

Front Sheet

Paper **XX**

Title of the report:	Planned Care Policies
Report to:	Joint HOSC
Section:	
Date of the meeting:	4 th September 2018
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EXECUTIVE SUMMARY

1. Clinical Commissioning Groups (CCGs) are responsible for commissioning healthcare services that meet the reasonable requirements of their population. The Planned Care policies enable CCGs to prioritise their resources using the best evidence about what is clinically effective and to provide the greatest proven health gain.
2. This paper covers the:
 - a. policy review process and outcomes;
 - b. activity and financial impact;
 - c. engagement plan and how patients can get involved;
 - d. next steps.
3. A three stage review process was undertaken over a period of six months, led by the three LLR CCGs, in partnership with clinicians from local hospitals, GPs, public health and patient representatives.
4. Following the clinical review, it has been agreed that:
 - 2 existing policies will be changed and these are Hip and Knee Replacement and the Male Circumcision.
 - 50 new policies of the 79 that have been reviewed in stages 2 and 3 will be introduced.
 - 49 existing policies have been reviewed and will not be changed
5. The financial benefit of implementing this policy is small as it mainly reflects current practice and is estimated to impact 86 patients across LLR.

6. It is clear from the policy review that LLR CCGs are not entirely stopping certain interventions outright for everybody and we are clear and comfortable with the clinical rationale and thresholds underpinning each policy that have been supported in primary and secondary care; therefore an engagement period of six weeks was proposed.
7. Public engagement commenced on 20th August and runs through to 26th September 2018. In this time we are seeking people's views on the 101 policies. The engagement document (attached and an appendix) identifies how the public can access the draft policies and survey:
8. Three public events have been organised for patients to come and learn more about the policies and share their thoughts.
9. The CCGs will review the feedback received from the public and stakeholder engagement, and make changes to the policies where clinically relevant. The final policies will be approved by the LLR CCGs in their public meetings in October.
10. Patients will be given four weeks' notice before the new approved policies come into force. It is expected that the new policies will be implemented by 1st December 2018.

LEICESTER, LEICESTERSHIRE AND RUTLAND PLANNED CARE POLICIES

PURPOSE

1. Clinical Commissioning Groups (CCGs) are responsible for commissioning healthcare services that meet the reasonable requirements of their population. The Planned Care policies enable CCGs to prioritise their resources using the best evidence about what is clinically effective and to provide the greatest proven health gain.
2. This paper covers the:
 - a. policy review process and outcomes;
 - b. activity and financial impact;
 - c. engagement plan and how patients can get involved;
 - d. next steps.

BACKGROUND

3. Planned care is the term used to describe the non-emergency operations and treatments that are carried out in hospital and in the community, with appointments arranged in advance. Patients could be treated as an outpatient in a clinic or may have to stay overnight in hospital. Some examples of these are hip and knee replacements, operations to correct a cataract, joint injections and varicose vein surgery.
4. It is important to have policies in place so that doctors have clear guidance on treatments and to make sure that decisions are made consistently and in the same way for each patient. This is not about “rationing” or reducing access to treatment.
5. We want to make sure that patients only have procedures, such as operations, where we know that this will be effective for their particular medical problem and circumstances. Any procedure carries a small risk of complications, so we need to know that a treatment is right and will help the patient. Policies also make sure that NHS resources are used in the best possible way and are used fairly for everyone.
6. The development of Planned Care policies is not unique to the Leicester, Leicestershire and Rutland (LLR) CCGs. All CCGs have a range of policies which provide GPs and hospital doctors guidance to which procedures/ treatments have clinical thresholds which the patient needs to reach before treatment will be funded or which procedures/ treatments are not funded by CCGs. Examples of the current policies in place are botulinum toxin for wrinkles frown lines or ageing neck and tonsillectomy.
7. A three stage review process was undertaken over a period of six months, led by the three LLR CCGs, in partnership with clinicians from local hospitals, GPs, public health and patient representatives.
 - a. Stage 1
 - We reviewed 51 existing policies, making sure that they were still clinically relevant. Of the existing policies, 49 did not require any changes and two required updating.
 - b. Stage 2

- We reviewed data on 40 procedures/ treatments provided by NHS England to identify opportunities to add other procedure/ treatments to the LLR policy document. An example of a policy added to the Planned Care policy document includes alopecia (hair loss)

c. Stage 3

- We reviewed 39 policies from other CCGs to identify opportunities to add to the LLR policy document. Examples of the policies added to the Planned Care policy document are restless legs syndrome and vaginal prolapse.

8. The outcome of stages 2 and 3 was an inclusion of 50 additional policies to the Planned Care Policy document. The majority of these policies reflect current University Hospitals of Leicester NHS Trust (UHL) clinical practice, so including these as policies formalises this.

NHS ENGLAND CONSULTATION

9. NHS England (NHSE) is currently consulting on 17 procedures/ treatments, they are recommending that four are not routinely funded and the remaining 13 have threshold criteria for treatment. The consultation ends 28th September 2018.

