

REPORT TO: Health Policy & Performance Board

DATE: 19th September 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Reviewing Local Health Policies – Procedures of Lower Clinical Priority

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To receive a presentation in relation to the policy review and engagement exercise for the policies in relation to Procedures of Lower Clinical Priority.

2.0 **RECOMMENDATION: That the Board:**

i) Note the contents and the report and associated presentation.

3.0 **SUPPORTING INFORMATION**

3.1 Clinical Commissioning Groups (CCGs) in parts of Cheshire and Merseyside have been working together to develop a core set of Procedures of Lower Clinical Priority (PLCP) which are more consistent across the region.

PLCPs are routine procedures that have some clinical value, but only in certain circumstances, and so might not offer the best medical outcomes to patients - they are known to have medical benefit only in very specific situations or for a small group of people.

At the moment, the criteria for these procedures varies between areas, which can cause differences in availability for patients. Nationally, the NHS believes that by having a more standardised set of policies, which are more consistent across the region, we can deliver a more equal service for patients.

GPs and commissioning managers from the CCGs, along with colleagues from local authorities and public health, are working together to review more than a hundred policies to ensure they are making the best use of NHS resources, as well as aligning with the latest robust clinical evidence about the effectiveness of different treatments and national guidance. From this exercise, we now have a consistent set of policies which could apply to patients living in the seven CCG areas.

As a result, some of the criteria has been reviewed and may mean that fewer patients have access to these services, as their clinical circumstances will no longer meet with the evidence base for revised clinical eligibility for treatment. If a patient doesn't meet the criteria in the policy, but their GP or consultant believes that their circumstances are exceptional, an Individual Funding Request (IFR) for the procedure can be submitted.

As there are more than a hundred policies included in this regular review, engagement and consultation work will happen in batches, to allow for the appropriate level of engagement with key stakeholders and the public.

3.2 Feedback from the 12 week public survey, events and meetings responses will be provided w/c 30th November 2017. This will allow for feedback to be reviewed and taken into consideration in final decision making.

3.3 Communications and Engagement plan to be provided which outlines the targeted approach to each policy.

4.0 **POLICY IMPLICATIONS**

4.1 The proposed policy changes aim to bring current policies in line with the latest clinical guidance and make the best use of NHS resources.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Any change will be within the current financial envelope. There is an expectation that there will be some financial savings made from the proposed changes, however this is not the key driver for change and proposed changes.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Children under 16 who may no longer have access to treatments or procedures based on cosmetic or psychological grounds. Targeted engagement with Alder Hey Clinicians, as part of policy development and survey responses has been carried out.

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

None identified

6.3 **A Healthy Halton**

Ensuring all procedures are clinically necessary and in line with the latest clinical guidance.

6.4 **A Safer Halton**

Ensuring all procedures are clinically necessary and in line with the latest clinical guidance

6.5 **Halton's Urban Renewal**

None Identified.

7.0 **RISK ANALYSIS**

7.1 The key issues have been logged on the project risk register and are continuously monitored, reviewed and in final decision making will be resolved.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A phase 1 Equality Impact and Risk Assessment (EIRA) has been carried out for each policy which has been reviewed, as well as the communications and engagement plan itself. The EIRAs have informed the engagement plan, specifically where a protected class or minority may be more predominantly affected by an illness. The engagement specifically targets and addresses these cohorts of people.

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

9.1 None under the meaning of the Act.