Commissioning Policy for Healthcare Interventions
Review and Amendment Log / Version Control Sheet

<table>
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Version History

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Appendices

Appendix 1 Equality Impact Assessment
1 Introduction

Clinical Commissioning Groups are responsible for commissioning healthcare on behalf of the population they serve. The NHS Act 2006 as amended by the Health and Social Care Act 2012 states that CCGs are responsible for commissioning health care for its population “to such extent as the group considers necessary to meet the reasonable requirements of the persons for whom it has responsibility”.

CCGs are provided with fixed annual budgets which they are statutorily required to adhere to and need to prioritise how they spend their funds to gain the maximum health benefit for the population they serve. CCGs have a duty to have transparent policies setting out which health interventions they do and do not fund and the rationale for these decisions; this policy sets out the underlying framework for the development of CCG funding policies and commissioning statements. The principles outlined in this document are based on both legislative requirements and the approaches taken by national bodies (NICE and NHS England) to ensure that the CCG’s local decisions are compatible with the decisions made by these bodies.

2 Purpose

The purpose of this policy is to set out the principles that will be used to evaluate which health care interventions should be funded in the local health economy. The principles aim to ensure that the CCG maximises the health benefits across the whole of its population and that its approach to commissioning is as transparent as possible.

The National Institute for Health and Care Excellence publish technology appraisals that the CCG is required to fund within 3 months of publication except in very specific circumstances. This policy is primarily aimed at decision making for products not considered as part of the NICE Technology Appraisal programme or other national statutory process.

A health care intervention will be required to satisfy the requirements of all of the principles in order to be commissioned by the CCG. The principles in this policy will be applied equally when reviewing health care interventions that have existing funding or that are being proposed for new funding.

3 Definition of Healthcare Intervention

For the purposes of this policy the definition of healthcare intervention is any medicine, device, interventional procedure and treatment that the CCG is responsible for commissioning.
4. **Scope**

The policy covers healthcare interventions as set out in section 3 above. The CCG’s approach to commissioning clinical services (e.g. accident and emergency, cardiology, dermatology and district nursing services etc.) is outside the scope of this policy.

5. **Commissioning Principles**

Greater Huddersfield CCG and North Kirklees CCG will consider proposals to fund healthcare interventions against the 5 principles set out below.

**Principle 1**

The CCG commissions health care interventions based on the strength and quality of the clinical evidence.

The CCG will consider clinical effectiveness when making decisions on funding of healthcare interventions. The following specific factors will be taken into account:

- **Quality of the clinical evidence.** A strong case will have evidence from randomised controlled trials, meta-analyses or other methodologically robust scientific methods. Information from case series or other small observational studies is not considered strong clinical evidence. The CCG will take into account that it is not always possible to carry out large randomised controlled trials for some health care interventions either due to the treatment population being very small or that the intervention doesn’t lend itself to this type of study (e.g. some surgical procedures).
- **Relevant trial outcomes.** The CCG is most interested in evidence where trial outcomes reflect those that are important to patients (e.g. measurable improvements in survival or quality of life). Trials with intermediate or biochemical outcomes (e.g. cholesterol levels) will be afforded a lower status than those with evidence of direct patient outcomes (e.g. reduction in deaths from cardiovascular disease).
- **Statistical and clinical significance.** A health care intervention should have evidence that it offers a significant health benefit that cannot be ascribed to chance.
- **The applicability of the evidence base to the proposed treatment population in Greater Huddersfield CCG and North Kirklees CCG.** Clinical trials may include patient populations that are significantly different to proposed local treatment population; this may be due to differences in age, disease severity, prior health care interventions and co-morbidities. The potential impact of these factors will be considered alongside the clinical trial
outcomes when considering applicability of the evidence to the Greater Huddersfield CCG and North Kirklees CCG treatment population.

- **The availability of supporting resources to the local population.** Many clinical trials provide additional support to patients above and beyond that available in the local health economy e.g. supporting psychosocial interventions. The likely impact on trial results will be considered as part of the deliberations of the evidence.

