

**REPORT TO:** Health Policy and Performance Board

**DATE:** 4 March 2014

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Presentation: Commissioning Policies Review

**WARDS:** All

## **1.0 PURPOSE OF THE REPORT**

- 1.1 To receive a presentation on the review of the Commissioning Policies being undertaken by the Commissioning Support Unit (CSU) on behalf of the Cheshire and Merseyside Clinical Commissioning Groups (CCGs).

## **2.0 RECOMMENDATION: That the Board note the presentation (Appendix 1) and comment on the review.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 Cheshire and Merseyside Commissioning Support Unit have 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.
- 3.2 All 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.
- 3.3 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.
- 3.4 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.

#### 4.0 POLICY IMPLICATIONS

4.1 As a part of the review the draft policy has been subject to a number of changes and these include:

1. Updating the guidance based on new evidence.
2. Adding new services/treatments/procedures/criteria’s that have become available since the old policy was adopted
3. Some wording changes.
4. Removing some services/treatments as they 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/>

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

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

Following a period of consultation, the NHS Halton 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.

4.3 Before it can make these key decisions, the NHS Halton CCG needs to seek feedback from a wide range of people – not just GPs, nurses and other health care experts but more importantly seeking the views of the public and existing patients.

## **5.0 OTHER IMPLICATIONS**

5.1 The commissioning policy covers many specialties including treatments for cataracts, hips and knees, obesity, back pain and much more.

5.2 For an easy-to-read explanation of each service area and its new guidance, people should visit:  
<https://www.cheshiremerseysidecsu.nhs.uk/commissioning-policy-review.htm>

5.3 People can also use an online survey to feed back their views at:  
<https://www.surveymonkey.com/s/JLXH8JW>

5.4 People who do not have access to the internet can contact the Customer Solutions team for further information on **0800 218 2333**.

5.5 People who are hard-of-hearing, have sight impairment, or for whom English is not their first language or if they need an “easy read” format should also contact **0800 218 2333**.

## **6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 **Children and Young People in Halton**

6.2 **Employment, Learning and Skills in Halton**

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton’s Urban Renewal**

## **7.0 RISK ANALYSIS**

## **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 A initial equality and diversity assessment has been undertaken and will be fully completed once the policy is agreed.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.