

## Service Review Consultation

### What is this document for?

This document can be used to support the completion of the [consultation questionnaire](#). The below tables provide a detailed overview of the procedures and treatments that are being consulted on, the proposed changes, the rationale for change and the impact.

[This consultation](#) will run from **Tuesday 25<sup>th</sup> October 2016** until midnight on **Tuesday 17<sup>th</sup> January 2017**.

**Please note** – a number of these procedures and treatments are already included in NHS Eastern Cheshire CCG's [Procedures of Lower Clinical Priority](#) (PLCP) policy. This consultation proposes that further criteria are added to some of these procedures and treatments, this will be stated in the below tables, the symbol ♦ will appear on procedures and treatments that are currently included in the PLCP.

### Procedures of Lower Clinical Priority

[Click here to access PLCP policy](#)

### Infertility Policy

[Click here to access Infertility Policy](#) the symbol ■ will appear on procedures and treatments relating to the infertility policy.

### Section 1 - Cosmetic Procedures:

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Surgery for the correction of asymmetrical breasts ♦	Asymmetrical breasts – i.e. if one breast is larger or a different shape to the other.	To stop funding for correctional surgery of asymmetrical breasts	This procedure is considered to be primarily for cosmetic purposes. Cosmetic surgery is not routinely commissioned on the NHS.	Procedures deemed to have low clinical priority will be declined.
Surgery for breast reduction ♦	Surgery to reduce the size of breasts	To stop funding for surgery to reduce the size of breasts	This procedure is considered to be primarily for cosmetic purposes.	Procedures deemed to have low clinical priority will be declined
Surgery for	Surgery to correct	To stop funding for	This procedure is	Procedures deemed to

Gynaecomastia. ♦	enlarged breast(s) in men	surgery for Gynaecomastia (this would exclude patients with enlarged breasts caused by cancer treatment).	considered to be primarily for cosmetic purposes.	have low clinical priority will be declined  If clinically exceptional an individual funding request could be submitted.
Hair removal treatments (including Depilation Laser Treatment or Electrolysis) for Hirsutism. ♦	Hirsutism is excessive hair growth in certain areas of the body.  Depilation laser treatments - laser hair removal  Electrolysis - eradicating hair growth by treating each hair follicle individually with a sterile probe to stop future hair growth	To stop funding of hair removal treatments such as Depilation Laser or Electrolysis.	This procedure is considered to be primarily for cosmetic purposes	Procedures deemed to have low clinical priority will be declined
An overarching principle to stop funding all procedures requested primarily for cosmetic purposes		To stop funding for all procedures deemed to be primarily for cosmetic purposes	Procedure(s) are considered to be primarily for cosmetic purposes.	Procedures deemed to have low clinical priority will be declined

## **Section 2 - Dermatology (branch of medicine dealing with skin) Services:**

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Surgery to remove benign skin lesions ♦	Benign lesion - a non-cancerous region in an organ or tissue which has suffered damage. For example a benign pigmented mole or a skin	These treatments are currently included in the Procedure of Lower Clinical Priority policy.  The proposed change is to	This procedure is considered to be primarily for cosmetic purposes.	Patients meeting the set criterion will continue to receive surgical treatment and therefore it is anticipated there will be limited impact.

