

Gloucestershire Clinical Commissioning Group's Effective Clinical Commissioning Policies list Frequently Asked Questions

1. What is the Effective Clinical Commissioning Policies list?

Gloucestershire Clinical Commissioning Group's (GCCG) Effective Clinical Commissioning Policies (ECCP) List is a collated list of policies that relate to procedures that are not always funded by GCCG. The list covers a wide range of procedures, some of which are fairly common, so it is important that referrers and providers are familiar with the content.

The ECCP List contains policies that fall into three categories:

- Interventions Not Normally Funded (INNF) – These are procedures that the CCG does not fund, except in exceptional circumstances. An Individual Funding Request (IFR) application is required for any procedure listed as INNF to demonstrate the clinical exceptionality of the patient when compared to the cohort with the condition. Some examples include procedures such as pinnaplasty, breast reduction, and liposuction.
- Criteria Based Access (CBA) – These are procedures that the CCG do fund, but subject to the patient meeting pre-defined thresholds for treatment. As long as there is evidence that the threshold criteria are met there is no requirement to seek funding approval from the CCG. Some examples include procedures such as knee arthroscopy, hip replacement, and circumcision.
- Criteria Based Access with Prior Approval (CBA+PA) – As with the above, these are procedures that the CCG fund, but subject to the patient meeting pre-defined thresholds for treatment. However, in this case a Prior Approval application and supporting clinical letter/referral letter must be submitted, and funding approved by the CCG, before the procedure can be undertaken. Some examples include hernia surgery, varicose vein surgery, and bunion surgery.

2. Where can I find more information?

Further information about the ECCP list is available on the GCCG website at the following link - <http://www.gloucestershireccg.nhs.uk/about-us/funding-treatment/interventions-not-normally-funded/>.

The webpage includes links to the most up to date version of the ECCP list, along with links to supporting documents and application forms.

3. Why does GCCG have these policies?

GCCG has to ensure that limited NHS resources are used in a way that maximises clinical effectiveness and cost effectiveness. The same is true across the country and so other CCGs have their own version of the ECCP list.

If a procedure is included on the ECCP list it means that the CCG has concluded that there is insufficient evidence of clinical and cost effectiveness to warrant the procedure being available to all patients, in all circumstances.

4. Are these policies new?

No, the ECCP list has been in place for many years. The exact procedures covered do alter periodically over time as new evidence becomes available, but the majority of policies currently on the list have not changed significantly since the CCG was founded.

5. Why didn't we know about these policies before?

Referrers and providers should always have been aware of these policies, and should have been ensuring that they were being followed. Whilst some clearly have been following the policies it has become apparent that this has not universally been the case. In 2014/15 the CCG has been taking steps to ensure compliance with the policies, which has raised the profile of the policies and brought them to some people's attention for the first time.

6. How are the policies developed?

As noted above many of the policies have been in place for a number of years, and were adopted from the CCG's predecessor, Gloucestershire Primary Care Trust. Policy content is kept under review by GCCG's Effective Clinical Commissioning Policies Working Group, which is led by local GPs. This group makes recommendations to the CCG in relation to policy updates and potential new policy developments, based on feedback from referrers and providers and as new evidence becomes available. GCCG also runs a number of Clinical Programme Groups (CPGs) in specific areas (such as Musculoskeletal, and Respiratory), which bring together a range of local clinicians to review local clinical pathways. The CPGs review ECCP policies that are relevant to their specialist area and will also make recommendations for change as needed.

7. How do I get funding approval for a procedure that is listed as an INNFP?

Procedures listed as INNFP are considered to be low priority and are rarely funded by the CCG. In order to get funding for a procedure listed as an INNFP the reviewing clinician must complete an Individual Funding Request application, which must demonstrate why the individual patient's circumstances are exceptional and make them more likely to benefit from the procedure than the cohort with the condition. Applications should be sent to the CCG's IFR team (GLCCG.IFR@nhs.net). Further details, including copies of the IFR application form and details of the approval process are available on the CCG website at the following link <http://www.gloucestershireccg.nhs.uk/about-us/funding-treatment/interventions-not-normally-funded/>.

8. How do I get funding approval for a procedure that is listed as CBA&PA?

Procedures listed as CBA&PA are funded by the CCG, but only when the patient meets the defined thresholds and subject to confirmation of funding approval from the CCG. In order to get funding approval the reviewing clinician must complete a Prior Approval application form, and submit this along with supporting information (usually in the form of a clinical/referral

letter) to the CCG IFR team (GLCCG.IFR@nhs.net). The CCG is committed to responding to Prior Approval applications within 10 working days. Further details, including copies of the Prior Approval application form, and details of the approval process are available on the CCG website at the following link <http://www.gloucestershireccg.nhs.uk/about-us/funding-treatment/interventions-not-normally-funded/>.

9. Some procedures are listed as having Criteria Based Access (CBA) but do not mention Prior Approval (PA), is funding approval needed for these procedures?

No, as long as the patient meets the stated criteria these can continue for treatment without the need for approval from the CCG. It is important that referrers include details in their referrals demonstrating that the criteria are met, and that providers ensure that details are included in the patient's medical record as the CCG may undertake periodic audit to ensure that the criteria are being followed.

10. What can I do if my patient doesn't meet the criteria for a procedure listed as CBA or CBA&PA, but I believe that the treatment is essential?

