

Continuous Positive Airway Pressure (CPAP) for Adults Policy



Quality & Equality First

VERSION CONTROL

Version:	3.0
Ratified by:	NHS Warwickshire North Governing Body
Date ratified:	1 September 2016
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committee:	Commissioning, Finance and Performance Committee
Date issued:	1 September 2016
Review date:	1 September 2019

VERSION HISTORY

Date	Version	Comment / Update
April 2009	1.0	Previous PCT policy
June 2013	2.0	Version to Governing Body – approved on 12 June 2013
	3.0	

Treatment	Continuous Positive Airway Pressure (CPAP) for Adults
Indication	Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS)
Funding Status	Prior Approval

OPCS Code	
Treatment:	<p>Treatment of OSAHS with CPAP should be in accordance with NICE technology appraisal guidance (TA 139, March 2008).¹</p> <ul style="list-style-type: none"> • This recommends CPAP as a treatment option for adults with moderate or severe symptomatic sleep apnoea (as defined in the guidance). • It recommends CPAP as a treatment option for mild cases only for: <ul style="list-style-type: none"> • patients who have symptoms that affect their quality of life and ability to go about their daily activities, AND • in whom lifestyle advice and any other relevant treatment options have been unsuccessful or are considered inappropriate. <p>In cases where prior approval is sought for CPAP <u>in patients with mild OSAHS</u>, the Clinical Commissioning Group would expect that considerable efforts have been made to address lifestyle issues before this can be deemed unsuccessful or inappropriate.</p> <ul style="list-style-type: none"> • If the patient is a smoker, referral must be made to Stop Smoking services, and it must be established (using carbon monoxide [CO] validation) that the patient has quit smoking before CPAP is offered. • In addition, the patient should be advised to lose weight (if they are overweight or obese) and to cut down alcohol consumption (if they take alcohol), with referral to appropriate services if indicated. If these lifestyle factors are relevant, approval for CPAP will be considered only if a substantial effort has been made by the patient (with appropriate support if indicated) to address these over a period of at least three months. <p>Therefore, applications for prior approval for CPAP for patients with <u>mild OSAHS</u> in line with NICE guidance, must state the patient's status with respect to smoking, BMI and alcohol intake, and specify the steps that have been taken to manage these, before lifestyle advice can be deemed unsuccessful or inappropriate.</p> <p>Application and approval via Blueteq, where Blueteq is available, must be completed and will be required before any treatment proceeds. Where Blueteq is not available, prior approval must be obtained before carrying out any procedure.</p> <p><u>Ref:</u> 1. National Institute for Health and Clinical Excellence (NICE) (2008) Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome http://www.nice.org.uk/nicemedia/live/11944/40085/40085.pdf</p>
Equality Impact	See EIA attached

Equality Impact Assessment

Policy	CPAP	Person completing EIA	Clive Campton, Individual Funding Request (IFR) Team Lead
Date of EIA	December 2015	Accountable CCG Lead	Jenni Northcote, Director of Partnerships and Engagement

Aim of Work	To assess the impact of the policy on all of the protected groups.
Who Affected	Warwickshire North registered patients

Single Equality Scheme Strand	Likely to be a differential impact?	Single Equality Scheme Strand	Likely to be a differential impact?
Gender	No	Age	No
Race	No	Social deprivation	No
Disability	No	Carers	No
Religion / belief	No	Human rights	No
Sexual orientation	No	Other	No

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

The impact of this policy has been considered against all protected characteristics and Human Rights values.

No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.

Clinical Members of the Arden Policy Development Group which oversaw policy revision:

Sue Turner Dr Chris Pycock Yadav Deepika Dr Steve Allen Dr Adrian Parsons Kathryn Millard	WNCCG Governing Body Member (Practice Network Clinical Lead) WNCCG Secondary Care Liaison CRCCG Member of CCG Executive Team, GP CRCCG Governing Body Member (Chief Clinical Officer), GP SWCCG Governing Body Member, GP WCC Public Health Consultant
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Quality Impact Assessment

QIA Completed By: Sue Turner, WNCCG Practice Network Clinical Lead				Date Completed: 04 July 2016					
CPAP AREA OF ASSESSMENT		OUTCOME ASSESSMENT			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (I x L)	
Duty of Quality Could the scheme impact positively or negatively on any of the following	Effectiveness – clinical outcome			X	The Policy has not changed therefore there is no impact on patients.				
	Patient experience			X					
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			X					
	Ensuring people have a positive experience of care			X					
	Preventing people from dying prematurely			X					
	Helping people recover from episodes of ill health or following injury			X					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			X					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			X					
	Access to the highest quality urgent and emergency care			X					
	Convenient access for everyone			X					
	Ensuring that citizens are fully included in all aspects of service design and change			X					
	Patient Choice			X					
	Patients are empowered in their own care			X					
	Wider primary care, provided at scale			X					