

CONSULTATION REPORT
COMMISSIONING POLICY REVIEW
NHS SOUTH SEFTON
NHS SOUTHPORT & FORMBY
CLINICAL COMMISSIONING GROUP
JANUARY 2014 – APRIL 2014

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NHS Cheshire and Merseyside Commissioning Support Unit

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1. Acknowledgements

NHS Cheshire and Merseyside Commissioning Support Unit would like to express their thanks to the 12 Clinical Commissioning Groups (CCGs) across Cheshire and Merseyside:

- NHS West Cheshire Clinical Commissioning Group
- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS Wirral Clinical Commissioning Group
- NHS Warrington Clinical Commissioning Group
- NHS Liverpool Clinical Commissioning Group
- NHS St Helens Clinical Commissioning Group
- NHS Knowsley Clinical Commissioning Group
- NHS Halton Clinical Commissioning Group
- NHS South Sefton Clinical Commissioning Group
- NHS Southport and Formby Clinical Commissioning Group

In particular, thanks go to the individual CCG representatives, who formed part of the Commissioning Policy Review Advisory Group and who have worked in partnership with NHS Cheshire and Merseyside Commissioning Support Unit throughout the project.

Extended thanks also go to all the members of the public, patients and carers who took part in the consultation process and completed the on-line survey.

It was identified at the beginning of this project that this was a complex undertaking on behalf of all 12 CCGs in Cheshire and Merseyside. Every effort was taken to ensure that the formal consultation process was supported by summary documentation that provided a clear/understandable, easy-to-navigate process to generate public comment.

This collaboration across the Cheshire and Merseyside footprint resulted in 5,827 people visiting the Commissioning Support Unit website, 535 responses to the survey and 72 public events taking place during the formal consultation period.

2. Executive Summary

Historically, commissioning policies across Cheshire and Merseyside were developed centrally through association and support provided by the Contact and Information Shared Service Unit (CISSU). CISSU, project-managed the production of a policy for Cheshire and Merseyside on procedures of limited clinical value; this document was due for review on 23/03/2012. Local policies were also previously developed by each Primary Care Trust (PCT) to a locally-designed process. The inheritance of the Cheshire and Merseyside Clinical Commissioning Groups (CCGs) was varied with some CCGs commissioning services that others do not, and some applying different thresholds to others for treatments.

The position in September 2013, which was agreed with CCGs, was that the individual funding request process (IFR) service provided by NHS Cheshire and Merseyside Commissioning Support Unit applied the inherited policies of CCGs of which the majority were out of date or requiring a review.

This position review provided a real opportunity to consider the value and economy in all CCGs agreeing to be part of a common process to develop a comprehensive suite of commissioning policies based on latest National Institute of Clinical Excellence (NICE) guidance and clinical best practice. Following formal consultation, the agreed reviewed policies would be shared with GPs and providers, embedded into contracts with all local trusts and performance-managed to monitor compliance.

Good practice suggests that all commissioning organisations should consider, prior to the commencement of any work programme, adopting an ethical framework that articulates the parameters on which they base their decisions. Historically, PCTs and, since April 2013, NHS England, have adopted an ethical framework that articulates their intention to commission services based on evidence and effectiveness; the commissioning policy programme is congruent with that approach.

The term 'consultation' is a multifaceted term and can pertain to many courses of action. To all intents and purposes, the National Institute of Clinical Excellence (NICE) guidelines are already determined; the premise of the consultation exercise was to ask key stakeholders if they felt that the respective CCGs should consider NICE guidance when forming a decision for procedures of low clinical priority. NICE guidance is not mandatory. Cheshire and Merseyside Clinical Commissioning Groups wanted to ensure that local patients, carers and members of the public were aware of NICE guidance and to gauge opinion in respect of the guidance when forming policy on procedures of low clinical priority.

Reviewing and developing commissioning policies required multi-disciplinary input and was recognised as being a very complex process. The review would take account of 99 individual treatment lines classed as procedures of low clinical priority. A programme- management

approach was adopted in order for the policy review to be efficient and conducted in a timely way.

A seven-stage approach was developed and agreed as follows:

- Stage 1 Policy stimulation - practice or evidence
- Stage 2 Evidence review
- Stage 3 Pre-Equality Impact Assessment
- Stage 4 Production of a potential policy for CCG primary approval
- **Stage 5 Engagement- patients, carers, members of the public, referrers and providers**
- Stage 6 Review consultation findings, final approval by CCG and full Equality Impact Assessment
- Stage 7 Policy Implementation and monitoring

Once all 12 Clinical Commissioning Groups across Cheshire and Merseyside agreed the above proposal the project commenced with an initial timescale of 4-6 months.

The statutory provision for the engagement of local communities and Local Authority Health Overview and Scrutiny Committees forms part of Section (14z2) of the Health and Social Care Act 2012, which outlines how this legal duty for involvement is demonstrated by commissioners in:

- the **planning** of its commissioning arrangements,
- developing and **considering proposals** for changes in commissioning
- **arrangements that would impact on the manner in which services are delivered** or on the range of services available, and
- decisions that **affect how commissioning arrangements operate and which might have such impact.**
- **Section (14v) Duty as to Patient Choice**
Each CCG must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.
- **NHS Act 2006**
Section.14T of the NHS Act 2006) (CCGs) the duty to have regard to the need to reduce inequalities.

