

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING**

REVIEW AND APPROVAL OF CRITERIA BASED ACCESS PROTOCOLS

Date of the meeting	18/01/2017
Author	E Seria-Walker, Deputy Director of Service Delivery
Sponsoring Board Member	Dr K Kirkham, Assistant Clinical Chair
Purpose of Report	To outline a process for the review and approval of Criteria Based Access Protocols.
Recommendation	The Governing Body is asked to approve the process outlined in the report.
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Preventing ill health and reducing inequalities • Sustainable healthcare services 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal/Regulatory	✓		✓
People/Staff	✓		
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated			✓

Initials: ESW

1. Introduction

- 1.1 NHS Dorset CCG has a finite level of funding with which to commission healthcare services for its population. In considering which services to commission the CCG, therefore, seeks to ensure that it commissions those for which there is evidence of clinical efficiency and value for money. There will therefore be some interventions which the CCG has not prioritised for commissioning on a routine basis.
- 1.2 These interventions are often referred to as Low Priority Procedures (LPPs). For most LPPs Dorset CCG has developed and agreed specific clinical criteria which determine whether a patient will be treated without the need for individual patient authorisation. These have been incorporated in a set of Criteria Based Access Protocols (CBAPs).
- 1.3 The purpose of the CBAPs is to explicitly outline the CCG's commissioning position in respect of a particular intervention so that there is clarity for both clinicians and patients as to the clinical circumstances whereby an intervention would be supported and therefore funded by the CCG.
- 1.4 CBAPs are reviewed routinely in accordance with an agreed timescale unless there has been significant national guidance published in the interim which should be considered. At present the CCG has 28 CBAPs which are published on its website. A review of the Dorset CCG commissioning position against that in other areas has identified a further 14 areas where the development and agreement of a CBAP should be considered.

2. Report

- 2.1 CBAPs have previously been developed and reviewed within the Clinical Delivery Group responsible for the relevant intervention with the final protocol considered and agreed, where there was no cost implication, at the CDG meeting. In instances where the CBAP introduced a cost pressure requiring prioritisation e.g. changes to the access criteria for assisted conception, review and approval was undertaken by the Clinical Commissioning Committee.
- 2.2 In the absence of CDGs, the Clinical Commissioning Committee would become the clinical body that would provide clinical oversight and scrutiny for all CBAPs.
- 2.3 This report focuses on the issue of approval and processes will be developed separately to ensure that there is clinical input in the development of individual CBAPs and that this is fully recorded for the purposes of assurance and completeness when considering approval.
- 2.4 The complexity and implications of individual CBAPs will vary and some will be more contentious than others. Some new CBAPs may not reflect a departure in the CCG's commissioning position and will merely formalise the current local position. Similarly, in many cases where existing CBAPs are reviewed there will be no amendments made to the constituent criteria.

- 2.5 In view of the growing number of CBAPs and the variability in content and impact it is recommended that the CCG adopt a process for formal approval of new and reviewed CBAPs which requires flexibility in terms of those which are uncontentious and less complex in nature. It is, however, recognised that there will be circumstances where wider discussion and review will be imperative.

3. Conclusion

- 3.1 It is recommended that the Clinical Commissioning Committee should have ultimate responsible for the approval of CBAPs. However, given that the number of CBAPs are increasing, it is further recommended that authority be delegated to the CCG Chair and Deputy Chair to approve (or otherwise) any CBAP except where one or both of them believe that it should be considered by the Clinical Commissioning Committee.

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