Not Routinely Funded

- Snoring Surgery (in the absence of Obstructive Sleep Apnoea)
- Knee arthroscopy for patients with osteoarthritis
- Injections for nonspecific low back pain without sciatica
- Dilatation and Curettage for heavy menstrual bleeding

Threshold Criteria

- Breast reduction
- Removal of benign skin lesions
- Grommets for Glue Ear in Children
- Tonsillectomy for recurrent tonsillitis
- Haemorrhoid Surgery
- Hysterectomy for heavy menstrual bleeding
- Chalazia Removal
- Arthroscopic shoulder decompression for subacromial shoulder pain
- Carpal Tunnel Syndrome
- Dupuytren's Contracture release
- Ganglion excision
- Trigger finger release
- Varicose Vein Surgery

10. LLR Public Health consultants have reviewed the NHSE guidance against the Planned Care Policies. There are only two procedures from the NHS England list that are not included in the LLR Planned Care Policies:

- a. Dilation and Curettage (D&C) for heavy menstrual bleeding in woman. This procedure is not performed at UHL therefore there will be little impact of not routinely funding this procedure
- b. Arthroscopic shoulder decompression for subacromial shoulder pain. Work is underway with the Orthopaedic department at UHL to understand the implications of NHS England's recommendation.

11. The LLR CCGs will consider the outcome of NHSE consultation before finalising these 17 procedures as part of the Planned Care Policies.

POLICY REVIEW AND PROCESS OUTCOMES

12. All the policies have been reviewed by a team of 45 GPs, hospital consultants, public health consultants and patient representatives working in Leicester, Leicestershire and Rutland. They have looked at:

- All relevant national standards, medical guidance and any other evidence that shows whether the operation or treatment is likely to work
- How much individuals or patient groups are likely to benefit from the treatment
- Whether the operation or treatment provides good value for money
- The potential risks of complications for the treatment
- Whether the operation or treatment is being provided in the right place for the individual and for their particular medical problem.

13. Following the review, it has been agreed that:

- 2 existing policies will be changed and these are Hip and Knee Replacement and the Male Circumcision policies (see Appendix 2 of the Planned Care Policies Engagement Document) so that patients receive better care. Any treatment that is given will be based on best medical advice and be the right decision for their individual medical problem.
- 50 new policies of the 79 that have been reviewed in stages 2 and 3 will be introduced (see Appendix 3 of the Planned Care Policies Engagement Document). The majority of these new policies describe what is already happening in LLR although they do not currently have a formal policy in place. It means that from now on, it will be clearer which operations and treatment will be carried out and it will be fair for everyone.
- 49 existing policies have been reviewed and will not be changed (see Appendix 4 of the Planned care Policies Engagement Document).

ACTIVITY AND FINANCIAL IMPACT

14. The financial benefit of implementing this policy is small as it mainly reflects current practice. However as with the decommissioning of acupuncture etc for low back pain in December 2017, it is the right thing to do for the LLR health economy. LLR CCGs should not commission services where there is limited clinical evidence of effectiveness or cost effectiveness.

15. The table below identifies the estimated activity and spend reduction assuming a 5% reduction of activity for these procedures by CCG.

	2017/18	5% reduction (FYE)
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	Activity	Spend (£)	Activity	Spend (£)
ELRCCG	592	1,640,796	30	82,039.80
LCCCG	541	1,311,679	27	65,583.95
WLCCG	584	1,714,581	29	85,729.05
TOTAL	1717	4,667,056	86	233,352.80

16. It is difficult to quantify the reduction as savings will only be made if:

- A procedure is not undertaken, that previously was funded – there are no policies that fall in to this category
- If there is evidence that the provider performed a procedure outside of the clinical threshold therefore commissioners do not fund that activity if evidenced following an audit through the contracting arrangements.

17. Due to the growing waiting list size at providers, it is more likely that the theatre time released will be substituted to treat other patients who are already waiting on waiting lists, thus reducing the waiting list size and waiting times for patients.

COMMUNICATIONS AND ENGAGEMENT

18. It is clear from the policy review that LLR CCGs are not entirely stopping certain interventions outright for everybody and we are clear and comfortable with the clinical rationale and thresholds underpinning each policy that have been supported in primary and secondary care; therefore an engagement period of six weeks was proposed. The engagement process also acts as an education campaign for the public and reassures them that those who meet the thresholds will still receive treatment.

19. The Stakeholder Engagement document is attached as appendix A and has been prepared on behalf of the LLR CCGs.

20. Public engagement commenced on 20th August and runs through to 26th September 2018. In this time we are seeking people's views on the 101 policies. The engagement document identifies how the public can access the draft policies and survey:

- By contacting Leicester City CCG - 0116 295 1116
- By email - beinvolved@leicestercityccg.nhs.uk
- By the following web address - <http://bit.ly/plannedcareLLR>

21. Three public events have been organised for patients to come and learn more about the policies and share their thoughts. The events are taking place on the following dates:

Date	Location	Time
Tuesday 18th September	Falcon Hotel, 7 High St E, Uppingham, Oakham LE15 9PY	3pm to 6pm
Thursday 20th September	Voluntary Action LeicesterShire, 9 Newarke Street, Leicester, LE1 5SN	10am -1pm
Thursday 20th September	Ramada Hotel, 22 High Street, Loughborough, Leicestershire, LE11 2QL	3pm to 6pm

EQUALITY AND QUALITY IMPACT ASSESSMENTS

22. The equality impact assessments have been assessed at a clinical service level in consultation with the Midlands and Lancashire Commissioning Support Unit, Equality and Inclusion Business Partner. The quality impact assessment has been undertaken, in consultation with the Leicester City Clinical Commissioning Group Lead Nurse. Two quality impact assessments have been completed:

- procedures/ treatments that are not routinely funded
- procedures/ treatments with clinical thresholds.

23. At this stage in the process there have been no equality issues identified and the quality impact assessment has identified two main risks that need to be considered.

Risk Identified	Mitigation
Clinician awareness (primary and secondary care) of the policy and all the procedures with in the policy	<ul style="list-style-type: none"> • On line access to the policy document via CCG websites • PRISM pathways • Policy to be circulated to all Clinical Management Groups at UHL in October • UHL to include the policy on their internal intranet site
Lack of support for our strategic partners	Ensure communications with: <ul style="list-style-type: none"> • 3 HOSCs and Wellbeing Boards, • Voluntary sector organisations • Patients support groups • Carer groups • MPs and Councillors • Healthwatch and LMC

NEXT STEPS

24. The CCGs will review the feedback received from the public and stakeholder engagement, which ends on 26th September and make changes to the policies where clinically relevant. The final policies will be approved by the LLR CCGs in their public meetings in October. The final versions will be published and be available of the LLR CCGs websites for clinicians and the public to access.

25. Patients will be given four weeks' notice before the new approved policies come into force. It is expected that the new policies will be implemented by 1st December 2018.

Planned Care Policies in Leicester, Leicestershire and Rutland

We would like to hear your views about 101 policies that describe when and how planned care is carried out. Planned care is the non-emergency treatment and operations that are carried out in hospital and in the community, with appointments arranged in advance.



A partnership of:

- Leicester City Clinical Commissioning Group
- West Leicestershire Clinical Commissioning Group
- East Leicestershire and Rutland Clinical Commissioning Group

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Introduction: Planned Care Services in Leicester, Leicestershire and Rutland

We would like to hear people's views about **101 policies** that describe when and how planned care operations and treatment are carried out.

Planned care is the term used to describe the non-emergency operations and treatment that are carried out in hospital and in the community, with appointments arranged in advance. Patients could be treated as an outpatient in a clinic or may have to stay overnight in hospital. Some examples of these are hip and knee replacements, operations to correct a cataract, joint injections and varicose vein surgery.

Policies are used by health professionals to give clear guidance on when a referral should be made for treatment in hospital.

There are 51 existing policies that have been reviewed, of which two have been changed. There are also 50 new policies being introduced because they do not currently have a proper policy in place.

This work is being led by the three NHS clinical commissioning groups (CCGs) responsible for planning and buying health services for people across Leicester, Leicestershire and Rutland, in partnership with local hospitals, GPs, public health and patient representatives.

Why are we doing this?

It is important to have policies in place so that doctors have clear guidance on treatments and to make sure that decisions are made consistently and in the same way for each patient. This is not about "rationing" or reducing access to treatment.

We want to make sure that patients only have procedures, such as operations, where we know that this will be effective for their particular medical problem and circumstances. Any procedure carries a small risk of complications, so we need to know that a treatment is right and will help the patient. Policies also make sure that NHS resources are used in the best possible way and are used fairly for everyone.

We want to know whether patients are aware of these policies and understand them, whether they have any questions about them and if there is anything else that they think should be included.

Tell us your views

Patients can tell us their views from **17th August until 26th September 2018**, through a survey and through public events. More information on all of this can be found on page 5.

During the survey period we will be examining all of the feedback received. If any concerns are raised about any wording in the individual policies we will allow more time to consider these.

Policies

Policies are used in all areas of the country to describe when and how particular operations or treatment will be carried out. They are used by health professionals to give clear guidance on when a referral should be made for treatment. This is important to ensure that, wherever patients live, they are treated consistently and to make sure that they don't undergo procedures if there is unlikely to be a significant benefit.

Our local doctors have looked at a range of policies to decide whether they are suitable for patients in Leicester, Leicestershire and Rutland. The policies cover the following areas of medicine:

- Dermatology: problems with the skin
- Ear, nose and throat
- Gastroenterology: related to the stomach and intestines
- General surgery: a wide range of surgery which includes: surgery of the stomach and intestines; breast problems; kidney, pancreas and liver transplantation; trauma to the abdomen and thorax; certain skin problems and general childhood surgery
- Gynaecology: related to the female parts of the body used to make babies
- Imaging: taking pictures of the inside of the body. For example x-ray, ultrasound and MRI scans
- Maxillofacial: related to the mouth and jaw
- Neurology: related to the brain and nervous system
- Ophthalmology: related to the eyes
- Orthopaedics: related to the bones, joints and muscles in the body
- Paediatric surgery: related to children

- Pain
- Plastics: plastic surgery and enhancing appearance with or without surgery
- Podiatry: related to the feet, ankles and lower legs
- Respiratory: related to the lungs
- Urology: In women – related to the kidneys, ureters, bladder. In men, also related to the prostate and penis.
- Vascular: related to the heart and blood system
- plus a small number of other policies.

Following the review, it has been agreed that:

- 2 existing policies will be changed (see Appendix 2) so that patients receive better care. Any treatment that is given will be based on best medical advice and be the right decision for their individual medical problem.
- 50 new policies will be introduced (see Appendix 3). These new policies simply describe what is already happening in Leicester, Leicestershire and Rutland although they do not currently have a formal policy in place. It means that from now on it will be clearer which operations and treatment will be carried out and it will be fair for everyone.
- 49 existing policies have been reviewed and will not be changed (see Appendix 4).

How have the policies been reviewed?

All the policies have been reviewed by a team of GPs, hospital consultants and public health consultants working in Leicester, Leicestershire and Rutland. They have looked at:

- All relevant national standards, medical guidance and any other evidence that shows whether the operation or treatment is likely to work
- How much individuals or patient groups are likely to benefit from the treatment
- Whether the operation or treatment provides good value for money
- The potential risks of complications for the treatment
- Whether the operation or treatment is being provided in the right place for the individual and for their particular medical problem.

How can patients get involved?

Patients are invited to review the policies and let us know if they have any comments to make about any of them, using an online survey.