- **Clinical and expert opinion.** Clinical and expert advice will be used to support the interpretation of the evidence where necessary. Clinical or expert opinion will generally be afforded a low status where this is not supported by evidence as set out above.

The CCG will not commission health care interventions where there is a lack of clinical evidence of effectiveness on which to make a decision.

**Principle 2**

**The CCG will consider both the costs and benefits of the health care interventions that it commissions.**

Cost effectiveness analysis (an evaluation of the additional costs and benefits of a new treatment against existing treatments) is routinely used in England to determine whether new treatments should be carried out. NICE carries out formal cost effectiveness analyses of health care interventions as part of its technology appraisal programme; the NICE approach measures benefits in terms of QALYs (Quality Adjusted Life Years) which captures both improvements in the length and the quality of life. The NICE programme does not consider all health care interventions on which Greater Huddersfield CCG and North Kirklees CCG are required to make a judgement. Formal cost effectiveness analyses from NICE or other respected UK bodies (e.g. Scottish Medicines Consortium, All Wales Medicine Strategy Group, London New Drugs Group) will be considered where appropriate.

Formal cost effectiveness analyses are often not available to local NHS bodies as part of the decision making process and the CCG does not have the resources to carry out or commission formal analyses for most local decisions. In the absence of this information the CCG will make a determination of cost effectiveness based on an assessment of the incremental benefits and incremental costs of commissioning a specific health care intervention.

- **Benefits.** The CCG will assess the benefits from funding a treatment based on its impact on both length of life and quality of life. Urgent and life-saving treatment will be given a high priority, as will health care interventions which effectively treat or prevent/slow progression of chronic conditions such as arthritis, mental illness, or sensory impairment. Quality of life may be
measured in a number of ways; the NICE reference method is via EQ5D which considers the effects of treatment on the following five domains of quality of life:

- Mobility
- Ability to self care (e.g. washing, dressing self etc)
- Ability to perform usual activities
- Pain/discomfort
- Anxiety/depression

Treatments that do not have a significant impact on health (as measured by the 5 domains above) will have a lower priority for funding. Data from other validated quality of life assessments (e.g. SF-6D and SF-36) or disease specific indicators (DAS and DLQI) will be considered in the absence of EQ5D data.

Any assessment of benefit will take account of both the improvements in health and potential adverse effects and patient safety aspects of a health care intervention. The net benefit (i.e. improvements in health less any harms or adverse effects) will usually be used in evaluations however the CCG will take particular account of serious harms (e.g. those requiring admission to hospital, causing serious disability or death) in assessing the net benefit of treatment.

Health care interventions that have an impact on both functional problems and offer a cosmetic enhancement will be judged solely on their ability to improve the functional health care problem. The funding of health care interventions with the primary purpose of cosmetic enhancement will be considered a low priority except where this is to repair harm from accident or traumatic healthcare intervention.

- Costs. The perspective taken in UK evaluations is to take a health and social care perspective; this approach includes all costs (or savings) that will accrue to the local health and social care system as a result of a positive decision to fund a treatment. Costs included in an evaluation include any tests or follow up care required to support treatment, training costs and capital development costs. Costs that fall outside of health and social care costs will not usually be considered as part of the evaluation.

Some items may have a low unit acquisition cost when purchased through retail outlets however the total cost incurred by the NHS is significantly higher; in these cases the CCGs will take account of both the retail cost, net NHS
cost and total CCG population cost alongside all other factors set out in this policy when making decisions on funding these interventions.

Principle 3

The CCG will consider the impact of funding a treatment on the availability of health services to the rest of the population.

CCGs are allocated an annual budget to commission services and health care interventions by NHS England based on a national funding formula. A decision to fund any treatment implies that those funds are not available to commission other health care services for the rest of the population, “the opportunity cost”. The impact of funding a health care intervention must be balanced against the CCG’s ability to fund other health care interventions or health care programmes for the rest of the population.

It may be necessary to delay or to phase in funding for interventions where it is not affordable to offer treatment to all cohorts of patients with a capacity to benefit from treatment with immediate effect; patient subgroups with the highest capacity to benefit will be prioritised for funding in the event that funding is not available to support all patients that may benefit from treatment.

