



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Making Sense of Local Criteria Based Access Protocols



Supporting people in Dorset to lead healthier lives

POLICY TRAIL AND VERSION CONTROL SHEET:

Policy Reference: MAKING SENSE OF LOCAL CRITERIA BASED ACCESS PROTOCOLS

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✓	✓		✓

NHS DORSET CLINICAL COMMISSIONING GROUP

MAKING SENSE OF LOCAL CRITERIA BASED ACCESS PROTOCOLS

1. Introduction

- 1.1 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.
- 1.2 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.
- 1.3 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.
- 1.4 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.
- 1.5 High cost drugs excluded from the Payment by Results tariff that require notification of use and demonstration of compliance with NICE Guidance and/or local commissioning policies are included in this document.
- 1.6 This document describes treatments under the following headings:
 - Treatments which are not normally funded;
 - Those which are subject to criteria based access;
 - Treatments which require prior approval: and
 - Those for which notification of commencement are required.
- 1.7 Under National NHS commissioning arrangements specialised and some other specific care and treatments are commissioned by NHS England. This document outlines the process for considering individual patient requests for treatments where NHS Dorset Clinical Commissioning Group is the responsible commissioner.
- 1.8 Although this document relates to treatments where NHS Dorset Clinical Commissioning Group is the responsible commissioner information in the tables in schedule 1 provides details of some treatments that are now commissioned by NHS England and are subject to their own specific access arrangements.

1.9 **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.

1.10 This document should be read in conjunction with the Policy for Individual Patient Treatment. This policy provides more detail on:

- The underlying principles;
- The decision making framework;
- Specific circumstances relating to potential individual requests; and
- The appeal process.

2. Understanding the processes relating to access to treatment

2.1 The list of treatments has been developed based on protocols that are already in place and commissioners continue to work with clinicians and provider organisations to identify other areas where access based protocols are appropriate as well as review and revise current protocols.

2.2 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.

Not Normally Funded

2.3 These are treatments which NHS Dorset Clinical Commissioning Group would not normally fund. This may be because of limited research evidence in support of the treatment, the treatment provides insufficient clinical benefit, and/or does not provide value for money. It may also be that the CCG accepts the value of the treatment but have not prioritised investment in this area relative to other priorities.

2.4 If a clinician considers that the patient requires one of these treatments on exceptional grounds they should seek approval before commencing treatment. The process for doing so is detailed in the Policy for Individual Patient Treatment (see also section 4).

Criteria Based Access to Treatment

2.5 These are treatments where clinical thresholds have been set around clear criteria to focus treatment on those patients that will get the most benefit from the treatment. These are incorporated in Criteria Based Access Protocols for the specific treatment. These can be accessed at: <http://www.dorsetccg.nhs.uk/aboutus/clinical-policies.htm>

2.6 If a GP deems it appropriate to refer a patient for a treatment for which criteria based access applies, the GP can refer for that treatment provided that:

- The patient meets all of the access criteria;
- The referral letter specifies how the patient meets the access criteria; and
- The patient is advised that they are being referred for assessment and that they may not be suitable for treatment.

- 2.7 Before accepting the patient, the consultant should confirm that the patient meets the access criteria, where possible.
- 2.8 In cases where the GP is unsure, they may refer the patient for consideration but should explain to the patient that this does not mean that the referral will be accepted or that treatment would necessarily be appropriate.
- 2.9 The consultant will then review the patient against the set criteria and:
- Those that meet the access criteria should be accepted for treatment (without the need for an application to the CCG for support);
 - Those that do not meet the access criteria and have no clinically exceptional circumstances should be sent back to the GP for appropriate management in Primary Care.
- 2.10 If the patient does not meet the access criteria and the GP or consultant still considers the treatment necessary they should seek approval to proceed on exceptional grounds through the individual treatment request process. This process is detailed in the Policy for Individual Patient Treatment (see also section 4).
- 2.11 Where the Consultant and GP feel there are clinically exceptional circumstances they should agree who will submit the Individual Treatment Request form based on who has all the relevant information upon which to base the request.