A comprehensive and robust programme of formal public consultation was agreed and included:

- A comprehensive Stakeholder Communications and Engagement Plan;
- A consultation document, produced in print and online, including a link to an on-line survey;
- A colour-coded key chart was devised to provide and support an easier understanding of the 99 treatment lines within the revised draft policy document:

| Key | Description |
|----------------------|--------------------------------|
| Red | Important change |
| Amber | Criteria changes. |
| Green | Minor word or no changes made. |
| | New – Important change |
| New Statement | New – Moderate Change |
| New Statement | New – Minor impact |

- A number of public events were held which were widely publicised and took place across South Sefton and Southport & Formby during the 90 day formal consultation process.
- Presentations to public groups;
- Posters in CCG GP Member Practices;
- Availability of information in alternative formats;

- Plain English summaries covering each of the 37 specialties (and 99 treatments/procedures). Each summary was colour-coded (as depicted above) to denote whether the NICE or national guidance was recommending major, moderate or no change to the status quo. A breakdown of the two page summaries can be found at Appendix A;
- A suite of CSU-hosted web pages to which CCGs could direct a wide range of audiences with varying levels of understanding. The suite of web pages offered ascending levels of detail so viewers could access the information they needed.
- An online survey to gather feedback from patients, carers and non-clinicians
- A template press release to support locality communications leads to promote the policy review
- A template poster so CCG engagement leads could promote local engagement

In addition, a Freephone helpline was set up to accept feedback from callers with no access to the Internet. The Communications Team also produced a patient letter explaining why the review was needed and how to feedback comments to support this process.

A dedicated, separate e-mail address was also set up to gather feedback from clinicians.

The overall public consultation generated some 5,827 hits on the CSU website with 28 responses, from within the NHS South Sefton and NHS Southport & Formby Clinical Commissioning Group locality. Of the 28 responses, 92% of respondents identified themselves as patients, whilst the remaining 8% identified themselves as a member of a local support group.

Key findings from the public consultation focussed on the following areas:

- Infertility
- Plastic and Cosmetic Surgery
- General Comments

All individual comments and feedback can be viewed in the Commissioning Policy Review Public Survey report for NHS South Sefton and NHS Southport & Formby in Section 8 of this report.

3. CONSULTATION PHASE FINDINGS

NHS South Sefton and NHS Southport & Formby Clinical Commissioning Group received a total of 28 responses to the online survey. For NHS South Sefton CCG, 33% of respondents were aged between 24-34, a further 33% were aged 65+, 16% were aged 45-54 and a further 16% were aged 55-64. For NHS Southport and Formby CCG 38% of respondents were aged 55-64, 31% were aged 65+, 15% were aged 35-44, 8% were aged 45-54 and a further 8% were aged 24-34.

The majority of the respondents stated that they were commenting generally and not on a specific area of the consultation. Of the 28 responses, 80% of the respondents agreed with the suggested changes and 20% did not agree.

One respondent felt that the childlessness clause pertaining to Infertility treatment was unfair whilst another respondent felt that all Infertility treatment should be supported. A further respondent felt that patients with hormonal related conditions which result in excessive hair growth should be considered for funding.

All direct responses to the online survey can be viewed under Section 8 of this report. NHS South Sefton and NHS Southport & Formby Clinical Commissioning Groups own audit trail and additional reports/comments can be found under Appendix C.

Generic Feedback

Access to the consultation page after initial publication

Following the initial launch of the consultation, which was promoted via each individual CCG website, some feedback was received highlighting that the CCG website was not considered an adequate platform in order to alert the public to the formal process. A future learning for all CCGs will be to ensure that publication of consultations uses a number of communications platforms to complement the CCG website, for example posting the information on third sector websites (following agreement and consent).

Using the online survey mechanism

The platform established by which feedback on each document could be given was not considered user-friendly by some respondents. There was a general consensus that the process was complex and confusing for patients, carers and members of the public, even the two-page summaries were felt to not provide enough information in order for respondents to comment with confidence. Some respondents chose to feedback via the clinical email address which was established for clinical feedback. It was always acknowledged that this particular consultation was complex and every effort was made to interpret the 'draft' clinical policy into layman's terms for easy understanding.

General Comments

A number of comments were received which did not pertain specifically to the questions asked within the survey. It is acknowledged that any consultation platform will capture 'individual' comments from respondents who utilise the opportunity to raise personal topics. Each CCG will reply to these responses independently.

4. FORMAL CONSULTATION PROCESS

Each CCG was asked at the beginning of the process to nominate a CCG representative to sit on the Commissioning Policy Advisory Group (CPAG). The role of the representative was to contribute to the overall commissioning policy review process as well as provide input to the communications and engagement element of the project. In addition, they were to act as a conduit between the programme and their respective CCG.

A Statement of Works document was drafted and signed which provided clarity of the role of the CSU and the role of the CCG representative. An example of the Statement of Works can be found at Appendix B.

A joint decision was taken to conduct a 90-day formal consultation process across all 12 Clinical Commissioning Groups in Cheshire and Merseyside given the complexity of the Commissioning Policy Review. The main areas for the policy review were:

- Updating the guidance based on new evidence.
- Adding new services/treatments/procedures that have come on-stream since the old policy was adopted.

The project review was important because, as new treatments and services become available, demand goes up and CCGs have to make difficult and challenging decisions on how to spend their limited budgets for the benefit of their whole population.

A comprehensive and robust Stakeholder Communication and Engagement Plan was written and shared for comment/input with the 12 CCG representatives who formed part of the CPAG and a date was provisionally agreed to 'go live' to formal consultation on 6th January, 2014 until 7th April, 2014. Of the 12 CCGs who took part in the process, 10 went to live consultation on 6th January, 2014. This included NHS South Sefton and NHS Southport & Formby Clinical Commissioning Group.

The comprehensive Stakeholder and Engagement Plan identified the following objectives:

- Define the communications and stakeholder engagement strategic approach;
- Define the development of communications and key messages;
- Identification by each CCG of the key stakeholder groups (key target audience);
- Identification by each CCG of the channels of communication for these stakeholders;

- Plan communications and engagement activities;
- Systematically record all engagement activity to ensure adherence to a robust and transparent process.

The plan was drawn up adopting a matrix management approach and identified stakeholder communication and engagement as a key support function of the Commissioning Policy Review process. Clear, effective communications was noted as being fundamental from the outset to ensure all key stakeholders were informed and engaged. The plan underpinned the key principles of engagement, focussing on the following two principles:

Communications as a core competency: CCGs as public bodies must meet the formal expectations for full, on-going and meaningful engagement with all stakeholders. The desire was to go further than simply what is required to ensure that this engagement is genuinely comprehensive and adds value to the programme.

