

Briefing note for the WY JHOSC – 18 January 2024

## Harmonisation of commissioning policies

### Background

Since its inception in July 2022 NHS WY ICB has been working to harmonise commissioning policy across the five places of West Yorkshire to remove differences in policy where they existed from the previous commissioning organisations, the Clinical Commissioning Groups and help reduce inequalities in outcomes, experience and access to treatments for people across the area (the postcode lottery).

Clinicians and commissioning leads have been working together, with input from services and programmes if appropriate, to identify where there are differences, and to look at how those policies can be made the same for all places. The first set of policies was previously discussed by WY JHOSC in Summer 2023. This briefing note provides an update on the work's progress and the next set of policies due for harmonisation.

### The Evidence Based Interventions policies

In December 2023 the Transformation Committee of WY ICB agreed a set of policies known as Evidence Based Interventions, which had been developed by the Academy of Medical Royal Colleges and NHS England. They were published in May and can be found on the Evidence Based Interventions page of the AoMRC website [EBI Guidance List3\\_0523.pdf \(aomrc.org.uk\)](https://www.aomrc.org.uk/evidence-based-interventions/EBI_Guidance_List3_0523.pdf). Many of these were agreed as part of the first set of policies agreed at the Transformation Committee in October. The remaining 7 policies were agreed in December. These are:

1. Asymptomatic carotid artery stenosis screening
2. Referral for bariatric surgery
3. Angioplasty for PCI (percutaneous coronary intervention) in stable angina
4. Non-visible haematuria and
5. Needle biopsy of prostate
6. Optical coherence tomography (OCT) in diabetic retinopathy referral
7. Glaucoma referral criteria

Adoption of policies 1, 3 and 5 means fewer unnecessary diagnostic tests will be undertaken, releasing capacity for people to be seen sooner for test which will inform clinical decision making.

Adoption of policy 2 means that people with BMI of 50 and over can be referred directly for surgical assessment. Previously all people had to complete a 'Tier 3' weight management programme of a year's duration prior to being considered for surgical assessment. Removal of this step allows people to access potentially lifesaving treatment sooner.

Policies 6 and 7 are within ophthalmology services. These policies require additional diagnostic tests to be performed by primary care optometry services prior to the patient being referred to Hospital Eye Services, and although some of these pre-referral tests are commissioned to a limited extent in some of our places, we do not yet have comprehensive coverage. Further services will be established to enable adoption of these policies.

### **Further West Yorkshire Policies**

The next set of policies due for harmonisation are hair removal, wig provision and gender dysphoria.

#### Hair removal

Presently the number of treatment sessions which is funded in each place is different. The proposal is to harmonise these to 6, based on clinical best practice. About 15 people access this procedure each year across West Yorkshire. Harmonising the policy means that best clinical practice is followed in all places.

#### Wigs

The policy proposal being considered **excludes** the provision of wigs during and after treatment for cancer which may result in hair loss. Wigs are provided for cosmetic reasons in cases where people suffer temporary or permanent hair loss due to a medical reason. The inclusion and exclusion criteria are the same across the places of WY but the entitlement in terms of types and number of wigs provided is not. In some places provision of human hair wigs is funded and in other places it is not. There is also variation in the number of human or acrylic wigs an individual may have each year.

The proposal is to standardise provision to two acrylic wigs per year. We would only consider provision of human hair wigs where there is firm evidence of dermatological intolerance of the synthetic products. In these cases, only one wig would be provided.

This policy affects approximately 550 people per year, of whom fewer than 40 receive human hair wigs. This policy would be a reduction in human hair wig provision for people in Leeds and to a lesser extent in Calderdale.

#### Gender Dysphoria in Adults

One of the places of WY has a policy outlining the services and interventions which are provided when required out with the NHS England gender services. This may include services such as non-specialist speech and language therapy and some non-specialist surgery after the patient has been discharged from

the NHS England specialist surgical team. The proposal is to adopt the policy in all places of WY. This does not represent any practical change in policy rather clearly states current practice in all places and provides greater clarity for clinicians, patients and the public.

An additional two WY policies, which are already harmonised are due for review: bariatric surgery and treatment for infertility. The review of the bariatric surgery policy will cover primarily the permitted surgical procedures and the relationship with conservative management approaches. The treatment of infertility policy is being reviewed with the Humber and North Yorkshire and South Yorkshire ICBs and will consider eligibility criteria and clinical tests and interventions. The work on the fertility policy is in its early stages and future updates will be brought to the WY JHOSC as required.

### **Individual Funding Requests**

If a reduction in access for a particular treatment means that a patient can no longer access it then the Individual Funding Request (IFR) process can be followed. This is a conversation that a patient would have with their GP or other healthcare professional'. They can ask the NHS, on behalf of the patient, to pay for a treatment that is not usually funded. If they believe that the patient's clinical circumstances are exceptional and they would benefit from it, then the IFR process is an option.

### **Combined impact assessments**

#### Patient experience

Harmonisation of the commissioning policies and respective clinical thresholds will mean patients and people across WY will have access to the same treatment wherever they live in WY, and the clinical criteria for that treatment will be the same across all 5 WY Places. This will support reducing health inequalities in addressing variation in care and any equity of access to care issues. Referring clinicians and IFR panels will have policies and thresholds that are clear and consistent to assist with referrals and decision making.

#### Patient safety

All policies are based on evidence and designed to ensure that where procedures and interventions of a surgical nature are delivered, only those who stand to gain benefit from the procedure will be given access, thus reducing the risk of avoidable harm.

#### Safeguarding

Overall, there is a neutral impact on safeguarding.

#### Equalities and health inequalities

The impact on equality and health inequalities is neutral. Wig provision and availability has improved over the past decade such that all cultural and religious needs can be met with the provision of acrylic wigs.

### Workforce

Overall, there is a neutral impact on workforce. Clarity in eligibility criteria and removing the variation in access criteria may improve the experience of work for some clinical and administrative staff.

### Sustainability

Overall, there is a neutral impact on sustainability.

### Summary

The cumulative impact of the policy harmonisation has limited negative impact on experience of care, clinical effectiveness and equalities and health inequalities. Appropriate mitigations will be determined to reduce these. The overall impact is largely positive for most domains, reducing variation and increasing care quality for the majority of people.

### **Communications and involvement**

The changes outlined in the hair removal, wig provision and gender dysphoria policies are limited however the clinical areas covered are very sensitive. A period of public engagement and on-line involvement is proposed. The precise timeline is to be confirmed, with consideration given to avoid the local election period in April and May.

### **Recommendations**

The WY JHOSC is asked to support the work to harmonise commissioning policies across West Yorkshire, and to support the proposals as outlined in this briefing note.

For any further information about the content of this briefing note, ahead of the WY JHOSC meeting, please contact Catherine Thompson, Associate Director – Planned Care (working days Monday – Thursday) [Catherine.thompson13@nhs.net](mailto:Catherine.thompson13@nhs.net) 0782 514 2815