- Paper copies of each draft policy and the survey are available by calling 0116 295 1116 (Monday to Friday 9am to 5pm), or by emailing beinvolved@leicestercityccg.nhs.uk.
- You can also view the policies and complete the survey on the following web page:
<http://bit.ly/plannedcareLLR>
- You can make comments on as many of the policies as you wish but you will need to complete a separate survey for each policy you are commenting on.

The survey closes on **26th September 2018**. The policies will then be amended to take into account what people have said and final versions will be published.

During the engagement we will be examining all of the feedback we received and if any concerns are raised about any wording in the individual policies, or if patients raise issues that they believe have been missed, we will allow more time to consider these.

Events

We are holding three events to discuss the proposed policy changes. One event will take place in Leicester, one in Leicestershire and one in Rutland. At these events patients can come and learn more about the policies and other changes that we might make to local services in the future. (See Appendix 5 for more information about future changes).

The events are taking place on the following dates:

Date	Location	Time
Tuesday 18th September	Falcon Hotel, 7 High St E, Uppingham, Oakham LE15 9PY	3pm to 6pm
Thursday 20th September	Voluntary Action Leicestershire, 9 Newarke Street, Leicester, LE1 5SN	10am -1pm
Thursday 20th September	Ramada Hotel, 22 High Street, Loughborough, Leicestershire, LE11 2QL	3pm to 6pm

***Please let us know if you would like to attend as places are limited.** Call 0116 295 1116 (Monday to Friday 9am to 5pm) or email beinvolved@leicestercityccg.nhs.uk

Questions you may have

When will the policies be implemented?

Some of the policies are already in place, and It is expected that the new policies will be implemented by 1st December 2018.

Patients have until 26th September 2018 to comment on the policies. Following this, the clinical commissioning groups will review the comments and make changes to the policies. The final policies will be approved by the three clinical commissioning groups in their public meetings in October and then final versions will be published. Patients will be given four weeks' notice before the new approved policies come into force.

What will happen to patients already receiving treatment or on waiting lists?

Any patients that are already in the process of receiving treatment, or are on a waiting list, will continue receiving that treatment. Any new patients will be referred for treatment in line with the new policies once they have been approved.

Will any more policies be introduced in the future?

The clinical commissioning groups will be continuing to review our policies in the future. This is good practice to make sure NHS resources are being used in the best possible way. The CCGs will be engaging or consulting with patients about every policy as appropriate and patients can ask to be kept informed about these.

How will the policies be published?

Any approved policies that are used locally will be published on each CCG's website:

- www.leicestercityccg.nhs.uk
- www.westleicestershireccg.nhs.uk
- www.eastleicestershireandrutlandccg.nhs.uk

The draft policies can all be reviewed on the following web page:

<https://www.leicestercityccg.nhs.uk/get-involved/consultations-and-surveys/current-consultations-and-surveys/planned-care-policies-for-leicester-leicestershire-and-rutland/draft-referral-policies/>

Will patients be negatively affected by the implementation of the policies?

No. This is about strengthening and improving existing policies to make sure they are as appropriate as they can be or making sure that a policy exists to govern an area of care that is already being delivered across Leicester, Leicestershire and Rutland.

This means that patients will not be negatively affected by introducing the new or changed policies. Instead it will be clearer what operations and treatments will be carried out and when, so that it is fairer for everyone.

Will there be any changes to Planned Care in the future?

In the future, we will be looking at how we could change some planned care services to make them better for patients. With these policies in place, any changes will be more successful because services will already be working more efficiently. It also means that we will be able to do more with any extra resources we receive in the future. This is an important piece of work for the Sustainability and Transformation Partnership, known locally as Better Care Together.

You can read more about this, and how you can get involved, in Appendix 5.

I've heard in the news about national changes to planned care – how will that affect what's happening locally?

CCGs decide what policies they put in place for their patients. NHS England sometimes makes recommendations about what CCGs should think about introducing.

At the beginning of July, NHS England launched a consultation about 17 interventions that it would like clinical commissioning groups (CCGs) to introduce policies for. This consultation will help NHS England to put their recommendations together.

Most of these interventions are already included in our local policies, or are planned to be introduced in the review that's covered in this document. We have started to consider NHS England's proposed policies locally, and if we think changes should be made, we will engage or consult with local patients.

NHS England's consultation will be running until 28th September 2018. Patients are also encouraged to take part in this.

<https://www.engage.england.nhs.uk/consultation/evidence-based-interventions/>

Appendix 1: Number of policies by area of medicine

The areas of medicine that the policies fall under are listed in the table below.

Specialty	Number of existing policies with no change	Number of existing policies with amendments	Number of new policies	Total
Dermatology	9	0	5	14
Ear, nose and throat (ENT)	3	0	3	6
Gastroenterology	1	0	1	2
General surgery	2	0	1	3
Gynaecology	3	0	2	5
Gynaecology / Urology	1	0	1	2
Imaging	0	0	1	1
Maxillofacial	0	0	2	2
Neurology	0	0	2	2
Ophthalmology	1	0	5	6
Orthopaedics	4	1	9	14
Other	0	0	5	5
Paediatric surgery	0	0	1	1
Pain	0	0	4	4
Plastics	21	0	2	23
Podiatry	0	0	1	1
Respiratory	1	0	0	1
Urology	2	1	2	5
Vascular	1	0	3	4
Total	49	2	50	101



Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

Appendix 2: Policies that have changed

Paper copies of individual draft policies and the survey are available by calling 0116 295 1116 (Monday to Friday 9am to 5pm) or emailing beinvolved@leicestercityccg.nhs.uk. You can also view our policies online by visiting: <https://www.leicestercityccg.nhs.uk/get-involved/consultations-and-surveys/current-consultations-and-surveys/planned-care-policies-for-leicester-leicestershire-and-rutland/draft-referral-policies/>

Two existing policies have been changed. These are:

- Circumcision – Male: The removal of a man’s foreskin from the penis.
- Hip and Knee Replacement

Both of these are **threshold policies**; this describes the different levels of treatment that can be given depending on the nature of the patient’s individual medical problem. For example, some treatment will only work in certain situations.

