



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Making Sense of Evidence Based Interventions



Supporting people in Dorset to lead healthier lives

PREFACE

The CCG has identified a range of treatments it is responsible for commissioning on behalf of its patients that group within defined protocol areas as shown in appendix B; these are (a) interventions not routinely funded, (b) those subject to evidence-based access or (c) those that require prior approval. This is in line with the Department of Health guidance as set out in the National Contract and the principal that providing an intervention will have a high probability of benefit and a low probability of harm whilst ensuring it is performed in the right place and at the right time. This guide explains the framework for each grouping, the treatments within each area and how to apply the relevant protocol in each case. For completeness evidence-based interventions that NHS England has responsibility as commissioner are also listed in appendix B.

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the CCG intranet.

All CCG procedural documents are published on the staff intranet and communication is circulated to all staff when new procedural documents or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents.

All staff are responsible for implementing procedural documents as part of their normal responsibilities and are responsible for ensuring they maintain an up to date awareness of procedural documents.

A	SUMMARY POINTS
	<ul style="list-style-type: none"> • The value of local NHS services can be improved by ensuring we commission evidence-based services that meet healthcare needs
	<ul style="list-style-type: none"> • Commissioning decisions ensure equity in the overall use of healthcare resources for the whole population
	<ul style="list-style-type: none"> • Focus on reducing or ceasing procedures of limited or low clinical value
	<ul style="list-style-type: none"> • High cost drugs excluded from the Payments by Results tariff that require notification of use and demonstration of compliance with NICE guidance and/or local commissioning policies are included
	<ul style="list-style-type: none"> • It is the responsibility of the referring clinician to ensure all information provided is complete, in accordance with this and associated policies and made on the appropriate forms

B	ASSOCIATED DOCUMENTS
	<ul style="list-style-type: none"> • Policy for Individual Patient Treatment • Individual Treatment Request Form Guide to Completion • EBI Protocols (formerly Criteria Based Access Protocols) (see appendix B)

C	DOCUMENT DETAILS
Procedural Document Number	Former policy number 47
Author	Brian Matthews
Job Title	Senior Programme Lead
Directorate	System Integration
Recommending committee or group	Individual Patient Treatment Panel
Approving committee or group	Clinical Reference Group
Date of recommendation (version 7)	31 st July 2020
Date of approval (version 7)	8 th October 2020

Version	7.0
Sponsor	Sally Banister
Approval date	8 th October 2020
Review frequency	Every 2 years
Review date	October 2022

D CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1	March 2020	Brian Matthews Right Referral Right Care Project Manager	Transfer of former policy (v 6.0) into updated layout Individual Patient Treatment Panel

E VERSION CONTROL					
Date of issue	Version No	Date of next review	Nature of change	Approval date	Approval committee /group
October 2020	7.0	October 2022	Transfer into new format and separation of interventions into appendix	8 th October 2020	Clinical Reference Group
September 2017	6.0	October 2019	Medicines section simplified		
June 2015	5.0	June 2017	Minor amendments to clarify specific aspects		
June 2014	4.0	June 2015	Transfer into new format		

F	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date	
Evidence-Based Interventions: Guidance for Clinical Commissioning Groups (CCGs)	https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf	11/1/2019	
Evidence-Based Interventions: Activity Figures	https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-activity-figures-v2.xlsx	16/1/2019	
Evidence-Based Interventions: Equality and Health Inequalities	https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-equalities-impact-assessment.pdf	29/11/2018	
Evidence-Based Interventions : Frequently Asked Questions	https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-frequently-asked-questions-v2.pdf	25/2/2019	

G	DISTIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders	
✓	✓	✓	✓	

CONTENTS		PAGE
1.0	Relevant to	7
2.0	Introduction	7
3.0	Scope	7
4.0	Purpose	7
5.0	Definitions	8
6.0	Roles and responsibilities	9
7.0	Process Relating to Access to Treatment	10
8.0	Training	10

9.0	Consultation	10
10.0	Recommendation and approval process	10
11.0	Communication/dissemination	10
12.0	Implementation	10
13.0	Monitoring compliance and effectiveness of the document	11
14.0	Document review frequency and version control	11
APPENDICES		
A	Process Flow Diagram	12
B	Interventions	13

