

THE NHS IN NORTH CENTRAL LONDON	BOROUGHS: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: Low Priority Treatments extended policy	
REPORT OF: Sylvia Kennedy, QIPP Programme Director/Senior Responsible Owner NHS North Central London	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	DATE: 21 st January 2011
SUMMARY OF REPORT: The existing <i>Low Priority Treatments policy</i> sets out the North Central London PCTs' policy on not commissioning 'low priority' treatments' (LPTs) routinely; and requests for funding such treatments will be considered individually. The policy has been in place since 1 September 2010 for all new referrals. Where there have been significant changes locally, these have been discussed with the relevant borough's Health Overview & Scrutiny Committee. The policy has now been updated to include additional procedures recommended by Commissioning Support for London (CSL), and to incorporate changes made in light of secondary care clinician feedback. This <i>Low Priority Treatments extended policy</i> , which includes the additional procedures, (pages XI – XX) forms the basis of this report.	
CONTACT OFFICER: Lynda McDonald Programme Manager NHS North Central London T: 020 3317 6203 lynda.mcdonald@islingtonpct.nhs.uk	
RECOMMENDATIONS: The Committee is asked to comment on the <i>Low Priorities Treatment extended policy</i> , attached in Appendix One.	
SIGNED:  Sylvia Kennedy, QIPP Programme Director & Senior Responsible Owner (SRO) DATE: 14 January 2011	

Low Priority Treatments extended policy

This policy includes additional procedures that have been added to the existing proscribed *Low Priority Treatments policy*. The additional procedures are:

- Knee washout for osteoarthritis
- Apicectomy
- Unilateral bone anchored hearing aids for unilateral deafness (implanted one side) &
Bilateral bone anchored hearing aids (implanted both sides)
- Autologous Cartilage Implantation (ACI)
- Injections for non-specific back pain
- Spinal Fusion for chronic low back pain
- Spinal cord stimulation
- Surgical discectomy (standard or micro), percutaneous discectomy, coblation therapy and laser discectomy for lumbar disc herniation
- Surgery for snoring
 - laser-assisted uvulopalatoplasty (LAUP)
 - uvulopalatopharyngoplasty (up3)
 - radiofrequency ablation of soft palate (RFA)
- Caesarean section for non clinical reasons

NCL activity data for 2010/11 has been obtained for additional procedures above and shows that this relates to approximately 2,997 people across the sector.

What will happen to the patients currently receiving the affected services?

Low Priority Treatments will not be funded routinely but only on consideration of individual patient circumstances, i.e. on a 'prior approval' basis.

This means that, for individual patients, it will restrict access to previously available treatments.

An Equality and Diversity Impact Assessment has been carried out and is attached as Appendix 3. This assessment shows that implementation of the extended policy will have no differential negative impact.

Who will benefit from our proposal?

Extending the list of Low Priority Treatments will ensure that the limited budget will be utilised to ensure the maximum advantage of the maximum number of people.

Will this save money?

The *Low Priority treatments policy extension* sits within the QIPP Demand management workstream (which includes decommissioning and thresholds).

These treatments cost £3,169,350 and, assuming activity reduction of 80%, implementation of the extended policy is expected to deliver financial benefits of £2,535,480 from 2011/12.

Public Consultation and Engagement

Discussions have taken place with GPs and secondary care providers and the extended policy reflects their comments and recommendations. The additional procedures included in the extended policy, as a result of these discussions, are listed on pages XI – XX.

This policy has been discussed with NCL LINks on 14th December 2010.

NHS Islington is intending to hold a 3-month public consultation on Homeopathy because of a previous promise to consult. (Homeopathy is part of Complimentary medicine of all types, which is included in the existing *Low Priority Treatments policy*) NHS Haringey will also go to public consultation, synchronising information and process with NHS Islington. Barnet has stopped the routine funding of Homeopathy and complementary medicines. Enfield has had a policy of exclusion from referral for the last 2 years. Camden is not intending to go to public consultation but will discuss with local LINks and Overview and Scrutiny Committee.

Your views

We would like your views on the *Low Priority Treatments extended policy*

If residents of your boroughs have any questions about this *Low Priority Treatments extended policy* or would like to receive further information or information in another format, please contact:

Lynda McDonald
Programme Manager

NHS North Central London
Stephenson House, 75 Hampstead Road, London, NW1 2PL
T: 020 3317 6203
lynda.mcdonald@islingtonpct.nhs.uk

This page is intentionally left blank