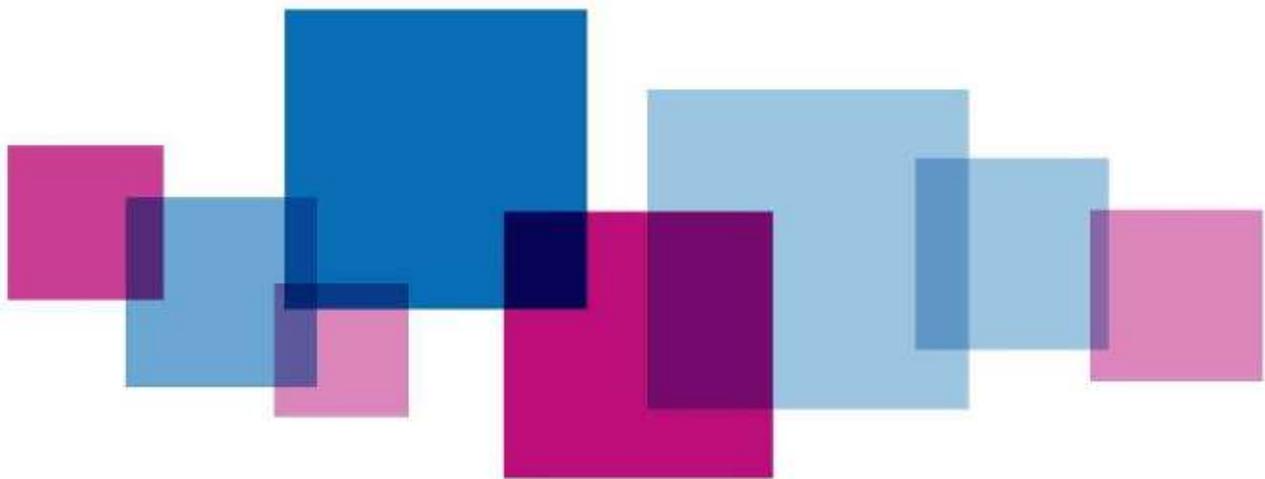


Commissioning Policy

Management of patients moving in / out of BNSSG ICB



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1819.3.00	30/10/2018	Commissioning Policy Development Manager	Policy development initial draft

**THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND
EXCEPTIONAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO
REFERRAL**

THIS POLICY RELATES TO ALL PATIENTS

Management of patients moving in / out of BNSSG ICB Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by primary care prior to referring patients for assessment. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
3. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to

reduce the risk of surgery and improve healing. (ASH, 2016)

7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination,

harassment, victimisation, etc., advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG ICB) is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. Unfortunately, the demand for services is greater than the money available and therefore we have to prioritise the use of funds carefully using national and local policies to ensure that the treatments, operations or drugs we commission have a proven benefit in meeting the health needs of the population. Where treatments, drugs or operations provide a limited benefit, or are unusual or uncommon, they are not routinely funded and appear on the ICBs Commissioning Policy list.

Access to these interventions is either through a patient meeting certain clinical criteria and therefore being eligible for Criteria Based Access (CBA) or Prior Approval Funding (PA), or demonstration of clinical exceptionality over and above all other patients.

This list is not exhaustive and some procedures may not appear on this list but may also not be routinely commissioned and the responsibility sits with the Clinical Referrer to ensure that treatment is supported locally before referring a patient onwards.

Each ICB manages its own NHS Funds allocations and due to the different priorities within different areas this may mean that one area may agree to fund a procedure which is not funded in a different area.

Which patients are BNSSG responsible for?

A patient's care is funded by the ICB in line with the membership of their GP; therefore if a patient is registered to a GP within BNSSG then BNSSG ICB own the responsibility for this patient.

For the period of time a patient remains registered with a GP within the BNSSG area any



funding secured can be maintained. If a patient moves out of the area after having funding secured and registers with a GP in a different ICB the funding previously secured immediately ceases.

Moving out of the area with Funding already secured

Approval granted from the funding team normally includes a statement within the approval letter advising of the terms of the approval such as “*This funding approval is valid as per the terms above and whilst the patient remains registered within the BNSSG area. Should the patient relocate out of area this funding will cease*”

If a patient is moving out of the area then the Funding team should be contacted for guidance on how to proceed. In most cases it will be the decision of Clinical Commissioning Group (ICB) under which the patients new GP is registered that will be required to make the decision in regards to their willingness to honour the previously agreed funding. Funding having been secured by BNSSG is no guarantee to this being supported by another Commissioner.

Moving into area with Funding already secured

Where funding has been previously agreed by a Commissioner outside of BNSSG, then in the first instance the Clinical Referrer/ Patient should make contact with the approver for guidance on how best to proceed.

Funding having been secured by a ICB outside of BNSSG is no guarantee that this will be supported by BNSSG. Local Commissioning Policies should be reviewed and followed.

Funding secured through NHS England

NHS England commission funding for specialised treatments, such as Cancer as these conditions require a centralised specialist approach. This policy does not relate to this funding approval and is outside the scope of this document.

NOTE: Where funding has been granted by NHS England and additional treatment is sought which falls to the local ICB responsibility please see ***our Treatments partially commissioned by other Commissioners policy*** for guidance

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Not Routinely commissioned by BNSSG

Where :

- Funding has been secured for a patient before moving in to the BNSSG ICB area for a treatment not routinely commissioned locally
- A patient moves out of BNSSG with funding previously secured through the Commissioning Policy process and wishes to take this funding with them.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net

Connected Policies

- Treatments partially commissioned by Other Commissioners

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings
<http://www.swindonICB.nhs.uk/index.php/about-us/what-we-do-and-don-t-fund/455-body-contouring-1/file>. (n.d.). Retrieved 10 23, 2017, from www.SwindonICB.nhs.uk: Psychological distress alone will normally not be accepted as a reason to fund surgery.



Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection*

: the official publication of the European Society of Clinical Microbiology and Infectious Diseases,
, vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes
