



Children's Commissioning Policy

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Produced on behalf of NHS Leeds West Clinical Commissioning Group, NHS Leeds North Clinical Commissioning Group and NHS Leeds South and East Clinical Commissioning Group

Executive Summary

This policy applies to all Individual Funding Requests (IFR) for people registered with General Practitioners in the following three Clinical Commissioning Groups (CCGs), where the CCG is the responsible commissioner for this treatment or service:

- NHS Leeds West CCG
- NHS Leeds North CCG
- NHS Leeds South and East CCG

This policy does not apply where any one of the Leeds CCGs is not the responsible commissioner.

The policy updates all previous policies and must (where appropriate) be read in association with the other relevant Clinical Commissioning Groups in Leeds commissioning policies, which are to be applied across all three CCGs, including but not limited to policies on cosmetic exceptions and non-commissioned activity.

All IFR and associated policies will be publically available on the internet for each CCG.

This policy relates specifically to the commissioning for children (Bobath therapy, cranial banding non medical circumcision).

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1 Introduction

The Clinical Commissioning Groups (CCGs) (NHS Leeds West CCG, NHS Leeds North CCG and NHS Leeds South and East CCG) were established on 1 April 2013 under the Health and Social Care Act 2012 as the statutory bodies responsible for commissioning services for the patients for whom they are responsible in accordance with s3 National Health Service Act 2006.

As part of these duties, there is a need to commission services which are evidence based, cost effective, improve health outcomes, reduce health inequalities and represent value for money for the taxpayer. The CCGs in Leeds are accountable to their constituent populations and Member Practices for funding decisions.

In relation to decisions on Individual Funding Requests (IFR), the CCGs in Leeds have a clear and transparent process and policy for decision making. They have a clear CCG specific appeals process to allow patients and their clinicians to be reassured that due process has been followed in IFR decisions made by the Non Commissioned Activity Panel, Cosmetic Exclusions and Exceptions Panel, or Non NICE Non Tariff Drug Panel (the IFR panels).

Due consideration must be given to IFRs for services or treatments which do not form part of core commissioning arrangements, or need to be assessed as exceptions to Leeds CCGs Commissioning Policies. This process must be equitably applied to all IFRs.

All IFR and associated policies will be publically available on the internet for each CCG. Specialist services that are commissioned by NHS England or Public Health England are not included in this policy.

2 Purpose

The purpose of the IFR policy is to enable officers of the Leeds CCGs to exercise their responsibilities properly and transparently in relation to IFRs, and to provide advice to general practitioners, clinicians, patients and members of the public about IFRs. Implementing the policy ensures that commissioning decisions in relation to IFRs are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs.

The policy outlines the process for decision making with regard to services/treatments which are not normally commissioned by the CCGs in Leeds, and is designed to ensure consistency in this decision making process.

The policy is underpinned by the following key principles:

- The decisions of the IFR panels outlined in the policy are fair, reasonable and lawful, and are open to external scrutiny.
- Funding decisions are based on clinical evidence and not solely on the budgetary constraints.
- Compliance with standing financial instructions / and statutory instruments in the commissioning of healthcare in relation to contractual arrangements with providers.

Whilst the majority of service provision is commissioned through established service agreements with providers, there are occasions when services are excluded or not routinely available within the National Health Service (NHS). This may be due to advances in medicine or the introduction of new treatments and therapies or a new cross-Leeds Clinical Commissioning Group statement. The IFR process therefore provides a mechanism to allow drugs/treatments that are not routinely commissioned by the Leeds CCGs to be considered for individuals in exceptional circumstances.

3 Scope

The CCGs in Leeds have established the processes outlined in this policy to consider and manage IFRs in relation to the following types of requests: for children for **(Bobath therapy, cranial banding and non medical circumcision)**.

Leeds CCGs *do not routinely commission* aesthetic (cosmetic) surgery and other related procedures that are medically unnecessary.

Providing certain criteria are met, Leeds CCGs will commission aesthetic (cosmetic) surgery and other procedures to improve the functioning of a body part or where medically necessary even if the surgery or procedure also improves or changes the appearance of a portion of the body.

Please note that, whilst this policy addresses many common procedures, it does not address all procedures that might be considered to be cosmetic. Leeds CCGs reserve the right not to commission other procedures considered cosmetic and not medically necessary. This policy is to be used in conjunction with the Individual Funding Requests (IFR) Policy for Leeds CCGs and other related policies.

Leeds CCGs routinely commission interventional procedures where National Institute for Health and Care Excellence (NICE) guidance arrangements indicate "normal" or "offered routinely" or "recommended as option(s)" and the evidence of safety and effectiveness is sufficiently robust.

Leeds CCGs do not routinely commission interventional procedures where NICE guidance arrangement indicates "special", "other", "research only" and "do not use".

The commissioning statements for individual procedures are the same as those issued by NICE. (www.nice.org.uk).

An individual funding request (IFR) may be submitted for a patient who is felt to be an exception to the commissioning statements as per the Individual Funding Request Policy.

The CCGs accept there are clinical situations that are unique (five or fewer patients) where an IFR is appropriate and exceptionality may be difficult to demonstrate.

Whilst the Leeds CCGs are always interested in innovation that makes more effective use of resources, in year introduction of a procedure does not mean the CCGs will routinely commission the use of the procedure.

An individual funding request is not an appropriate mechanism to introduce a new treatment for a group or cohort of patients. Where treatment is for a cohort larger than five patients, that is a proposal to develop the service, the introduction of a new procedure should go through the usual business planning process. CCGs will not fund interventional procedures for cohorts over 5 patients introduced outside a business planning process.

Endpoints

Following completion of the agreed treatment, a proportionate follow up process will lead to a final review appointment with the clinician where both patient and clinician agree that a satisfactory end point has been reached. This should be at the discretion of the individual clinician and based on agreeing reasonable and acceptable clinical and/ or cosmetic outcomes.

Once the satisfactory end point has been agreed and achieved, the patient will be discharged from the service.

Requests for treatment for unacceptable outcomes post treatment will only be considered through the Individual Funding Request route. Such requests will only be considered where a) the patient was satisfied with the outcome at the time of discharge and b) becomes dissatisfied at a later date. In these circumstances the patient is not automatically entitled to further treatment. Any further treatment will therefore be at the relevant Leeds Clinical Commissioning Group's discretion, and will be considered on an exceptional basis in accordance with the IFR policy.

Leeds CCGs are committed to supporting patients to stop smoking in line with NICE guidance in order to improve short and long term patient outcomes and reduce health inequalities. Referring GPs and secondary care clinicians are reminded to ensure the patient is supported to stop smoking at every step along the elective pathway and especially for flap based procedures (in line with plastic surgery literature: abdominoplasty, panniculectomy, breast reduction, other breast procedures).

4 Definitions

The CCGs in Leeds are not prescriptive in their definitions. Each IFR will be considered on its merits, applying this Policy.

Routinely commissioned – this means that this intervention is routinely commissioned as outlined in the relevant policy, or when a particular threshold is met. Prior approval may or may not be required, refer to the policy for more information.

Exceptionality request – this means that for a service which is not routinely commissioned, or a threshold is not met, the clinician may request funding on the 'grounds of exceptionality' through the individual funding request process. Decisions on exceptionality will be made using the framework defined in the overarching policy 'Individual Funding Requests (IFR) Policy for the Clinical Commissioning Groups in Leeds'.

5 Duties

Whilst this policy and associated decision making policies will be applied on a cross- Leeds basis for patients from all three CCGs in Leeds, each individual CCG will retain responsibility for the decision making for its own patients. To this end, each CCG will delegate its decision making in relation to IFRs to a CCG specific decision maker for patients from that specific CCG, in accordance with its own Constitution.

This decision maker will attend the relevant IFR panel and will also have responsibility for approving the triage process for patients from their own CCG population. The triage process is the process of screening requests to see whether the request meets the policy criteria and which referrals need to be considered by an IFR panel; see sections on IFR panels for more information. The decision maker for each CCG is responsible for decision making solely for patients within their own CCG registered population. This will normally be the Medical Director or their designate. This will be detailed in the CCG Constitution as an Appendix.

In exceptional circumstances, when a CCG is unable to send a delegated decision maker to the IFR panel, the panel may discuss the case in their absence and may make a recommendation. However, the decision maker for the specific CCG must make the final decision whether or not to approve the IFR.

6 Main Body of Policy

Exceptionality funding can be applied for in line with the overarching policy through the IFR process if you believe your patient is an exception to the commissioning position. Please refer to the overarching policy for more information.

6.1 Cranial banding for positional plagiocephaly and brachycephaly

Status: Cranial banding is NOT routinely commissioned.

Positional plagiocephaly and brachycephaly refer to abnormal skull shape and symmetry, which arises in some infants due to pressure on the skull, either

prior to birth or in the first months of life. Determinants appear to be limited head rotation, lower activity levels, and supine sleeping position.