**** If you are reading this online, click on the policy name to read the full policy***

Urology

Policy	Type
Circumcision – Male	Threshold

What has changed in the policy?

In the current policy, circumcision is only funded if the patient has the following medical problems: pathological phimosis (abnormally tight foreskin), recurrent paraphimosis (when the retracted foreskin will not return to its normal position over the tip of the penis), trauma (zipper injury), urinary tract infections (UTI) that keep coming back.

The proposed policy continues to cover all of the same medical problems but has also been extended to include circumstances where there have been three episodes of balanoposthitis.

Orthopaedics

Policy	Type
Hip and Knee Replacement	Threshold

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What has changed in the policy?

The current policy requires patients to score below a threshold number on the Oxford Score (to rate the severity and effects of joint symptoms and monitor the effectiveness of treatment) before they are referred. This score does not have to be included in the new policy, although the Oxford score continues to be one of the ways a doctor might help a patient decide whether surgery is right for them.

The following have been added to the policy:

- Patients with any existing medical problems should be in good health, e.g. for example, anaemic patients should bring their iron levels within normal range.
- The patient should have undergone three months of non- surgical treatment which includes exercise, mobility aids, lifestyle advice and medication.
- The patient should confirm that they are willing to have surgery.
Questionnaires such as the Oxford Score should be used to help them decide whether the operation is right for them.
- Referrals should only be made if the severity of the patient's medical problem meets a certain level, based on:
 - The patient's symptoms and how they are impacting on their life.
 - How well the patient is able to move and carry out activities
 - The findings of medical examinations
 - Whether there is visual evidence (e.g. x-ray or ultrasound) showing the patient has a disease that has slowly been getting worse (such as arthritis).
- Patients with severe symptoms and a lack of ability to move or carry out normal activities, will be seen more quickly.

Appendix 3: New policies that are being introduced in Leicester, Leicestershire and Rutland

Paper copies of individual draft policies and the survey are available by calling 0116 295 1116 (Monday to Friday 9am to 5pm) or emailing beinvolved@leicestercityccg.nhs.uk. You can also view our policies online by visiting: <https://www.leicestercityccg.nhs.uk/get-involved/consultations-and-surveys/current-consultations-and-surveys/planned-care-policies-for-leicester-leicestershire-and-rutland/draft-referral-policies/>

50 new policies are being introduced. Policies for these procedures are already in use in other areas of the country and have been reviewed by a team of local doctors to ensure they are fit for purpose.

Care is already being delivered in this way but there is no formal policy in place. **This means that patients will not be affected by introducing these new policies. It will be clearer what operations and treatment will be carried out and it will be fair for everyone.**

- **Threshold policies:** A threshold policy is one that describes the severity of the condition before treatment can be given, depending on the nature of the patient’s individual medical problem. For example, some treatment will only work in certain situations. There are 40 policies in this category.
- **Not routinely funded:** 10 policies are described as being *not routinely funded*. This means that they would not normally be carried out and funded by the NHS unless exceptional circumstances are met. Clinicians can request that treatment is funded if the patient has exceptional circumstances. Requests will be considered by a review panel.

If you are reading this online, click on the policy name to read the full policy
Dermatology

Policy	Type
Actinic Keratosis A skin problem consisting of rough patches of skin caused by damage from years of being out in the sun.	Threshold
Alopecia	Threshold

A general term for hair loss.	
Hyper pigmentation – treatment of Hyperpigmentation is flat, darkened patches on the skin that are light brown to black in colour, and can vary in size and shape.	Threshold
Rhinophyma Where the nose swells and becomes lumpy.	Threshold
Vitiligo Loss of skin pigment so that white patches appear on the skin.	Threshold

Ear, Nose and Throat (ENT)

Policy	Type
Ear Wax Removal Removal of wax build up in the ear.	Threshold
Non-Cosmetic Nasal Treatment Treatment of the nose for medical reasons.	Threshold
Vocal Cord Management Two folds in the throat. When air passes over them they produce sound known as your voice.	Threshold

Gastroenterology

Policy	Type
Gastric fundoplication for chronic reflux oesophagitis A procedure to stop acid from the stomach washing backwards into the oesophagus (tube that food travels along from the throat to the stomach). This causes inflammation, swelling, pain and damage to the oesophagus.	Threshold

General Surgery

Policy	Type
Abdominal Hernia in Adults A weakness in the muscle, causing the tissue underneath to bulge through.	Threshold

Gynaecology (see also below: Gynaecology/Urology and Imaging)

Policy	Type
Utero vaginal prolapse When the womb (uterus) hangs down into the vagina.	Threshold
Vaginal pessaries A device made of rubber (latex) or silicone is inserted into the vagina to support the vaginal walls and pelvic organs in the case of pelvic organ prolapse – where the womb (uterus), bowel, bladder or top of the vagina slip down and bulge into the vagina.	Threshold