Prior Approval

- 2.12 These are treatments for which the commissioners require Prior Approval to manage potential financial risks to the commissioner. This may be because; the likely uptake of the treatment is unknown, the treatment is high cost, or there is a risk that the treatment will be used more widely than the existing criteria or policy.
- 2.13 Prior approval is made against specific criteria. In requesting prior approval, the clinician should identify how the patient meets these criteria.
- 2.14 There is also a range of specialised treatments where prior approval is authorised through NHS England. For these treatments NHS England determine the criteria to be used in considering approval. Details of policies and service specifications relating to specialised services can be accessed at www.england.nhs.uk
- 2.15 There may be occasions when a patient is put forward for Prior Approval but does not meet the specific criteria; however the GP or consultant considers there are good clinical reasons for being treated as an exception. In such cases the requesting clinician should clarify that they are seeking approval through the individual treatment request process on exceptional grounds. This process is detailed in the Policy for Individual Patient Treatment (see also section 4).

Cancer Drug Fund

- 2.16 As of April 2013, requests for consideration under the Cancer Drug Fund are considered by NHS England and the processes managed by the Wessex Area's Individual Funding Request Team.
- 2.17 The relevant contact details in relation to Cancer Drug Fund requests are:
England.cdfsouth@nhs.net

3. Notifications

- 3.1 These are treatments (at present only high cost drugs which are excluded from Payment by Results) for which the NHS Dorset Clinical Commissioning Group require notification no later than four weeks after treatment is initiated to manage potential financial risks to NHS Dorset Clinical Commissioning Group and to ensure compliance with the commissioned pathway.
- 3.2 For all drugs which are outside of the Payment by Results tariff notification should be provided by submission of the relevant notification form within four weeks of treatment being initiated. The form should indicate how the patient meets the relevant NICE Technology Appraisal (TA) guidance or the criteria specified in the agreed local pathway. Providing the patient to be treated fully meets the specified criteria or relevant NICE TA, there is no requirement to obtain prior approval on an individual patient basis before commencement of treatment.
- 3.3 If the patient does not meet the specific criteria then NHS Dorset Clinical Commissioning Group will only fund the treatment where an individual patient treatment request has been submitted and it has concluded that there is clinical exceptionalism upon which to base support for the treatment for the individual patient.
- 3.4 The CCG expects timely, detailed information using the Notification of High Cost Excluded Drugs form (or specific form for the condition where applicable) on the patients treated including, the patient's:
- NHS number;
 - condition to be treated;
 - drug used; and
 - how the patient meets the agreed criteria.
 - Full details of all relevant previous drug treatments incorporating dates, outcomes and, where appropriate, measurements of relative severity of the condition.
- 3.5 Commissioners will retrospectively review notifications to ensure patients meet the agreed criteria and will only fund retrospectively those patients who fully meet the specified criteria and for whom a fully completed notification form has been received.
- 3.6 Consultants are reminded that where a patient does not meet NICE criteria or the local policy, an application should be made to the relevant commissioner as per the Policy for Individual Patient Treatment (see also section 4).

4. Exceptional clinical circumstances

- 4.1 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. In order 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.

4.2 In such a case, the clinician should clarify that they are seeking approval on the grounds of clinically exceptional circumstances, and must provide sufficient information to allow consideration of the case against both the points outlined in 4.1.

4.3 All requests for treatment submitted on the basis of clinical exceptionality should be forwarded on an Individual Treatment Request Form. This can be accessed at: <http://www.dorsetcgcg.nhs.uk/aboutus/clinical-policies.htm>. This also provides 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.

5. Review of protocols

5.1 Information which supports a change to the relevant criteria based access protocols cannot be considered as part of the consideration of an individual request. Such information should be considered at the next review of that 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 Clinical Commissioning Programme when the protocol is due for review.

5.2 Individual protocols will be reviewed in accordance with the timescale denoted on the relevant protocol document and will be updated on the NHS Dorset Clinical Commissioning Group's website.

