

Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group



Difficult Decisions

Help us to Prioritise and
Align Clinical Policies

Monday 6 January 2020 to Sunday 1 March 2020



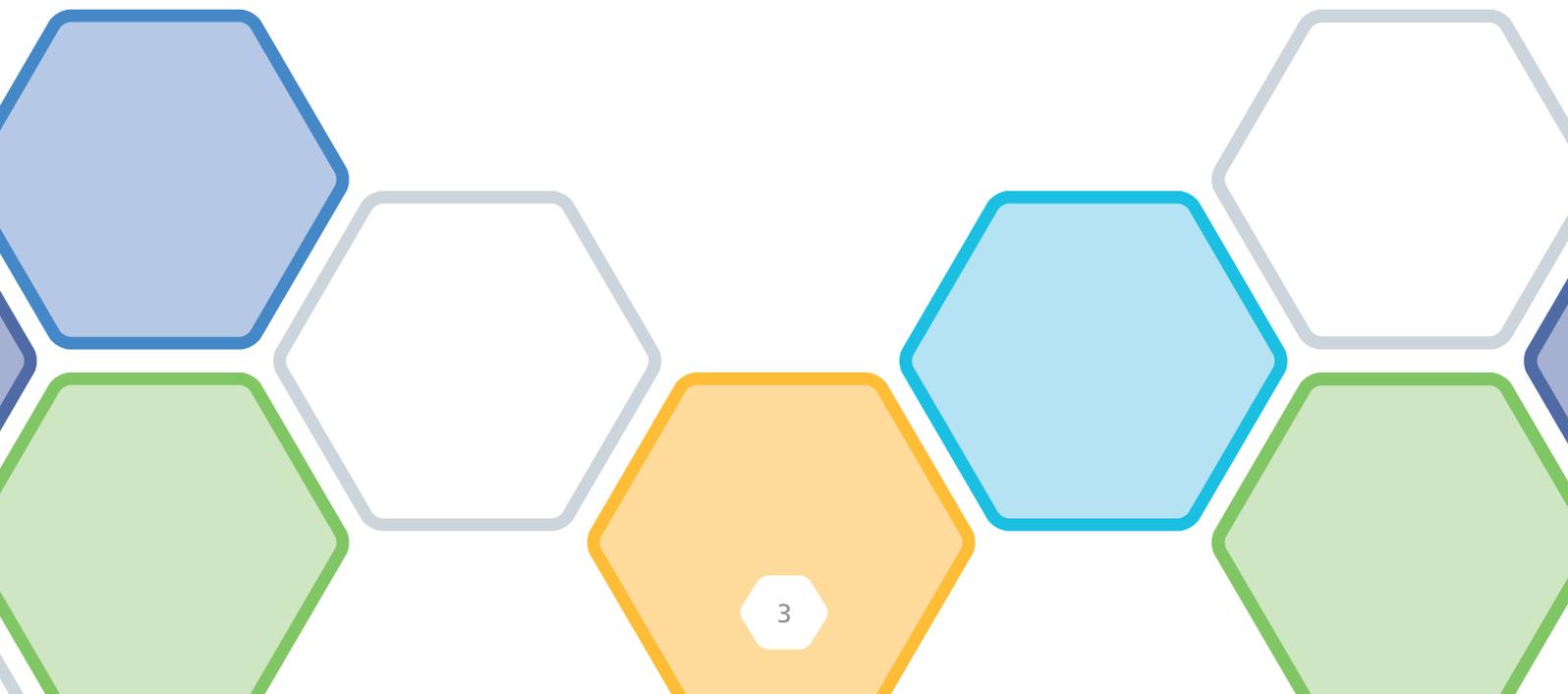
If you need to receive this document in another format (such as audio, Easy Read, British Sign Language, interpreters services, large print, or Braille), please call **01785 854482** and speak to any member of the CCG's administration team.

Deaf and hard of hearing patients, carers and staff can also use the Next Generation Text Service: www.ngts.org.uk

The six Clinical Commissioning Groups (CCGs) in Staffordshire and Stoke-on-Trent are seeking views on some of the services that are available to NHS patients:

- 1 Assisted conception
- 2 Hearing loss in adults
- 3 Removal of excess skin following significant weight loss
- 4 Breast augmentation and reconstruction
- 5 Male and female sterilisation

Your views will help us to develop and align our clinical policies for how these services will be provided across Staffordshire and Stoke-on-Trent in the future. A formal consultation process will be held to discuss the options that we develop together with local people.



