Aligning commissioning policies across north east London

Creating a single commissioning policy for Barking and Dagenham, City and Hackney, Havering, Newham, Tower Hamlets, Redbridge and Waltham Forest

Barking and Dagenham, Havering and Redbridge

Tell us what you think by 5pm, 3 July 2019

Introduction

Across north east London, clinical commissioning groups (CCGs) have been working together to look at how to make sure that people, wherever they live, are able to have the same treatments and procedures. At the moment, this can be different from borough to borough, which isn't fair for people and is confusing for people working in the NHS.

As part of this work, GPs have said that there are a number of procedures that they feel could benefit from clearly defined criteria so that they are clear about treatment options for their patients – things like which tests are best to carry out or which treatments or medicines to use first.

In order to do this in a consistent way across north east London, CCGs want to make changes to what is known as a commissioning policy. This lists specific treatments, procedures and interventions the NHS funds, and who is eligible to have them. They want to merge the different commissioning policies (currently there are different ones for Barking and Dagenham, Havering and Redbridge; City and Hackney; Newham; Tower Hamlets and Waltham Forest) to create one.

Clinical commissioning groups (CCGs) are led by local GPs who plan and commission (buy) health care services for the residents of their local area.

Commissioning is about deciding what services are needed, and making sure that they are provided well, and getting the best possible health outcomes for local people by assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals.

By doing this, it would mean that:

- all patients living in north east London would have access to the same type of care
- the care patients would receive would be in line with the latest clinical guidance
- hospitals and GPs would be clear about what policy to refer to, reducing confusion
- patients would not have treatments that don't work or aren't the best option for them.
- NHS funds would be spent paying for procedures that people need, and that would give them a better quality of life.

GPs from all the CCGs have been working together, looking at what currently happens in each commissioning policy, at clinical evidence and guidance and at work done by NHS England. They have also asked hospital consultants for advice. After lots of discussion, they have come up with what they think needs to change to create a new commissioning policy for north east London. They now want to know what you think.

The commissioning policy is based on making sure that the right people get the right care, at the right time, wherever in north east London they live. This document explains what the current situation is, and what we believe needs to change and why.

What we want to do

We have developed new policies for:

1. Chalazia removal (lumps on the eyelid)
2. Shoulder decompression surgery
3. Surgery for carpal tunnel syndrome
4. Interventional treatments for back pain

At the moment, there are no formal policies for these procedures, and GPs felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures.

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for:

1. Ear surgery
2. Nose surgery
3. Dupuytren's contracture release
4. Cataract surgery
5. Weight loss surgery
6. Female breast reduction
7. Grommets for glue ear in children
8. Trigger finger treatment
9. Surgery for excessive sweating

This is so that only people who are likely to benefit from these types of surgery can have it.

We also think that we should no longer routinely fund the following treatments:

1. Dilation and curettage (D&C) for heavy menstrual bleeding
2. Split ear lobe repair
3. Herbal medicines
4. Treatment for scarring, skin hyperpigmentation and hypopigmentation

This is because there is limited evidence that these procedures work, and/or they are not a good use of limited NHS resources. We believe the NHS should only be funding procedures to deal with medical conditions and symptoms, for people who will benefit clinically from having the treatment. This means that people won't have unnecessary treatment and the NHS won't waste money.

What we're proposing would mean that the only way you could have these four procedures funded by the NHS is to demonstrate what is known as 'clinical exceptionality'. This means that a doctor believes their patient is clearly different to other patients with the same condition or their patient might significantly benefit from the treatment in a different way to an average patient with the same condition. If the doctor does not believe this, the patient could not have this treatment.

In order to demonstrate clinical exceptionality, evidence would have to be provided about why the patient should have this treatment, over and above other people with the same condition, which would then be considered by a panel of clinicians who would decide if funding should be granted.

Note: The changes we're proposing would not apply to:

- Patients diagnosed with cancer or suspected of having cancer
- Patients that have survived cancer e.g. breast reconstruction post cancer
- Children (aged under 18) unless otherwise stated within the individual policy
- People receiving emergency or urgent care
- Where NHS England is responsible for commissioning the care.

Spending NHS money wisely
BHR CCGs are facing significant financial challenges and needed to look at ways to save money. As part of this work, a number of treatments, procedures and medications were identified that it was felt the NHS should no longer fund. This piece of work was called 'Spending NHS money wisely' and two consultations were held in 2017 to ask the public for their views.

Due to the scale of financial challenge the CCGs' faced, changes to which treatments were funded were made ahead of work being done at a north east London and London level. The CCGs were always clear that they would need to look at some of the procedures again, to take this into account, along with latest clinical evidence.

Financial impact

The main reason for aligning commissioning policies across north east London is to make sure that people, wherever they live, are able to have the same treatments and procedures, and that these treatments and procedures would be of benefit to them.

Making the changes we're proposing would save some money – we estimate an annual saving of around £1.7 million across the whole of north east London – which works out at about 0.044% of our total commissioning budget of £3.8 billion.

So while money is a factor in this piece of work, it isn't the main reason for doing it. It's about making sure we are making the most effective use of public money to commission the most appropriate healthcare services for local people. Any money saved would be re-invested in other health services.

