

January 2014

## Overview & Scrutiny Committee – Commissioning Policy Review Brief:

The NHS never stands still. Advances in science mean it is constantly evolving to keep pace with the invention of new drugs, new treatments and new technology.

As new treatments and services become available, demand goes up and CCGs have to make the difficult decisions on how to spend their limited budgets for the benefit of their **whole** population.

They do this in a number of ways:

- They prioritise certain treatments and procedures.
- They set “thresholds” (or a defined set of criteria) that a patient must fit before they can be referred for particular treatments or procedures. This is because some treatments only work in very specific clinical situations or for a very narrow group of patients.
- There are circumstances when we can only fund certain procedures or treatments if there are clinical grounds for doing so.

CCGs have only existed since 1 April 2013. As a result, their policies need reviewing and updating which will include financial decision making.

Cheshire and Merseyside Commissioning Support Unit has recently undertaken a Commissioning Policy Review on behalf of the 12 Clinical Commissioning Groups (CCGs) across Cheshire & Merseyside.

A full review has now been undertaken and the latest guidance from the National Institute of Clinical Excellence and other identified best practices has been incorporated into the ‘first’ draft of the policy.

You will know that CCGs have to make decisions on the range of health services/treatments that they commission. The majority of services/treatments commissioned are commissioned for the whole population; however some are only clinically effective in very specific situations or for a very narrow group of patients.

In such cases CCGs commission the service/treatment on a named individual (patient) basis having first assessed that there is evidence that the proposed treatment is clinically effective and that the patient should see a demonstrable benefit from receiving the treatment.



## What are the main policy changes?

1. Updating the guidance based on new evidence.
2. Adding new services/treatments/procedures that have become available since the old policy was adopted.

Some services have now transferred to NHS Specialised Commissioning which is part of NHS England that was formally led by Primary Care Trusts which no longer exist. To learn more about NHS Specialised Commissioning go to <http://www.england.nhs.uk/resources/spec-comm-resources/>

We have used a colour key to show people whether the changes to a specific service/treatment area are big, small or non-existent.

On the online version of this information, readers can “click” on the services in which they are interested to read more detail. This is provided in the form of a summary statement which also has a link to the full draft policy document.

Key	Description
Red	Important Change
Amber	Criteria Changes.
Green	Minor word or no changes made.
New Statement	New – Important Change
New Statement	New – Moderate Change
New Statement	New – Minor Impact

## What happens next...?

Following a period of consultation, the CCG needs to consider:

- Whether it wants to put this updated policy into practice
- If it does want to put it into practice, it needs to find the funds to pay for it from its existing budget.

The CCG has two options:

- (1) Put the new policy into practice as soon as possible.
- (2) Phase in over a period of time to reduce the financial impact.

Before it can make these key decisions, the CCG needs to seek feedback from a wide range of people – not just doctors and nurses and other health care experts but importantly members of the public and existing patients.

**See below a copy of the brief prepared to support Patient and Public Engagement:**

## **HAVE YOUR SAY ON OUR NEW HEALTH POLICY.....**

[Add name] Clinical Commissioning Group (CCG) have to make decisions on the range of health services/treatments that they commission (buy) for their local population.

We have only existed as an organisation since 1 April 2013, as a result, our policies need reviewing and updating. At the end of this process, we as a CCG will have to make some financial decisions.

The majority of services/treatments are commissioned (purchased/bought) for everyone in [name area], however some are only clinically effective in very specific situations or for a very small group of patients.

In these cases, the service/treatment is commissioned on a named individual (patient) basis. This follows an assessment to ensure the proposed treatment is clinically effective and that the patient should see a demonstrable benefit from receiving the treatment.

Advances in science mean that treatments offered by the NHS are constantly evolving to keep pace with the invention of new drugs, new treatments and new technology.

As new treatments and services become available, demand goes up and CCGS have to make the tough decisions on how to spend their limited budgets for the benefit of their **whole** population.

We do this in a number of ways:

- We prioritise certain treatments and procedures.
- We set “thresholds” (or a defined set of criteria) that a patient must fit before they can be referred for particular treatments or procedures. This is because some treatments only work in very specific clinical situations or for a very narrow group of patients.
- There are circumstances when we can only fund certain procedures or treatments if there are clinical grounds for doing so.

**WHAT ARE THE MAIN POLICY CHANGES?**

3. Updating the guidance based on new evidence.
4. Adding new services/treatments/procedures that have become available since the old policy was adopted.

Some services have now transferred to NHS Specialised Commissioning which is part of NHS England that was formally led by Primary Care Trusts. Primary Care Trusts no longer exist. To learn more about NHS Specialised Commissioning go to <http://www.england.nhs.uk/resources/spec-comm-resources/>

**AS A PATIENT, CARER OR PUBLIC MEMBER.....**

**You** have the right to feed **your** views into this decision-making process.

**Your** feedback is needed by **12noon on Monday 7 April.**

**All the feedback that is received will be taken into account before a decision is made.**

**To view more details, the draft policy, some summary documentation and take part in the online survey please go to: [ADD LINK HERE].**

If you do not have access to the internet and require a copy of this information via post please contact the Customer Solutions team on 0800 218 2333, this is a Freephone number.

If you are hard of hearing, have sight impairment, English is not your first language or you require this in an easy read format please contact the Customer Solutions team on 0800 218 2333.

**- Ends –**

If you have any questions or queries pertaining to this brief please do not hesitate to contact Julia Curtis, Project Lead for the Commissioning Policy Review on [Julia.curtis@cmcsu.nhs.uk](mailto:Julia.curtis@cmcsu.nhs.uk) or alternatively Hilda Yarker, Head of Patients and Information on [hilda.yarker@cmcsu.nhs.uk](mailto:hilda.yarker@cmcsu.nhs.uk) .