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| Subject: | Clinical Effectiveness Policies |
| Presented by: | Dr Bonny Rodrigues, Consultant in Public Health Medicine |
| Submitted to: | NHS West Norfolk CCG Governing Body, 29 January 2015 |
| Purpose of Paper: | For Approval |
| Executive Summary: | |
| <p>Two new policies for clinical effectiveness have been developed as a result of a number of applications to the Norfolk & Waveney Non-Drugs Individual Funding Request (IFR) Panel. The overarching IFR Policy states that a clinical effectiveness policy needs to be developed once the Panel receives three or more applications, within a specified period, for a particular procedure. The clinical effectiveness policies determine treatment thresholds for non-routine or novel treatment procedures in those that are recommended, as well as recommend non-commissioning of treatment for certain procedures of unproven clinical effectiveness and value. Individuals not eligible for treatment as a result are considered for exceptional circumstances at the IFR Panel.</p> <p>All of these policies have been discussed with the West Norfolk CCGs' representatives on the 'Clinical Policy Development Group' and have involved clinicians from provider Trusts. The policies are:</p> <ol style="list-style-type: none"> 1. Continuous Glucose Monitoring – <i>not routinely funded, except for those individuals meeting treatment thresholds.</i> 2. Functional Electrical Stimulation (FES) for foot drop in Stroke and Multiple Sclerosis – <i>not routinely funded.</i> <p>Once approved by all of the Norfolk & Waveney CCGs, the Non-Routine Treatments and Treatment Thresholds Policy and the Knowledge Norfolk (Anglia) website will be updated accordingly.</p> | |
| KEY RISKS | |
| Clinical: The Clinical Policy Development Group ensures that clinical effectiveness is taken into account when clinical policies are developed. | |
| Finance and Performance: The clinical effectiveness policy seeks to help mitigate financial risks in relation to funding of treatments of unproven clinical value; ensuring decisions are made on clinical best evidence. | |
| Impact Assessment (environmental and equalities): The clinical effectiveness policy ensures a consistent approach to funding of healthcare for all patients. | |
| Reputation: The clinical effectiveness policy helps maintain the CCG's reputation of a fair and consistent approach to funding of healthcare for all patients. | |
| Legal: Risk of legal challenge to individuals not meeting treatment thresholds, mitigated by IFR process. | |
| Patient focus (if appropriate): Risk that that the patient is not at the centre of the decisions made is mitigated by the policy. | |
| Reference to relevant Governing Body Assurance Framework: N/a | |
| RECOMMENDATION: | |
| The Governing Body is asked to approve the new clinical effectiveness policies. | |