About this document

This document sets out what we'd like to do and why. We've tried to explain this as simply as possible, but sometimes it is hard to avoid using technical language. There's more information on our websites, including an easy read document and background to this piece of work. If you're a nurse, doctor or someone with a clinical background, there is a document with more technical detail there too.

Please go online and fill in our questionnaire about these proposals.

www.barkingdagenhamccg.nhs.uk/oncefornelondon
www.haveringccg.nhs.uk/oncefornelondon
www.redbridgeccg.nhs.uk/oncefornelondon

Over the next six weeks (until 3 July 2019) we will be talking to people about what we're proposing and encouraging them to respond to our questionnaire. All responses will inform a report, which will go to our governing bodies to consider and make a decision. We will put that report and details of whatever decisions are made on our websites.

We want to know what you think

- How might these proposals affect you or your family?
- Could we do things differently?
- Are there are any exemptions we should consider?
- Are there any circumstances where these proposed changes should not apply?

Please fill out our questionnaire by 5pm on 3 July 2019

Developing new policies for certain treatments and procedures

For some procedures there hasn't been a consistent process in place for to make sure that everyone gets the right treatment at the right time, with no formal policies in place about who can have these treatments.

While our providers tell us they make sure that only people who would benefit from the treatment have it, they also tell us it would be helpful to have a formal policy agreed. Our GPs also felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures. We'd expect that as a result of this, fewer people would have these procedures.

These are:

1. Chalazia removal
2. Shoulder decompression surgery
3. Surgery for carpal tunnel syndrome
4. Interventional treatment for back pain

1. Chalazia removal

Chalazia are benign (non-cancerous) lumps on the eyelid that happen due to oil glands becoming blocked and swelling. Most are harmless and disappear within six months if you regularly apply warm compresses to the eye and massage the lump.

A small number of chalazia are persistent, very large, or can cause problems such as making it hard to see. In these cases, surgery is needed, which involves cutting into the lump and scraping away the contents.

We want to introduce the following policy:

NEL CCGs will fund treatment of chalazia when one of the following criteria has been met:

1. A chalazion has been present for more than six months and has been managed conservatively with warm compresses, lid cleaning and massage for four weeks
   OR
2. Interferes significantly with vision
   OR
3. Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy
   OR
4. Is a source of infection that has required medical attention twice or more within a six-month time frame
   OR
5. Is a source of infection causing an abscess which requires drainage
   OR
6. Cancer is suspected

During 2018/19 there were 171 chalazia removals carried out for BHR patients paid for by the NHS at a total cost of £95,156.

2. Shoulder decompression surgery

Shoulder decompression surgery involves taking out small pieces of bone and soft tissue (like tendons) from inside the shoulder by keyhole surgery.

We want to introduce the following policy:

NEL CCGs will fund shoulder decompression surgery when:

1. The surgery is for pure subacromial shoulder impingement

This means surgery is only for subacromial pain (associated with any of the structures that sit within the space between the ball and socket joint of the shoulder) and is not for pain caused by other conditions such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy because it isn't clinically effective for these conditions.

Before surgery, physiotherapy and exercise programmes should be considered. If pain continues or gets worse, surgery should be considered.

During 2018/19 there were 238 shoulder decompression procedures carried out for BHR patients paid for by the NHS at a cost of £1,090,188.

3. Surgery for carpal tunnel syndrome

Carpal tunnel syndrome is numbness, tingling and pain in the fingers, caused by pressure on a nerve in the wrist. It is common, and mild symptoms usually get better with time. Before surgery is considered, there are other options such as splinting at night to stop the wrist moving, pain relief and steroid injections.

NEL CCGs will fund surgery for carpal tunnel syndrome when one of the following criteria has been met:

1. The symptoms significantly interfere with daily activities and sleep and have not settled to a manageable level with either one local corticosteroid injection and/or night splinting for a minimum of eight weeks
   OR
2. A permanent (ever-present) reduction in sensation in the median nerve distribution
   OR
3. Muscle wasting or weakness of thenar abduction (moving the thumb away from the hand)

During 2018/19 there were 513 carpal tunnel syndrome release procedures carried out for BHR patients paid for by the NHS at a cost of £686,175.

4. Interventional treatment for back pain

Back pain can take many forms – from short term to chronic, long-term pain – and it is important that we give patients the tools to manage their pain and improve their quality of life. For many patients, specialist treatments only come after a period of time managing pain with their GP, and after seeing specialist musculoskeletal services.

GPs have identified a number of back pain treatments that they think could benefit from a clear policy on who can have this treatment. These are:

a) Epidurals
b) Spinal decompression
c) Discectomy
d) Epidurolysis

An epidural is an injection in the back to stop you feeling pain in part of your body. Epidurals are best known for being used for pain relief when a woman is in labour. We do not intend to limit the use of epidurals for this. This proposed policy applies to epidurals for back pain only.

We want to introduce the following policy:

NEL CCGs will fund epidurals for back pain without sciatica when:

1. The patient has radicular pain consistent with the level of spinal involvement
   AND
2. The patient has moderate-severe symptoms that have lasted for 12 weeks or more

   AND either one of the following:

3(a). The patient has severe pain and has been given advice, reassurance, pain relief and physical therapy through the community musculoskeletal (MSK) service
   AND/OR
3(b). The MRI scan confirms the clinical diagnosis

A maximum of three epidural injections within a 12-month period would be funded.

Spinal decompression refers to removal of pressure from the nervous structures within the spinal column.

We want to introduce the following policy:

NEL CCGs will fund interventions for spinal decompression when:

1. The patient has radicular/claudicant leg pain consistent with the level of spinal involvement
   AND
2. The MRI scan (unless contraindicated) shows one or more areas of spinal stenosis whereby the pathology is consistent with the clinical diagnosis
   AND
3. The patient has shown no sign of improvement despite conventional therapy such as physical therapy for one year.

Discectomy is the surgical removal of abnormal disc material that presses on a nerve root or the spinal cord. It involves removing a portion of an intervertebral disc, which causes pain, weakness or numbness by stressing the spinal cord or radiating nerves.

We want to introduce the following policy:

NEL CCGs will fund interventions for discectomy when:

1. The patient has radicular pain consistent with the level of spinal involvement
   AND
2. The patient has shown no sign of improvement despite conventional therapy for 12 weeks

Epidurolysis is minor surgery used to treat people with low back and leg pain caused by epidural adhesions (type of scar tissue in the spine). Affected nerve roots are identified and separated from scar tissue.

We want to introduce the following policy:

NEL CCGs will fund interventions for epidurolysis when:

1. The patient has late onset radiculopathy post spinal surgery
   AND
2. MRI Gadolinium-enhanced or dynamic epidurogram (unless contraindicated) findings show adhesive radiculopathy
   AND
3. Conservative management and epidural injections have failed

This would not apply to:

- People with sciatica
- Children (aged under 18)
- Patients thought to have/who have cancer
- Patients with nerve damage, fracture or infection

GPs have also identified a number of treatments that, because there is limited clinical evidence that they are effective for people with back pain, they believe the NHS should not routinely fund. These are:

Therapeutic spinal injections (including facet joint injections, intradiscal therapy, prolotherapy, trigger point injections) which reduce inflammation.

Spinal fusion surgery for non-radicular back pain (also called spondylodesis or spondylosyndesis) which is a surgical technique that joins two or more vertebrae which prevents any movement between the fused vertebrae.

Lumbar disc replacement surgery which involves replacing problematic discs in the lower spine with an artificial disk made of medical-grade metal and/or plastic.

Acupuncture - complementary medicine in which fine needles are inserted into the skin at specific points along lines of energy (meridians).

Ozone discectomy - an injection of gas inside the intervertebral disc

During 2018/19 BHR patients had 2976 interventional treatments for back pain procedures at a cost to the NHS of £1,815,337.

Procedures where we want to change the clinical criteria

We are proposing changing the eligibility criteria for the following procedures:

1. Ear surgery
2. Nose surgery
3. Dupuytren's contracture release
4. Cataract surgery
5. Weight loss surgery
6. Female breast reduction
7. Grommets for glue ear in children
8. Trigger finger treatment
9. Surgery for excessive sweating

We want to make these changes to make it clearer who should have these treatments.

1. Ear surgery

This relates to operations to correct ears that stick out. The surgery is performed by cutting behind the ear and is carried out under general anaesthetic.

Current policy	Proposed new policy
Only funded via an individual funding request which has to demonstrate clinical exceptionality. This involves providing evidence about why the patient should have this treatment, over and above other people with the same condition. This is then considered by a panel of clinicians who decide if funding should be granted.	Funded when criteria (below) is met.

We want to introduce the following policy:

NEL CCGs will fund ear surgery when all of the following criteria are met:

1. The patient is under the age of 18 at the time of referral for significant prominent or bat ears
   AND
2. Where the prominence measures >30mm

Because BHR CCGs currently do not routinely fund this procedure, there is no recent data on numbers of patients and costs of the procedure.

2. Nose surgery

There are a number of different types of nose surgery. When funded by the NHS, nose surgery or rhinoplasty involves reconstructing the nose by repairing nasal fractures, modifying nasal cartilages and bones, or adding tissue. Septoplasty is an operation on the partition inside the nose. Rhinoseptoplasty is for patients with a nasal obstruction. It removes any internal obstructions and stabilises structures inside the nose that may be stopping you breathing through your nose.

Current policy	Proposed new policy
Unclear if policy includes septoplasty and rhinoseptoplasty	Policy includes septoplasty and rhinoseptoplasty
Treatments need to be tried for at least three months	Treatments need to have been tried (no time limit). This allows for flexibility if all conservative treatments are tried in less than three months, but also for treatments to be tried for longer based on clinical judgement about what is appropriate.
Significant symptoms to be confirmed by an ENT consultant as resulting from nasal obstruction	Documented evidence of medical problems caused by an obstruction of the nasal airway is required

Note: NEL CCGs will not fund any type of nose surgery for cosmetic reasons.

We want to introduce the following policy:

NEL CCGs will fund this treatment only when the following criteria is met:

- Documented medical problems caused by obstruction of the nasal airway (continual impairment of sleep and/or breathing) **AND** all conservative treatments have been exhausted.
  OR
- Correction of complex congenital conditions e.g. cleft lip and palate

During 2018/19 BHR patients had 71 procedures at a cost to the NHS of £169,211.

3. Dupuytren's contracture release

Dupuytren's contracture draws one or more fingers and sometimes the thumb into the palm and prevents them from straightening fully. If not treated the finger(s) may bend so far into the palm that they cannot be straightened. All treatments aim to straighten the finger(s) to restore and retain hand function for the rest of the patient's life, but are not permanent cures.

Previous policy	Proposed new policy
Treatment will be funded if patient has a loss of finger extension of 30 degrees or more at the proximal interphalangeal joint (knuckle)	Treatment will be funded if patient has a loss of finger extension of 20 degrees or more at the proximal interphalangeal joint.

We want to introduce the following policy:

NEL CCGs will fund intervention/treatment when one of the following criteria are met:

1. Finger contractures causing loss of finger extension of 30° or more at the metacarpophalangeal joint or 20° at the proximal interphalangeal joint
   OR
2. Severe thumb contractures which interfere with hand function

NEL CCGs will fund collagenase for Dupuytren's contracture when

1. The patient is a participant in an ongoing clinical trial
   OR
2. Patient has visible tissue/veins if:

(a) there is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to two affected joints
AND
(b) needle fasciotomy is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.

During 2018/19 BHR patients had 98 procedures at a cost to the NHS of £283,722.

4. Cataract surgery

A cataract is cloudiness of the lens, the normally clear structure in your eye which focuses the light. They can develop in one or both eyes. The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy. Minor cloudiness of the lens is a normal part of ageing.

Significant cloudiness, or cataracts, generally get slowly worse over time and surgery, where the natural lens is replaced by an implant, is the only way to make it easier to see. However, you don't need to have surgery if your vision is not significantly affected and you don't have any difficulties carrying out everyday tasks such as reading or driving.

New glasses, brighter lighting, anti-glare sunglasses and magnifying lenses help reduce the impact of cataracts.

Surgery should only be offered if you have cataracts that are affecting your ability to carry out daily activities.

Visual acuity describes how well you see detail. This is usually measured using a chart with rows of letters that start with one big one at the top and get smaller row by row. During a routine eye test, you sit 6 metres from the chart. If glasses or contact lenses are worn, these should be used for the test. Each eye is tested while the other one is covered.

The rows of letters correspond to the minimum size of letter that could be seen by someone with normal vision from 6m up to 60m. The first number is the distance the chart is viewed from. 6/6 is normal vision (what used to be known as 20/20 vision, when distance was measured in feet not metres). In order to legally drive a car, you must have a visual acuity of 6/12 or less.

If you can only read the big letters on the top line, that's recorded as 6/60 - you can see at 6m what can usually be seen from 60m with normal vision. This would mean you would be considered severely sight impaired, or legally blind.

Current policy	Proposed new policy
Patient's visual acuity must be 6/12 or worse in either the first or second eye.	Patient's visual acuity must now be 6/9 or worse in either the first or second eye for treatment to be approved

We want to introduce the following policy:

NEL CCGs will fund cataract surgery when:

1. Patient has a best corrected visual acuity of 6/9 or worse in either the first or second eye
   AND
2. The cataract is affecting the patient's ability to carry out day to day activities and increasing the risk of falls.

The policy would not apply to: • Patients with confirmed or suspected cancer • Patients with acute trauma or suspected infection • Children under the age of 18

During 2018/19 BHR patients had 1675 procedures at a cost to the NHS of £1,273,095.

5. Weight loss surgery

This is an operation that helps you lose weight by making changes to . It may be an option if you are severely obese (very fat) and have not been able to lose weight or keep from gaining back any weight you lost.

Current policy	Proposed new policy
Surgery is funded when the patient has type 2 diabetes AND a BMI of greater than 35 kg/m2	Surgery will be funded when the patient has a BMI of 40 kg/m2 or more **OR** the patient has a BMI of between 35 kg/m2 and 40 kg/m2 and other significant diseases (type 2 diabetes or high blood pressure) that could be improved if they lost weight.

We want to introduce the following policy:

NEL CCGs will fund weight loss surgery when all of the following criteria are met:

1. The patient has a BMI of 40 kg/m2 or more **OR** between 35 kg/m2 and 40 kg/m2 and other significant diseases (type 2 diabetes or high blood pressure) that could be improved if they lost weight
2. **AND**
   All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss
3. **AND**
   The person has been receiving or will receive intensive management in a tier 3 service (specialist support for obese people)
4. **AND**
   The person is generally fit for anaesthesia and surgery
5. **AND**
   The person commits to the need for long term follow up

During 2018/19 BHR patients had 90 procedures at a cost to the NHS of £590,241.

6. Female breast reduction

Breast reduction surgery is for women whose breasts are large enough to cause problems like back and shoulder pain, skin inflammation and poor quality of life. **The aim of surgery is not cosmetic, it is to reduce symptoms (e.g. backache).**

We have developed two policies for female breast reduction – one for both breasts, and one for one breast, which is the treatment available when a woman has very uneven breasts.

Note: this does not apply to women who have had cancer.

Surgical reduction of both breasts

Current policy	Proposed new policy
Only funded via an individual funding request which has to demonstrate clinical exceptionality. This involves providing evidence about why the patient should have this treatment, over and above other people with the same condition. This is then considered by a panel of clinicians who decide if funding should be granted.	Funded when criteria (below) are met.

We want to introduce the following policy:

NEL CCGs will fund breast reduction of both breasts when all of the following criteria are met:

1. The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain
   AND
2. In cases of back and shoulder pain, a physiotherapy assessment has been provided
   AND
3. Breast size results in functional symptoms that require other treatments/interventions (e.g. skin rashes, upper back pain, a professionally-fitted bra has not helped with backache, soft tissue indentations at site of bra straps)
   AND
4. Breast reduction planned to be 500gms or more per breast or at least four cup sizes
   AND
5. Body mass index (BMI) is <27 and stable for at least 12 months
   AND
6. Women must be provided with written information to allow them to balance the risks and benefits of breast surgery
   AND
7. Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking
   AND
8. Women should be informed that breast reduction surgery can mean they are unable to breastfeed.

Reduction of one breast (treatment for uneven breasts)

Current policy	Proposed new policy
Gross asymmetry, defined as a minimum of three cup sizes difference between breasts.	Gross asymmetry is defined as a difference of 150 - 200gms size as measured by a specialist.
The patient must show she can't maintain a normal breast shape using non-surgical methods (such as a padded bra)	Not required
Breasts must be fully developed, with no change in the size of either breast in the past 18 months.	Not required

	Body mass index (BMI) to be <27 and stable for at least 12 months. This promotes a healthy weight before surgery and encourages maintenance of a healthy weight.

This treatment is considered for uneven breasts instead of breast enlargement if there is an impact on the woman's health. Surgery will not be funded for cosmetic reasons.

We want to introduce the following policy:

NEL CCGs will fund breast reduction of one breast when all of the following criteria are met:

1. A difference of 150 - 200gms size as measured by a specialist

AND

2. Body mass index (BMI) is <27 and stable for at least 12 months

During 2018/19 BHR patients had 19 procedures at a cost to the NHS of £49,503.

7. Grommets for glue ear in children

This is a surgical procedure to insert tiny tubes (known as grommets) into the eardrum as a treatment for fluid build-up (glue ear) when it is affecting hearing in children.

Glue ear is a very common childhood problem (four out of five children will have had glue ear by age 10), and in most cases it clears up without treatment within a few weeks. Common symptoms can include earache and difficulty hearing. When the hearing loss is affecting both ears it can cause language, educational and behavioural problems. In most cases glue ear will improve by itself without surgery.

Evidence suggests that grommets only offer a short-term hearing improvement in children with no other serious medical problems or disabilities.

Current policy	Proposed new policy
The child should be aged between three and 12.	No age restriction
The child must have documented persistent hearing loss on two occasions at intervals of three months or more	The child must have one episode of persistent hearing loss of at least three consecutive months documented
Funded if the otoscopic features are unusual and accompanied by a foul-smelling discharge suggestive of cholesteatoma	This criterion has been removed, to make sure that the cholesteatoma is treated before a new grommet is fitted
Funded if the child has five or more episodes of earache (acute otitis media)	Requirement removed
	All children must have had a specialist audiology and ENT assessment.

We want to introduce the following policy:

NEL CCGs will fund grommets for glue ear when:

1. All children must have had specialist audiology and ENT assessment
   AND
2. Persistent otitis media with effusion in both ears for at least three consecutive months
   AND
3. Hearing level in the better ear of 25-30dbHL or worse, averaged at 0.5, 1, 2 & 4kHz

OR in one of the following circumstances

4(a). The child has persistent otitis media with effusion in both ears with a hearing loss less than 25-30dbHL, where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant

OR

4(b). The child cannot undergo standard assessment of hearing thresholds where there is clinical evidence of persistent glue ear and where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant.

Note: This would not apply to children with Down Syndrome or cleft palate, who may be offered grommets after a specialist multi-disciplinary team assessment.

During 2018/19 BHR patients had 253 procedures at a cost to the NHS of £220,785.

8. Trigger finger treatment

Trigger finger occurs when the tendons which bend the thumb/finger into the palm jam, causing the finger to "lock" in the palm of the hand. Mild cases require no treatment and may resolve spontaneously. Other cases cause pain and loss and make it hard to use your hand.

Cases interfering with activities or causing pain should first be treated with:

- one or two steroid injections which are typically successful (strong evidence), but the problem may recur, especially in diabetics
  OR
- splinting of the affected finger for 3-12 weeks

Current policy	Proposed new policy
Unclear if the policy applies to children	It has been made clear that this policy does not apply to children. Trigger finger surgery for children is routinely funded.
Only funded via an individual funding request which has to demonstrate clinical exceptionality. This involves providing evidence about why the patient should have this treatment, over and above other people with the same condition. This is then considered by a panel of clinicians who decide if funding should be granted.	Funded when the criteria set out below is met.

