



Greater Nottingham
Clinical Commissioning Partnership

Service Restriction Policy

Nottinghamshire CCGs

Mansfield and Ashfield CCG

Newark and Sherwood CCG

Nottingham City CCG

Nottingham North and East CCG

Nottingham West CCG

Rushcliffe CCG

Document purpose	<p>This policy details procedures where there are restrictions in place by NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG (Greater Nottinghamshire) and Mansfield and Ashfield CCG and Newark and Sherwood CCG (Mid Nottingham). Before any procedure contained in this policy is undertaken the agreed method of authorization needs to be met.</p> <p>This policy supersedes the following earlier policies:</p> <ul style="list-style-type: none"> • East Midlands Commissioning Policy for Cosmetic Procedures (2011) • Nottinghamshire Cosmetic and Procedures of Low Clinical Value Procedures (2015) • Mid Nottinghamshire CCGs Restricted and Not Routinely Funded (2017). • Greater Nottingham CCGs Restricted and Not Routinely Funded (2017).
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Title	Service Restriction Policy
Associated Policy	Individual Funding Requests
Nominated Lead	Programme Director Planned Care
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Approving Committee	Greater Nottingham CCP Joint Commissioning Committee Mid Nottingham CCGs Governing Bodies
Review Date	This policy will be reviewed in 1 year or earlier if additions or changes are required.
Groups/staff Consulted	Clinical Leads all Nottinghamshire CCGs
Target audience	All CCG staff All providers All Clinicians
Circulation list	CCG Websites All providers Primary Care Clinicians
Associated documents	Individual Funding Requests (IFR) V2 April 2011

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Purpose of the policy

The purpose of this policy is to ensure that Nottinghamshire Clinical Commissioning Groups (the Commissioners) fund treatment only for clinically effective interventions delivered to the right patients. It sets out the treatments deemed to be of insufficient priority to justify funding from the available fixed budget.

This policy lists a number of procedures and services that the Commissioners restrict funding for. Patients should only be referred for the procedures and services listed in this policy if they meet the eligibility criteria set out in Service Restrictions Policy Information. The onus is on the clinician to ensure that appropriate authorisation from the commissioner is achieved, authorization will be achieved either by prior approval or, where there are significant numbers of procedures, by retrospective audit (as agreed by individual CCGs per provider) to assure compliance with criteria. The clinician must provide sufficient information to evidence how the patient meets the criteria.

If a provider undertakes one of the procedures contained within this policy that requires prior approval and has not gained approval the commissioner will not pay for the procedure. If a provider undertakes one of the procedures contained within this policy that requires retrospective audit and is found not to meet the criteria when the audit is undertaken commissioners will not pay for the procedure.

This policy supersedes the following earlier policies:

- East Midlands Commissioning Policy for Cosmetic Procedures (2011)
- Nottinghamshire Cosmetic and Procedures of Low Clinical Value Procedures (2015)
- Mid Nottinghamshire CCGs Restricted and Not Routinely Funded (2017).
- Greater Nottingham CCGs Restricted and Not Routinely Funded (2017).

Approved prescribing of medicines falls outside the scope of this document and is covered in the guidelines and protocols produced by the Nottinghamshire Area Prescribing Committee. Further information can be obtained from the Pharmacy/Medicines Management Department or via www.nottsapc.nhs.uk.

Introduction

This policy identifies procedures where the Commissioners have restricted the provision through a clear set of criteria and an appropriate assurance process. A number of these procedures were either restricted through the Procedures of Limited Clinical Value Policy 2015 and the East Midlands Cosmetics Policy 2015: however there are a number of additions, which although new the Commissioners relate these to procedures not routinely commissioned in a number of other CCGs.

In addition to these restrictions the Commissioners we will not fund interventions identified in the “do not do” recommendations database which is maintained by NICE.

<http://www.nice.org.uk/usingguidance/donotdorecommendations/index.jsp>

Commissioning Principles

Commissioning decisions are made in accordance with the general principles set out below:

- Clear evidence of clinical and/or cost effectiveness will be sought before NHS resources are invested in the treatment.
- The cost of the treatment for individual patients and others within any anticipated cohort is a relevant factor.

- The extent to which the individual or patient group will gain a benefit from the treatment will be considered and balanced against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
- The process and policies will consider all relevant national standards and take into account all proper and authoritative guidance.
- This policy does not affect patient rights as outlined in the NHS Constitution.)

Procedures not expressly covered in this policy

If a procedure is not covered in this policy and is documented on the indicative activity plan, with or without an activity value or finance value, this would indicate that both provider and commissioner recognize the activity as commissioned and therefore is chargeable.

If a procedure is not shown on the indicative activity plan and is also not covered in this policy this would indicate that both the provider and commissioner acknowledge that the procedure is unlikely to have been actively commissioned and on that basis the provider should seek clarification and appropriate approval before carrying out the procedure otherwise the procedure will not be funded.