Principle 4

The CCG will give a priority to funding those health care interventions which have been designated national priorities.

It is important that the variation in health care interventions and services available to patients across England are minimised wherever possible. The Department of Health and NHS England set national priorities for implementation across all NHS organisations. The following is the priority that these will be allocated:

1. **NICE Technology Appraisals.** NHS organisations have a statutory duty to fund these within 3 months unless a specific exemption has been given. Greater Huddersfield CCG and North Kirklees CCG will prioritise the implementation of NICE Technology Appraisals.

2. **Other national funding direction.** Health care interventions identified as part of a specific national funding direction/mandate will be given a priority over other health care interventions.

3. **Local Priority Area.** The CCG will consider the locally agreed priorities when considering an intervention’s priority for funding. These will usually be set out in the CCG’s annual plan and commissioning intentions.
4. **Other NICE programme recommendation.** NICE publishes a vast array of clinical guidelines, interventional procedure guidance and medical technology appraisals with recommendations that may impact on the commissioning of specific health care interventions; the implementation of these recommendations will be considered in line with local priorities with a higher priority given to those recommendations with a strong evidence base and a full cost effectiveness analysis.

5. **Recommendations from other bodies.** The CCG will usually only consider funding on recommendation from expert groups or other healthcare bodies once the CCG can adequately fund recommendations in the higher priority areas.

**Principle 5**

The CCG will comply with its public sector equality duties when making decisions about funding health care interventions.

Legislation on human rights, discrimination and equality requires that patients are not denied access, or have different or restricted access, to NHS care because of their race, disability, age, sex/gender, sexual orientation, religion or beliefs, gender reassignment, socioeconomic or other status. There may be occasions that protected characteristics (e.g. age or ethnicity) may impact on capacity to benefit from health care interventions. The CCG will carry out an equality analysis as part of any commissioning policy where protected characteristics may have a role in determining access to treatment. The following approach will be used:

- **Race (ethnicity).** Race or ethnicity will usually not be a factor used in determining access to treatment. The CCG will only consider race or ethnicity as a factor in determining access to treatment where the effectiveness of treatment is significantly impacted on by racial or ethnic characteristics and there is no other routinely available method of determining clinical effectiveness in advance of offering treatment.
- **The CCG will take special account of the needs of disabled people, which includes considering whether there are obstacles that might prevent them from benefiting from commissioned health care interventions. Where necessary and appropriate the CCG will take positive steps to take account of these needs e.g. ensuring that clinical criteria set out in policies are reasonably adjusted where disability prevents these measurements in the same manner as the rest of the treatment population – this will usually be assessed through the Individual Funding Request process.**
• The CCG will not deny or restrict access to treatment simply because of age; however age may be taken into account where it is an indicator of benefit or risk. NICE’s Citizen’s Council considers that health should not be valued more highly in some age groups than others.

6 Freedom of Information
Greater Huddersfield CCG and North Kirklees CCG supports the principles of transparency enshrined in the Freedom of Information Act. All documentation considered as part of the decision making process will be made available on request. All decision documents and key papers informing decision making will be published on the CCGs’ websites.

7 Duties / Accountabilities and Responsibilities
Duties within organisation
The Chief Officer of each organisation is accountable for implementation of the policy.
Committees that approve commissioning policies for healthcare interventions are required to consider the principles set out in this policy when making decisions that may impact on funding and availability of treatments.

8 Public Sector Equality Duty
Greater Huddersfield CCG and North Kirklees CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

9 Monitoring Compliance with the Document
The CCG Audit Committees will monitor compliance with the policy.
10 Arrangements for Review

This policy will be reviewed after the 12 months after the date of authorisation. The policy may be reviewed sooner if there is a change in legislation or new national guidance.

11 Dissemination

This policy will be shared with all members of the Senior Management Team and Governing Body. It will be published on both of the CCGs internet sites.

12 References


13 Appendices

Equality Impact Assessment