We want to introduce the following policy:

NEL CCGs will fund trigger finger surgery when one of the following criteria is met:

1. The triggering persists or recurs after one of the above measures (particularly steroid injections)
   OR
2. The finger is permanently locked in the palm
   OR
3. The patient has previously had two other trigger fingers unsuccessfully treated with appropriate non-operative methods
   OR
4. The patient has diabetes

During 2018/19 BHR patients had 39 procedures at a cost to the NHS of £52,043.

9. Surgery for excessive sweating

Excessive sweating (also called hyperhidrosis) can be treated by surgery to cut the nerves in an attempt to reduce excessive sweating in parts of the body**.** This surgery carries a risk of serious complications, is not always successful and can actually make sweating worse. Excessive sweating on other parts of the body after surgery is common and some patients regret having had surgery because of this. It should only be considered after all non-surgical options have been tried and failed for patients with extreme and debilitating excessive sweating.

Current policy	Proposed new policy
Only funded via an individual funding request which has to demonstrate clinical exceptionality. This involves providing evidence about why the patient should have this treatment, over and above other people with the same condition. This is then considered by a panel of clinicians who decide if funding should be granted.	Funded when criteria (below) is met

NEL CCGs will fund surgery for excessive sweating when the following criteria are met:

1(a). Significant focal hyperhidrosis and a one to two month trial of aluminium salts (under GP supervision) has been unsuccessful in controlling the condition
OR
1(b). Significant focal hyperhidrosis and intolerance of topical aluminium salts despite reduced frequency of application and use of topical 1% hydrocortisone
AND
2. **all of the following non-surgical treatments have been tried without success:**

- Treatment for anxiety (if a factor)
- Dermatologist-prescribed skin cream
- Drugs prescribed to block the effect of the nerves that stimulate the sweat glands
- Treating affected areas of skin with a weak electric current which is thought to help block the sweat glands (for hands and feet)
- Botox injections (for the armpit).

During 2018/19 BHR patients had seven procedures at a cost to the NHS of £3,770.

No longer routinely funding certain procedures

Our GPs have identified several treatments they think should no longer be routinely funded. This is because there is limited evidence that these procedures work, and/or they are not a good use of NHS funding.

These procedures are:

1. Dilation and curettage (D&C) for heavy menstrual bleeding

D&C is a surgical procedure where the cervix is widened (dilation) and the lining of the womb is scraped out (curettage). It is a common procedure after a miscarriage, but we are only looking at its use for heavy menstrual bleeding.

D&C should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it does not work. There are other, more effective, options to investigate and treat heavy periods such as ultrasound scans, camera tests to sample of the lining of the womb (hysteroscopy and biopsy) and medication.

During 2018/19 there were 13 D&C procedures carried out for BHR patients at a cost of £8,139.

2. Split ear lobe repair

Excessive weight or trauma on the earlobes (sometimes caused by wearing heavy earrings) can lead to a tear in the delicate earlobe tissues.

We don't think the NHS should pay for surgery to repair split ear lobes because it is considered to be for cosmetic reasons. We think it is very rare that the NHS pays for this treatment, but making clear in our commissioning policy that repair will not be funded provides clarity for our GPs.

Because BHR CCGs currently rarely fund this treatment, there is no recent data on numbers of patients and costs.

3. Herbal medicines

Herbal medicines are made from plant parts, such as leaves, roots or flowers. There is very limited evidence that herbal medicines work and in many cases their use tends to be based on traditional use rather than scientific research.

We don't think the NHS should pay for these medicines because:

- There is a lack of evidence that these medicines work
- There is a risk of toxicity from non-quality assured therapies
- They could result in reduced or enhanced effects of the medicine, including potential side effects. You may experience a bad reaction or side effects after taking an herbal medicine.
- There are safety issues because not all herbal medicines are regulated.

Because of these factors, we don't think the NHS should pay for herbal medicines. We think it is very rare that the NHS pays for them at the moment, but making clear in our commissioning policy that they will not be funded provides clarity for our GPs.

Because BHR CCGs currently rarely fund this treatment, there is no recent data on numbers of patients and costs.

4. Treatment for scarring, skin hyperpigmentation and hypopigmentation

Improving the appearance of skin affected by scarring (such as acne scarring), hyperpigmentation (excessive pigmentation of the skin causing dark spots) or hypopigmentation (excessive pigmentation of the skin causing light spots) is generally considered to be a cosmetic procedure. For this reason, it is not generally funded by the NHS. The available treatments are also not always effective. There are cheaper alternatives to help with the appearance of skin affected by these conditions such as special make up.

Because BHR CCGs currently rarely fund this treatment, there is no recent data on numbers of patients and costs.

Impact on people's mental health

Mental health is often a factor in patients seeking cosmetic treatment or surgery.

There are no universally accepted and objective measures of psychological distress, so it is difficult to include such factors when setting clinical thresholds for agreeing when a particular treatment is effective or needed.

We believe it is generally better to provide support, such as therapy, to treat the mental health need. However, if a clinician thought there were exceptional mental health reasons why a patient needed treatment, they could apply through the individual funding request process explaining why this is an exceptional case. This is not guaranteed to be approved.