Who we are

CCGs are NHS organisations, led by clinicians (health professionals). Together, the six CCGs in Staffordshire and Stoke-on-Trent use public money to plan and commission (buy) most of the health services for the 1.1 million people living in our county.

We involve patients and the public, so that we understand the real impact of the services we commission.

The challenges we face

Each CCG has a fixed budget to fund the healthcare services needed by local people. However, an increasing demand for services means that we are spending more money than we are given. Every week we spend £2 million more than we receive so we now face the challenge of reducing how much we spend.

Our CCGs provide more than 800 different services and treatments, so there will be some difficult decisions to make about how to use the money we have. The policies we have for some services are also different from one CCG area to another. We don't think this is fair or equal and we want to align those policies.

When deciding which tests and treatments we should buy on behalf of patients, it is important that we prioritise those that are most needed by the population, and have been shown to be most effective by clinical trials and research studies.

Effective treatment for life-threatening conditions such as cancer will always be a top priority. There is also broad agreement that it is important to take early action before conditions become more serious and that mental ill-health is just as important as physical ill-health.

But prioritising some treatments will mean that others will have to be restricted (made available only if certain criteria are met), and that some procedures will not be routinely available to all patients (excluded). We are now seeking views on some of the treatments that are restricted or excluded across Staffordshire and Stoke-on-Trent.

How we make decisions

We face difficult decisions about which areas are prioritised for funding, whilst also making sure that we are not spending more money than we have. This means making sure that the services we commission lead to effective treatment and positive outcomes.

Our policy on the Prioritisation of Healthcare Resources (available on each of the CCGs' websites) shows our process for doing this. We have a Clinical Priorities Advisory Group (CPAG) to consider which procedures should be funded and for whom. The group is made up of clinicians who review all clinical trials and research studies relating to a particular treatment or test.

CPAG uses an agreed scoring system to evaluate the clinical evidence of a procedure. All treatments and tests are scored against eight criteria, which include strength and quality of evidence, clinical effectiveness, benefit for patients and value for money. Any treatment or test which does not meet a set minimum score will not be recommended for investment.

CPAG does not make decisions on whether a service should or should not be commissioned. The group makes recommendations which are reviewed by the CCGs and taken to the Governing Bodies meeting in common for discussion and approval.

Why things need to change

As the six CCGs across Staffordshire and Stoke-on-Trent began to work together more closely, it became obvious that the policies for excluded and restricted procedures were different in some areas. Some of the exclusions and restrictions had also not been reviewed for some time.

We now need to review these policies and want the public's help to shape our new policies whilst also making sure that we are not spending more money than we have.

We would like to hear your views

We would like to understand what is important to you as we review these services. For each of the services we would like to hear your views on:

- Do you think the service should be funded by the NHS?
- If yes, how do we ensure provision is fair for all patients.

