

South West London Sustainability and Transformation Partnership

SWL ECI Policy version 2.0

16 November 2017

Start well, live well, age well

Introduction

The requirement for SWL ECI policy alignment was discussed in April & May 2017 by all six SWL CCG Governing Bodies.

1. SWL ECI policy
2. Version 2.0 scope
3. Alignment process and participation
4. Alignment of existing threshold
5. New clinical thresholds
6. Equality Impact Assessment
7. Next steps
8. Questions from Committees in Common members
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1. SWL ECI policy

- **What is 'ECI'?**
 - ECI stands for Effective Commissioning Initiative
- **What is covered by the ECI policy?**
 - Planned care; primarily surgical procedures undertaken by the NHS
 - Not included: emergency, cancer and maternity care
- **When was it first created?**

Primary Care Trusts across SWL developed the previous policy in 2006
- **Why do we need an ECI policy?**

To ensure that NHS funded treatments are evidence based, clinically effective and access to treatments is as equitable as possible across SWL

2. Version 2.0 scope

- **Align and clarify existing clinical thresholds**
(including clinical amendments and formatting)
- **Include additional evidence based clinical thresholds**
(e.g. new NICE guidance)
- **Exclude changes requiring wider Patient & Public Involvement**
(e.g. fertility preservation techniques and IVF)
- **Linking with Pan-London ECI group**
(e.g. cataract, low back pain)

3a. Alignment process

- **Established four Task and Finish groups**

As per SWL Clinical Board recommendation

- Group 1 – Processes
 - Group 2 – Existing thresholds requiring minor amendments
 - Group 3 – Existing thresholds requiring more significant amendments
 - Group 4 – New clinical thresholds
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- Dedicated SWL Public Health consultant produced clinical threshold review papers
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- Papers then discussed in Task and Finish group to reach consensus

3b. Participation log

We have involved a wide range of stakeholders across SWL in this work, too many to name on a single slide, however here is a snapshot of some of the key people involved.		Commissioners	
Providers		Dr Tony Brzezicki	Croydon CCG
Dr Nnenna Osuji	Croydon Health	Dr Nicky Williams	Wandsworth CCG
Dr Ruth Lamb	St George's Hospital	Beth Kelly	Croydon CCG
Dr Sara Bustamante	Epsom and St Helier	Clare Elliott	Wandsworth CCG
Jane Andoe	Epsom and St Helier	Dr Aditi Shah	Merton CCG
Jennie Coulbeck	Kingston Hospital	Dr Caroline Scott	Wandsworth CCG
Miss Dilani Siriwardena	Moorfields	Dr Chris Elliott	Sutton CCG
Miss Fiona Middleton	Kingston Hospital	Dr Claire Rawlinson	Merton CCG
Miss Stella Vigs	Croydon Health	Dr Dino Pardhanani	Sutton CCG
Mr David Selvadurai	St George's Hospital	Dr Gareth Hull	Kingston CCG
Mr Giles Helipern	Kingston Hospital	Dr Joanne Thorne	Merton CCG
Mr Nicholas Strouthidis	Moorfields	Dr Michael Lane	Wandsworth CCG
Pamela Bashi	Croydon Health	Dr Naeem Iqbal	Kingston CCG
Rich Allen	Moorfields	Dr Naz Jivani	Kingston CCG
Sean Briggs	Moorfields	Dr Nicky Williams	Wandsworth CCG
Others		Dr Phil Moore	Richmond CCG
Carol Varlaam	Patient & Public Engagement Steering Group	Dr Rumat Grewal	Kingston CCG
Clare Gummett	Patient & Public Engagement Steering Group	Dr Sylvia Ferguson	Richmond CCG
Jo Boxer	Patient & Public Engagement Steering Group	Dr Vasa Gnanapragam	Merton CCG
Dr Rucikha Gupta	Surrey Downs CCG	Jacky Walters	Kingston-Richmond CCG
Alastair Johnston	SWL STP	Mike Sutton	Croydon CCG
Dr Ash Paul	SWL STP	Philippa Blatchford	Croydon CCG
Zoli Zambo	SWL STP	Rajiv Dhir	Wandsworth CCG
		Sarah Taylor	Sutton CCG
		Sean Morgan	Sutton CCG