5.3 This document will be reviewed on an annual basis in February to inform the contracting process.

SCHEDULE 1

LOCAL TREATMENT PROTOCOL LIST

TREATMENTS NOT NORMALLY FUNDED		
Intervention		
Abdominoplasty/ Apronectomy	Implantation of Miniature Lens Systems for Advanced age-related Macular Degeneration	Repair of lobe of external ear
Aesthetic facial procedures	Inverted Nipple Correction	Retrograde Urethral Sphincterotomy
Benign Skin Lesion (removal)	Labiaplasty, vaginoplasty and hymenorrhaphy	Resurfacing Procedures
Breast Augmentation	Laser Hair Depilation	Reversal of Female Sterilisation
Breast Prosthesis removal or replacement	Laser surgery for short sightedness	Reversal of Male Sterilisation
Buttock/arm/thigh Lift surgery	Laser treatment for vascular lesions and red skin marks	Rhinoplasty for cosmetic purposes
Circumcision	Laser treatment for pigmented lesions and brown skin marks	Penile Prosthesis
Closure of Patent Foramen Ovale for Migraine	Lipomata removal (for cosmetic reasons)	Scleral Expansion Surgery for Presbyopia
Complementary Therapy	Liposuction	Single-incision Sub-Urethral short tape insertion for stress Urinary Incontinence in Women
Correction of chest wall deformity for cosmetic purposes	Mammoplasty (revision)	Skin Tags
Dilation (or dilatation) and curettage	Mastopexy	Snoring laser treatment for soft palate
Face or Brow Lift	Multiple Chemical Sensitivity	Tattoo Removal
Gynaecomastia surgery	Pinnaplasty	Thigh, buttock, breast, or arm lift, excision of redundant skin or fat
Hair Grafting/ Hair Systems	Radiotherapy for age-related Macular Degeneration	Tubal surgery
CRITERIA BASED ACCESS TO TREATMENT		
Intervention		
Arthroscopy of Hip	Cataract surgery	Lymphoedema (decongestive therapy)
Arthroscopy of Knee	Chalazion (excision of)	Myringotomy with/ without Grommets
Assisted Conception	Desensitising Light Therapy in the management of Severe Polymorphic Light Eruption	Open and Upright MRI Scans
Bariatric Surgery for obesity	Dupuytren's Contracture (surgical intervention)	Ptosis Repair

Blepharoplasty	Ear Wax Removal	Rhinoplasty
Botulinum Toxin for Overactive Bladder	Functional Electrical Stimulation	Sperm Storage and Egg Storage
Botulinum Toxin other	Ganglia excision	Testicular Prosthesis
Breast Asymmetry	Hydrocele treatment	Trigger finger
Breast Reduction Surgery	Hysterectomy for Heavy Menstrual Bleeding	Tonsillectomy
Bunions	Intensity Modulated Radiation Therapy	Varicose Veins
Carpal Tunnel Syndrome	Laryngeal Surgery	Weight Management Programme

PRIOR APPROVAL		
Intervention		
Cough Assist Device	Kyphoplasty	Sacral nerve stimulation (urinary incontinence)
INTERVENTIONS WHERE NHS ENGLAND ARE NOW THE RESPONSIBLE COMMISSIONER		
Intervention		
ABO incompatible transplant	CRT-D and ICD	Orthodontic treatment of a cosmetic nature
Apicectomy	Deep Brain Stimulation	Overseas Treatment
Bariatric Surgery (note: patients must have accessed specialist Tier 3 Programme)	Dental Implants	Removal of Asymptomatic Impacted Wisdom Teeth
Blood and Marrow Transplantation	Epilepsy Surgery	Stereotactic Radiosurgery
Bone Anchored Hearing Aid	EVAR/FEVAR/TEVAR	TAVI
Cancer Drug Fund	Gender Reassignment	Umbilical Cord Blood collection at Sherborne
Cochlear Implants	Hyperbaric Oxygen Therapy	Vagal Nerve Stimulation