finger treatment

Trigger finger occurs when the tendons which bend the thumb/finger into the palm jam, causing the finger to “lock” in the palm of the hand. Mild cases require no treatment and may resolve spontaneously. Other cases cause pain and loss and make it hard to use your hand.

Cases interfering with activities or causing pain should first be treated with:

- one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics
  OR
- splinting of the affected finger for 3-12 weeks

Current policy	Proposed new policy
Unclear if the policy applies to children	It has been made clear that this policy would not apply to children. Trigger finger surgery for children is routinely funded.
Splinting must be tried for 12 weeks or more	Splinting must be tried for between 3 and 12 weeks.
Unclear if the policy applies to diabetics	Policy applies to diabetics
	Treatment will be approved if the patient has had two other trigger digits unsuccessfully treated with non-operative methods. This will prevent patients who have already tried non-operative methods previously from having their request for trigger finger surgery rejected.

We want to introduce the following policy:

NEL CCGs will fund trigger finger surgery when one of the following criteria is met:

1. The triggering persists or recurs after one of the above measures (particularly steroid injections)
   OR
2. The finger is permanently locked in the palm
   OR
3. The patient has previously had two other trigger fingers unsuccessfully treated with appropriate non-operative methods
   OR
4. The patients has diabetes

Number of procedures in 2018/19	Cost
77	£111,082

No longer routinely funding certain procedures

GPs have identified several treatments they think should no longer be routinely funded. This is because there is limited evidence that these procedures work, and/or they are not a good use of limited NHS resources.

These procedures are:

1. Injections for non-specific low back pain

We are proposing that spinal injections of local anaesthetic and steroids should not be offered for patients with non-specific low back pain. This is because there is limited evidence that these injections work in the long term. This would mean patients with non-specific back pain could not have:

- Facet joint injections
- Therapeutic medical branch blocks
- Intradiscal therapy
- Prolotherapy
- Trigger point injections with any agent, including botulinum toxin
- Epidural steroid injections for chronic low back pain or for neurogenic claudication in patients with central spinal canal stenosis
- Any other spinal injections not specifically covered above

We would instead encourage patients to consider alternative and less invasive options which have been proven to work such as exercise, behavioural therapy, and attending a specialised pain clinic, as recommended by the National Back Pain Pathway.

Note: This would not apply to people with sciatica

Number of procedures in 2018/19	Cost
160 injections	£106,152

2. Surgical interventions for snoring

Note: This would not apply to patients with obstructive sleep apnoea

Snoring is very common and is not usually a health issue, as long as it is not complicated by periods of apnoea (temporarily stopping breathing). but can be disruptive, especially to a person's partner, There are lots of reasons for snoring such as being overweight, smoking, alcohol or blockages in the nose or tonsils.

We don't think the NHS should pay for surgery to try to stop people snoring because clinical studies show surgery doesn't work in the long term and there is a risk of complications and side effects.

We would instead encourage patients to consider alternatives to surgery that can improve the symptoms of snoring, such as

- Weight loss
- Stopping smoking
- Drinking less alcohol
- Medical treatment for blocked nose
- Mouth splints to move jaw forward when sleeping

Number of procedures in 2018/19	Cost
8	£10,064

3. Laser surgery for short sightedness

Laser eye surgery involves using lasers to reshape the front surface (cornea) of your eyes so that you can focus better. Short-sightedness is a very common eye condition that causes distant objects to appear blurred, while close objects can be seen clearly.

We don't think the NHS should pay for laser eye surgery because other successful, cheaper treatments are available, such as wearing glasses or contact lenses.

We rarely fund this treatment at the moment, but on average it costs around £1000 per procedure.

Impact on people's mental health

Mental health is often a factor in patients seeking cosmetic treatment or surgery.

There are no universally accepted and objective measures of psychological distress, so it is difficult to include such factors when setting clinical thresholds for agreeing when a particular treatment is effective or needed.

We believe it is generally better to provide support, such as therapy, to treat the mental health need, but if a clinician thought there were exceptional mental health reasons why a patient needed treatment, they could apply through the individual funding request process explaining why this is an exceptional case. This is not guaranteed to be approved.

