

INDIVIDUALLY FUNDED REQUESTS (IFR) / PATIENT PROCEDURE WITH THRESHOLD (PPWT) UPDATE

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Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Planned Procedures With a Threshold (PPWT) Individual Funding Requests (IFR) Policy Development Group

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on the work of the North West London PPWT and IFR Policy Development Group.
Contribution to plans and strategies	The items above relate to the HCCGs: <ul style="list-style-type: none">• Commissioning Intentions
Financial Cost	Not applicable to this paper.
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note this update.

3. INFORMATION

Clinical Commissioning Groups have a duty to provide evidence based health care to their populations within finite resources.

The NHS North West London Planned Procedure with a Threshold Policy (PPwT) and Individual Funding Request (IFR) service were established in April 2011. This service was set up for the 8 CCGs in North West London, namely NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG.

The portfolio of policies for Planned Procedures with a Threshold consists of a number of clinically driven policies allowing access to treatment when a clinician agrees that the patient meets the evidence-based thresholds. These policies have been developed by local GPs,

hospital consultants and public health consultants. The policies ensure that there is uniformity of best clinical practice across NWL. The validation of the criteria is authorised by the IFR/PPWT team, prior to treatment being undertaken.

The PPWT policies are reviewed regularly and updated as and when the PPWT/IFR are alerted to new guidance being published, a new clinical consensus emerges, or simply the policy does not seem to be aligned with the wider framework of priorities for North West London. Should patients not meet PPWT policy, a clinician can apply for funding via the Individual Funding Request route if there are exceptional clinical circumstances that can be considered by an IFR to demonstrate reason to fund the treatment outside of existing policy.

The table below shows the number of PPWT applications received in 2014/15 for Hillingdon. Please note that the following activity data should only be used as a guide:

Hillingdon CCG PPWT referrals 2014/15		
Procedure	Applications Received	Approved Applications
Abdominoplasty or Apronectomy	13	6
Breast prosthesis removal or replacement	1	1
Breast reduction (Reduction Mammoplasty)	12	5
Cataracts	2260	2233
Chalazia	40	37
Circumcision	168	167
Dermatology Procedure (removal of benign skin lesions)	749	732
Dupuytren's Disease/Contracture	75	74
Functional Electrical Stimulation	2	2
Ganglions	69	68
Grommet insertion	200	191
Haemorrhoids	105	101
Hip Replacement	316	314
Hyperhidrosis treatment with Botulinum Toxin	2	2
Hysterectomy for menorrhagia	81	76
Hysteroscopy	590	551
Inguinal Hernias in Adults	583	579
IVF	131	126
Knee Arthroscopy/wash out	555	554
Open MRI	3	3
Pain Management Programmes	194	189
Pelvic Organ Prolapse	89	85
Polysomnography	1	1
Septorhinoplasty	34	31
Surgery for Carpal tunnel	193	192
Tonsillectomy	384	372
Total Knee replacement	429	408
Trigger Finger/Tenosynovitis	41	33
Use of Lasers for Hair Depilation in Hirsutism	2	1
Varicose veins	219	212
Total forms Received	7542	7346

The NWL PPWT/IFR team also facilitates a NWL Policy Development Group (PDG) which meets bimonthly. It is largely a clinical group, and its role is to review and scrutinise PPWT policies and proposals for new introductions against new clinical recommendations and guidance primarily from an evidence-, clinical- and cost-effectiveness perspective. The group has a number of stakeholders including several CCG lay members.

The membership of the NWL PDG consists of the following individuals:

- 1 CCG Governing body representative (Chair)
- CCG GP Representatives or Clinical Commissioners from the 8 CCGs
- CCG Lay members
- Local Healthwatch representatives
- NWL IFR Medical Advisor
- NWL Head of IFR or Deputy
- NWL Prescribing Adviser
- NWL Finance Representative
- Public Health Consultant/Specialist
- Representatives from local NHS Trusts presenting business cases
- CCG Commissioning Representative as appropriate
- Secondary Care consultant specialists (ad hoc)

Recommendations from the PDG are tabled at the NWL collaboration board, when a final decision is made as to whether a policy should be changed or amended. The NWL collaboration is required to consider the recommendation but also consider recommendations in amongst the other commissioning priorities identified for North West London. NWL CCGs are aware that they cannot always follow national guidance such as NICE guidance in full, due to affordability and budget restraints and other local clinical commissioning priorities. An example of this is that of in-vitro fertilisation (IVF) where NWL CCGs are funding one cycle of IVF rather than 3 as recommended by NICE through non-binding guidance.

An example of a policy which was reviewed and updated by the NWL PDG was the PPWT policy for knee replacement surgery, which had been inherited from legacy Primary Care Trusts. The policy had restricted access to surgery to those patients who have a BMI of under 40. The PDG made a recommendation to the NWL collaboration to remove this threshold as it found limited clinical evidence base to support this criteria. The NWL Collaboration Board held on 25 June decided that they would support the views of the PDG as it was felt that the proposal had a high clinical priority and that it was also affordable within existing resources.

CCGs recognise the importance of transparency when making decisions around funding treatments. The contribution made by our clinicians, non-clinicians and lay members is extremely valuable and one we cannot do without when working in the current conditions where we have a rise in demand for health care services and a fixed financial envelope.

4. FINANCIAL IMPLICATIONS

Recommendations made by the North West London PPWT and IFR Policy Development Group and approved by the CCG Governing Body will affect spend by the CCG in the relevant service area.

5. LEGAL IMPLICATIONS

The CCG is required to ensure that there is equity of access to the services it commissions.

6. BACKGROUND PAPERS

None.