

# Clinical Eligibility Thresholds Policy for Low Priority Procedures, Treatments and Services



Quality & Equality First

## VERSION CONTROL

<b>Version:</b>	2.0
<b>Ratified by:</b>	Governing Body
<b>Date ratified:</b>	TBA
<b>Name of originator/author:</b>	Individual Funding Request Panel
<b>Name of responsible committee:</b>	Commissioning, Finance and Performance
<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>
26/9/13	1.0	Version approved by Governing Body
	2.0	

## **1 POLICY STATEMENT**

The funding of certain treatments, procedures and services by NHS Warwickshire North Clinical Commissioning Group is subject to thresholds or restrictions.

It is subject to separate standalone policies for each treatment, procedure or service which set out the clinical eligibility thresholds that apply.

## **2 INTRODUCTION**

The policies address the issue of commissioning by NHS Warwickshire North Clinical Commissioning Group for procedures, treatments and services subject to clinical eligibility thresholds.

The standalone policies replace and supersede the Clinical Commissioning Group's previous "Treatments subject to eligibility thresholds" policy originally ratified on 26 September 2013

## **3 RATIONALE**

The Clinical Commissioning Group receives a fixed budget with which to commission all the health care services required by its population. There are insufficient resources to fund all types of health care that might be requested for that population. It is therefore inevitable that the Clinical Commissioning Group has to make choices about which types of healthcare to commission. This priority setting takes place in the context of agreed commissioning principles. Health services are commissioned on the basis of evidence of clinical effectiveness, cost effectiveness, impact on health and affordability. Access to services should be governed by the principle of equal access for equal clinical need.

In developing the policies, the NHS Warwickshire North Clinical Commissioning Group has considered a number of factors, including experience with the predecessor policy, evidence of clinical effectiveness, information on current and historical activity, and resources and costs. It has also compared its proposals with similar policies adopted by other NHS commissioning organisations.

There is no absolute ban on any treatments. There is an established policy and mechanism for dealing with individual funding requests (IFR) and exceptions to policies, where exceptional individual clinical circumstances can be demonstrated.

## **4 SCOPE**

The policies this overview applies to relate to the treatments, procedures and services where the CCG has a published policy for clinical eligibility thresholds for authorisation. Funding of drugs is not within the remit of this policy.

The NHS is required to provide funding and resources for medicines and treatments recommended by NICE Technologies Appraisal (TA) guidance, normally by three months

from the date of publication of each TA. The other types of NICE guidance are not subject to a mandatory requirement regarding funding. NICE clinical guidelines are aspired to, and other types of guidance are noted, by the Clinical Commissioning Group.

The policies apply to all service providers in secondary care that carry out the treatments and procedures. Service providers must apply the criteria within the policies before carrying out any treatment.

Treatments undertaken in accordance with the eligibility criteria guidance specified in the policies will be subject to case notes audit. **In all cases, the fact that the patient meets the criteria specified in the guidance must be clearly documented in the notes.**

Certain treatments may be subject to the need for prior approval from the Clinical Commissioning Group before the treatment can be carried out

General practitioners should note the provisions of the policies before making a referral to secondary care for a low priority procedure. It is anticipated that GPs will not refer cases where it is clear that the eligibility criteria are not met. However, on occasions general practitioners may not be best placed to decide whether or not the policy criteria apply in a particular case and thus may refer to secondary care.

Although the policies do not currently apply to treatments, procedures or services that can be prescribed in primary care or minor surgical procedures that can be carried out entirely within a general practice, GPs may wish to base their decision to treat on the principles and criteria contained within the policies.