Excellence in planning, managing and evaluating communication: We will ensure we provide feedback to those we engage regarding the outcome of what has been said.

Methodology

- **Stakeholder Engagement Timeline**

CCG Boards, Clinical Committees had ongoing engagement via Bulletins and sharing review documents for CCG Board discussion. In terms of the engagement of key stakeholders, the stakeholder groups which were targeted were: patients, public and providers, HealthWatch, Third Sector organisations, Carer Organisations, Health and Wellbeing Boards, OSC Committees and local MPs (at the discretion of each local CCG).

- **Equality Impact Assessment**

A final and full Equality Impact Assessment will be produced that provides an analysis of the equality data utilising the consultation exercise data and the wider equality implications associated with any potential changes to the policy for procedures of low clinical priority.

- **Documentation to Support Engagement**

The main changes within the Commissioning policy review were assigned a colour to denote the degree of change i.e. Red – Important change, Amber – criteria change, Green – minor or no change. Each colour category had the relevant treatments/procedures listed next to it where people could click to access a two-page summary document for that treatment/procedure, a hyperlink to a copy of the full commissioning policy document and a hyperlink to the online survey.

The policy document, two-page summaries covering each treatment/procedure and a link to an online survey was hosted on the CSU's website and all local CCG website information contained a link to the CSU website where patients, members of the public and other key stakeholders could leave their comments.

CCG communications leads were sent an **overview statement** which was uploaded to their respective websites with a **list of the procedures/treatments** being reviewed, from which people could then self-select. A number of communication channels were developed to utilise locally to sign post people to the CCG website, including, local press release, Twitter, Facebook, advertising in local GP practices etc.

When web viewers clicked onto their procedure/treatment of interest, they were then taken to the CSU's website where they could see the two- page summary document which answers a series of questions in lay terms:

- What is happening and why?
- Who does this affect?
- What does the new guidance mean?
- What will have changed for local people and services?
- What happens next?
- When will it be put into practice?
- How can I make my voice heard?
- How will my views be considered?

At the end of the two-page summaries a hyperlink to the **online survey** was provided so the public could give their feedback with a further link to the **full policy document**, if wanted.

The website further stated that patients, carers and members of the public could access the information in paper format by request via the Customer Solutions Service, Freephone 0800 281 2333, and if people wished, to give feedback via Customer Solutions. The Customer Solutions team were provided with all the relevant documentation and access to the online survey for completion upon request. Each CCG also had autonomy to advertise this in their own literature. The Project Lead and Head of Patient Information from the CSU attended a number of patient, carer and public events and delivered a presentation outlining the process and information on how people could leave comments/feedback.

Communication Core and Locality Team Support

- Locality Communication Leads were fully briefed on their internal roles within the CCGs and were supported throughout the process by the CSU core Communications Team.
- All CCG websites had hyperlinks to the summary documents, full policy review document and on-line survey. The overview page and hyperlink to the policy, two-page summaries and online survey were to be uploaded onto **CCG**

websites by Locality Communication Leads and **linked to** the CSU-hosted website.

- <https://www.cheshiremerseysidecsu.nhs.uk/about-us/commissioning-policy-review.htm>
- GP Bulletins/Commissioner bulletins were uploaded onto CCG intranets with access to the established dedicated e-mail address
- commissioningpolicyreview@cmcsu.nhs.uk
- Provider bulletin distributed via the CSU Contract Team.
- A dedicated e-mail address was set up to gather clinical feedback commissioningpolicyreview@cmcsu.nhs.uk
- Non-clinical feedback was gathered via the survey.

All uploaded documents for intranet sites had links to the policy review documents and the dedicated email address for responses.

Of the 12 CCGs across Cheshire and Merseyside, 10 began formal public consultation on the 6th January, 2014 with the consultation closing on 7th April, 2014. Wirral CCGs public consultation closes on 30th April, 2014. Liverpool CCGs public consultation closes on 3rd June, 2014.

In addition to the above a presentation was given to the local Health Overview Scrutiny Committee and information was shared with the local HealthWatch, Council for Voluntary Services and a number of other voluntary and community sector groups.

Leadership for Stakeholder Engagement table below:

| Stakeholder Group | Action/Lead Officer |
|---|--|
| Patients and Public | |
| Web content publication date 6 January 2014 . The items to be uploaded: <ul style="list-style-type: none"> ● CSU website - full policy document, two-page summaries and on-line survey ● CCG websites - Overview statement and colour-coded list of treatments/procedures | Central CSU Communications Team to advise and direct locality communication leads on timelines and provide all documents and links |
| PPGs / Health Forums | CCG engagement lead sending to your practice colleagues |
| PPGs / Health Forums | CSU Engagement lead. |
| CCG members of the public/patients Locality Communication Leads to upload | CCG websites uploaded by Locality Communications Leads CSU Central |

| | |
|--|--|
| overview statement and hyperlinks only to public-facing areas of CCG websites | Communication Team as detailed above |
| Third Sector Organisations | |
| Website Uploads Central CSU Communications Team. Engagement Lead to provide the contact addresses | Central CSU Communications Team to manage this and support Healthwatch, CVS, and Carer Organisations in web material and supply links |
| Council for Voluntary Services for public organisational input | Overview statement provided by CSU engagement lead. |
| Healthwatch | Overview statement provided by CSU Engagement lead. |
| Carer Organisations | via CSU engagement - Hilda Yarker |
| Clinical Engagement | |
| Intranet Uploads | Central CSU Communications Team to advise and direct locality communication leads on timelines and provide all documents and links. Locality Communication leads to upload these items on behalf of their CCGs and include hyperlinks in newsletters, where appropriate. |
| CCG Boards | CSU Project Team |
| GPs | Communication Bulletin – CSU Communications/CSU Project Team Communications poster for display in GP Practices. |
| Stakeholder Group | |
| Action/Lead Officer | |
| Providers | CSU Contract Team |
| Clinical Quality/Governance Committees | CSU Project Lead |
| Health & Wellbeing Boards | CSU Project Team |
| Political Engagement | |
| Overview & Scrutiny/Select Committees | To be confirmed to Hilda Yarker/Julia Curtis by each individual CCG whether they want a face to face presentation or a briefing document to be sent to their local OSC. |
| MPs | CCG to inform |

In addition to the above, each CCG representative submitted an audit trail of activity at the end of the process to complement the on-line survey activity to ensure robustness in the process and demonstrate transparency. NHS South Sefton and NHS Southport & Formby CCG audit trail can be found at Appendix C.

5. POST-CONSULTATION PROCESS

Following the conclusion of each CCGs 90-day formal consultation process a number of activities took place:

- A structured approach to handling feedback was adopted in order to ensure all views were considered.
- All survey data for each CCG was compiled into a report for inclusion in their individual Consultation Report.
- All clinical feedback was considered and collated to inform the policy.
- All CCGs submitted their internal audit trail report for inclusion in their individual Consultation Report.
- Provider feedback was considered and collated to inform the policy.
- An equality impact assessment will be undertaken to ensure adherence to the Equality Duty 2010.
- The final Consultation Report for each CCG will be shared with all respondents who provided their details when commenting on the policy.
- Each CCG to consider all of the above in order to inform their decisions in preparation for the CCG Position Meeting scheduled for 29th April, 2014, with the exception of NHS Wirral CCG and NHS Liverpool CCG, who are still consulting.

6. LEGAL AND STATUTORY DUTIES

Health & Social Care Act 2012

- duty to promote the NHS Constitution (13C and 14P)
- quality (sections 13E and 14R)
- inequality (sections 13G and 14T),
- promotion of patient choice (sections 13I and 14V)
- promotion of integration (sections 13K and 14Z1)
- public involvement (sections 13Q and 14Z2)
- innovation (sections 13K and 14X)
- research (sections 13L and 14Y)
- obtaining advice (sections 13J and 14W)

- the duty to have regard to joint strategic needs assessments and joint health and wellbeing
- strategies (section 116B of the Local Government and Public Involvement in Health Act 2007)
- Section 244 of the NHS Act 2006 duty to consult the relevant local authority in its health scrutiny capacity

Section (14Z2) outlines how this legal duty for involvement:

- in the **planning** of its commissioning arrangements,
- in developing and **considering proposals** for changes in the commissioning
- **arrangements that would impact on the manner in which services are delivered** or on the range of services available, and
- In decisions that **affect how commissioning arrangements operate and which might have such impact.**

Section (14v) Duty as to Patient Choice

Each CCG must in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

- **NHS Act 2006**
Section.14T of the NHS Act 2006) (CCGs) the duty to have regard to the need to reduce inequalities
- **Public Sector Equality Duty 2010**
- **Planning and delivering service changes for patients, December 2013, NHS England**
- **Transforming Participation in Health and Care 2013, NHS England**
- **Everyone Counts: Planning for Patients 2013/14, NHS England**
- **NHS Operating Framework for the NHS in England 2013/14**
- **Rules on service reconfiguration Indicative evidence requirements against the “Four Tests”**
 - Test 1 – support from GP commissioners
 - Test 2 – strengthened public and patient engagement
 - Test 3 – clarity on the clinical evidence base
 - Test 4 – consistency with current and prospective patient choice

Independent Reconfigurations Panel Guidance

- Make sure the needs of patients and the quality of patient care are central to any proposals
- Early consideration should be given to transport and access issues
- proposals on other services in the area

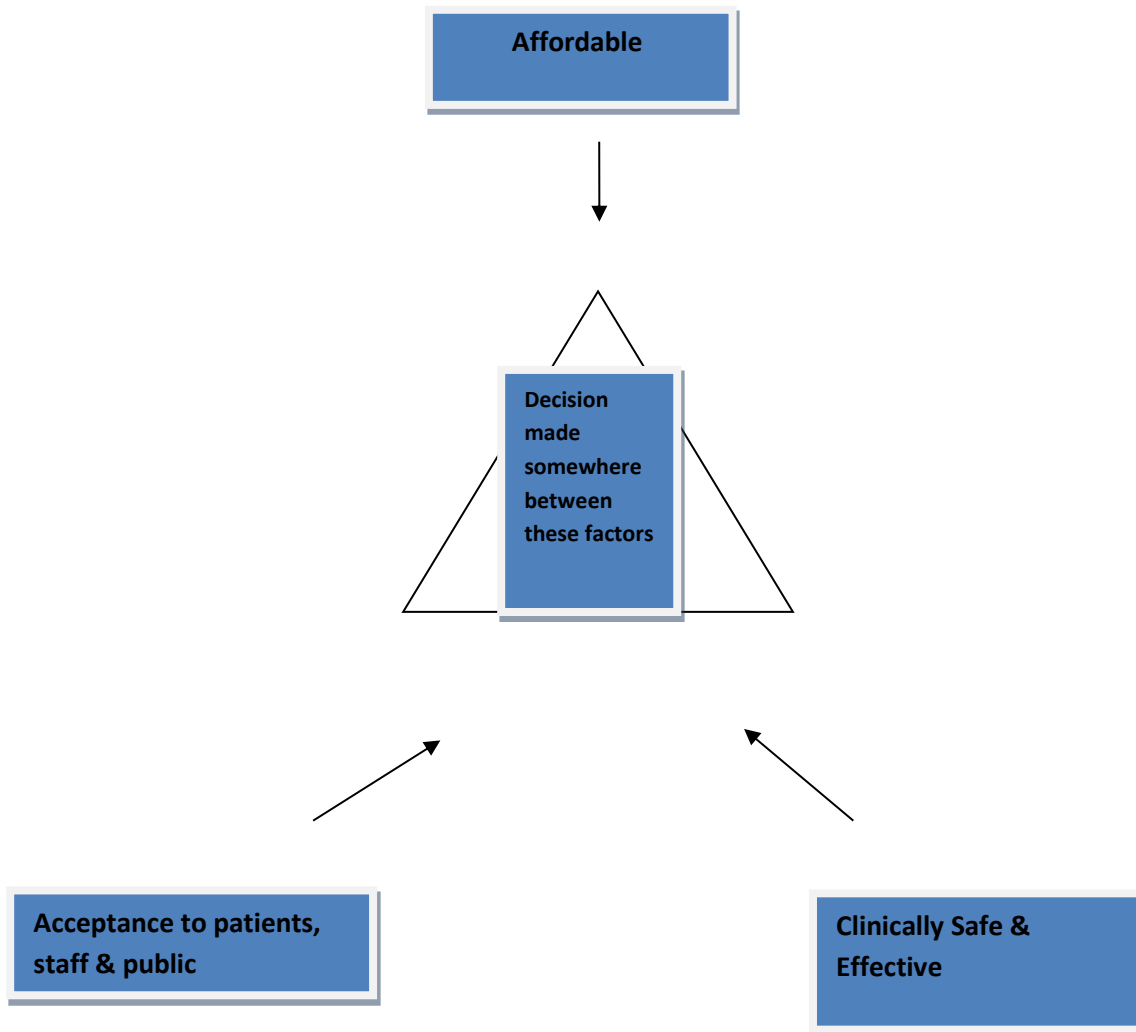
- Provide independent validation of the responses to engagement and consultation.

