

Procedures of Limited Clinical Value (PLCV) Commissioning Policy May 2017

Version 1.8

Name of Responsible Board / Committee for Ratification:	Joint Clinical Board: 20/06/2017 Council of Representatives: 21/06/2017 Council of Members: 27/06/2017
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1 Purpose

1.1 The purpose of this Commissioning Policy is to clarify the commissioning intentions of the Bradford Clinical Commissioning Groups (CCG) which consist of: NHS Bradford City Clinical Commissioning Group and NHS Bradford Districts Clinical Commissioning Group

2 Introduction

2.1 This Policy supports the decision making process associated with the allocation of resources for commissioning. It will be used to support the development of effective, efficient and ethical Service Level Agreements with provider organisations, and the procurement of interventions on an exceptional basis.

2.2 This Policy establishes the framework within which the CCGs can demonstrate that their decision making processes are fair, equitable, ethical and legally sound.

2.3 This Policy supports the strategy of the Bradford Planned Care Board. Bradford Clinical Commissioning Groups are committed to leading a system-wide approach to planned care that develops a model which is financially sustainable and that ensures maximum value at every clinical encounter.

2.4 Working closely with providers there is a common aim to ensure that inefficiencies will be removed from the local health system. Clinical encounters, investigations and interventions that do not add value will be stopped.

2.5 This Policy supports the approach of removing inefficiencies and unwarranted variation by restricting PLCV where:

- The evidence base is questionable
- The procedure is cosmetic
- The risk outweighs the benefit
- A more cost-effective procedure can be carried out first.

3 Background

3.1 NHS Commissioners receive funding to commission health services for their resident population and make decisions within the context of statutes, statutory

instruments, regulations and guidance. NHS Commissioners have a responsibility to seek the greatest health advantage possible for local populations using the resources allocated to them.

3.2 NHS Commissioners are required to commission comprehensive, effective, accessible services which are free to users at the point of entry (except where there are defined charges) within a finite resource. It is therefore necessary to make decisions regarding the investment of resources in interventions which achieve the greatest health gain for the population.

3.3 This Policy is designed to help the CCGs to meet their obligation in providing equitable access to health care. It aims to achieve this by supporting a robust decision making process that is reasonable and open to scrutiny.

4 Definition of “Procedures of Limited Clinical Value”

4.1 For the purpose of this policy, the term “Procedure” describes clinical care and programmes of care that include:-

- Medicines
- Surgical procedures
- Therapeutic and other healthcare interventions

4.2 The term “Procedures of Limited Clinical Value“ includes interventions which have been identified as being either marginally effective or ineffective with limited clinical value in the vast majority of cases. Others have been shown to be an inefficient use of resource given their high cost per quality adjusted life year gained.

5 Operating Policy for the Development and Implementation of this Policy

5.1 Scope

5.1.1 A number of national organisations, such as NICE, and Public Health clinicians from Bradford and neighbouring areas have developed evidence-based advice to inform commissioning decisions on PLCV. Throughout this Policy these procedures are categorised as Excluded or Restricted. Excluded treatments or procedures will not be funded by the NHS Commissioners. Restricted treatments or procedures will only be funded for those patients where appropriate criteria for the intervention as stated in this Policy have been met.

5.2 Determining the Evidence Base

5.2.1 Evidence for treatment effectiveness and efficacy is available from many sources, including NICE, the Cochrane Institute, Royal Colleges, other professional guidelines, and sources such as peer reviewed journals or technical notes. Evidence varies in its robustness, ranging from meta-analyses of randomised control trials with large populations of participants, to traditional consensus about best practice. The NHS Commissioners in arriving at this Policy have taken advice from Public Health locally on the source, extent and quality of the evidence in reaching their decisions.

5.3 Ethical and Legal Policy for Decision Making

5.3.1 The NHS Commissioners will be utilising Prioritisation Frameworks which will be reviewed on an ongoing basis. Utilisation of these prioritisation frameworks will inform the review of this policy and the procedures and treatments that it covers.

5.4 Implementation

5.4.1 Within the policy, and as stated against individual PLCV listed in Appendix 1, PLCV are classified as Excluded or Restricted.

5.4.2 The schedule showing individual PLCV is set within this policy. This can be incorporated into contractual and service level agreements. NHS Commissioners will require primary and secondary care service providers and other organisations acting on behalf of NHS Commissioners to embrace and abide by the policy and to advise patients accordingly.