MAKING SENSE OF EVIDENCE BASED INTERVENTIONS

1.0 RELEVANT TO

- 1.1 All staff and Members within NHS Dorset Clinical Commissioning Group and all relevant referring and receiving clinicians
- 1.2 All providers of commissioned services to Dorset patients

2.0 INTRODUCTION

- 2.1 Care and treatment is commissioned by the Clinical Commissioning Group on behalf of the whole population. A key principle of our commissioning plans is that the value of NHS services locally can be improved by ensuring that we commission evidence based services that meet healthcare needs. This means providing interventions when there is a high probability of benefit and a low probability of harm whilst ensuring they are performed in the right place and at the right time.
- 2.2 This comes with a responsibility for managing an overall budget and therefore it is important that all commissioning decisions are based on need and are planned in a systematic and clear way that will ensure effective financial control. The overall responsibility is to ensure that commissioning decisions ensure equity in the overall use of healthcare resources for the whole population.
- 2.3 Commissioners need to balance the requirement to provide treatments for individuals against this need to improve value by commissioning services for populations. This means that there continues to be a focus on reducing or stopping procedures of limited or lower clinical value.

3.0 SCOPE

- 3.1 It should be noted that this document is only applicable to NHS Dorset Clinical Commissioning Group patients. For all other patients, the providers will need to refer to the patient's respective commissioners' web pages to determine their access protocols and threshold criteria.
- 3.2 This document should be read in conjunction with the Policy for [Individual Patient Treatment](#). That link provides more detail on:
 - The underlying principles.
 - The decision-making framework.
 - Specific circumstances relating to potential individual requests; and
 - The appeal processes.

4.0 PURPOSE

- 4.1 This document outlines the process for considering individual patient requests for treatments where NHS Dorset Clinical Commissioning Group is the responsible commissioner.

4.2 NHS Dorset Clinical Commissioning Group has identified a range of treatments for individual patients that will either not normally be funded or are subject to criteria-based access or will require prior approval. This is in line with the Department of Health guidance set out in the National Contract.

4.3 This document covers treatments under the following headings:

- Treatments which are not routinely funded.
- Those which are subject to criteria-based access.
- Treatments which require prior approval.
- Those for which notification of commencement are required.
- Cancer Drug Fund and other high-cost drug treatments.

5.0 DEFINITIONS

5.1 EBI Evidenced Based Interventions
CBAP Criteria Based Access Protocol
PbR Payment by Results
NICE National Institute for Clinical Excellence
NHS National Health Service

5.2 Treatments are grouped under four distinct headings, these are: -

Not Routinely Funded

Treatments which NHS Dorset CCG would not normally fund due to limited research evidence, the treatment provides insufficient clinical benefit and/or does not provide value for money. It may also include those treatments where the CCG accepts its value but have determined to not prioritise relative to other treatments.

If a clinician considers a patient requires one of these treatments on exceptional grounds, they must seek prior approval before commencing treatment. Further information on how to undertake is available [here](#).

Criteria-Based Access to Treatment

Treatments where clinical thresholds have been set in order to focus treatment on those patients that will get the most benefit from the intervention. Each treatment is supported by its own protocol defining the criteria to be applied. These are available at <https://www.dorsetccg.nhs.uk/ccg/policies/>

Provided the individual circumstances meet the minimum criteria then a referral can be made for treatment. If the referrer is unsure, they can refer for consideration but with no guarantee of acceptance. Those cases not accepted by the consultant and who do not have any clinically exceptional circumstances will be returned to primary care for management.

If the Consultant and GP agree that there are grounds based on clinical exceptionality, they can submit an Individual Treatment Request for panel consideration, the clinicians should liaise to agree who makes the request.

Prior Approval

Treatments for which the commissioner requires prior approval by a panel to manage the financial risks. Treatments are classified as requiring prior approval due to uncertainty over the likely uptake, the treatment is high cost or there is a risk that the treatment will be used more widely than the criteria permits.