Legal judgments confirm what should be obvious to everyone – consulting people on proposals are only of any value, if appropriate account is then taken of the views that emerge. This also means *being seen* to take account of views received. *“It is clear from the views expressed to us that the process of public engagement and consultation did not entirely fulfil its purpose. Many members of the public felt that their comments had not been taken into account and there was a sense of unfairness...about some of the decisions taken.”*

Service Reconfiguration, Consultation and Judicial Review, David Mason, Peter Edwards, Gerard Hanratty and Belinda Dix 3rd Edition, Published by Capsticks Solicitors LLP, 2009© Capsticks Solicitors LLP.

Policy states that solutions need to be affordable, clinically-safe and acceptable to users. As the guidance indicates that, ideally, decisions will give each of those factors equal weight, this is an indication as to how the Secretary of State will look at decisions that are referred to him by OSCs. This shows the need for the NHS to try to reach out to all users, given that opponents of proposals shout a lot louder than supporters.

By use of the following model:



In addition to this, the HM Government Code of Practice on Consultations (2008) states that consultations should last for at least 12 weeks with consideration given to longer timescales where feasible.

To ensure transparency of process, consultation documents should be clear about the consultation process which is being proposed and the scope and the expected costs and benefits.

Reconfiguration of services is rarely a short cut. Indeed, it is frequently a lengthy process. Sustaining stakeholder engagement throughout the transition to consultation and

subsequently to decision-making and beyond requires careful planning. The end of the formal consultation phase should not be seen as the end of the need to keep people informed. On the contrary, this may be the point at which people are most anxious to know what happens next.

Independent validation of consultation responses is important (and the CSU is independent as it is now a commissioned service provider, not influenced nor affected by the outcome of a decision). The CSU role is to share the facts of the proposal and record the feedback with honesty and transparency throughout.

Equally, modification or refinement of proposals as result of consultation helps to show that local people's opinions count. Moving too quickly from end of consultation to decision-making without adequate reflection time in between demonstrates the opposite.

In order to achieve the above objectives the Cheshire and Merseyside CSU Engagement and Involvement strategists have a full and inclusive understanding of the statutory and legislative processes which are required to be undertaken in the delivery of major NHS health change projects or review of commissioning policies.

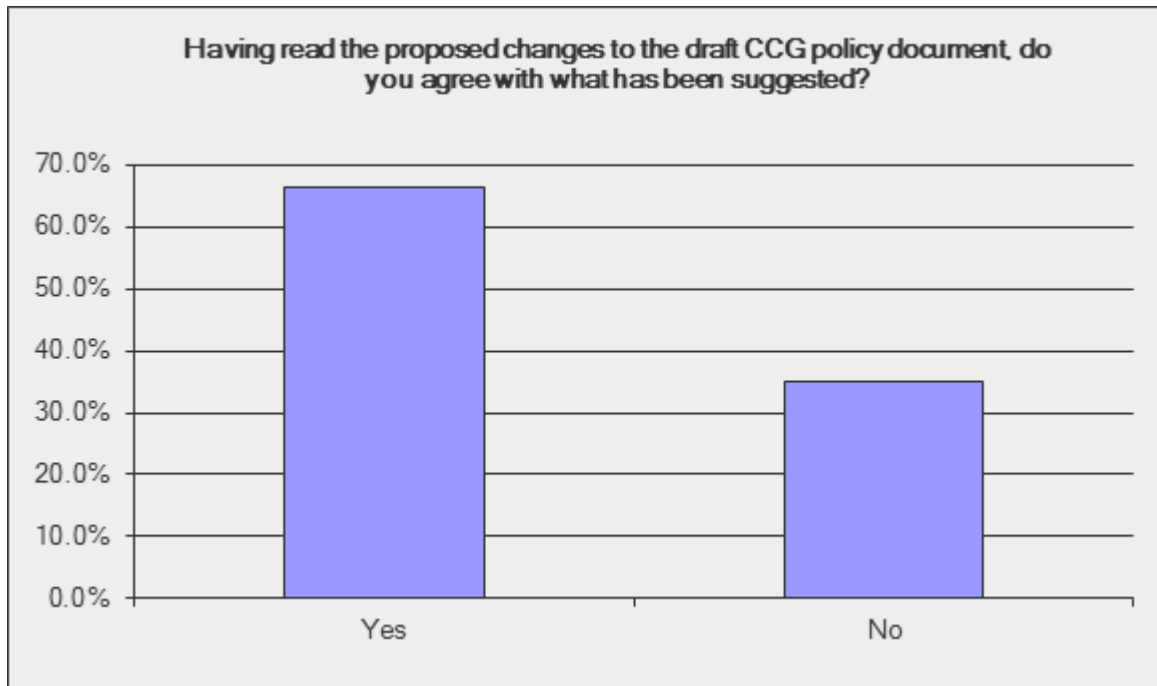
7. EQUALITY DUTY

As part of meeting the Public Sector Equality Duty this section of the report has drawn on data of people with protected characteristics who have taken part in the consultation exercise. The data has monitored people who have agreed or disagreed with the clinical changes outlined in consultation.