5.4.3 The Policy is implemented by GPs and Primary Care health professionals when advising and referring patients and by providers when considering the treatment options for patients. Those making referrals should not refer to any provider for a PLCV covered by this Policy unless that patient meets the criteria for that particular procedure.

5.4.4 NHS Commissioners request that when referring a patient for a PLCV, the referrer includes a reference to the appropriate PLCV along with the relevant criteria that proves eligibility for treatment.

5.4.5 Referrals for PLCV that are received by a provider where the PLCV and relevant criteria have not been specified by the referrer will be returned to the referrer.

5.4.6 The NHS Commissioners reserve the right to add further procedures to this policy as and when new NICE guidance is published. The appendices

describing the restrictions or exclusions will be drawn up in collaboration with local providers, referrers and Public Health.

5.5 Excluded Treatments

- 5.5.1 Excluded PLCV are not commissioned by the NHS Commissioners and providers should not suggest, recommend or otherwise offer excluded PLCV covered by this Policy to any patient.
- 5.5.2 Where individual patient circumstances require the escalation of their care and a PLCV classified as excluded is being proposed then providers should refer to the Policy and Procedure for the Management of Individual Funding Requests. Further information which covers IFR requests for both Bradford CCGs can be found here <http://www.bradforddistrictsccg.nhs.uk/about-us/what-we-do/individual-funding-requests/>

5.6 Restricted Treatments

- 5.6.1 Restricted PLCV are not commissioned by the NHS Commissioners except where an individual patient satisfies the threshold statement or criteria against a PLCV. Clinicians considering offering a patient a restricted PLCV should satisfy themselves that the threshold statement or criteria against the procedure or treatment are met. Where a patient satisfies the threshold statement or criteria the PLCV can then be undertaken. Where the threshold statement or criteria are not met then the PLCV is excluded for that patient and paragraph 5.5 above applies.
- 5.6.2 This Policy is distributed to all providers, primary care contractors and CCG Localities.

5.7 Monitoring the Policy

- 5.7.1 NHS Commissioners will monitor the adherence to this policy through the contractual process, using contractual levers where breaches of the Policy are identified.
- 5.7.2 Referrals to secondary care that are outside of this Policy will be routinely monitored by the Commissioning Management and the Contracts Management Teams of the NHS Commissioners.
- 5.7.3 NHS Commissioners will provide periodic reports to their Boards reporting the number and nature of breaches of the Policy, by provider and by procedure.

- 5.7.4 Where there are defined thresholds, the compliance with the criteria will be subject to regular clinical audits carried out or organised by NHS Commissioners. The audit process will require providers to produce patient specific evidence that confirms the threshold criteria for PLCV were satisfied at the time the decision was taken to offer the procedure to the patient. Where audit shows that the evidence is not available, is deficient or fails to satisfy the auditor that the threshold criteria were met at the time the decision to perform the PLCV was taken, then the default will be to consider the PLCV was not eligible for payment from the NHS Commissioners.
- 5.7.5 NHS Commissioners will not pay where a provider delivers a procedure with OPCS codes that match those from excluded and restricted PLCV (as listed in Appendix 1) where the patient does not meet the relevant criteria.

5.8 Maintaining an Up-to-Date Policy

5.8.1 NHS Commissioners will abide by this policy when making decisions relating to the provision of PLCV. Specifically, the role of the NHS Commissioners is to:

- Monitor the implementation of the Policy and the impact it has on clinical decision making;
- Inform referrers of the Policy and any future additions to accompanying schedule;
- Inform all service providers with whom the NHS Commissioners have formal contractual arrangements of the Policy and any future additions to accompanying schedule;
- Review the policy and the accompanying schedule on an ongoing basis and/or where an urgent consideration of new evidence is justified.
- Maintain an updated list of restricted and excluded procedures on the relevant CCG websites

6 Managing Expectations

- 6.1 In their dealings with patients and the public, providers should, if necessary, make it clear that the decision by NHS Commissioners to consider a procedure to be a PLCV under this policy is a considered decision made against their responsibility to seek the greatest health advantage possible for local populations using the resources allocated to them and that it is necessary for the NHS Commissioners to make decisions regarding the investment of resources in procedures which achieve the greatest health gain for the local population.
- 6.2 Where it is felt that an individual patient circumstance require the escalation of their care to include a referral to an excluded procedure, or to a restricted procedure where the full criteria are not met, providers should refer to the local

Individual Funding Request policy. Further information can be found here
<http://www.bradforddistrictscg.nhs.uk/about-us/what-we-do/individual-funding-requests/>