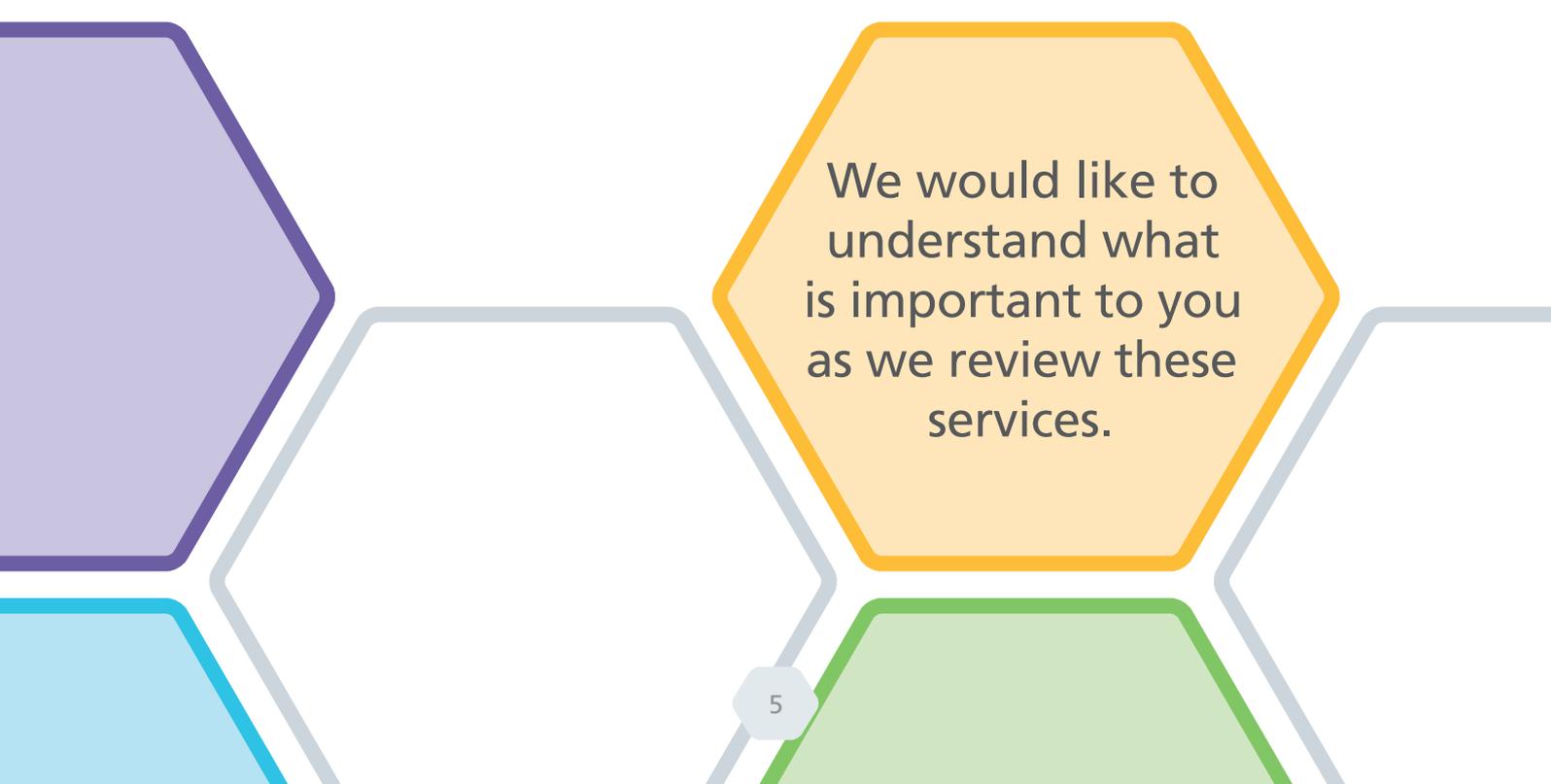
With some of the services, there are specific areas we would like to hear your views on. Based on patient feedback about existing assisted conception services, for example, we would like to hear your views on:

- How we preserve and store eggs, sperm or embryos for patients who are having other treatment that may cause infertility e.g. cancer chemotherapy
- How we decide what should be offered as part of assisted conception e.g. number of cycles.

Based on patient feedback about existing services for hearing loss in adults, we would like to hear your views on:

- The impact of hearing loss in adults on communication
- Any restrictions faced as a result of any hearing impairment

See page 11 for details of how to share your feedback.



We would like to understand what is important to you as we review these services.

1

Assisted conception

Assisted conception covers a variety of treatments that can help women to get pregnant if they have been having problems conceiving a baby.

In-vitro fertilisation (IVF) involves collecting eggs from a woman and then fertilising them with a man's sperm in a laboratory dish. Intracytoplasmic sperm injection (ICSI) is a variation of IVF, involving a single sperm being injected into an egg. Following these procedures, usually one or two resulting embryos are then transferred back to the woman's womb. If one of the embryos attaches successfully, it results in a pregnancy.

Intrauterine Insemination (IUI) is a fertility treatment that involves placing sperm inside a woman's uterus to facilitate fertilisation. The goal of IUI is to increase the number of sperm that reach the fallopian tubes and subsequently increase the chance of fertilisation.

One full cycle of IVF, with or without ICSI, consists of one episode of ovarian stimulation, egg retrieval, fertilisation, and the transfer of any resultant embryos.

Assisted conception in Staffordshire and Stoke-on-Trent

Last year, we completed a total of 216 IVF cycles across the county. The total cost for this service during 2018/19 was £875,952. Currently, there are a number of differences in the funding of assisted conception across Staffordshire and Stoke-on-Trent:

- Two full cycles of IVF or ICSI are funded in Stoke-on-Trent, whilst the rest of Staffordshire fund one full cycle
- Three cycles of IUI are funded in North Staffordshire, whilst the rest of Staffordshire do not fund IUI at all

- The upper age limit for women and men is not consistent across the county
- The policy for the duration of unexplained infertility varies across the CCGs
- The stance on how many cycles will be offered if the couple previously received privately-funded IVF is not consistent
- The period of storage of sperm and embryos also varies.

NICE (the National Institute for Health and Care Excellence) is the organisation that provides national best practice for the NHS. The NICE guidelines are not statutory – they are a recommendation for the CCGs to consider, being mindful of their resources. We cannot afford to fully implement the proposed NICE guidance for assisted conception in our area due to the financial pressures we are facing.

