

Consultation Outcome Report

Service Review (Procedures of Lower Clinical Priority)

Consultation Period
Tuesday 25th October to Tuesday 17th January 2017

Introduction

NHS Wirral CCG adopts the existing Cheshire and Merseyside Commissioning Policy for 'Procedures of Lower Clinical Priority'. Wirral CCG have recently conducted an extensive review, consultation and full impact assessment on this commissioning policy to ensure that treatments and procedures provided for our local population are based on good clinical evidence, effectiveness and value.

In response to the initial review a number of proposals to amend the current policy were drafted. These proposals were then used to formally consult and engage with a diversity of stakeholders and the local population. This consultation was conducted in partnership with Cheshire CCGs (Eastern, South, Vale and Royal and West). Much consideration was given to the timeframe applied to the consultation, due to potential impact of the change the decision was taken to conduct a full 90 day consultation.

This summary provides an overview of the proposals to amend the policy, consultation methodology and how we made our final decision.

Proposals

The proposals for this consultation were broken down in 6 clinical areas and were subject to full clinical review:

- Cosmetic procedures
- Dermatology (branch of medicine dealing with skin)
- Ear, Nose and Throat (ENT)
- Fertility treatments (treatments to help female get pregnant) and Sterilisation (a medical treatment that intentionally leaves a person unable to reproduce (male & female))
- Trauma & Orthopaedics (an area of surgery concerned with injuries and conditions that affect the bones, joints, ligaments, tendons, muscles and nerves) and Musculoskeletal (relating to the muscle and the skin together)
- Urology (urinary tract system and male reproductive organs) and Uro-gynaecology (incontinence and female reproductive organs)

A full list of the procedures and treatments within these clinical areas are available in the governing body paper:

<https://www.wirralccg.nhs.uk/Downloads/Governing%20Body/WCCG%20Governing%20Body%20PUBLIC%20Agenda%20and%20Papers%20re%2007.02.2017.pdf>

How did we engage?

A thorough and comprehensive stakeholder mapping exercise was conducted to inform a robust pre-consultation and consultation communications and engagement plan. The mapping exercise identified a wide cross section of our local population who included healthcare professionals, patients, local and specialist groups (a full stakeholder list is available in our Governing Body report).

A consultation pack was developed which provided a detailed overview of the proposed changes. This pack was made available on our website, via post and was accessible in alternative formats. We also generated a dedicated email address and phone line for people to contact the CCG and find out more detail on the proposals/share their views. This briefing was circulated to local health care service providers as well as Wirral CCG staff. We asked stakeholders to circulate the information through their individual networks.

We utilised a diversity of channels to engage and communicate the proposals and encourage people to share their views. We were happy to attend individual groups meetings/gatherings to discuss the proposals in more detail and understand views.

We were in touch with local media channels to increase visibility of the proposals being consulted on, these included:

- BBC North West tonight – we received local media coverage on the proposals
- BBC Facebook live news feed
- Radio Merseyside
- Local newspapers
- Reactive news stories (Liverpool Echo)

Social media played a critical role in our engagement, through our Facebook and Twitter pages. Regular posts were made to both social media feeds and we were able to analyse the number of people who responded or had sight of the proposals through these channels.

Further detail of how we communicated and engaged with our local population is available in the governing body paper

<https://www.wirralccg.nhs.uk/Downloads/Governing%20Body/WCCG%20Governing%20Body%20PUBLIC%20Agenda%20and%20Papers%20re%2007.02.2017.pdf>

How people were able to share their views:

People were able to share their views in the following ways:

- Electronic survey
- Downloadable survey
- Post via pre-paid envelopes
- Dedicated phone line and secure NHS email account
- Social media

In total we received 724 responses to the consultation via survey response (electronic and paper based). Across all CCGs undertaking the consultation a total of 1821 responses were received, the breakdown per area was as follows:

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- Wirral – 724
- Eastern Cheshire – 460
- South Cheshire & Vale Royal – 347
- Western Cheshire - 290

Decisions

A thorough methodology was used to pull together and interpret every view shared with us through all channels available. A report was then developed detailing the proposals, the engagement which took place and a detailed analysis of the results. This report was submitted to our Wirral CCG Governing Body in February.

The views that people shared through this consultation had a direct impact on the decision made by our Governing Body. The decisions made were reflective of public opinion for the majority of procedures and treatments consulted on.

Next steps

Details of decisions made by the Governing Body were published on our website and via social media. This information was also disseminated to our stakeholder list, along with a press release which was shared with local newspapers.

