

# **Endoscopic Thoracic Sympathectomy Policy**



Quality & Equality First

## VERSION CONTROL

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

## VERSION HISTORY

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

<b>Treatment</b>	Endoscopic Thoracic Sympathectomy
<b>Indication</b>	Facial blushing and/or Sweating
<b>Funding Status</b>	Not Routinely Funded

<b>OPCS Code</b>	Not applicable
<b>Treatment:</b>	Facial blushing is often a result of social phobia and is encouraged by an over-active sympathetic nervous system. There is limited evidence suggesting Endoscopic Thoracic Sympathectomy can control the occurrence of facial blushing and sweating, however, the patient may experience adverse side effects.
<b>Equality Impact</b>	See EIA attached

## Equality Impact Assessment

<b>Policy</b>	Endoscopic Thoracic Sympathectomy (facial blushing)	<b>Person completing EIA</b>	Clive Campton, Individual Funding Request (IFR) Team Lead
<b>Date of EIA</b>	December 2015	<b>Accountable CCG Lead</b>	Jenni Northcote, Director of Partnerships and Engagement

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

Single Equality Scheme Strand	Likely to be a differential impact?	Single Equality Scheme Strand	Likely to be a differential impact?
<b>Gender</b>	No	<b>Age</b>	No
<b>Race</b>	No	<b>Social deprivation</b>	No
<b>Disability</b>	No	<b>Carers</b>	No
<b>Religion / belief</b>	No	<b>Human rights</b>	No
<b>Sexual orientation</b>	No	<b>Other</b>	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					
ENDOSCOPIC THORACIC SYMPATHECTOMY (facial blushing)		OUTCOME ASSESSMENT			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
AREA OF ASSESSMENT									
<b>Duty of Quality</b> Could the scheme impact positively or negatively on any of the following	Effectiveness – clinical outcome			X	This policy has not changed so impact is neutral.				
	Patient experience			X					
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
<b>NHS Outcomes Framework</b> 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					
<b>Patient services</b> 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					