Treatment for brachycephaly and positional plagiocephaly includes the use of a rigid, plastic, foam lined orthosis (helmet). The procedure is known as cranial banding. The orthosis is custom made for each patient and applies pressures in particular areas to discourage growth in prominent areas and encourage growth in flattened parts of the skull.

6.2 Bobath therapy

Status: Bobath techniques are commissioned locally as part of local level 3 services. Specialist Level 4 Bobath therapy is not routinely commissioned except as defined below. Ongoing care will be provided locally.

Bobath Therapy is a problem solving neurodevelopmental approach to the treatment of individuals with cerebral palsy and other allied neurological conditions. It is used for a Child with cerebral palsy or other non-degenerative gross motor disability

A single 2 week assessment is funded for a child who:

1. Has severe disability and complex needs (cerebral palsy or other non-degenerative gross motor implications)
2. The child's carers have confirmed their commitment to continuing an ongoing programme of daily care following assessment
3. The child has been receiving therapy for at least a year but is failing to make progress (where in the clinician's view further progress could be achieved) and the child has been assessed by a second "senior" therapist who is Bobath trained and who considers that assessment at the Bobath Centre is appropriate. The term "senior" in this context means: Band 7 or above (physiotherapy and occupational therapy); specialist (speech therapy).
4. The referral is endorsed by the relevant Head of Service in conjunction with the paediatrician.
5. Clear outcomes / targets to be achieved must be identified and monitored.
6. A local senior therapist must attend the Bobath Centre on the last day of the assessment to help the patient with compliance on return.

6.3 Male Circumcision under the age of 18

Status: routinely commissioned in specific circumstances

Male circumcision is the removal of the foreskin (that part of the penile shaft and associated mucous membrane layer that covers and protects the glans penis and external urethral meatus).

It is a procedure which is undertaken because of abnormalities of the foreskin. One of these is phimosis – a condition in which the foreskin cannot be retracted over the glans penis. It is important that phimosis is correctly categorised as either pathological or physiological. Many male children have a physiological phimosis (normal foreskin where the non-retractability is due to

physiological congenital adherence with no evidence of scarring), the vast majority of these will resolve without medical intervention. Pathological phimosis is a phimosis caused by scarring of the foreskin opening resulting in symptoms and non-retractability of the foreskin.

Follow the NICE accredited guidance for referral to secondary services and criteria for surgical intervention issued by the Royal College of Surgeons within 'Commissioning Guide: Foreskin Conditions' (2013):

Referral to Secondary Care

- Physiological phimosis should be managed in primary care
- If there is concern that pathology is evident or diagnostic uncertainty then referral to secondary care is appropriate

Circumcision is commissioned in the following circumstances

- Pathological phimosis
- Recurrent episodes of balanoposthitis

Relative Indications for circumcision

- Prevention of urinary tract infection in patients with an abnormal urinary tract
- Recurrent paraphimosis
- Trauma (e.g. zipper injury)
- Tight foreskin causing pain on arousal/interfering with sexual function
- Congenital abnormalities

Circumcision will NOT be routinely commissioned for physiological phimosis nor for non medical reasons from November 2016.

Some circumcisions are undertaken on healthy foreskins for cultural reasons. Leeds CCGs will no longer be commissioning non medical circumcisions from November 2016.

7 Equality Impact Assessment (EIA)

This document has been assessed, using the EIA toolkit, to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups, appropriate action has been taken to mitigate or eliminate the negative impacts and maximise the positive impacts and that the and that the implementation plans are appropriate and proportionate.

Include summary of key findings/actions identified as a result of carrying out the EIA. The full EIA is attached as Appendix A.

8 Implications and Associated Risks

This policy and supporting frameworks set evidence based boundaries to interventions available on the NHS. It may conflict with expectations of individual patients and clinicians.

9 Education and Training Requirements

Members of the panels will undergo training at least every three years, particularly in relation to the legal precedents around IFRs. Effective policy dissemination is required for local clinicians.

10 Monitoring Compliance and Effectiveness

Each IFR panel will maintain an accurate database of cases approved and rejected, to enable consideration of amendments to future commissioning intentions and to ensure consistency in the application of the CCGs in Leeds Commissioning Policies.

The financial impact of approvals outside of existing Service Level Agreements will be monitored to ensure the Leeds CCGs identify expenditure and ensure appropriate value for money. Member Practice clinicians need to be aware that all referrals will ultimately be a call on their own CCG budgets.

11 Associated Documentation

This policy must be read in conjunction with the underpinning Leeds CCGs decision making frameworks.