	tag.	<p>introduce a further threshold for surgery to remove benign skins lesions where there is no suspicion of cancer. The further threshold proposed is (criteria which should be met to go ahead with the treatment):</p> <ul style="list-style-type: none"> <li>• Sebaceous cysts (a swelling in the skin arising in a small gland in the skin which secretes a lubricating oil matter (sebum) into the hair follicles) where there has been more than one episode of infection</li> <li>• <b>OR</b>, Lesions which cause functional impairment which prevents the individual from fulfilling work/study/carer or domestic responsibilities</li> <li>• <b>OR</b>, Lesions of the face where the extent, location and size of the</li> </ul>		<p>A potential impact may be seen on two week suspected cancer referrals i.e. referring doctors may use this pathway inappropriately</p> <p>Procedures deemed to have low clinical priority will be declined</p>
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		lesion can be regarded as considerable disfigurement		
Desensitising light therapy using UVB or PUVA for PMLE	<p>Light therapy to create sunlight tolerance, using controlled exposure using:</p> <ul style="list-style-type: none"> <li>• UVB (ultra-violet, shortwave)</li> <li>• UVA (ultra violet long wave)</li> <li>• Psoralen combined with UVA (PUVA) treatment. PUVA is a type of ultraviolet radiation treatment (phototherapy) used for severe skin diseases</li> </ul> <p>These treatments are used for patients with polymorphic light eruption (PMLE) – this occurs when the patient is exposed to sunlight after a period of time where the skin has been covered and scarcely exposed to the sun.</p>	<p>The proposed change is to introduce a threshold for desensitising light therapy UVC &amp; PUVA:</p> <ul style="list-style-type: none"> <li>• The diagnosis of PMLE has been confirmed by a Consultant Dermatologist (Consultant skin specialist)</li> <li>• The patient's PMLE is judged as severe</li> <li>• Symptoms from PMLE rash are causing some parts of the body to not work at their full capacity. This would need to be classed as severe</li> <li>• Symptoms remain severe despite thorough use of prevention treatments</li> <li>• A Consultant Dermatologist (Consultant skin</li> </ul>	<p>Alternative treatments are available, therefore it is appropriate to limit this treatment option to those who most need it. Alternative treatments include creams, tablets. There are a number of preventative measures that can be adopted if patients are known to suffer from PMLE.</p>	<p>Patients meeting clinical threshold will receive light therapy. Therefore it is anticipated that there will be limited impact.</p> <p>Procedures deemed to have low clinical priority will be declined</p>

		specialist) assessment considers light therapy likely to significantly improve the patients quality of life and parts of the body not working at their full capacity due to PMLE		
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### **Section 3 – ENT (Ear, Nose and Throat):**

<b>Procedure/Treatment</b>	<b>Definition</b>	<b>Proposed change</b>	<b>Rationale for change</b>	<b>Impact</b>
Ear wax removal including microsuction	<p>Earwax is produced inside the ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears.</p> <p>There are a number of techniques available to remove the excess wax. Microsuction is a procedure where a small device is used to suck the ear wax out of the ear</p>	<p>There are two options proposed for this procedure, which are being consulting on:</p> <p><b>Option 1-</b> Introduce a threshold to receive this procedure. The patient must meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Complication in the past</li> <li>• Middle ear (air filled central cavity of the ear) infection in the last 6 weeks</li> </ul>	<p>The vast majority of ear wax can be managed through self-care, pharmacy treatments and within Primary Care, i.e. Practice Nurse if additional support is required. Alternative methods of wax removal are available including olive oil, ear drops, ear syringing.</p>	<p>Procedures deemed to have low clinical priority may be declined</p>

		<ul style="list-style-type: none"> <li>• The patient has undergone any form of ear surgery (apart from grommets, which is a small tube inserted into the ear to help drain away fluid from the middle ear and maintain air pressure) 18 months previously</li> <li>• Peforation (a hole made by piercing) or mucas discharge</li> <li>• Cleft palate (a split in the roof of the mouth which has been there since birth)</li> <li>• Acute otitis externa (condition that causes inflammation of the external ear canal) with pain and tenderness</li> </ul> <p><b>Option 2</b> – To stop funding for all secondary care (hospital) management of ear wax, excluding patients with</p>		
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		perforation. Management and self-care advice and ear syringing will continue to be available in primary care if clinically appropriate.		
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**Section 4 – Fertility treatments (treatments to help females get pregnant) and Sterilisation (a medical treatment that intentionally leaves a person unable to reproduce) and Sterilisation (Male & Female):**

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI) ■	<p>IVF is one of the several techniques available to help people with fertility problems.</p> <p>During IVF, an egg is removed from the female's ovaries and fertilised with sperm in a laboratory environment. The fertilised egg, call an embryo is then returned to the woman's womb to grow and develop</p> <p>ICSI – is an IVF procedure in which a single sperm is injection directly into an egg. It is commonly used in cases of male infertility.</p>	<p>A numbers of options have been proposed for this procedure which are being consulted on (a copy of the infertility policy can be found at the top of this document, or can be downloaded on the CCG website) Note more than one option may be applicable:</p> <p><b><u>Option 1</u></b> – A reduction in the number of cycles from 3 to 2 (women aged 23-39)</p> <p><b><u>Option 2</u></b> – A reduction in the number of cycles from 3 to 1 (women aged 23-39)</p>	<p>The proposal for a new local IVF policy has been benchmarked against CCGs nationally. The majority of other CCGs do not fund as many cycles as Wirral. Of the CCGs offering IVF to patients, 110 CCGs fund one cycle of treatment, 61 CCGs fund two cycles of treatment and only 38 CCGs fund three cycles.</p> <p>The chances of getting pregnant reduce with each continuous round and percentages of IVF cycles resulting in birth decreases from 20% when the mother is aged 38-39 and to 14% at age 40-42.</p>	<p>Each option has a different impact.</p> <p>The impact of reducing from three to one or two cycles will have a lesser impact than stopping altogether as it will still provide at least one chance of conception.</p> <p>The individual impact for couple unable to conceive may be significant</p>

