

## Reviewing local health policies – Criteria Based Clinical Treatments

In June 2018, you were made aware of the outcomes of Phase 1 and 2 of the 'Reviewing local health policies' project where policies for Criteria Based Clinical Treatments (CBCTs) are being reviewed and updated according to the latest medical guidance and in line with activity and cost analysis.

NHS Halton Clinical Commissioning Group (CCG) has been working with five other local CCGs in Cheshire and Merseyside to review policies for more than 100 CBCT procedures.

CBCTs are routine procedures that are known to have medical benefit only in very specific situations, or for a small number of people.

The review, led by clinicians, intends to make better use of NHS resources by ensuring that available treatments provide the greatest health gains to patients, based on up-to-date clinical guidelines, methods and technology.

In cases where there is a clinical evidence base for changing the clinical eligibility for a particular procedure or treatment, the proposals might impact on access to those services. Under these proposals, if a patient doesn't meet the criteria but their doctor believes that their circumstances are exceptional, the doctor can submit an Individual Funding Request (IFR).

The policies included in the next phase (Phase 3) of work include:

- Botulinum toxin A and B
- Continuous glucose monitoring systems
- Cough assist devices
- Insulin pumps
- Surgery for prostatism or lower urinary tract infection
- Secondary care administered peripheral steroid joint injections
- Transanal irrigation

For those policies under review and particularly where a change or update is being proposed which may affect patient access, public engagement and, if required, consultation will take place.

Engagement will start week beginning the 25<sup>th</sup> February through to 7 July 2019.

A comprehensive Equality Impact Assessment (EIA) has been undertaken for each of the policies to identify people who are most likely to be impacted by proposed changes, and this information has been used to help develop consultation and engagement plans.

If you have any comments, feedback, or would like further information please contact [Martin.Stanley@haltonccg.nhs.uk](mailto:Martin.Stanley@haltonccg.nhs.uk)

**CCGs involved in Phase 3 of the review**

NHS Halton CCG  
 NHS Liverpool CCG  
 NHS Southport and Formby CCG  
 NHS South Sefton CCG  
 NHS St Helens CCG  
 NHS Warrington CCG

**Policies included in Phase 3 review and are subject to public engagement between February and July 2019.**

Policies now apply to all ages, including under 16s. The rationale for this is to ensure that all patients, regardless of age, are treated equally.

Policy/Procedure name	Consultation and Engagement activity	Is access to the service changing?
Botulinum Toxin A&B	Inform	No change to access. National Institute of Health and Care Excellence (NICE) guidelines.
Continuous Glucose Monitoring systems for Continuous Glucose monitoring in Type 1 Diabetes Mellitus	Inform and Engage	The revised policy now takes account of both pregnant patients and children with diabetes. This will ensure pregnant women as well as children receive CGM where appropriate, where previously this would have required an IFR application.  Additional clarity has also been provided around ‘a clinically significant response’ which is not captured in the current policy.
Cough Assist Devices	Inform and Engage	This should not limit or change access for those people whom currently use a cough assist device, particularly as the devices have all been prescribed via the IFR process so far. However, due to this being a brand-new policy, some consultation and engagement work is required in order to ensure that all user and clinical input is

		taken into consideration in the drafting and implementation of the policy
Insulin pumps	Inform and Engage	<p>The policy has been aligned with NICE Guideline [NG] 17 ‘Type 1 diabetes in adults: diagnosis and management’ 2015 (updated 2016) <a href="https://www.nice.org.uk/guidance/NG17">https://www.nice.org.uk/guidance/NG17</a></p> <p>Insulin pump therapy is recommended by NICE TA151 as a treatment option for some patients with type 1 diabetes to improve control of blood sugar and reduce the rate of hypoglycaemia (low blood sugar levels).</p> <p>Haemoglobin A1c (HbA1c) is an unreliable measure of glycaemia in patients with cystic fibrosis-related diabetes owing to their increased red cell destruction. Guidelines recommend that decisions are not based on HbA1c but are based on glycaemic variability, especially hypoglycaemia.</p> <p>The Equality Impact Assessment identified that there could be a possible adverse impact and recommended further engagement before carrying out a stage 2 assessment.</p>
Secondary Care Administered Peripheral Steroid Joint Injections - Pathway change not an access change	Inform and Engage	The revised policy makes it clear that these injections should be taking place in Primary Care settings wherever possible, and in secondary care only in very specific circumstances. The policy is also clearer that injections of this type should only be carried out as outpatient day cases.
Surgery for Prostatism or Lower Urinary Tract Infection	Inform and Engage	The revised policy is more reflective of the pathway for patients with prostatism in terms of treatment. It provides clinicians with better guidance around referral for specialist assessment and describes criteria that need to be met for patients with both voiding or storage problems. Revised policy provides a detailed pathway for patients with this condition.

Transanal Irrigation	Inform and Engage	<p>Transanal irrigation is a highly specialist procedure. The individual must be given in depth training and ongoing support to make sure that the condition is managed safely and efficiently.</p> <p>The policy has been aligned with NICE Medical Technology Guidance issued in February 2018.</p> <p>The Equality Impact assessment identified that as this is a new policy and introducing criteria may potentially reduce the number of people currently receiving treatment that adverse impact was possible and therefore further engagement was recommended before carrying out a stage 2 assessment.</p>
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