Gynaecology / Urology

Policy	Type
Sterilisation – Female and Male An operation to permanently prevent pregnancy. In a woman, the fallopian tubes are blocked or sealed to prevent the eggs from reaching the sperm and becoming fertilised. In a man, the tubes that carry the sperm are cut or sealed (vasectomy).	Threshold

Imaging

Policy	Type
Magnetic resonance guided focused ultrasound for uterine fibroids Used to identify the location of and treat non-cancerous tumours in the womb using heat created by an ultrasound beam.	Not Routinely Funded

Maxillofacial

Policy	Type
Mandibular/ Maxillary osteotomy Lower jaw or jaw bone.	Threshold
Temporo-Mandibular Joint Dysfunction Where the jaw joint (where the lower jaw meets the temple area) does not work properly causing pain, limited mouth opening and joint noises.	Threshold

Neurology

Policy	Type
Botulinum toxin for chronic migraines in adults An injection that relaxes the muscles and smooths out the skin.	Threshold

Also known as Botox or Botos.	
Restless legs syndrome Restless legs syndrome is a problem with the nervous system that causes an overwhelming urge to move the legs. It can also cause an unpleasant crawling or creeping sensation in the feet, calves and thighs. Occasionally, the arms are affected too.	Threshold

Ophthalmology

Policy	Type
Chalazion – removal of A chalazion is a cyst (swollen area of tissue filled with fluid) that develops on the eyelid.	Threshold
Intraocular Lens Implants (Cataract surgery) Cataracts are when the lens of your eye, a small transparent disc, develops cloudy patches. Cataract surgery involves removing the cataract, and often replacing the cloudy lens inside your eye with an artificial one.	Threshold
Laser treatment for myopia User of lasers, for example to remove a growth.	Not Routinely Funded
Ozurdex Intravitreal Implant Where medicine is injected into the eye to treat swelling.	Not Routinely Funded
Scotopic sensitivity syndrome Unpleasant visual symptoms when reading, especially for prolonged periods. It can also cause sore eyes, headaches, frequent loss of place when reading and difficulty understanding.	Not Routinely Funded

Orthopaedics

Policy	Type
Bunions Bunions are bony lumps that form on the side of the feet.	Threshold
Hip Arthroscopy Keyhole surgery on a joint in the body.	Threshold
Hip Resurfacing This involves removing the damaged surfaces of the bones inside a joint and replacing them with a metal surface.	Threshold
Hybrid Hip Replacement and Revision Replacement or revision of the hip or knee is where a replacement	Threshold

hip or knee is replaced again.	
Hybrid Knee Replacement and Revision Replacement or revision of the hip or knee is where a replacement hip or knee is replaced again.	Threshold
Knee Arthroscopy Keyhole surgery on a joint in the body.	Threshold
Knee Resurfacing This involves removing the damaged surfaces of the bones inside a joint and replacing them with a metal surface.	Threshold
Low Back Pain - Surgical Intervention Where an operation or surgery is carried out on the back	Threshold
Ultrasound - low intensity for bone healing Using sound waves. For example, an ultrasound scan converts sound waves into a picture.	Not Routinely Funded

Other

Policy	Type
Botulinum toxin – the use of An injection that relaxes the muscles and smooths out the skin. Also known as Botox or Botos.	Threshold
Complementary and Alternative Therapies Treatments that have not been subject to the normal tests and research trials. These medicines and treatment range from acupuncture and homeopathy, to aromatherapy, meditation and colonic irrigation.	Not Routinely Funded
Second and Third specialist opinion for same condition	Threshold
Surgical Mesh A loosely woven sheet which is used as a permanent or temporary support for organs and other tissues during surgery.	Threshold
Topical negative pressure for wound closure Use of suction to help heal a wound.	Threshold

Paediatric Surgery

Policy	Type
Tongue Ties – surgery When the strip of skin connecting a baby's tongue to the floor of	Threshold

their mouth is shorter than usual. This makes it difficult for them to breastfeed.	
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Pain

Policy	Type
Epidural Injections for patients with Radicular Pain An epidural is an injection in the back to numb the nerves which make you feel pain in part of your body.	Threshold
Facet Joint Injection Facet joints are small joints at each segment of the spine that provide stability and help guide movement. A facet joint injection involves injecting a small amount of local anaesthetic (numbing agent) and/or steroid medication, to block the pain.	Threshold
Medial Branch Block and Therapeutic Facet Joint Injections An injection of a strong local aesthetic into the nerves that supply the facet joints (small joints at each segment of the spine).	Threshold
Thermal Radiofrequency Denervation An injection that uses heat at the end of the needle to change how the nerves in the back supply the small joints at each segment of the spine (facet joints) to reduce pain.	Threshold

Plastics

Policy	Type
Calf augmentation Surgery to increase the size of the calves.	Not Routinely Funded
Gluteal augmentation Surgery to increase the size of the buttocks.	Not Routinely Funded

Podiatry

Policy	Type
Fungal Nail Infection (Onychomycosis) An infection of the toe or finger nails	Threshold

Urology

Policy	Type
Asymptomatic Scrotal Swelling (Varicocele) Swollen veins, below the testicles, that are not causing any	Threshold

symptoms.	
Erectile Dysfunction -Treatment of Erectile dysfunction, sometimes known as impotence, is the inability to get and keep an erection so that sexual intercourse can take place.	Threshold

Vascular

Policy	Type
Endoscopic thoracic sympathectomy for facial flushing/ sweating An operation to cut the nerves that cause the facial blood vessels to dilate (widen).	Not Routinely Funded
Endo-Vascular Aneurysm Repair Operation to repair a swelling in an artery (tube that carries blood away from the heart). These usually happen in the abdominal aorta which is the artery that leads from the heart, through the tummy to the rest of the body.	Threshold
Venous angioplasty for MS An operation to widen the veins (tubes that carry blood to the heart) to improve blood flow in patients with Multiple Sclerosis or MS (Where someone has problems with vision, arm or leg movement, sensation or balance).	Not Routinely Funded