Why are we reviewing assisted conception services?

- People living in different areas of Staffordshire and Stoke-on-Trent currently have different access to treatment
- Our review found that there was not enough evidence of benefit to patients to meet the minimum score for investment
- Although the number of people affected by a potential change in policy is relatively small, we know that infertility can be deeply distressing to those people who are affected by it.

2

Hearing loss in adults

We want to hear your views about hearing loss in adults. Where hearing loss cannot be treated by medication or surgery, the usual treatment is hearing aids which amplify the sound that is going into the ear canal.

NICE (the National Institute for Health and Care Excellence) recognise that whilst there is no standard universal definition of hearing loss, a number of organisations define categories of hearing loss using decibel thresholds:

Classification	World Health Organisation	British Society of Audiologists	American Speech and Language Hearing Association
Mild	26-40	20-40	26-40
Moderate	41-60	41-70	41-55
Moderate-severe	-	-	56-70
Severe	61-80	71-95	71-95
Profound	>80	>95	>95

Adult hearing loss in Staffordshire and Stoke-on-Trent

Last year, we fitted hearing aids for 12,035 people across the county within our non-complex audiology service. The total cost for this service during 2018/19 was £2,993,074.45. Currently, there are two different policies for the funding of this service in Staffordshire and Stoke-on-Trent:

- In North Staffordshire, hearing aids are funded where hearing loss is diagnosed as 'moderate' (41-55 decibels) AND a functional impact score is above 24 (using the HHIE-S score. More information can be found in our hearing aid policy - bit.ly/HearingAidsPolicy). They are not routinely funded in patients diagnosed with 'mild' hearing loss (below 41 decibels)
- North Staffordshire CCG's criteria do not apply to patients aged under 18 or those who have had hearing loss since childhood. The restricted

criteria also do not apply to patients who have a confirmed diagnosis of dementia, a learning disability, an auditory processing disorder or a severe multiple sensory disability

- The other five CCGs provide hearing aids for all patients with any level of hearing loss (diagnosed through an audiogram by an audiologist) and do not use any assessment of functional impact.

Why are we reviewing hearing loss in adults?

- Patients in North Staffordshire currently have different access to treatment. No decisions have been made on which policy may be adopted; instead, we are holding this engagement activity to discuss the different policies in place across the county.
- This service has been considered through the prioritisation process several times. Our most recent review found that the evidence of benefit to patients with moderate hearing loss was stronger than the evidence of benefit to patients with mild hearing loss
- We know people have different communication needs and that their hearing loss may not affect them in the same way as it affects someone else
- The NICE guidance is clear that communication difficulties should not be judged by only measuring hearing thresholds (such as an audiogram).
- Figures suggest one in six adults in England have some form of hearing loss. We expect this to grow with the increase in the number of older people in the county, meaning that demand for hearing aids is expected to rise.

3

Removal of excess skin following significant weight loss

There are different surgical procedures that patients may have to remove excess skin following significant weight loss:

- An abdominoplasty or apronectomy (known as a 'tummy tuck') involves removing fat and excess skin from the abdominal area. A full abdominoplasty would also involve tightening the abdominal muscles
- Body contouring covers procedures for removing excess skin from other areas of the body, such as the thigh, leg, buttock and arm.

Removal of excess skin following significant weight loss in Staffordshire and Stoke-on-Trent

Last year, we funded these procedures for a total of nine people across Staffordshire and Stoke-on-Trent. The total cost for these procedures during 2018/19 was £20,165. At the moment, there are some differences in criteria for funding these procedures in our area:

- North Staffordshire CCG does not routinely fund abdominoplasty or apronectomy procedures
- The five other CCGs require the patient to lose some weight or reduce their Body Mass Index (BMI) before the procedure can take place, but the level required varies between Stoke-on-Trent CCG and the four CCGs in the South

- There is also variation in the criteria about how the patient's daily living is affected by their excess skin
- In Stoke-on-Trent, body contouring will be considered for individual cases that meet the criteria. Meanwhile, the other five CCGs do not routinely fund body contouring.

Why are we reviewing removal of excess skin following significant weight loss?

- People living in different areas of Staffordshire and Stoke-on-Trent currently have different access to treatment
- Our review found that there was not enough evidence of benefit to patients to meet the minimum score for investment
- Whilst the number of patients receiving these surgeries is relatively small, figures show that obesity rates are rising in both adults and children, meaning that demand for treatments like this are expected to rise.