Mental health support: Talking Therapies
Talking Therapies is a free and confidential NHS service that provides support from an expert team who understand what people are going through, and who work with people to help them feel better.

Team members introduce people to effective, practical techniques, specific to their needs, which are proven to work. The national programme is based on evidence and all the tools and techniques used are recommended by local GPs.

This NHS programme has already helped thousands of local people to feel better.

To find out more: www.mytalkingtherapies.org.uk or call 0300 300 1554

Questionnaire for Barking and Dagenham, Havering and Redbridge

Please complete this questionnaire on our websites:

www.barkingdagenhamccg.nhs.uk/oncefornelondon
www.haveringccg.nhs.uk/oncefornelondon
www.redbridgeccg.nhs.uk/oncefornelondon

Or you can fill it in and post it to **FREEPOST BHR CCGs** (no stamp needed). Please make sure we receive your response before 5pm on 3 July 2019.

Tell us about you

We want to see what sorts of people are responding to our proposals. This helps us to understand if our proposals might have more of an impact on some groups of people than others. **These questions are optional – you don't have to answer them if you don't want to.**

Please tick as appropriate

1. Are you?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

2. How old are you?

- ☐ Under 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years or older
- ☐ Prefer not to say

3. Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No

4. Which borough do you live in?

- ☐ Barking and Dagenham
- ☐ Havering
- ☐ Redbridge
- ☐ Other (please tell us which borough)

5. What is your ethnicity?

This is not about place of birth or citizenship. It is about the group you think you belong to in terms of culture, nationality or race.

- ☐ Any white background
- ☐ Any mixed ethnic background
- ☐ Any Asian background
- ☐ Any black background
- ☐ Any other ethnic group (please tell us what it is)

- ☐ Prefer not to say

6. Are you responding as: (choose as many as apply)

- ☐ A local resident
- ☐ A representative of an organisation or group (please tell us which)
- ☐ A clinician, commissioner or other healthcare professional
- ☐ Other (please tell us why)

What do you think about our proposals?

We want to understand your views about what we're proposing.

You don't have to answer the whole questionnaire if you don't want to – only answer the sections you're interested in.

Developing new policies for certain treatments and procedure

At the moment, there are no formal policies for these procedures, and our GPs felt it was important to formalise existing good clinical practice by developing policies that clearly set out who can have these procedures.

1. Please tell us what you think about our proposals by ticking the statement that best matches your views for each:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Introduce a new policy for chalazia removal (eyelid lumps)					
Introduce a new policy for shoulder decompression surgery					
Introduce a new policy for surgery for carpal tunnel syndrome					
Introduce a new policy for interventional treatments for back pain					

2. Is there anything else you want to tell us, or think we should consider, before making decisions about introducing these new policies?

Procedures where we want to change the clinical criteria

Listening to feedback from our GPs, we want to change and make clearer the eligibility criteria for a number of procedures so that only people who are likely to benefit from this surgery can have it.

3. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Changing the criteria for ear surgery					
Changing the criteria for nose surgery					
Changing the criteria for Dupuytren's contracture release					
Changing the criteria for cataract surgery					
Changing the criteria for weight loss surgery					
Changing the criteria for female breast reduction					
Changing the criteria for grommets for glue ear in children					
Changing the criteria for Trigger finger treatment					
Changing the criteria for surgery for excessive sweating					

4. Is there anything else you want to tell us, or think we should consider, before making a decision about changing the clinical criteria for these procedures?

No longer routinely funding certain procedures

Our GPs have identified several treatments they think should no longer be routinely funded. This is because there is limited evidence that these procedures work, and/or they are not a good use of NHS funding.

5. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The NHS should no longer routinely fund Dilation and curettage (D&C) for heavy menstrual bleeding					
The NHS should no longer routinely fund split ear lobe repair					
The NHS should no longer routinely fund herbal medicines					
The NHS should no longer routinely fund treatment for scarring, skin hyperpigmentation and hypopigmentation					

6. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

General comments

7. Within the last two years have you or a member of your immediate family had any of the procedures outlined in this document funded by the NHS?

Yes	No

8. Do you have any other comments about our proposals that you'd like to make?

9. If you would like us to tell you what decisions we reach regarding these proposals, please write your name and email address in the box below. We will keep your details safe and won't share them.

Thank you for taking the time to let us know what you think.

If you're not completing this questionnaire online, please make sure you send it back to **FREEPOST BHR CCGs**.

All comments must be received by 5pm on 3 July 2019.

We want to hear from everyone

This document is about changes we want to make to some commissioning policies.

If you want to know more, email nelcsu.nelsmw@nhs.net or call 020 3688 2455 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

Bangla
এই দস্তাবেজটি এমন কিছু পরিবর্তন সম্পর্কে যা আমরা কিছু কমিশনিং নীতিগুলিতে করতে চাই। আমরা এই সম্পর্কে আপনি কি মনে করতে চান। আপনি যদি আরও জানতে চান তবে অনুগ্রহ করে NELCSU.NELSMW@nhs.net এ ইমেল করুন অথবা 020 3688 2455 এ কল করুন এবং আমাদের কোন সাহায্যের প্রয়োজন তা বলুন। যদি আপনি বড় মুদ্রণ, সহজ পড়া বা একটি ভিন্ন বিন্যাস বা ভাষা এই প্রয়োজন হয় আমাদের জানান।

Lithuanian
Šis dokumentas yra susijęs su pakeitimais, kuriuos norime padaryti kai kurioms užsakymo politikos kryptims. Mes norime žinoti, ką apie tai galvojate. Jei norite sužinoti daugiau, rašykite el. Paštu NELCSU.NELSMW@nhs.net arba skambinkite telefonu 020 3688 2455 ir pasakykite mums, kokios pagalbos jums reikia. Praneškite mums, jei to reikia dideliame spaudoje, lengvai skaitomame arba kitokiu formatu ar kalba.

Portuguese
Este documento é sobre mudanças que queremos fazer em algumas políticas de comissionamento. Queremos saber o que você pensa sobre isso.

Se você gostaria de saber mais, por favor envie um e-mail para NELCSU.NELSMW@nhs.net ou ligue para 020 3688 2455 e diga-nos que ajuda você precisa. Deixe-nos saber se você precisa disso em letras grandes, leitura fácil ou um formato ou idioma diferente.

Punjabi
ਇਹ ਦਸਤਾਵੇਜ਼ ਉਹਨਾਂ ਤਬਦੀਲੀਆਂ ਬਾਰੇ ਹੈ ਜੋ ਅਸੀ ਕੁਝ ਕਮਸ਼ਿਨੰਿਗ ਨੀਤੀਆਂ ਨੂੰ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹਾਂ. ਅਸੀ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹਾਂ ਕ ਿਤੁਸੀ ਇਸ ਬਾਰੇ ਕੀ ਸੋਚਦੇ ਹੋ.

ਜੇ ਤੁਸੀ ਵਧੇਰੇ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ NELCSU.NELSMW@nhs.net ਨੂੰ ਈਮੇਲ ਕਰੋ ਜਾਂ 0203 688 2455 ਤੇ ਕਾਲ ਕਰੋ ਅਤੇ ਸਾਨੂੰ ਦੱਸੋ ਕ ਿਤੁਹਾਨੂੰ ਕਸਿ ਦੀ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਸਾਨੂੰ ਇਹ ਜਾਣਨ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਕ ਿਤੁਹਾਨੂੰ ਇਸ ਦੀ ਵੱਡੇ ਪ੍ਰਰੰਟ, ਆਸਾਨੀ ਨਾਲ ਪੜ੍ਹਨਾ ਜਾਂ ਵੱਖਰਾ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵੱਿਚ ਲੋੜ ਹੈ.

Romanian
Acest document este despre modificările pe care vrem să le facem la unele politici de punere în funcțiune. Vrem să știm ce credeți despre asta.

Dacă doriți să aflați mai multe, vă rugăm să ne trimiteți un e-mail la adresa NELCSU.NELSMW@nhs.net sau să sunați la numărul 020 3688 2455 și să ne spuneți ce ajutor aveți nevoie. Spuneți-ne dacă aveți nevoie de acest lucru în format mare, ușor de citit sau într-un alt format sau limbă.

Tamil

இந்த ஆவணம் சில கமிஷனிங் கொள்கைகளை செய்ய விரும்புகிற மாற்றங்கள் ஆகும். இதைப் பற்றி நீங்கள் என்ன நினைக்கிறீர்கள் என்பதை நாங்கள் அறிய விரும்புகிறோம்.

நீங்கள் இன்னும் தெரிந்த கொள்ள விரும்பினால், தயவுசெய்து மின்னஞ்சல் NELCSU.NELSMW@nhs.net மின்னஞ்சல் அல்லது 020 3688 2455 என்ற அழைப்புக்கு உங்களுக்குத் தேவையான உதவியை எங்களுக்குத் தெரிவிக்கவும். உங்களுக்கு பெரிய அச்சு, எளிதான வாசிப்பு அல்லது வேறொரு வடிவம் அல்லது மொழி தேவைப்பட்டால் எங்களுக்குத் தெரியப்படுத்தவும்.

Urdu

یہ دستاویز ایسے تبدیلیوں کے بارے میں ہے جو ہم کچھ کمیشننگ پالیسیوں کو بنانا چاہتے ہیں. ہم یہ جاننا چاہتے ہیں کہ آپ اس بارے میں کیا سوچتے ہیں.

اگر آپ مزید جاننا چاہتے ہیں تو، براہ کرم NELCSU.NELSMW@nhs.net یا 02036882455 کو کال کریں اور ہمیں بتائیں کہ آپ کی کیا ضرورت ہے. ہمیں بتائیں کہ اگر آپ کو اسے بڑے پرنٹ، آسان پڑھنے یا مختلف شکل یا زبان میں اس کی ضرورت ہے.
ضرورت ہے. ہمیں بتائیں کہ اگر آپ کو اسے بڑے پرنٹ، آسان پڑھنے یا مختلف شکل یا زبان میں اس کی ضرورت ہے.