Appendix 4: Policies that have not changed

Paper copies of individual draft policies and the survey are available by calling 0116 295 1116 (Monday to Friday 9am to 5pm) or emailing beinvolved@leicestercityccg.nhs.uk. You can also view our policies online by visiting: <https://www.leicestercityccg.nhs.uk/get-involved/consultations-and-surveys/current-consultations-and-surveys/planned-care-policies-for-leicester-leicestershire-and-rutland/draft-referral-policies/>

49 existing policies will not be subject to any change as they are considered to be fit for purpose. Again these fit into two categories; either threshold policies of those which are not routinely funded.

- **Threshold policies:** A threshold policy is one that describes the different levels of treatment that can be given depending on the nature of the patient's individual medical problem. For example, some treatment will only work in certain situations. There are 28 policies in this category.
- **Not routinely funded:** 21 policies are described as being *not routinely funded*. This means that they would not normally be carried out and funded by the NHS unless exceptional circumstances are met. Clinicians can request that treatment is funded if the patient has exceptional circumstances. Requests will be considered by a review panel.

The policies not proposed to change are as follows:

****If you are reading this online, click on the policy name to read the full policy***

Dermatology

Policy	Type
Benign Skin Lesion Non-cancerous skin growth.	Threshold
Congenital pigmented lesion of the face Birthmark	Threshold
Epidermoid/pilar (Sebaceous cyst) Sebaceous cyst. A lump that is a sac filled with fat.	Threshold
Laser Treatment User of lasers, for example to remove a growth.	Threshold

Lipoma – Removal of A non-cancerous tumour made of fat.	Threshold
Dermabrasion and/ or Laser Resurfacing Using a rapidly turning device to sand the outer layers of skin.	Not Routinely Funded
Hair depilation for excessive growth (hirsutism) Hair removal.	Not Routinely Funded
Hair Transplantation A procedure to move hair from an area unaffected by hair loss to an area of thinning or baldness.	Not Routinely Funded
Photodestruction or Electrolysis of Lesion of Skin To destroy something using light.	Not Routinely Funded

Ear, Nose and Throat (ENT)

Policy	Type
Myringotomy with or without grommets A small operation to relieve pressure in the ear drum or drain fluid from the ear.	Threshold
Prominent Ears (Pinnaplasty) An operation to correct prominent or sticking out ears	Threshold
Tonsillectomy and Adenoidectomy An operation to remove the tonsils - two small oval lumps of spongy tissue, one on each side at the back of the mouth. Or An operation to remove the adenoids – a mass of tissue at the back of the nose.	Threshold

Gastroenterology

Policy	Type
Endoscopy for Dyspepsia A common medical procedure that is used to examine your body from the inside with a tiny camera.	Threshold

General Surgery

Policy	Type
Rectal Bleeding From the rectum. The lower part of your large intestine where your body stores poo.	Threshold

Cholecystectomy – Asymptomatic Removal of the gall bladder when it is not causing any symptoms.	Not Routinely Funded
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Gynaecology (see also Gynaecology/Urology on page 18)

Policy	Type
Cryopreservation – Gamete and Embryo Freezing a man's sperm or a woman's eggs to be used to make a baby at another time.	Threshold
Intra Uterine Insemination and Donor Insemination A fertility treatment that involves placing sperm inside a woman's uterus (womb) to make it easier for the egg to become fertilised.	Threshold
Mirena for the Treatment of Heavy Menstrual Bleeding Mirena is a type of birth control (contraception) where a plastic frame is inserted into the uterus (womb) and releases a hormone. It is also used for treatment of heavy periods and for hormone replacement therapy.	Threshold

Gynaecology / Urology

Policy	Type
Reversal of sterilisation – male and female An operation to permanently prevent pregnancy. In a woman, the fallopian tubes are blocked or sealed to prevent the eggs from reaching the sperm and becoming fertilised. In a man, the tubes that carry the sperm are cut or sealed (vasectomy).	Not Routinely Funded

Ophthalmology

Policy	Type
Cataracts Where the lens of the eye becomes less and less see-through (more opaque/frosted), resulting in blurred vision.	Threshold

Orthopaedics

Policy	Type
Carpal Tunnel Syndrome The carpal tunnel is a channel in the wrist that a nerve passes through.	Threshold

Dupuytren's Disease A disease of the palm of the hand which can cause nodules that may pull the fingers in towards the palm.	Threshold
Ganglion – Hand and Wrist A ganglion is a swelling on top of a joint or tendon (tissue that connects muscle to bone). It looks like a sac of liquid (cyst). Inside the cyst is a thick, sticky, clear, colourless, jellylike material.	Threshold
Trigger Finger A problem with the hand where one or more fingers become claw like and locks. The tendon gets caught during the movement of the finger and then snaps free.	Threshold