4

Breast augmentation and reconstruction

Breast augmentation is a surgery to enhance the appearance of the breasts or reconstruction surgery following surgical treatment. This is achieved by either creating a new larger breast, or breasts that are similar in size, shape and texture to each other.

The procedure involves placing a saline or silicone implant either behind the chest muscle or in front of the chest muscle but behind the existing breast tissue. Tissue or fat may also be taken from another area of your body to create the new breast.

Breast augmentation and reconstruction in Staffordshire and Stoke-on-Trent

Last year, we funded these types of surgery for a total of 273 people across Staffordshire and Stoke-on-Trent. The total cost for these procedures during 2018/19 was £525,720. At the moment, there are some differences in criteria for funding these procedures in our area:

- The four CCGs in the South of the county only routinely fund reconstructive surgery after a mastectomy which was carried out due to suspected or proven cancer. They do not routinely fund treatment of an unaffected breast following cancer surgery e.g. bilateral mastectomy after cancer found in one breast
- North Staffordshire and Stoke-on-Trent CCGs routinely fund the procedure after a mastectomy or after burns. They also provide it in cases of breast asymmetry as a result of prophylactic bilateral mastectomy

- In addition, Stoke-on-Trent CCG will routinely fund the surgery to correct congenital amastia (born without breast tissue, nipples and areolae), breast asymmetry (uneven shape or size) and endocrine abnormalities (hormone imbalance affecting the size or shape of breasts). Additional criteria state that the patient must have a BMI between 18 and 25, be aged at least 18 years old and have reached the end of puberty.

Why are we reviewing breast augmentation and reconstruction?

- People living in different areas of Staffordshire and Stoke-on-Trent currently have different access to treatment
- Our review found that there was not enough evidence of benefit to patients to meet the minimum score for investment
- Although the number of people affected by a potential change in policy is relatively small, we know that this is an area of considerable concern to those people who are affected by it.

5

Male and female sterilisation

Sterilisation is considered a permanent form of contraception because its reversal is not routinely funded, and successful reversal cannot be guaranteed. In men, this procedure is called a vasectomy, which involves either cutting and sealing or tying the vas deferens (tube which carries the sperm).

There are a few different procedures for sterilising women:

- Laparoscopic tubal sterilisation involves an operation to block the fallopian tubes using clips or ties, using a keyhole approach through the abdominal wall. The fallopian tubes may be completely removed (a salpingectomy) if the surgeon is unable to completely block the tubes using clips or ties.
- Hysteroscopic sterilisation involves inserting a small implant into each of the fallopian tubes that causes scar formation and eventually blocks the tubes, using a small camera which is inserted through the vagina.

Male and female sterilisation in Staffordshire and Stoke-on-Trent

Last year, we funded these procedures for a total of 13,986 people across Staffordshire and Stoke-on-Trent. The total cost for these procedures during 2018/19 was £340,032

There are no restrictions currently in place for these procedures in our area.

Why are we reviewing male and female sterilisation?

- Our review found that there was not enough evidence of benefit to patients to meet the minimum score for investment

Next steps

We welcome all responses to this period of gathering feedback, which will run for eight weeks from Monday 6 January 2020 to Sunday 1 March 2020. The responses received will be analysed independently and a report produced. This report will be presented to the six CCGs for consideration and used to shape a long list of options.

These will be scored against essential criteria and desirable criteria to create a short list of viable options, a formal consultation will then be held to gather feedback on these options.

Get involved

We have developed a survey for you to complete to share your views. It is important you specify which service you wish to tell us about.

The survey is available online via this link:

http://bit.ly/Difficult_Decisions.

If you wish to tell us about more than one service, you will need to complete a new sub section for every service. If you require more paper versions, please contact us.

Please return paper surveys by Sunday 1 March 2020 to the following address (there is no need for a stamp):

FREEPOST Plus RTAA XTHA LGGC
Midlands and Lancashire CSU
Heron House
Communications
120 Grove Road
Fenton
Stoke-on-Trent
Staffordshire
ST4 4LX

We will be holding a number of events across Staffordshire to understand what you think is when deciding which tests and treatments the CCGs should buy on behalf of patients. The details of these events will be available on our websites, or you can call us. If you attend or organise a group and would like someone to attend one of your regular meetings to discuss the review of these services, please contact us.

Contact us

www.cannockchaseccg.nhs.uk

www.eaststaffscg.nhs.uk

www.northstaffscg.nhs.uk

www.sesandspccg.nhs.uk

www.staffordsurroundscg.nhs.uk

www.stokeccg.nhs.uk

Or call 01785 854482