Policy Exclusions

Patients should not be referred or undergo the procedures listed in this policy, except in the case of:

- Emergency,
- A reasonable suspicion of cancer,
- As part of reconstruction following treatment for cancer, traumatic injury or the correction of congenital malformation
- Children where not carrying out the procedure would have an adverse effect on physical functional development.
- Where the patient meets the criteria and prior approval is sought and approved.
- Where the patient meets the criteria and this can be evidenced through a retrospective audit.
- Acupuncture, Massage, Reflexology, Aromatherapy procedures are not funded however this care may be offered as part of an integrated and holistic palliative care package

Shared Decision Making

The CCGs are committed to shared decision making between clinicians and patients in all healthcare settings. As part of the process of embedding the culture of shared decision making all requests for prior approval for restricted procedures are required to evidence a discussion with the patient about their choices. Healthcare decisions about specific interventions and disease prevention are included.

Implementation and Compliance

The policy will be implemented across providers in primary and secondary care. It will be formally incorporated into contracts and will be subject to routine monitoring for compliance.

Definitions

The term 'cosmetic / aesthetic procedure' covers both 'cosmetic surgery' and 'non-surgical cosmetic treatments'.

The term 'cosmetic / aesthetic surgery' means surgical procedures that revise or change appearance, colour, texture or position to achieve a desire of a patient for bodily features that are perceived to be more desirable.

The term 'non-surgical cosmetic treatments' means other procedures that revise or change appearance, colour, texture or position to achieve a desire of a patient for bodily features that are perceived to be more desirable.

In general, treatments are deemed to be of low value and therefore a low priority for funding where:

- There is clear evidence that they are ineffective or do more harm than good

Or

- There is no evidence of effectiveness and they are NOT being delivered in a context that would allow the gathering of an evidence base to judge effectiveness, i.e. through ethically approved research

Or

- There is evidence of effectiveness but they are being offered to patients whose characteristics are different from the characteristics of the patients in the research studies which produced the evidence for effectiveness

Or

- They use resources that would produce more value, namely a better balance of benefit to harm, if invested in some other service for the same group of patients.

The RESTRICTED policy outlines all procedures where limitations apply.

Procedures in the policy are divided into:

1. Restricted - NOT COMMISSIONED
2. Restricted - CRITERIA based for which PRIOR APPROVAL or AUDIT is required

Where prior approval is required the following will apply;

- a) At the point of decision to refer for a specific procedure, which requires prior approval, the referrer will ensure that the clinical criteria are met. The referrer must then apply for prior approval, informing the patient of the prior approval process.
 - i. **Please note prior approval is not required if a patient is being referred to secondary care for consultant management other than a procedure listed in this policy e.g. if referral is for diagnostic tests or investigations or treatment options**
- b) A consultant who wishes to undertake a procedure covered by this policy must seek approval in the same way and using the same criteria as their GP colleague. This process applies regardless of the hospital at which the patient may be treated and only applies to NHS commissioned secondary care, but is applicable in all provider settings where that care is

provided. Providers should ensure that the prior approval code is recoded in the free text field in the SUS entry to ensure that the procedure is not queried.

Where Retrospective Audit is required the following will apply;

- a) Where the decision to refer for a procedure covered by retrospective audit is taken the GP should ensure that the patient meets the criteria as laid out in the Service Restrictions Policy Additional Information and refer in the usual manner.
- b) Where a consultant wishes to undertake a procedure covered by the retrospective audit element of this policy they must ensure that the patient meets the criteria as outlined in Service Restrictions Policy Additional Information in the same way and using the same criteria as their GP colleague. The patient can then be listed in the usual manner. There will be a requirement to evidence compliance with the criteria via the retrospective audit. This process applies regardless of the hospital at which the patient may be treated and only applies to NHS commissioned secondary care, but is applicable in all provider settings where that care is provided.

Prior approval Process

On receipt of the prior approvals request the CCG, or those conducting triage on their behalf, will ensure that the requests receive appropriate clinical review to confirm compliance with policy and equity with other approval decisions.

The CCG will have a 10 working day turnaround from date of receipt for all Primary Care requests. For the purposes of patient confidentiality we only accept e-mail requests which should be sent to Maccg.ifrteam-nottscountyccgs@nhs.net

Primary Care

Once approval has been issued, a referral can then be sent to secondary care in the normal way. Please attach a copy of the prior approval form with your referral letter and clearly state the prior approval reference number.

If the referral is not complete with the approved application form/approval number, the Secondary Care provider will not be able to carry out the procedure or respond to contractual challenges and can return the referral to the GP.

Procedures undertaken by primary care that are listed in either the Greater Nottinghamshire Service Restriction Policy (2017) or the Greater Nottinghamshire Procedures not funded Policy (2017) must have prior approval from the CCG.

Secondary Care

The patient can be added to the waiting list for the requested treatment only if prior approval has been received. Patients must not be listed for treatment until prior approval has been sought and approved. Providers should ensure that the prior approval code is recoded in the free text field in the SUS entry to ensure that the procedure is not queried

Retrospective Audit Process

If a procedure falls under this policy in the area of retrospective audit then the consultant should ensure that the patients meets the criteria for treatment. Periodically patient notes will be audited to assure compliance and any patients found not to comply will not be funded by commissioners. Retrospective audits may be undertaken on all the patients receiving the procedure or may be undertaken on a sample basis.