		<p><b>AND (the options below are being proposed alongside the above options)</b></p> <p><b><u>Option 3</u></b> – introduce additional restrictions within the policy i.e. Body Mass Index and smoking thresholds for both the female and male partner</p> <p><b><u>Option 4</u></b> – funding for IVF only to be available after 3 years of unexplained infertility (this is not applicable if there is a diagnosed cause for infertility)</p>		
<p>Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required.</p> <p>■</p>	<p>Technique used to help men with fertility problems due to blocked tubes or genetic conditions preventing sperm release. The procedure involves surgery to extract sperm and enable sperm injection to take place</p>	<p>The proposed change is to introduce the following process:</p> <p>The submission of an individual funding request for the following circumstance:</p> <ul style="list-style-type: none"> <li>Severe oligospermia (semen with a low concentration of sperm) or azoospermia</li> </ul>	<p>The CCG is currently reviewing all services of low and limited clinical value.</p>	<p>The individual impact for couples unable to conceive may be significant.</p>



		<p>(absence of viable sperm in the semen) (genetic condition)</p> <p><b>AND</b></p> <p>To stop funding other Surgical Sperm Recovery.</p> <p>Where this is part of a current cycle the proposal is that:</p> <ul style="list-style-type: none"> <li>• The CCG will fund this for the current cycle</li> <li>• The CCG will not fund storage beyond the current funded cycle requirement</li> </ul>		
<p>Donor Oocyte Cycle – depending on outcome of consultation relating to IVF</p> <p>■</p>	<p>Donor Oocyte Cycle involves fertility treatment using a donor egg often through IVF.</p>	<p>The proposed change is to introduce:</p> <p>The submission of an individual funding request for the following circumstance:</p> <ul style="list-style-type: none"> <li>• The patient has a genetic condition</li> </ul> <p><b>AND</b></p> <p>To stop funding use of</p>	<p>The CCG is currently reviewing all services of low and limited clinical value</p>	<p>The individual impact for couples unable to conceive may be significant.</p>

		donor eggs. Patients already undergoing treatment would be able to complete the current cycle.		
Donor Sperm Insemination ■	Donor sperm insemination involves fertility treatment using donor sperm, often through IUI or IVF.	<p>The proposed change is to introduce: The submission of an individual funding request for the following circumstance:</p> <ul style="list-style-type: none"> <li>• The patient has a genetic condition</li> </ul> <p><b>AND</b></p> <p>To stop funding of donor sperm insemination. Patients already undergoing treatment would be able to complete the current cycle.</p>	The CCG is currently reviewing all services of low and limited clinical value	The individual impact for couples unable to conceive may be significant.
Intrauterine Insemination (IUI) unstimulated ■	<p>IUI is one of several techniques available to help people with fertility problems.</p> <p>It involves sperm being placed into the womb through a fine plastic tube. Sperm is collected and washed in a fluid.</p>	<p>To stop funding IUI.</p> <p>Patients already undergoing IUI would be able to complete the current cycle.</p>	<p>Figures from the Human Fertilisation and Embryology Authority (HFEA) suggest that each cycle of IUI with donor sperm has a limited success rate of:</p> <ul style="list-style-type: none"> <li>• 15.8% for women under 35</li> <li>• 11% for women aged 35-39</li> <li>• 4.7% for women aged 40-42</li> </ul>	The individual impact for couples unable to conceive may be significant.