In requesting prior approval, the clinician should identify how the patient meets the criteria. Occasionally a patient does not meet the specific criteria; however, their GP or consultant considers there is clinical exceptionality. On these occasions the clinician should emphasise they are seeking approval through the Individual Treatment Request route.

There are a range of specialised treatments where NHS England undertake the prior approval process, appendix B highlights these treatments. Policies related to them can be accessed at

<https://www.england.nhs.uk/commissioning/spec-services/>

Notification/High-cost Drugs

Treatments for which the commissioner requires notification no less than four weeks after initiation in order to manage potential financial risks and to ensure compliance with a commissioned pathway.

For all high-cost drug treatments excluded from the PbR tariff the commissioner expects timely notification using the High Cost Excluded Drugs form or specific alternative for the condition. The form must include NHS Number, condition being treated, drug used, how the patient meets the agreed criteria and full details of all associated prior drug treatments. It should also detail how the patient meets the NICE technology appraisal.

Referrers are reminded that where a patient does not meet the specific criteria and they consider there is clinical exceptionality, Dorset CCG will expect an application for approval through the Individual Treatment Request route and for that panel to conclude there is clinical exceptionality. Commissioners will retrospectively review notifications to ensure compliance with this policy and will only fund those patients who fully meet the criteria and for whom a fully completed notification form has been received.

Cancer Drug Fund

Requests for consideration under the Cancer Drug Fund are reviewed by NHS England who delegate management to the Wessex Area Individual Funding Request Team (<https://www.england.nhs.uk/cancer/cdf/>). Their email address is england.cdfsouth@nhs.net

6.0 ROLES AND RESPONSIBILITIES

- 6.1 It should be noted that it is the responsibility of the clinician referring or sending notification to ensure that all information is completed on the request forms sent to the NHS Dorset Clinical Commissioning Group.

7.0 PROCESS RELATING TO ACCESS TO TREATMENT

7.1 Appendix B gives a summary of the treatments with restricted or criteria-based access and those subject to prior approval, regardless of the commissioner.

7.2 Where the GP or consultant seeks approval to proceed on exceptional grounds, it should be noted that the fact that a treatment is likely to be efficacious for a patient is not in itself a basis for exceptional circumstances. For funding to be agreed, there must be some unusual or unique clinical factor about the patient that suggests that they are:

- significantly different from the general population of patients with the condition in question; and
- likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

7.3 In such a case, the clinician should clarify that they are seeking approval on the grounds of clinically exceptional circumstances and must provide enough information to allow consideration of the case against both the points outlined in 7.2.

7.4 All requests for treatment submitted because of clinical exceptionality should be forwarded on an Individual Treatment Request Form. This can be accessed at <https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/05/IPT-request-form.doc>. Here is a [link](#) to a Guide to Completion which has been developed to assist clinicians in terms of information and guidance on what is required to enable full consideration to be given to an individual request.

8.0 TRAINING

8.1 Training needs have been considered and there are no identified training requirements.

9.0 CONSULTATION

9.1 See schedule D.

10.0 RECOMMENDATION AND APPROVAL PROCESS

10.1 See schedule C.

11.0 COMMUNICATION/DISSEMINATION

11.1 See schedule G.

12.0 IMPLEMENTATION

12.1 This document does not require any new aspects to be implemented.

13.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

- 13.1 The effectiveness of this document will be monitored via feedback from the Individual Patient Treatment Panel, referrers and other members of the CCG. An annual review of the feedback will be undertaken to see if minor modifications are required to ensure clarity.
- 13.2 Information which supports a change to the relevant evidence-based protocol cannot be considered as part of the consideration of an individual request. Such information should be considered at the next review of the protocol. Clinicians should therefore be clear as to whether the information they are providing is in support of a change to access criteria, and the NHS Dorset Clinical Commissioning Group will endeavour to ensure this is brought to the attention of the relevant team when the protocol is due for review.