The full analysis and findings will be part of the full Equality Impact Assessment document.

Furthermore, particular groups representing the interests of protected characteristics have been informed of the consultation exercise and informed of any proposed changes to the key policies.

The table below represents the collated responses from all 10 Clinical Commissioning Group who completed their formal consultation process. Of note, 292 people responded to the survey of which 151 skipped this question.



8. FEEDBACK FROM ON-LINE SURVEYS



South Sefton CCG -
CPR Final Survey Rep



Southport and
Formby CCG - CPR Fi

9. NEXT STEPS

Following the conclusion of the formal consultation process the CSU has arranged a meeting with all member CCGs to discuss the outcomes of the consultation and any proposed changes to the policy. This will take into consideration the patient, carer and public feedback, alongside feedback which has been received from clinicians and providers.

A Clinical Commissioning Group Position Meeting has been arranged for 29th April, 2014 to promote discussion. A final position cannot be agreed until such all CCGs involved in the

process have concluded their consultation process. Liverpool CCG is due to conclude on 3rd June, 2014.

Each of the 12 CCG Bodies will take a view on the final policy after the 3rd June, 2014. The final Commissioning Policy (PLCP), alongside documentation provided by the CSU, which will detail the views of those who replied to the consultation, and how the CCG have responded in their final policy, will be uploaded onto the CCG website.

10. APPENDICIES

Appendix A: Commissioning Policy Review Two Page Summaries

Appendix B: Statement of Works between the CCG and CSU

Appendix C: South Sefton and Southport & Formby CCG Audit Trail

Appendix D: Equality and Diversity

Appendix A: Commissioning Policy Review Two Page Summaries

| Key | Description | Speciality / Clinical Area |
|------------------|-------------------------------|--|
| Red | Important Changes | 7.1. Infertility Services 20.3 Interventional treatments for Varicose Veins 19.2 Penile (Penis) Implants |
| Amber | Criteria Changes | 21.1 BotulinumToxin 11.3 Mental Health 14.1 Oral Surgery – extraction of wisdom teeth 16.5 Plastic and Cosmetic Surgery 17.1, 17.2 - Respiratory Services 18.2, 18.3, 18.18, 18.19 Trauma and Orthopaedics |
| Green | Minor word or no changes made | 1.1 Weight Management (Bariatric) Surgery 2.1 Complementary Therapies (including Homeopathy) 3.1, 3.2, 3.4 Dermatology 5.2, 5.3, 5.4, 5.5. 5.7 Ear, Nose and Throat 8.1 Gastroenterology 9.1, 9.2 General Surgery 10.1 Gynaecology 13.1,13.2, 13.3, 13.8 Ophthalmology 16.1, 16.2, 16.3, 16.4, 16.6, 16.7, 16.8, 16.9, 16.10, 16.11, 16.12, 16.13, 16.14, 16.16, 16.17, 16.18 Plastic and Cosmetic Surgery 18.15, 18.17, 18.20, 18.21, 18.22, 18.23 - Trauma and Orthopaedics |
| Dark Blue | New - Important Change* | 4.1 Diabetes - Continuous Glucose Monitoring |

| | | |
|-------------------|------------------------|--|
| Mid Blue | New - Moderate Change* | <p>3.3 Dermatology</p> <p>6.1 Equipment (Lycra suits)</p> <p>12.1, 12.2, 12.3 Neurology</p> <p>13.5 Ophthalmology</p> <p>14.3 Oral Surgery</p> <p>16.8 Plastic and Cosmetic Surgery</p> <p>18.1, 18.4, 18.5, 18.6, 18.7, 18.8, 18.9, 18.10, 18.11, 18.12, 18.13, 18.14, 18.16, 18.22 Trauma and Orthopaedics</p> <p>19.1, 19.4, 19.5, 19.6 Urology</p> <p>20.1, 20.2 Vascular Services</p> |
| Light Blue | New - Minor Impact* | <p>5.1, 5.6, 5.8 Ear, Nose and Throat</p> <p>9.3 General Surgery</p> <p>11.1,11.2, 11.4, 11.5 Mental Health</p> <p>13.4, 13.6, 13.7 Ophthalmology</p> <p>14.2 Oral Surgery</p> <p>15.1 Paediatrics</p> <p>18.23, 18.24, 18.25, 18.26 Trauma and Orthopaedics</p> <p>19.3 Urology</p> |

Appendix B: Statement of Works between the CCG and CSU

STATEMENT OF WORK

Commissioning Policy Development v2.0

This **STATEMENT of WORK** is made the day of 2014

By and between **CHESHIRE AND MERSEYSIDE COMMISSIONING SUPPORT UNIT** of
The 1829 Building, Countess of Chester Health Park, Liverpool Road,
Chester, CH2 1HJ (a body which is hosted by the NHS Commissioning
Board) ("**CSU**");

and **XXX CLINICAL COMMISSIONING GROUP**

1. DEFINED TERMS

The following terms shall have the following meaning in this Statement of Work:

"**Commencement Date**" means 17th September 2013.

"**Services**" means the services to be performed by the CSU as detailed in paragraph 4 of this Statement of Work.

2. BACKGROUND

This Statement of Work version 2.0 replaces and supersedes the Statement of Work version 1.0 dated 10th January 2014 and reflects a public consultation period of 3 months, as agreed with the CCG.