3c. Version 2.0 procedures

<p>Breast Procedures</p> <p>Breast enlargement (augmentation/mammoplasty)</p> <p>Breast enlargement - Revision (augmentation/mammoplasty)</p> <p>Breast lift (mastopexy)</p> <p>Breast reduction - Female (reduction mammoplasty)</p> <p>Breast reduction - Male (gynaecomastia)</p> <p>Surgical correction of nipple inversion</p>	<p>General Surgery</p> <p>Surgery for Asymptomatic Gallstones</p> <p>Haemorrhoidectomy</p> <p>Hernia repair surgery (herniorrhaphy)</p> <p>Obesity surgery (bariatric surgery)</p>
<p>Facial Procedures</p> <p>Botox injections for Cosmetic reasons</p> <p>Face - Brow lift surgery (rhytidectomy)</p> <p>Facial - Skin procedures</p> <p>Hair replacement techniques</p> <p>Surgical correction of Prominent Ears (pinnaplasty)</p>	<p>Gynaecology</p> <p>Bartholin cyst</p> <p>Dilatation and Curettage (D&C)</p> <p>Surgery for Female Genital Prolapse</p> <p>Hysterectomy for Heavy Menstrual Bleeding (menorrhagia)</p> <p>Surgery for Uterine Fibroids</p>
<p>Surgical repair of External Ear Lobes (lobules)</p>	<p>Orthopaedics - Back</p> <p>Acupuncture for Low Back Pain</p>
<p>Miscellaneous Procedures</p> <p>Body contouring surgery (e.g. abdominoplasty)</p> <p>Circumcision - Male</p> <p>Cosmetic genital surgery (e.g. labiaplasty)</p> <p>Fat removal (liposuction)</p> <p>Hair removal (hair depilation by laser and electrolysis)</p> <p>Scar revision surgery (keloidectomy)</p> <p>Surgical removal of Minor Skin Lesion</p> <p>Tattoo removal</p>	<p>Back pain injections (facet joints, medial branch block, radiofrequency denervation)</p> <p>Epidural injections for Low Back Pain</p> <p>Discectomy for Low Back Pain</p>
<p>Diagnostics</p> <p>Open Magnetic Resonance Imaging (MRI)</p> <p>Wireless capsule endoscopy and double balloon enteroscopy</p>	<p>Orthopaedics - Feet</p> <p>Excision of Bunions (hallux valgus)</p>
<p>Ear, Nose and Throat</p> <p>Surgery for Glue Ears - Adults (grommets)</p> <p>Surgery for Glue Ears - Children (grommets)</p> <p>Nasal surgery (rhinoplasty, septoplasty, nasal polyps)</p> <p>Obstructive Sleep Apnoea - Adults</p> <p>Tonsillectomy</p>	<p>Orthopaedics - Hand</p> <p>Surgery for Carpal Tunnels</p> <p>Surgery for Dupuytre's Contracture (fasciotomy/fasiectomy)</p> <p>Excision of Ganglia</p> <p>Surgery for Trigger Finger</p>
<p>Eyes</p> <p>Cataract surgery</p> <p>Eyelid surgery (blepharoplasty)</p>	<p>Orthopaedics - Hip</p> <p>Autologous chondrocyte implantation (ACI)</p> <p>Surgery for Hip Impingement (hip arthroscopy)</p> <p>Hip replacement surgery</p>
	<p>Orthopaedics - Knee</p> <p>Knee arthroscopy including knee washout</p> <p>Knee replacement surgery</p>
	<p>Vascular</p> <p>Manual Lymphatic Drainage (MLD)</p> <p>Surgery for Varicose Veins</p>

3d. Feedback

Feedback on the clinical thresholds in the policy from SWL Clinical Senate membership and SWL CCG Governing Body membership

Many positive comments about the work and processes

Majority of changes relating to formatting/presentation of the document

Handful of minor clinical questions with no change to the clinical thresholds sought, just further clarification provided in the policy

Comments incorporated in the version circulated

4. Alignment of existing thresholds



Aim:

For patients, reduce variation in care and enhance equitable access to services:

- Systematically reviewed thresholds using a consistent tool
- Made the policy user friendly for clinicians and patients
- Incorporated clinical updates inc. NICE guidance and other evidence
- Emphasised the importance of
 - Shared decision making between clinician and patient
 - Trying conservative treatments before undergoing invasive procedures
 - Objectively assessing patients for their pain or other disease impact

