

Gallstones Surgery Policy



Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	Gallstone Surgery
Indication	Gallstones
Criteria	Prior Approval
Treatment:	<p>There is an expectation that gallstones would be managed in line with NICE clinical guideline CG188 which reads as follows:</p> <p>1.2 Managing gallbladder stones</p> <p>1.2.1 Reassure people with asymptomatic gallbladder stones found in a normal gallbladder and normal biliary tree that they do not need treatment unless they develop symptoms.</p> <p>1.2.2 Offer laparoscopic cholecystectomy to people diagnosed with symptomatic gallbladder stones.</p>
Equality Impact	See EIA attached

VERSION CONTROL

Version	1.0
Ratified by	Governing Body
Date ratified	24 September 2015
Name of originator/author	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committee	Commissioning, Finance and Performance Committee
Date issued	01 October 2015
Review date	01 October 2018

Equality Impact Assessment

Department	Medicines + Therapeutics Arden&GEM CSU	Name of person completing EIA	Clive Campton (Commissioning Support Unit) (Epidemiological advice from Dr Sabah Janjua & Dr Kathryn Millard – Public Health, Warwickshire County Council)
Date of EIA	10/8/15	Accountable CCG Lead	
		CCG Sign off and date	Governing Body – 24/9/15
Piece of work being assessed	Gallstone Surgery		
Aims of this piece of work	To assess the impact of the policy on all of the protected groups.		
Other partners/stakeholders involved			
Who will be affected by this piece of work?	CCG registered patients		

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown.
Gender	13-18% men 15-25% women ¹ (Scandinavian population) A higher prevalence of gallstones has been observed in women in all age groups. The difference between women and men is particularly striking in young adults. The GREPCO study found a female-to-male ratio of 2.9 between the ages of 30 to 39 years; the ratio narrowed to 1.6 between the ages of 40 to 49 years and 1.2 between the ages of 50 to 59 years. The higher rates in young women is almost certainly a result of pregnancy and sex steroids ²	YES
Race	As a general rule, there appears to be higher rates of cholelithiasis in western Caucasian, Hispanic,	UNKNOWN

	and Native American populations and lower rates in eastern European, African American, and Japanese populations ²	
Disability	No data identified	NO
Religion/ belief	No data identified	NO
Sexual orientation	No data identified	NO
Age	Age is a major risk factor for the gallstones. Gallstones are exceedingly rare in children except in the presence of hemolytic states; in addition, less than 5 percent of all cholecystectomies are performed in children. Age 40 appears to represent the cut-off between relatively low and high rates of cholecystectomies. This observation was validated in the Sirmione study in which the incidence between the ages of 40 and 69 years was four times higher than that in younger subjects. Among the 135 patients with gallstones, only one was between the ages of 18 and 21 years ²	YES
Social deprivation	No data identified	UNKNOWN
Carers	No data identified	NO
Human rights	No data identified	NO
Other	Pregnancy is a major risk factor for the development of cholesterol gallstones. The risk is related to both the frequency and number of pregnancies. In one report, for example, the prevalence of gallstones increased from 1.3 percent in nulliparous females to 12.2 percent in multiparous females. Another study recruited 272 women in the first trimester of pregnancy. The incidence of new biliary sludge and gallstones was 31 and 2 percent, respectively. ² There is also an association with overweight and obesity. ³	

			←	CCG	→
Strand	Issue	Suggested action(s)	How will you measure the outcome/impact	Timescale	Lead
Gender					
Race					
Disability	-		N/A	N/A	N/A
Age					
Social deprivation	-		N/A	N/A	N/A
Carers	-		N/A	N/A	N/A

1. Br J Surg. 2004 Jun;91(6):734-8. Development of symptoms and complications in individuals with asymptomatic gallstones. Haldestam I1, Enell EL, Kullman E, Borch K.
2. UpToDate (2014) Epidemiology of and risk factors for gallstones [online] http://www.uptodate.com/contents/epidemiology-of-and-risk-factors-for-gallstones?source=search_result&search=gallstones&selectedTitle=4~150 (accessed 06/08/15)
3. NHS Choices (2013) Gallstones - Causes. [Online] <http://www.nhs.uk/Conditions/Gallstones/Pages/Causes.aspx> (accessed 07/08/15)

NHS Arden Commissioning Support Quality Impact Assessment Tool

Quality Impact Assessment

The Quality Impact Assessment (QIA) tool is used alongside the financial and business assessments of any proposed change to services to provide a clinical quality balance to the financial case.

The QIA tool tests the impact, of a proposed change in service provision, on the quality of patient care and the impact of that change on other parts of the health and social care system. The impact is tested through an evidence supported narrative account and a guided rating scale utilising both negative and positive scale to allow for risks and benefits to be quantified.

The QIA tool should be completed by the lead member of staff responsible for the proposed change. The assessment should be completed by an entire workgroup, including patients and the public, to make sure the richest possible assessment is provided. Supporting evidence should be included; for example NICE guidance, health and social care legislation, patient or carer generated information and professional opinion.

The components of the tool are:

Darzi Principles

- Patient Safety – rating the impact of the proposed change on patient safety
- Effectiveness of care – rating the impact of the proposed change on the clinical effectiveness of patient care
- Patient Experience – rating the impact of the proposed change on the patient experience of care delivery

Other considerations

- Duty of care- rating the impact of the proposed change on the NHS Constitution, Safeguarding, Equality and organisational reputation
- Other services- rating the impact of the proposal on other services

An impact assessment should be completed at relevant stages in the development of changes to services and will help identify key performance indicators, allow re-testing of the proposed change in service and tracking of the effect of mitigating action.