12 Additional References

Cranial Banding

Van Wijk, RM. et al. (2014) Helmet therapy in infants with positional skull deformation: randomised controlled trial. *British Medical Journal*. 348 doi: 10.1136/bmj.g2741

Bobath

<http://www.bobath.org.uk/for-commissioners/bobath-therapy/>
accessed 29/06/2016

Novak I, McIntyre S, Morgan C et al. 2013 "A systematic review of interventions for children with cerebral palsy: state of the evidence", *Developmental Medicine and Child Neurology*, DOI: 10.1111/dmcn.12246.

Franki I, Deslooverre K, De Cat J, et al. 2012 "The evidence-base for conceptual approaches and additional therapies targeting lower limb function in children with cerebral palsy: A systematic review using the international classification of functioning disability and health as a framework, *Journal of Rehabilitation Medicine*, 44: 396-405.

Appendices

A: Equality Impact Assessment

Title of policy	Children's commissioning policy	
Names and roles of people completing the assessment	Fiona Day Consultant in Public Health Medicine, Helen Lewis, Head of Acute Provider Commissioning	
Date assessment started/completed	26.6.16	25.7.16

1. Outline	
Give a brief summary of the policy	The purpose of the commissioning policy is to enable officers of the Leeds CCGs to exercise their responsibilities properly and transparently in relation to commissioned treatments including individual funding requests, and to provide advice to general practitioners, clinicians, patients and members of the public about IFRs. Implementing the policy ensures that commissioning decisions are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs. This policy relates to requests for children's commissioning.
What outcomes do you want to achieve	We commission services equitably and only when medically necessary and in line with current evidence on cost effectiveness.

2. Evidence, data or research	
Give details of evidence, data or research used to inform the analysis of impact	See list of references

3. Consultation, engagement	
Give details of all consultation and engagement activities used to inform the analysis of impact	<p>Discussion with clinicians and patient representatives on the principles of decision making. Discussion with patient leaders relating to changes in the content of the policy and advice on proportionate engagement.</p> <p>The policy review was undertaken using any updated NICE or equivalent guidance, and input from clinicians was sought where possible. Engagement sessions with patient</p>

	<p>leaders were undertaken and all policies individually reviewed. The patient leaders were satisfied with the process by which the policy was developed, particularly in light of the robust process (including extensive patient engagement) by which NICE guidance are developed, and acknowledging their own local role in providing assurance. No concerns were raised with regard the policy.</p> <p>Local clinical commissioning and clinical providers have had the opportunity to comment on the draft policies.</p>
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4. Analysis of impact			
<p>This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to;</p> <p>eliminate unlawful discrimination; advance equality of opportunity; foster good relations</p>			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	Yes as these all apply to children		
Carers	No		
Disability	Yes but positive. Bobath relates to children with disabilities. Positive for evidence based treatments.		
Sex	Circumcision is gender specific.		
Race	No		
Religion or belief	Yes, mitigation has been dealt with	Negative	Consultation occurred with patient group affected. Leaflet produced to be distributed to all GP practices and the Maternity unit at LTHT.
Sexual	No		

orientation			
Gender reassignment	No		
Pregnancy and maternity	No		
Marriage and civil partnership	No		
Other relevant group	No		
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.			

5. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions	Annual report of IFR activity reported through relevant committees to Governing Bodies of the 3 CCGs. A limited equity audit is undertaken as part of this. Complaints and appeals monitoring.		
Lead Officer	Simon Stockill	Review date:	Dec 2019

6. Sign off

Lead Officer			
Director on behalf of the 3 Leeds CCG Medical Directors	Dr Simon Stockill, Medical Director, Leeds West CCG	Date approved:	24.8.16

B Policy Consultation Process:

Title of document	Children's commissioning policy
Author	Michelle Everitt PublicHealth Registrar, Fiona Day Consultant in Public Health Medicine, Sue Robins Director of Commissioning Leeds West CCG
New / Revised document	Revised
Lists of persons involved in developing the policy	Michelle Everitt PublicHealth Registrar, Fiona Day Consultant in Public Health Medicine, Sue Robins Director of Commissioning Leeds West CCG; Jane Mischenko Childrens Commissioner
List of persons involved in the consultation process:	See appendix A

C Version Control Sheet

Version	Date	Author	Status	Comment
1.0	7.7.16	F Day, M Everitt	Draft	<p>No changes from previous policy for cranial banding or Bobath. Updating of references.</p> <p>Non medical circumcisions will not be funded from Nov 2016; updating commissioning guidance to follow the NICE accredited guidance for referral to secondary services and criteria for surgical intervention issued by the Royal College of Surgeons within 'Commissioning Guide: Foreskin Conditions' (2013):</p>