5. New clinical thresholds

Procedure name	Rationale
Surgery for Hernia Repair	Ensuring that this high volume procedure is undertaken appropriately and GP referrals are in line with best-practice and evidence
Surgery for Haemorrhoids	Ensuring that this high volume procedure is undertaken appropriately and GP referrals are in line with best-practice and evidence
Surgery for Hip Impingement	Ensuring that this high volume procedure is undertaken appropriately and GP referrals are in line with best-practice and evidence
Obesity Surgery	Commissioning responsibility novated to CCGs in April 2017 Adopting NHS England criteria
Surgery for Bartholin cyst	Ensure that the procedure is undertaken appropriately and that conservative management is exhausted before surgical options are considered

6. Equality Impact Assessment

We have undertaken an Equality Impact Assessment to ensure that no patient, or group of patients, with a protected characteristic is unfairly impacted by this policy.

There was a two phased approach to this:

- In the first phase a screening tool was completed for all clinical thresholds
- In the second phase a more detailed analysis was undertaken, overseen by the CSU EIA lead
- A full EIA was undertaken when a new clinical thresholds was being recommended for inclusion in the policy, or because the initial screening tool led to a more in-depth analysis
 - Cataract surgery
 - Surgery for Hernia repair
 - Surgery for Haemorrhoids
 - Epidural injections for Low Back Pain
 - Surgery for Bartholin's cyst
 - Surgery for Hip Impingement
 - Knee arthroscopy (including knee washout)
- EIA signed off by NEL CSU Equality and Diversity Lead and shared with members of the Committees in Common

7. Next steps

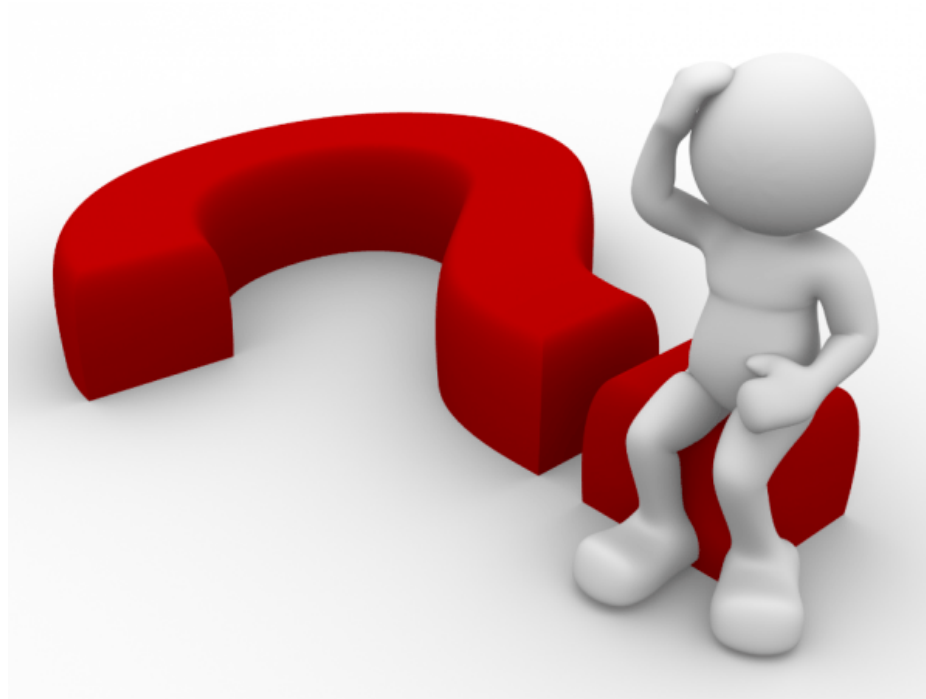
- SWL CCGs' Committees in Common sign-off 16/11/17
- Notice to providers on the new policy
- Version 2.0 policy goes live 2/1/18
- Jointly resource effective implementation of the policy across SWL

Future opportunities for SWL CCGs

- Integrate Individual Funding Request (IFR) and Prior Approval processes
- Streamline processes using technology

8. Questions from CiC members

Your comments....



9. SWL ECI policy v2.0 sign off

SWL Committees in Common are asked to sign off the SWL Effective Commissioning Policy (version 2.0) in their role representing:

- Croydon CCG
- Kingston CCG
- Merton CCG
- Richmond CCG
- Sutton CCG
- Wandsworth CCG