

Enfield CCG

Adherence to Evidence Based Medicine Programme Report to the Enfield Health and Wellbeing Board December 2016

Overview of the Programme

Enfield CCG (ECCG) wants to secure the greatest health impact it can with its resources, obtain the best value from them and adhere as closely as possible to the clinical evidence base when it commissions services.

ECCG and fellow North Central London CCGs have adopted a policy on 'Procedures of Limited Clinical Effectiveness' in order to improve quality of clinical care. There is considerable national and international evidence that the areas covered by PoLCE guidance demonstrate poor clinical effectiveness or that current practice does not comply with best clinical practice and that significant variation exists.

The 'Adherence to Evidence Based Medicine Programme' involves reviewing the evidence base, thresholds and criteria for access to treatments currently contained in the North Central London policy and proposing additions to that policy.

Clinical Leaders at the CCG with the full support of the Governing Body are leading this review. The CCG will engage widely on the proposals which emerge and will continue to work closely with partner CCGs in North Central London.

No part of the programme concerns urgent or emergency procedures nor the two week pathway for potential cancer – the 'Two Week Wait'.

Enfield CCG's Financial Position

Enfield CCG (ECCG) is in special measures and has a statutory duty to explore all acceptable means to bring its spending in line with its allocated resource.

Examination of levels of activity and spend demonstrate that in some clinical areas, ECCG is an outlier when compared to other CCGs even when differences between the populations we serve (demographic and non-demographic) are taken into account. To address these differences clinical leaders are reviewing the evidence and clinical models associated with a number of clinical procedures to confirm that the services we are offering are in line with the latest evidence and guidance including that published by NICE (the National Institute for Health & Care Excellence). This work has already been undertaken by other Clinical Commissioning Groups such as Berkshire, North East Essex, Peterborough and Cambridgeshire, the North West London CCGs, Dorset, Liverpool and elsewhere.

The CCG will take into account in its decision making, the financial impact of its decisions, whilst being guided by its overall principle of adherence to evidence.

Procedures of Limited Clinical Effectiveness (PoLCE)

A PoLCE is a procedure where the clinical effectiveness of that procedure is either absent or evidence shows weak efficacy and long term benefits reached

- A PoLCE could be a procedure which is clinically effective but only under certain conditions, such as when a person meets certain criteria, otherwise more conservative alternatives should be tried first
- A PoLCE is a treatment of a condition where not funding the treatment will not result in a significantly adverse effect on the patient's physical or mental health

The CCGs' PoLCEs are available to the public on its website.

Governance, Clinical Leadership and Decision Making

Following a clinically led programme of review of existing and new policies during November and December 2016 and its stakeholder engagement during this time, ECCG will develop a business case which proposes the adoption of any new and revised policies, before entering a process of consultation around the proposed changes. The nature of the consultation process will be closely agreed with the London Borough of Enfield's scrutiny health work stream.

The Business Case will describe the planned net financial impact of the adoption of any change as well as the estimated population of Enfield who could be affected by these changes. The CCG will adhere to its equality duties in assessing the impact on patients.

Any changes will only take place following formal consideration of that business case by the Finance & Performance Committee which is a formal sub-committee of the Governing Body, taking into account consultation outcomes.

The review is being undertaken by clinical members of the Governing Body, working as its Clinical Reference Group and the work is being co-ordinated by the CCG's Medical Director, with management support. These clinicians are reviewing evidence packs which have been drawn together by examining the clinical policies adopted by CCGs across the country and the evidence used to support them and by referring to NICE guidance. The packs have been shared with the Director of Public Health and the department's advice and support in respect of the review process, sought.

Progress with Engagement

The CCG has undertaken a pre engagement phase with a public session and discussion with its member practices, at which it tested the principle of the programme and the manner in which the proposals (which include substantial clinical detail) should be shared in order to be accessible to the lay person. The feedback provided is being used to plan further engagement activities. Engagement with partner CCGs, including the NCL Clinical Cabinet, with the Enfield PPG Network and others, is now in train. It is important that secondary care

clinicians' views are incorporated into the proposals for new access thresholds, policies and pathways.

North Central London and its Sustainable Transformation Plan

ECCG and fellow commissioners and providers, as partners in North Central London's developing Sustainability and Transformation Plan (STP), face a significant resource gap if they do not put in place transformational changes in the healthcare landscape over the next five years. Any actions to reduce activity which does not, on balance, benefit individual patients or where the evidence base is doubtful, will be of benefit to the local population given the growing demand for health care as it will maximise the overall impact of the application of NHS resources.

Across London and elsewhere in England there is considerable pressure to achieve the national access standards required for NHS elective (sometimes called planned) care and cancer care. The reduction of elective activity where the net benefit to patients is low, could make a useful contribution to achieving performance standards consistently in the light of growing demand and these issues are being discussed with partners in North Central London.

Working with Our Local Community and Patient Impact

Enfield CCG (ECCG) wants to secure the greatest health impact it can with its resources by adhering as closely as possible to the clinical evidence base. Through this we will not only ensure the best possible outcomes for the population we serve and the best outcome for individual patients but also that we obtain the best value from the services we commission.

In achieving this, ECCG seeks an effective partnership with its local population and wishes to be open and transparent about its plans and proposals and to listen carefully to feedback, ideas and concerns, taking into account opinions raised.

Enfield GPs aspire to a shared decision making process with their patients. They want any referral to a planned procedure – whether on the Procedures of Limited Clinical Effectiveness (PoLCE) list or not – to be the result of a thoughtful discussion in which both patient and GP can weigh up the risks and potential benefits of a planned procedure. Since no procedure is without some risk, no benefit can be guaranteed and research is always advancing, ECCG wants to ensure that its clinical policies are keeping up with the most current evidence based medicine. As part of its review, ECCG is considering the type of materials currently available to support the consulting physician and patient in their decision making about referral. Its goal is to support both with user friendly materials to help them make the best decision for each individual patient.

Impact on Referring GPs

ECCG practices are already sending their referrals for elective treatments included in the North Central London PoLCE policy to the Enfield Referral Management Service (ERS),

where they are administratively and clinically triaged i.e. tested for adherence to the policy. Any adjustment to thresholds or adoption of new ones, will be comprehensively communicated to all practices, in a form which will enable them to adhere to the policies and inform their locum and administrative staff of the changes.

Any adoption of new policies will potentially lengthen patient/GP consultation times for a small number of consultations. This will be unwelcome at a time of great pressure in general practice. It is estimated that each Enfield GP undertakes 1-2 consultations per week concerning existing PoLCEs. So in developing its business case, Enfield CCG will estimate the total number of consultations affected and continue its discussions with member practices about the best possible way to support the process; for example in some areas, materials to support decision making including videos giving explanations of risks and benefits of a particular procedure. The NHS is now collecting Patient Reported Outcome Measures or PROMS for some procedures and engaging in Shared Decision Making programmes to support professionals and patients.

Impact on Hospitals

As part of its development of proposals, clinical commissioners will hold clinician to clinician discussions with secondary care colleagues on the potential changes and seek their feedback on the extent to which local elective pathways are optimised to obtain greatest patient benefit within the available resources.

North Central London providers have already entered into contractual agreements with commissioners concerning prior approval and Individual Funding Request (IFR) processes for PoLCE (Individual Funding Requests are formal decision making processes concerning specific individuals). Any adjustment to thresholds or adoption of new ones will be comprehensively communicated to all providers, in a form which will enable them to adhere to the policies and inform their clinical and administrative staff of the changes.

Programme Description

The Adherence to Evidence Based Medicine (AEBM) Programme consists of five workstreams:

Workstream 1: Compliance with Existing Thresholds

Enfield CCG has not applied the thresholds contained in the 2012 NCL PoLCE policies as consistently as other partners and following clinical discussions, a revision in the clinical triaging processes (i.e. where a referral is tested for compliance with the criteria or threshold) has been put in place to ensure improved adherence. This has seen our return to referrer rates increase from <20% to ~50-60% (which is now comparable to Haringey CCG and other areas in London).

Workstream 2: Reviewing Existing Thresholds

In 2015 clinicians from Barnet, Haringey and Enfield CCG and our member practices reviewed the available evidence and proposed changes to thresholds associated with

existing PoLCEs based on the latest clinical evidence base. At that time there was not complete concordance between CCGs and this matter is again under active discussion including a planned session of the NCL Clinical Cabinet (where clinicians from primary and secondary care are present) to see if a clinical consensus can be forged to support review.

Workstream 3: Reviewing Thresholds Associated with Key Procedures

Enfield CCG's clinicians identified the case to review the clinical evidence associated with seven key procedures to determine whether changes in the evidence base warranted a review of the thresholds associated with accessing services. The seven procedures where clinicians are undertaking a review of the latest evidence are:

- Hips & Knees
- Hernia
- IVF
- Hearing Aids
- Bunions
- Haemorrhoids
- Vasectomy

Evidence packs have been prepared for each of these areas (and shared with the Director of Public Health) and are currently being reviewed by the CCG's clinicians prior to the agreement of specific proposals for engagement. We are sharing our work with our colleagues across North Central London.

Workstream 4: Expansion of Procedures Under Consideration

The work on the seven procedures has also highlighted that there is a significant number (>150) of procedures where other CCGs have used the clinical evidence base to introduce thresholds and access criteria. This group of procedures is being examined by Enfield clinicians to identify where the evidence base is sufficient and once the list has been reviewed we will prepare specific proposals for engagement and seek to take this to engagement on the same timeline as Workstream 3.

Workstream 5: Decommissioning

The last workstream is to consider the decommissioning of services where the clinical evidence base supports that case.

The CCG is actively considering the case for the decommissioning of Homeopathic Treatments, given the evidence base on their effectiveness.

Again, we are sharing our work with colleagues in North Central London.