As a general rule, if the patient doesn't meet the criteria then the procedure would not be funded. However, if you believe that a particular patient has exceptional circumstances that make them more likely to benefit than others, despite not meeting the criteria, you can make an IFR application to request exceptional funding. In these circumstances the procedure would be considered to be an Intervention Not Normally Funded (INNF) so would follow the same process as procedures listed as INNF of the ECCP list. Further details, including copies of the IFR application form and details of the approval process are available on the CCG website at the following link <http://www.gloucestershireccg.nhs.uk/about-us/funding-treatment/interventions-not-normally-funded/>.

11. If a procedure is listed as INNF on the list who is responsible for making the IFR funding application?

This will depend on who makes the assessment that a specific procedure that requires IFR approval is required. Requests for funding can be made at any stage in the patient pathway prior to treatment, but should be made at the earliest possible stage after the potential need for the procedure is identified. The request may therefore be made by the referrer (GP or other clinician) prior to referral, or may be made by a provider following triage or initial assessment. It is likely that in many cases the referrer will make the request, but this will not universally be the case.

12. If a procedure is listed as CBA&PA on the list who is responsible for making the Prior Approval application?

As with INNF procedures this will depend on who makes the assessment that a specific procedure that requires Prior Approval (PA) is required. Requests for funding can be made at any stage in the patient pathway prior to treatment, but should be made at the earliest possible stage after the potential need for the procedure is identified. The request may

therefore be made by the referrer (GP or other clinician) prior to referral, or may be made by a provider following triage or initial assessment. It is likely that in many cases the referrer will make the request, but this will not universally be the case.

13. Can a provider reject a referral for a procedure that requires Individual Funding Request) IFR approval if there is no evidence that IFR approval has been granted in the referral letter?

Yes, providers are able to reject referrals for procedures that require IFR funding approval if the referral is sent without evidence to demonstrate that funding has been agreed. This is in line with the CCG's position that funding should be sought at the earliest possible stage in the pathway after the need for the procedure has been identified. Rejections should be made at the point of referral before the patient has been seen by a consultant in Outpatients.

12. Can a provider reject a referral for a procedure that requires Prior Approval (PA) if there is no evidence that PA has been granted in the referral letter?

Yes, providers are able to reject referrals for procedures that require PA if the referral is sent without evidence to demonstrate that funding has been agreed. This is in line with the CCGs position that funding should be sought at the earliest possible stage in the pathway after the need for the procedure has been identified. Rejections should be made at the point of referral before the patient has been seen by a consultant in Outpatients.

13. What should a consultant do if they see a patient in Outpatients and following review they believe that the patient needs a procedure that requires Prior Approval, but PA has not yet been granted?

Although applications will often be made by the referrer, and when this does not happen providers may pick this up at triage and reject referrals, it is likely that some patients will still be seen in Outpatients before the need to request Prior Approval has been identified. This could happen either because this was inadvertently missed by the referrer, and not picked up through referral triage, or because the need for the procedure was only identified once the specialist had reviewed the patient. In these circumstances the consultant should organise for the PA application to be made, as by accepting the referral they have accepted responsibility for the patient's treatment including any associated funding issues. The provider should not discharge the patient back to the referrer in order for the referrer to make the request.

14. What should a consultant do if they see a patient in Outpatients and following review they believe that the patient needs a procedure that requires IFR funding approval, but IFR approval has not yet been granted?

Although applications will often be made by the referrer, and when this does not happen providers may pick this up at triage and reject referrals, it is likely that some patients will still be seen in Outpatients before the need to request IFR funding approval has been identified. This could happen either because this was inadvertently missed by the referrer, and not picked up through referral triage, or because the need for the procedure was only identified once the specialist had reviewed the patient. In these circumstances the consultant should

organise for the IFR application to be made, as by accepting the referral they have accepted responsibility for the patient's treatment including any associated funding issues. The provider should not discharge the patient back to the referrer in order for the referrer to make the request.

15. If a consultant has inadvertently listed a patient for surgery and subsequently realises that PA/IFR approval was required what should they do?

By telling the patient that they will have surgery and listing them the provider has made a commitment to that patient to undertake the procedure. In these circumstances it would be unreasonable to cancel the procedure as the patient expectations would have been raised. The CCG will consider late funding applications where this occurs, and will wherever reasonably possible fast track these requests in order to provide a quick response. However, if there is insufficient time to review the application prior to the planned surgery, or if following review the CCG declines the funding request, the CCG expects the provider to undertake the procedure at their own expense. Clearly, this is not an ideal scenario and all steps should be taken to avoid this situation occurring.

16. What will the CCG do if a provider undertakes a procedure without the necessary funding approval?

The CCG will not fund any procedure that is undertaken by a provider without the necessary IFR funding approval, or PA funding approval. Equally, if the CCG identifies through audit that procedures that have Criteria Based Access (CBA) have been undertaken on patients that do not meet the stated criteria the CCG will not fund those procedures.

17. What do I do if I disagree with the content of one of the policies on the ECCP list?

The published policy is the CCG's commissioning policy and must therefore be followed in order for treatment to be funded. However, the content is kept under review and so if a referrer or provider would like to suggest amendments to an existing policy, details of the proposed change and supporting evidence should be sent to the CCG's IFR team (GLCCG.IFR@nhs.net). It is important that supporting evidence is supplied as any proposed change to existing CCG policy will need to be evidenced. Any proposals received by the IFR Team will be reviewed by the CCG's Effective Clinical Commissioning Policies Working Group as part of its ongoing policy review role (see question 6).