Impact Scoring for Patient, Safety, Effectiveness & Experience

Project lead: Samina Arshad

Project description: Gallstone surgery policy review

Score		Safety- score =	Effectiveness-score =	Experience- score =	Duty of Care-score =	Other services- score =	
-5	Negative	Catastrophic	Incident leading to death Multiple permanent injury or irreversible health effect Impact on a large number of patients	Totally unacceptable level or effectiveness of treatment	Gross failure of experience. Inquest/ombudsman inquiry Gross failure to meet national standards	None compliance with the NHS Constitution, The Health Act 2009 or The Health & Social Care Act 2012. None compliance with Safeguarding Vulnerable Groups Act 2006 or The Children Act 1989.	Unplanned and sustained increase in activity to another health or social care provider. Unplanned reduction in activity to another health or social care provider resulting in a major decrease of income leading to financial unsustainability.
-4		Major	Incident leading to long-term incapacity or disability. Increase in hospital stay by >5days.	Non-compliance with national standards with significant risk to patients.	Multiple complaints. Independent review. Critical report.	Sustained criticism of the organisation by staff, patients, MPs or the national media. Sustained criticism by The Health & Wellbeing Board. Will require staff to be non-compliant with Professional Codes of Practice.	Sustained criticism of the organisation by other health & Social Care providers.
-3		Moderate	Injury requiring professional intervention. Increase in hospital stay by 1-4 days.	Treatment or service has significantly reduced effectiveness.	Formal complaint with potential to go to independent review. Failure to meet internal standards.	Criticism of the organisation by staff, patients, MPs or the national media. Criticism by The Health & Wellbeing Board. Risk of staff non adherence with Professional Codes of Practice.	Criticism of the organisation by other health & Social Care providers.
-2		Minor	Minor injury requiring minor intervention. Increase in hospital stay by <1 day.	Suboptimal treatment.	Formal complaint requiring local resolution. Single failure to meet internal standards.	Isolated criticism of the organisation by staff, patients, MPs or the national media. Isolated criticism by The Health & Wellbeing Board.	Isolated criticism of the organisation by other health & Social Care providers.
-1		Negligible	Minor injury requiring no treatment.	Peripheral element of treatment suboptimal.	Informal complaint.	Public awareness of issue. Questions from staff. Health & Wellbeing board negative interest.	Informal criticism of the organisation by other Health & Social Care providers.
0		Neutral	No effect either negative	No effect either negative	No effect either negative or	No effect either negative or	No effect either negative or

			or positive.	or positive.	positive.	positive.	positive.
1	Positive	Negligible	Minimal benefit to patient safety.	Peripheral element of treatment optimal.	Informal positive feedback.	Public awareness of improvement. Support from staff. Health & Wellbeing Board positive interest.	Informal positive feedback of the organisation by other Health & Social Care providers.
2		Minor	Minor benefit to patient safety. Reduction in hospital stay by <1 day.	Overall treatment optimal.	Letter of praise to organisation.	Formal support from Health & Wellbeing Board. Enthusiasm for change from staff.	Formal positive feedback from other Health & Social Care Provider.
3		Moderate	Moderate benefit to patient safety. Reduction in hospital stay by 1-4 days.	Treatment effectiveness significantly improved.	Letter of praise to organisations Board of Directors. Local recognition. Repeated achievement of internal standards.	Formal support of the organisation from staff, patients, MPs or the local media. Staff able to fully comply to professional codes of conduct.	Formal positive feedback from multiple other Health & Social Care Provider.
4		Major	Benefit leading to long term improvement or reduction in disability. Reduction in hospital stay by >5days.	Compliance with national standards with significant benefit to patients.	Multiple letters of praise to organisation Board of Directors. Repeated over-achievement of internal standards.	Multiple formal support of the organisation from staff, patients, MPs or local media. Sustained formal support from Health & Wellbeing Board.	Sustained formal positive feedback from multiple other Health & Social Care Provider.
5		Excellent	Enhanced benefit leading to long-term improvement or reduction to disability. Avoidance of hospital in-patient care.	Totally acceptable level of effective treatment.	Consistent exceeding of local and national standards of experience verified by external scrutiny.	Multi-agency support of the organisation. Positive national press coverage.	Requests for collaboration from other Health & Social Care providers.
Project lead signature: Clinical lead signature: Clinical safety lead signature: Operational lead signature: Key Stakeholder signature: Patient & Public Involvement signature: Social Care lead signature:			Stakeholders involved in the completion of this Health Quality Impact Assessment and policy development: Coventry and Warwickshire CCG: Dr Deepika Yadav (DY): GP Michelle Park (MP): Senior Contracts Manager South Warwickshire CCG: Dr Richard Lambert, GP and Assistant Clinical Chair of SWCCG Dr Adrian Parsons Warwickshire North CCG: Samina Arshad (SA): Deputy Director of Commissioning Dr Heather Gorringer (HG): GP Public Health Consultant: Kathryn Millard: Warwickshire Public Health Arden & GEM CSU Support: Clive Campton: Individual Funding Request and Policy Development Operational Coordinator Public involvement was not felt necessary by the group as this was a clarification of the current policy, due to confusion about the wording and interpretation. This policy review and proposed new wording ensures appropriate direction of patients for gallstone surgery.				