Sterilisation (male & female)	Sterilisation is a surgical procedure to stop male and female fertility and leaves a person permanently unable to reproduce i.e. male vasectomy & female blocking or sealing the fallopian tubes (tube the egg travels through)	<p>Two options are being proposed through this consultation.</p> <p><b>Option 1</b> – to stop funding all male and female sterilisation, excluding those based on medical advice and/or psychological impact</p> <p><b>Option 2</b> – to introduce a threshold approval – to stop all male sterilisation conducted under general anaesthetic</p>	<p>Other forms of contraception are available.</p> <p>Option 2 – male sterilisation under local anaesthetic is associated with lower risks.</p>	Alternatives are available however it is possible that there will be an impact to couples and a potential increase in unintended consequences i.e. increased pregnancy rates and an increase in abortion procedures.
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**Section 5 – Trauma & Orthopaedics (an area of surgery concerned with injuries and conditions that affect the bones, joints, ligaments, tendons, muscles and nerves) and Musculoskeletal (relating to the muscle and the skin together):**

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Arthroscopy – Shoulder	Shoulder arthroscopy is	For information – knee and	It is appropriate that other	Procedures deemed to

	<p>surgery that uses a tiny camera called an arthroscope to examine or repair the tissues inside or around the shoulder joint.</p>	<p>hip arthroscopy are included in the PLCP policy.</p> <p>The proposal is to include a threshold approval for this procedure. The threshold would be as follows:</p> <p>This procedure will only be carried out for patients with adhesive capsulitis (frozen shoulder) if the following treatments have all be tried and failed:</p> <ul style="list-style-type: none"> <li>(a) Activity modification (lifestyle change that can help to relieve symptoms)</li> <li>(b) Physiotherapy and exercise programme</li> <li>(c) Oral analgesics (pain killer management) including Non-steroidal anti-inflammatory drugs (NSAIDs) unless there is a risk associated</li> <li>(d) Intra-articular (joint) steroid injections</li> <li>(e) Manipulation (improve soft tissue movement) under anaesthetic</li> </ul> <p><b>AND</b></p>	<p>effective treatment is trialled before surgery. Physiotherapy in the elderly reduces the need for arthroscopy. This has been cited from a piece of work conducted by Keele University. Alternative treatments are available for example exercise, rehabilitation, physiotherapy and pain relief – these have lower risk associated.</p>	<p>have low clinical priority will be declined.</p>
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		Patient has had adhesive capsulitis (frozen shoulder) at least 12 months		
Dupuytren's Contracture – surgical and non-surgical interventions. ♦	A condition in which there is fixed curvature of one or more fingers, caused by the development of a fibrous connection between the finger tendons and the skin of the palm.	<p>This procedure is currently included in the PLCP policy. The following option is being proposed as part of this consultation:</p> <p>To stop funding of the following conservative management due to limited clinical evidence of effectiveness:</p> <ul style="list-style-type: none"> <li>• The use of Collagenase clostridium histolyticum (Xiapex®) for Radiation therapy for early Dupuytren's contracture</li> <li>• Needle fasciotomy (fascia, band of connective tissue is cut to relieve tension or pressure)</li> </ul> <p><b>AND</b></p> <p>To introduce the following threshold for surgery for Dupuytren's Contracture. The patient must meet the criteria below:</p> <ul style="list-style-type: none"> <li>• Metacarpophalangea</li> </ul>	There is limited clinical evidence for the non-surgical interventions listed. Most patients with Dupuytren's Contracture do not require any treatment.	Procedures deemed to have low clinical priority will be declined.

		<p>I joint (MCPJ) and /or Proximal IP (flexion) joint contracture (PIPJ) of 30° and/or more (inability to place hand flat on the table)</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Where such condition (either MCPJ or PIPJ) is severely impacting on activity of daily living with a clear significant worsening impact on daily activities with functional limitation</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>A young person with early onset disease (premature) (aged 25-40) with or without family history, whose clinical assessment demonstrates that they will benefit from the surgery</li> </ul>		
Knee replacement ♦	Knee replacement surgery (arthroplasty) is a routine operation that involves replacing a damaged, worn or	<p>This procedure is currently in the PLCP policy.</p> <p>The proposal is to introduce an additional threshold to</p>	Conservative management options are available including physiotherapy. Physiotherapy in the elderly reduces the need for	Procedures deemed to have low clinical priority will be declined.