Mental health support: Talking Therapies

Talking Therapies is a free and confidential NHS service that provides support from an expert team who understand what people are going through, and who work with people to help them feel better.
Team members introduce people to effective, practical techniques specific to their needs that are proven to work. The national programme is based on evidence and all the tools and techniques used are recommended by local GPs.

The programme has already helped thousands of local people to feel better.

To find out more: search 'Talking Therapies' and the name of your borough

Questionnaire for City & Hackney, Newham, Tower Hamlets and Waltham Forest

Please complete this questionnaire on our websites:

www.cityandhackneyccg.nhs.uk/oncefornelondon
www.newhamccg.nhs.uk/oncefornelondon
www.towerhamletsccg.nhs.uk/oncefornelondon
www.walthamforestccg.nhs.uk/oncefornelondon

Or you can fill it in and post it to **FREEPOST BHR CCGs** (no stamp needed). Please make sure it reaches us by 5pm on 3 July 2019.

Tell us about you

We want to see what sorts of people are responding to our proposals. This helps us understand if our proposals might have more of an impact on some groups of people. **These questions are optional – don't answer them if you don't want to.**

Please tick as appropriate

1. Are you?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

2. How old are you?

- ☐ Under 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years or older
- ☐ Prefer not to say

3. Do you consider yourself to have a disability?

- ☐ Yes – a physical/ mobility issue
- ☐ Yes – learning disability/mental health issue
- ☐ Yes – a visual impairment
- ☐ Yes – a hearing problems
- ☐ Yes - another issue
- ☐ No

4. Where do you live?

- ☐ City of London
- ☐ Hackney
- ☐ Newham
- ☐ Tower Hamlets
- ☐ Waltham Forest
- ☐ Other (please tell us which borough)

5. What is your ethnicity?

This is not about place of birth or citizenship. It is about the group you think you belong to in terms of culture, nationality or race.

- ☐ Any white background
- ☐ Any mixed ethnic background
- ☐ Any Asian background
- ☐ Any black background
- ☐ Any other ethnic group (please tell us what it is)
- ☐ Prefer not to say

6. **Are you an employee of the NHS?**

- ☐ Yes
- ☐ No

7. Are you responding as...?

- ☐ An individual
- ☐ A representative of an organisation or group (please tell us which)

What do you think about our proposals?

We want to understand your views about what we're proposing.

You don't have to answer the whole questionnaire if you don't want to – only answer the sections you're interested in.

Developing new policies for certain treatments and procedures

At the moment, there are no formal policies for these procedures, and our GPs felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures.

1. Please tell us what you think about our proposals by ticking the statement that best matches your views for each:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Introduce a new policy for chalazia removal					
Introduce a new policy for haemorrhoidectomy					
Introduce a new policy for shoulder decompression surgery					
Introduce a new policy for interventional treatments for back pain (without sciatica)					
Introduce a new policy for cataract surgery					
Introduce a new policy for hip replacement					
Introduce a new policy for knee replacement					
Introduce a new policy for spinal surgery (discectomy)					
Introduce a new policy for functional electrical stimulation for foot drop					
Introduce a new policy for abdominal wall hernia management and repair					
Introduce a new policy for weight loss surgery					

2. Is there anything else you want to tell us, or think we should consider, before making decisions about introducing these new policies?

Procedures where we want to change the clinical criteria

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for a number of procedures so that only people who are likely to benefit from this surgery can have it.

3. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Changing the criteria for ear surgery					
Changing the criteria for nose surgery					
Changing the criteria for Dupuytren's contracture release					
Changing the criteria for female breast reduction					
Changing the criteria for grommets for glue ear in children					
Changing the criteria for trigger finger treatment					

4. Is there anything else you want to tell us, or think we should consider, before making a decision about changing the clinical criteria for these procedures?

No longer routinely funding certain procedures

Our GPs have identified several treatments they think should no longer be routinely funded. This is because there is limited evidence that these procedures work, and/or they are not a good use of NHS funding.

5. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The NHS should no longer routinely fund injections for non-specific low back pain					
The NHS should no longer routinely fund surgical interventions for snoring					
The NHS should no longer routinely fund laser surgery for short sightedness					

6. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

General comments

7. Within the last two years have you or a member of your immediate family had any of the procedures outlined in this document funded by the NHS?

Yes	No

8. Do you have any other comments about our proposals that you'd like to make?

9. If you would like us to tell you what decisions we reach regarding these proposals, please write your name and email address in the box below. We will keep your details safe and won't share them.

Thank you for taking the time to let us know what you think.

If you're not completing this questionnaire online, please make sure you send it back to **FREEPOST BHR CCGs**.

All comments must be received by 5pm on 3 July 2019.

We want to hear from everyone

This document is about changes we want to make to some commissioning policies. We want to know what you think about this.

If you would like to know more, please email nelcsu.nelsmw@nhs.net or call 020 3688 2455 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

Bengali
এই দস্তাবেজটি এমন কিছু পরিবর্তন সম্পর্কে যা আমরা কিছু কমিশনিং নীতিগুলিতে করতে চাই। আমরা এই সম্পর্কে আপনি কি মনে করতে চান। আপনি যদি আরও জানতে চান তবে অনুগ্রহ করে NELCSU.NELSMW@nhs.net এ ইমেল করুন অথবা 0203 688 2455 এ কল করুন এবং আমাদের কোন সাহায্যের প্রয়োজন তা বলুন। যদি আপনি বড় মুদ্রণ, সহজ পড়া বা একটি ভিন্ন বিন্যাস বা ভাষা এই প্রয়োজন হয় আমাদের জানান।

Polish
Ten dokument dotyczy zmian, które chcemy wprowadzić w niektórych zasadach uruchamiania. Chcemy wiedzieć, co o tym myślisz.

Jeśli chcesz dowiedzieć się więcej, napisz do NELCSU.NELSMW@nhs.net lub zadzwoń pod numer 0203 688 2455 i powiedz nam, jakiej pomocy potrzebujesz. Daj nam znać, jeśli potrzebujesz tego w dużym druku, łatwym do odczytania lub innym formacie lub języku.

Romanian
Acest document este despre modificările pe care vrem să le facem la unele politici de punere în funcțiune. Vrem să știm ce credeți despre asta.

Dacă doriți să aflați mai multe, vă rugăm să ne trimiteți un e-mail la adresa NELCSU.NELSMW@nhs.net sau să sunați la numărul 0203 688 2455 și să ne spuneți ce ajutor aveți nevoie. Spuneți-ne dacă aveți nevoie de acest lucru în format mare, ușor de citit sau într-un alt format sau limbă.

Turkish
Bu belge bazı devreye alma politikalarında yapmak istediğimiz değişikliklerle ilgili. Bunun hakkında ne düşündüğünü bilmek istiyoruz.

Daha fazla bilgi edinmek istiyorsanız, lütfen NELCSU.NELSMW@nhs.net adresine e-posta gönderin veya 0203 688 2455 numaralı telefonu arayın ve ihtiyacınız olan yardımı bize bildirin. Büyük baskı, kolay okuma veya farklı bir format veya dilde ihtiyacınız varsa bize bildirin.

Urdu
یہ دستاویز ایسے تبدیلیوں کے بارے میں ہے جو ہم کچھ کمیشننگ پالیسیوں کو بنانا چاہتے ہیں. ہم یہ جاننا چاہتے ہیں کہ آپ اس بارے میں کیا سوچتے ہیں.

اگر آپ مزید جاننا چاہتے ہیں تو، براہ کرم NELCSU.NELSMW@nhs.net یا 02036882455 کو کال کریں اور ہمیں بتائیں کہ آپ کی کیا ضرورت ہے. ہمیں بتائیں کہ اگر آپ کو اسے بڑے پرنٹ، آسان پڑھنے یا مختلف شکل یا زبان میں اس کی ضرورت ہے.