Historically Commissioning policies across Cheshire and Merseyside were developed centrally through association and support provided by CISSU. Local policies were also developed by each PCT to a locally designed process. The inheritance of CCGs is varied with some CCGs commissioning services that others do not, and some applying different thresholds for treatments.

The current position, agreed with CCGs, is that the individual funding request process (IFR) service provided by the CSU applies the inherited policies of CCGs of which the majority are out of date or requiring a review.

A number of CCGs, including Liverpool CCG have commissioned the CSU to develop a comprehensive suite of commissioning policies that are based on evidence best practice. The policies would be shared with GPS and providers, embedded into contracts with all local trusts and performance managed to monitor compliance.

Reviewing and developing commissioning policies needs multi-disciplinary input and is complex. To be successful and to allow policy positions to be produced in a timely way, will require a programme management approach.

3. TERM

This Statement of Work shall commence from the Commencement Date until completion of Services (i.e. transition to implementation of policies – stage 7).

4. SERVICES

The CSU will facilitate Commissioning Policy development through seven sequential stages:

Stage 1 Policy stimulation - practice or evidence

The normal process would be stimulated with an emerging evidence base that signals a change in practice e.g. NICE Guidance or the emergence of a pattern of requests for the same treatment. The stimulus for this programme and process is unusual and neither of the former but is as result of a recognition that the majority of commissioning policies inherited by CCGs require a systematic review.

Stage 2 Evidence review

The evidence review will involve a systematic review of the evidence base and best practice guidance for the relevant treatment or intervention with a collation and storage of reference material. The storage of the evidence base used is imperative for future reviews, an audit trail and to allow response to any criticism, query or comment of the policy by any source.

Stage 3 Equality impact assessment

Following and complying with good practice and meeting legal requirements, all policies during their developmental phase will be assessed for impact.

Stage 4 Production of a potential policy for CCG primary approval

A potential set of clinical policy statements based on evidence will be offered to the clinical commissioning groups, who would then take a view if they are in support therefore giving primary approval.

Stage 5 Engagement - referrers and providers

If CCGs provide primary approval, the policy statements would be shared with potential providers and the public for their views and response. For Liverpool CCG, this excludes engagement with General Practice.

Stage 6 Review consultation findings and final approval by CCG

CCGs will review the policy statements plus the consultation findings taking a final approval decision to adopt or not to adopt.

Stage 7 Policy Implementation and monitoring

The national contract allows commissioners to specify those treatments and interventions it does not wish to commission, those it is restricting by thresholds and those it requires prior approval before treatment. The agreed commissioning policies would be provided for incorporation in contracts with providers for 2014/2015 once the policies are finalised (please refer to section 5 Programme Timetable). The CSU IFR process or prior approval (PA) process can be used to help implement a policy position; implementation can also be embedded at the point of referral with generation of referrals by GPs/other only being made for those patients that meet the commissioning policies. These two methods can be further strengthened by commissioning and funding providers to only accept and treat those patients that meet the commissioning policies within their contracts. The proposed implementation method would include all three approaches, i.e. referrer compliance, IFR/Prior approval processes and provider compliance. For Liverpool CCG, this will exclude direct monitoring of referrers.

Inputs and Outputs

| Input | CSU/CCG or other and scope | Output |
|---|---|--|
| Library services Horizon scanning Evidence collation and storage | CSU once for many | Evidence base for condition/treatment |
| Public Health Evidence review | CSU will facilitate with Directors of Public Health - once for many | Evidence based Proposed commissioning policy position |
| Clinical and GP Clinical view and development of policy consideration | CSU once for many | Clinically appropriate commissioning policy position |
| Engagement Providers Public Referrers (excluding General Practice for Liverpool) Equality impact assessment | CSU per CCG/provider | Feedback Consultation findings Equality Impact |
| Project Manager | CSU | Well managed process |
| Communications Proactive and reactive communications support for the programme | CSU once for many | Regular and reactive communications Interactive PDF of final document for websites |
| Contract management, Business intelligence Finance Impact Prediction Contract proposals | CSU per CCG | Contracting and finance assessment of Impact Commissioning policy statement for contracts |
| Compliance On-going activity Reporting Referral patterns from referrers | CSU per CCG | Challenge of activity that does not comply Referrer report |

5. PROGRAMME TIMETABLE

The programme will take approximately 10 months to complete, with final implementation of policies expected to take place at the end of June 2014. This timetable takes into account a public consultation period of 3 months, as discussed and agreed with the CCG.

6. CCG RESPONSIBILITIES

The CSU's performance is dependent upon the CCG fulfilling the responsibilities below and listed in the Terms and Conditions. Any delay or failure in the CCG performing its responsibilities may impact the Charges, the programme timetable or other aspects. Any such impact will be managed in accordance with the Change Management procedures in the attached Terms and Conditions.

CCG as Sponsors

- To act as overall project owner and CSU project client.
- To act as local vocal project champion.
- To deliver wider key project communications to Local Health Economy.
- To ensure Health Economy wide feedback into review process.
- To ensure communication team representative attends project meetings.
- To receive and review Project Status Reports.
- To approve final policies.

CCG Engagement Leads

- To participate in monthly meetings of the project stakeholder group.
- To support the communication of project briefs from the CSU into the CCG by signposting.
- To support the process to capture feedback from providers, commissioners, referrers & public (if relevant).
- To act as Local Health Economy link for the CSU lead project.
- To act as a sign-poster for other CCG contacts and inform the CSU on CCG decision making processes.
- To support the coordination of CSU interactions with the wider Health Economy and stakeholders in the CCG area.

7. DEPENDENCIES

The CSU's performance is dependent upon the following assumptions. Should any of the assumptions prove incorrect, this may impact the Charges, the programme timetable or other aspects. Any such impact will be managed in accordance with the Change Management procedures in the attached Terms and Conditions.