	diseased knee with an artificial joint.	<p>the criteria. The patient would need to meet the following criteria to be suitable for the procedure:</p> <ul style="list-style-type: none"> <li>• Severe pain (will be defined by pain score)</li> <li>• Radiological (imaging technique) features of severe disease</li> <li>• Demonstrated disease within all three compartments of the knee (tri-compartmental) or localised to one compartment plus patellafemoral (at the front of the knee cap) disease bi-compartmental)</li> </ul>	arthroscopy and can also reduce or delay the need for a knee replacement. This has been cited from a piece of work conducted by Keele University.	
Hip Injections (excluding bursitis)	<p>Hip injections may be used to reduce inflammation and pain.</p> <p>Bursitis is inflammation and swelling of the bursa. A bursa is a fluid filled sac which forms under the skin, usually over the joints and acts as a cushion between the tendons and the bones.</p>	<p>Two options are being consulted on for this procedure:</p> <p><b>Option 1:</b> Limit hip injections to the below criteria i.e. the patient would need to meet the below criteria to be suitable for this procedure:</p> <ul style="list-style-type: none"> <li>• A diagnostic aid (the process of determining by</li> </ul>	Conservative management (non-surgical) options are available for patients who do not meet the criteria. For example: pain relief, physiotherapy and disease modifying medications. Current evidence on safety and efficacy does not appear adequate to routinely recommend hip injections	Procedures deemed to have low clinical priority will be declined.

		<p>examination the nature and circumstances of a condition)</p> <ul style="list-style-type: none"> <li>To introduce contrast medium (substance introduce into a part of the body in order to improve visibility on internal structure) to the joint as part of the hip arthrogram</li> <li>Babies for hip arthrography</li> <li>Children and adults with inflammatory arthropathy</li> </ul> <p><b>Option 2:</b> To stop funding of all hip injections (this would exclude babies and children aged up to 18)</p>		
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**Section 6 – Urology (surgical speciality covering diagnosis and treatment for kidneys, bladder, prostate and male reproductive organs) and Uro-gynaecology (female incontinence) services:**

Procedure/Treatment	Definition	Proposed change	Rationale for change	Impact
Erectile Dysfunction	Erectile dysfunction is also known as impotence, it is the inability to get and maintain an erection.	To stop funding pharmaceutical (medications) and secondary care treatment for erectile dysfunction. Exclusions such as diabetes and post cancer	The CCG is currently reviewing all services of low and limited clinical value.	There could be an individual impact to patients; however, therapeutic treatments will continue to be available within sexual health services.



		<p>may be considered on a case by case basis.</p> <p>This proposal does not include the therapeutic treatments funded within the council commissioned sexual health service provision.</p>		<p>Procedures deemed to have low clinical priority will be declined.</p>
<p>Circumcision for religious reasons. <b>(please note East Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG already do not commission (fund) this procedure for religious reasons, therefore responses to this question will relate to Wirral patients only)</b></p> <p>♦</p>	<p>Male circumcision is the surgical removal of the foreskin.</p>	<p>To stop funding circumcision for religious and cultural reasons. This would bring Wirral CCG in line with East Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG commissioning (funding policy) for this procedure.</p>	<p>The CCG is currently reviewing all services of low and limited clinical value.</p> <p>There is no clinical value to circumcision for religious reasons. Other local CCGs (East Cheshire CCG, South Cheshire CCG, Vale Royal CCG and West Cheshire CCG) do not routinely commission circumcisions for religious reasons.</p>	<p>There may be an impact to families who for religious reasons wish to opt to have their child circumcised.</p> <p>There is a potential risk that if this service is not available on the NHS, patients may consider alternative methods of circumcision which may be unsafe and lead to increased risk of infection.</p>
<p>Percutaneous posterior tibial nerve stimulation (PTNS) for urinary and faecal incontinence.</p>	<p>PTNS is used to treat an overactive bladder and bowel. It involves inserting a needle into a nerve just above the ankle. A mild electric current is passed through the needle and carried to the nerves that control bladder and bowel</p>	<p>To stop funding PTNS for urinary and faecal incontinence (unable to control going to the toilet)</p>	<p>The CCG is currently reviewing all services of low and limited clinical value.</p>	<p>It is anticipated that there will be limited impact to patients.</p> <p>Other options are available for overactive bladder/urinary incontinence.</p>

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