Plastics

Policy	Type
Abdominoplasty and apronectomy Also known as a "tummy tuck". An operation to make the tummy thinner and more firm. The surgery involves the removal of excess skin and fat from the tummy. Or An operation to remove the large “apron” of excess of skin and fat which hangs down below the tummy. The procedure is needed mostly for patients that have lost a lot of weight.	Threshold
Breast Asymmetry Breasts that are a different size and shape from each other.	Threshold
Breast Implants Removal and Insertion A sac of gel-like or fluid material that is put behind or in place of a female breast to change the size and shape.	Threshold
Breast Reduction An operation to reduce the size of the breasts.	Threshold
Brow Lift (Blepharoplasty) An operation to correct defects, deformities and disfigurements of the eyelids by lifting the brow.	Threshold
Male Breast Reduction An operation to reduce the size of the breasts.	Threshold
Scar reduction	Threshold
Botulinum Toxin for wrinkles, frown lines or ageing neck An injection that relaxes the muscles and smooths out the skin. Also known as Botox or Botos.	Not Routinely Funded

Policy	Type
<p>Chin Implant (genioplasty, mentoplasty)/ Cheek implants An operation to make your cheekbones look fuller and higher. It builds on your existing bone structure by inserting a piece of silicone or bone over the top of your cheekbones. Or An operation to reshape the chin (genioplasty) or increase the size of the chin (mentoplasty), by adding a piece of bone, fat or silicone around a patient's existing chin bone.</p>	Not Routinely Funded
<p>Collagen implant Collagen is a protein found in the skin and other tissues. It can be injected as a liquid into the skin to raise the skin tissue and make scars and wrinkles appear less visible.</p>	Not Routinely Funded
<p>Correction of nipple inversion An inverted nipple is where the nipple is pulled inward into the breast instead of pointing outward.</p>	Not Routinely Funded
<p>Cranial banding for positional plagiocephaly A band worn around the head to improve the shape of a baby's head as it grows.</p>	Not Routinely Funded
<p>Earlobe Repair Repair to soft tissues at the bottom of the ear</p>	Not Routinely Funded
<p>Excision of Skin for Cosmetic Indicators (Facelifts, Buttocks Lifts) An operation to remove skin.</p>	Not Routinely Funded
<p>Facelifts An operation to lift up and pull back the skin to make the face tighter and smoother.</p>	Not Routinely Funded
<p>Fat Grafts An operation where fat cells are removed from one area of the body using a needle and injected into a different area of the body to make it bigger.</p>	Not Routinely Funded
<p>Gender reassignment – Not included in original packages of care Operations or treatment to change a person's physical sexual characteristics to that of the opposite sex. For example to change from male to female or female to male.</p>	Not Routinely Funded (but considered on a case by case basis)
<p>Labiaplasty, vaginoplasty and hymen reconstruction An operation to reduce the size of the flaps of skin either side of the vaginal opening. Or</p>	Not Routinely Funded

Policy	Type
An operation to construct or reconstruct the vagina.	
Mastopexy (Breast uplift) This is an operation to remove excess skin from the breast in order to change its shape and lift the nipple.	Not Routinely Funded
Suction assisted lipectomy (Liposuction) An operation to suck out unwanted body fat.	Not Routinely Funded
Thigh lift, Buttock and Arm lift – excision of redundant skin/ fat An operation to remove excess skin from the thighs, buttocks or arms.	Not Routinely Funded

Respiratory

Policy	Type
Screening for obstruction sleep apnoea Stopping breathing for short periods whilst asleep, due to partial blockage of the airway.	Threshold

Urology

Policy	Type
Lower Urinary Tract Symptoms Bladder, prostate and urethra	Threshold
Phalloplasty An operation in hospital to build or rebuild a man's penis.	Not Routinely Funded

Vascular

Policy	Type
Varicose Vein Surgery Veins are tubes in the body that carry blood to the heart. Varicose veins are veins that have become bigger and dilated because the valves that stop back flow of blood are not working. The term often refers to the veins on the leg, although varicose veins can occur elsewhere.	Threshold

Appendix 5: Planned Care Services in the Future

In the future, patients will be able to get involved in redesigning the steps that are taken or the parts of the NHS that are used for a patient to receive their treatment.

**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**

These are sometimes known as pathways. For example, this could be about where any tests or investigations are carried out - in hospital or in a clinic closer to home.

Patient representatives have already been involved in this work, but we want to widen this out to a larger group of patients to ensure that changes truly reflect the needs of our local population.

We will be redesigning care in 12 areas of medicine:

- Dermatology
- Ophthalmology
- Cardiology
- Orthopaedics
- Gastroenterology
- Urology
- Ear, Nose and Throat
- Respiratory
- General Surgery
- Haematology
- Audiology
- Physiotherapy

All of this is an important piece of work for the Sustainability and Transformation Partnership, known locally as Better Care Together (BCT), and is being led by the three NHS clinical commissioning groups (CCGs) responsible for planning and buying health services on behalf of local people.

We believe that by doing things better and differently in these areas, we will be able to improve patients' experience and the care they receive.

If you would like to be involved in helping to redesign care in these areas, please register your area of interest by calling 0116 295 1116 (Monday to Friday 9am to 5pm) or email beinvolved@leicestercityccg.nhs.uk.

You will also be able to learn more about this work at the events below:

Date	Location	Time
Tuesday 18th September	Falcon Hotel, 7 High St E, Uppingham, Oakham LE15 9PY	3pm to 6pm
Thursday 20th September	Voluntary Action LeicesterShire, 9 Newarke Street, Leicester, LE1 5SN	10am -1pm
Thursday 20th September	Ramada Hotel, 22 High Street, Loughborough, Leicestershire, LE11 2QL	3pm to 6pm

***Please let us know if you would like to attend as places are limited**



**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**

You can keep up to date with the progress of the planned care transformation and opportunities to be involved by visiting our website at:

<https://www.leicestercityccg.nhs.uk/get-involved/consultations-and-surveys/current-consultations-and-surveys/> or www.bettercareleicester.nhs.uk