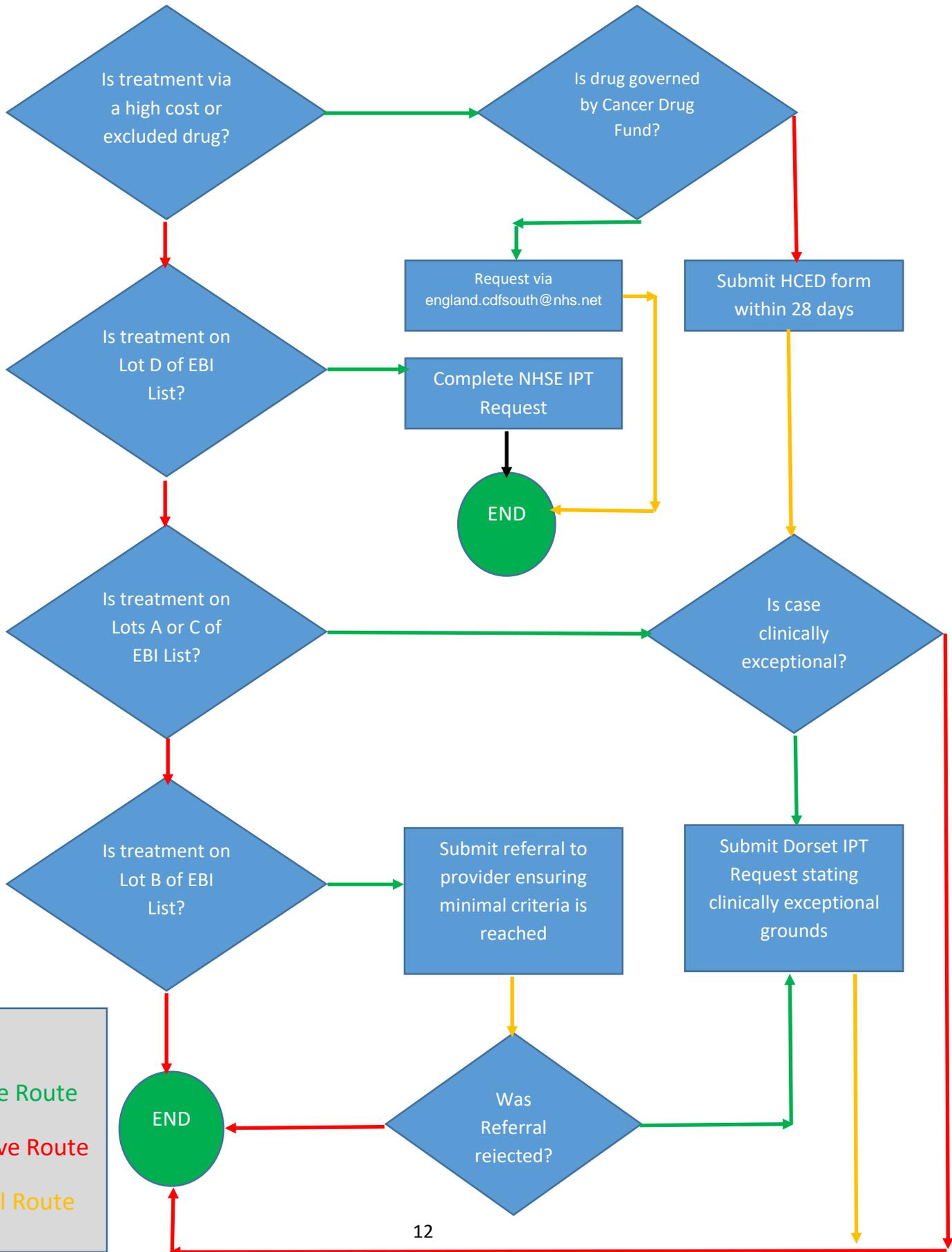
14.0 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 14.1 This document is reviewed every two years to take account of any changes in national guidance and to inform the contracting process.

Necessary modifications to improve clarity will result in the subsidiary part of the version number being incremented, i.e. Version 7.1 followed by versions 7.2 and 7.3 before being replaced following the next bi-yearly review by Version 8.

These updates will be clearly communicated via the channels shown in schedule G.

FLOW DIAGRAM



KEY

- Positive Route
- Negative Route
- Neutral Route

INTERVENTIONS



EBI Treatment List
v1.1.pdf