- Clinical engagement within each CCG can be accessed in a timely way.
- Public Health input is a free service and can be arranged to comply with the programme time frame.
- Any parts of the process delivered internally by CCGs will comply with the agreed timeline – Commissioning Policy development is being delivered as a programme of work across multiple CCGs – delays by one CCG may impact the overall programme timetable.
- Providers will provide views in a timely way.
- All CCGs will embed the agreed policies in their local 2014/15 contracts with all providers once the policies have been finalised

8. CCG AUTHORISED REPRESENTATIVE

The Customer's authorised representative for this Statement of Work is:

Cheryl Mould, Head of Primary Care Quality & Improvement

9. CHARGES AND INVOICING

The Charges for the Services set out in this Statement of Work are £13,800

Charges shall be invoiced in full at any time upon or after the Commencement Date.

10. TERMS AND CONDITIONS

CSU standard terms and conditions for Services, enclosed in Annex 1, apply to the provision of the Services under this Statement of Work and are fully incorporated herein.

Agreed for and on behalf of **CHESHIRE AND
MERSEYSIDE COMMISSIONING SUPPORT
UNIT**

Signed:

Printed Name:

Title:

Agreed for and on behalf of **LIVERPOOL
CLINICAL COMMISSIONING GROUP**

Signed:

Printed Name:

Title:

Appendix C: South Sefton and Southport & Formby CCG Audit Trail

Engagement report re: commissioning policy review actual activity record

| Groups approached | Engagement Activity |
|---|---|
| <p>CVS network leads (children's, mental health, health and social care and equalities) / Healthwatch Champions</p> | <p>Meeting with Simone / Thomasina CVS network leads 10th Feb</p> <p>Thomasina provided emails for Chairs of Equalities networks to introduce the review and ask if groups wanted someone to come and speak to them.</p> <p>Emailed - also emailed Thomasina / Simone with posters and explanations to share with networks 17th Feb</p> <p>Discussed at feedback session in January Health and Social care forum meeting and added to 3 CVS Health and Social Care bulletins in February and March - emailed out via network leads to Children and Families, including maternity, and Equalities networks, plus the introductory emails that I sent to Chairs.</p> <p>One group requested someone speak to them, Julia Curtis attended People First Learning Disability Group in February.</p> <p>Discussed at Mental Health Service Users forum 26th Feb and email information containing link / poster shared with Sefton Advocacy rep following that discussion.</p> <p>Discussed at Healthwatch Sefton Community Champions network meeting 25th February and feedback was that several champions had looked at the policy review link and found that policies with most changes were so specific that they were not found to be relevant to their networks.</p> <p>Reminders sent via networks that consultation is closing on 7th April. CVS – Equalities, Childrens and Adult</p> |

| | |
|--|--|
| | Healthwatch members and Healthwatch Champions |
| Governing Bodies / Locality meetings / GPs especially OSC's | Jan Leonard has presented at Governing Body meetings and Locality Meetings to request GPs to target people in consultation for any of the issues being reviewed – ? dates for audit Jan and Hilda presented to both OSC's. |
| Age concern regarding the policies possibly affecting the elderly | Discussed with Dawn Stewart Age Concern Sefton at January Health and Social care forum and she agreed to share with volunteers and clients – emailed info and posters 17th Feb |
| Cancer support group | Emailed info and posters 19th March, followed up with telephone call March 26th. Telephone call from Chair on 1st April to confirm that poster is in situ and that he has completed survey, he will also point out to members that consultation is ending soon. |
| May Logan Centre | Discussed again at Community Champions Network meeting, May Logan rep present 25th Feb, also at Health and Social Care forum meeting 30th January Followed up with phone call 26th March, sent email with poster and links to policy review page and agreed to arrange speaker for Prostate Group 3rd April, Julia Curtis will attend |
| Venus Centre | Healthwatch Community Champion – spoke with manager 26th March to remind that consultation is coming to an end. Sent email with poster and links to policy review page, agreed to share with team leaders though not sure if relevant to any of groups. |
| Sefton Advocacy | Discussed at mental health users forum and emailed links and poster to representative |
| Article in GP bulletin to support request for GPs to share this info with relevant patients in the consultation period as they see them. | Lyn placed posters and short brief in GP bulletin Feb 14th and it has been included twice more late Feb / early March Practice Manager Leads also emailed Feb and March to request they share link and poster with members with request to disseminate to PPGs and display in Practices. |

| | |
|----------------------------|---|
| | Lyn will also coordinate a final press release to remind people about the opportunity to contribute and that the closing date is imminent. |
| Links on partner web-sites | CVS Healthwatch Sefton Sefton MBC |

People at various meetings who have agreed to look at the information have been emailed a link that includes the information page on the relevant CCG website and also the direct link to the policies page on the CMCSU site.

Obviously identifiable unique visitors from **Sefton prior to 24th March** are:

| | | | |
|-----------------------------------|--------------------|---|-----------------------------|
| NHS South Sefton CCG site – | 52 (85 page views) | Total NHS South Sefton unique visitors | - 58 – 10 surveys completed |
| NWW South Sefton site – | 5 (8 page views) | | |
| Punchweb South Sefton site – | 1 (6 page views) | | |
| NHS Southport & Formby CCG site – | 27 (64 page views) | Total NHS S’port & Formby unique visitors | – 39 – 9 surveys completed |
| Formby First site – | 6 (13 page views) | | |
| Punch Southport & Formby site – | 4 (5 page views) | | |
| NWW Southport & Formby site – | 2 (2 page views) | | |
| Healthwatch Sefton site – | 19 (54 page views) | Total Sefton wide unique visitors | - 20 |
| Sefton CVS wordpress site – | 1 (2 page views) | | |

It is not possible to tell which, if any of the Sefton wide visitors completed a survey nor how many of the email inks that went straight through to the CSU site came from either of the Sefton CCG contacts, though anybody receiving email information in Sefton also received the direct link to CSU policy page.

Appendix D: Equality and Diversity

- **Full E&D Survey Report**



E&D data.pdf

- **E&D Report: Agreed with Proposed changes**



E&D people who
agreed.pdf

- **E&D Report: Disagreed with proposed changes**



E&D people who
disagreed.pdf