A fully revised policy has been developed following this consultation to reflect our position and will be effective from 1st April 2017. A copy of both the 'Wirral Commissioning Policy Criteria 2017/18' and 'Wirral NHS Funded Treatment for Subfertility policy 2017/18' are available on our website.

Appendix 1: Matrix of decisions made by the Governing Body at the February 2017 meeting

Clinical area	Decision made
Cosmetic Procedures	<ul style="list-style-type: none"> • Stop routine funding of surgery for asymmetrical breasts • Stop routine funding of surgery to reduce breast size • Stop routine funding of surgery for enlarged breasts in men • Stop routine funding for surgery for hair removal treatments for hirsutism • Stop routine funding of procedures requested primarily for cosmetic purposes <p>Exclusions will be in place for:</p> <ul style="list-style-type: none"> • Patients with cancer • Patients who have had burns • Accident victims • Patients with birth defects • Polycystic ovary syndrome for hirsutism • Severe psychological impact (eligibility criteria will apply)
Dermatology (an area of medicine dealing with skin)	<ul style="list-style-type: none"> • Introduce a threshold for surgery to remove benign (non-cancerous) skin lesions and to only allow funding for the following: Sebaceous cysts, lesions causing functional impairment, lesions on the face which could be regarded as a disfigurement, any lesion where there is a suspicion of cancer • Introduce a threshold for desensitising light therapy for PMLE (Polymorphic light eruption) to only allow routine for the following (the patient must meet all the criteria: Diagnosis made by a Dermatology

	<p>consultant</p> <p>Functional impairment</p> <p>Symptoms remain severe despite preventative treatments</p> <p>Light therapy deemed likely to make significant improvement</p>
Ear, Nose and Throat	<p>Introduce a threshold for ear wax removal in secondary care – including micro suction to only allow routine funding for any of the following:</p> <ul style="list-style-type: none"> • Perforated ear drum • Otitis Externa • Hearing loss and all other methods of ear wax removal have failed • Enable inspection of ear drum due to clinical concern of other pathologies • Clinical risk of other methods of removal
Fertility treatments (treatments to help female get pregnant)	<ul style="list-style-type: none"> • Reduce the number of IVF cycles from 3 cycles to 2 cycles • Incorporate additional restrictions for IVF – BMI and smoking status to male partner (currently only applies to female partner) • Stop routine funding of surgical sperm recovery, individual funding request for patients with genetic conditions • Stop routine funding of donor oocyte cycle • Stop routine funding of sperm insemination unless part of an IVF cycle • Stop routine funding of intrauterine insemination (IUI) unstimulated
Sterilisation (a medical treatment that intentionally leaves a person unable to reproduce (male & female))	<ul style="list-style-type: none"> • Stop routine funding male sterilisation (vasectomy) under general anaesthetic. Male sterilisation will be available under local anaesthetic. Female sterilisation is unchanged
Trauma & Orthopaedics (an area of surgery concerned with injuries and conditions that affect the bones, joints,	<ul style="list-style-type: none"> • Introduce a threshold for surgery for Dupuytren's Contracture to only allow routine funding if:

<p>ligaments, tendons, muscles and nerves) and Musculoskeletal (relating to the muscle and the skin together)</p>	<p>Metacarpophalangeal joint and/or proximal IP joint contracture of 30+</p> <p>Severely impacting daily living and functional limitation</p> <p>Young person with early onset disease without family history, clinical assessment demonstrates they will benefit from surgery</p> <ul style="list-style-type: none"> • Stop routine funding of conservative treatments for Dupuytren's Contracture – note, the term conservative refers to interventions such as injections. Primary care management such as stretching exercises are not included • Introduce a threshold for hip injections to only allow routine funding for hip injections for any of the following: <ul style="list-style-type: none"> Diagnostic aid Introduce contract medium to the joint as part of hip arthrogram Inflammatory arthropathy Bursitis
<p>Urology (urinary tract system and male reproductive organs) and Urogynaecology (incontinence and female reproductive organs)</p>	<ul style="list-style-type: none"> • Continue to fund pharmaceutical intervention for erectile dysfunction however; a robust prescribing policy will be introduced. Secondary care interventions for erectile dysfunction will be restricted to patients with certain medical conditions e.g. post cancer • Stop funding for circumcision for religious reasons • Continue funding percutaneous posterior tibial nerve stimulation (PTNS) for urinary and faecal incontinence



Wirral

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