

Criteria Based Access Procedure

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1.0 Introduction

- 1.1 The Criteria Based Access (CBA) procedure sets out Gloucestershire Clinical Commissioning Group's (CCG) approach to treatments identified on the Effective Clinical Commissioning Policies (ECCP) list as having Criteria Based Access (CBA).
- 1.2 CBA applies to treatments that are considered appropriate for patients in certain circumstances provided that specific pre-determined and evidence based access criteria have been met. Unlike Prior Approval (PA) procedures, for CBA procedures if a reviewing clinician can demonstrate that the patient meets the CBA criteria then the patient can proceed for treatment without any requirement for CCG funding approval.

2.0 The Assessment Process

- 2.1 The Effective Clinical Commissioning Policies (ECCP) list identifies all procedures that have Criteria Based Access (CBA) and provides details of the criteria that the patient will need to meet in order to proceed for treatment.
- 2.2 Assessment of the patient against the relevant CBA criteria can be made at any point in the patient pathway prior to treatment, but should be undertaken at the earliest possible stage in the pathway once the need for a CBA procedure has been identified. This means that assessment against the CBA criteria will either be made by the referrer prior to referral, or by the secondary care clinician following triage or initial assessment in secondary care.
- 2.3 Where the responsible clinician believes that a patient demonstrably meets the criteria set out in the ECCP list, the patient can proceed for treatment. If the assessment is undertaken by a referring GP, that GP must ensure that details of this are included within their referral. Secondary care providers must ensure that evidence that the patient meets the CBA criteria is included within the patient's medical record for audit purposes.

3.0 Consequences of Undertaking Activity That Does Not Meet the Necessary Criteria

- 3.1 All providers of NHS care have a responsibility for ensuring that CBA procedures, as identified on GCCG's Effective Clinical Commissioning Policies list, are only undertaken where the relevant clinical criteria are met.
- 3.2 On any occasion where a provider undertakes CBA activity where the patient does not meet the relevant criteria, that provider will not be paid for the associated activity.

4.0 GCCG Process for Ensuring Compliance with CBA Policy

- 4.1 GCCG will require providers to undertake quarterly audits of CBA procedures undertaken to ensure that the relevant CBA criteria were met. The audit process will involve review of medical records, and an assessment of whether there is sufficient evidence to demonstrate that the CBA criteria were met. Audit findings and

anonymised evidence demonstrating compliance will be shared with the CCG for review.

- 4.2 If the audit process identifies cases where the relevant criteria were not met, or where there is insufficient evidence to provide assurance that the criteria were met, the provider will not be paid for the associated activity.

Criteria Based Access Flow Chart

