

**CLINICAL COMMISSIONING GROUP GOVERNANCE BOARD
EXECUTIVE SUMMARY SHEET**

DATE:	8 June 2018
TITLE OF PAPER:	Excluded and Restricted Policy Amendments
EXECUTIVE RESPONSIBLE:	Fran Beck - Executive Lead for Commissioning
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CCG OBJECTIVE:	To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes, based upon best available evidence.
<input type="checkbox"/> For Information <input checked="" type="checkbox"/> For decision <input type="checkbox"/> For performance monitoring	
EXECUTIVE SUMMARY	<p>The Excluded and Restricted Interventions Policy (ERIP) was approved in February 2018. A range of discussions have resulted in the requirement to make a series of recommendations for amendment to the policy. The sections where recommendations for amendment have been identified relate to:</p> <ul style="list-style-type: none"> • Elective Caesarean Section • Inguinal (groin) Hernia Repair • Dupuytren's Disease • Ganglion • Joint Injections <p><u>Elective Caesarean Section</u> The decision was taken at PPQ in May to remove the ability for patients to choose to undergo a caesarean section without clinical reasons.</p> <p>The amended wording can be seen on page 26 of the attached policy.</p> <p>The following suggested changes were discussed with Dr Jim Hudson prior to the development of this proposal.</p> <p><u>Inguinal Hernia Repair</u> The CCG received a complaint about the current policy in relation to inguinal hernia repair as the patient felt that it was not evidence based. Further research has been carried out and current evidence does not support the use of watchful waiting in these cases.</p> <p>The criteria has been amended to reflect the Royal College of Surgeons Commissioning Guidance (2016). The amended criteria can be seen on page 8 of the attached policy.</p>

	<p><u>Dupuytren's Disease</u> RJAH reviewed the policy and asked the CCG to consider removing the first bullet point in the criteria relating to Dupuytren's Disease as it is not always appropriate. Following CCG discussions it was decided to amend the bullet point to clarify but not to remove it entirely.</p> <p>The amended criteria can be seen on page 20 of the attached policy.</p> <p><u>Ganglion</u> RJAH advised that ultrasound scans were not always required for ganglion diagnosis and unnecessary scans may be being carried out. Following CCG discussions removal of references to ultrasound were supported.</p> <p>The amended criteria can be seen on page 21 of the attached policy.</p> <p><u>Joint Injections</u> RJAH identified that the policy did not reference artificial joints within this section and recommended some amendments to address this omission. Following CCG discussions the suggested changes were supported.</p> <p>The amended criteria can be seen on page 22 of the attached policy.</p> <p>This report was presented to PPQ committee on 26th June 2018 and members agreed to:</p> <ul style="list-style-type: none"> • Support the changes to the wording in relation to caesarean section • Support the amended criteria in relation to inguinal hernia repair, dupuytren's disease, ganglion and joint injections
<p>FINANCIAL IMPLICATIONS:</p>	<p>There are no significant financial implications identified. There are minor implications in relation to:</p> <ul style="list-style-type: none"> • Reduction in caesarean sections • Increase in hernia repairs • Potential reduction in emergency hernia repairs • Reduction in ultrasound scans in relation to ganglion
<p>EQUALITY & INCLUSION</p>	<p>No EQIA has been completed in relation to these changes</p>
<p>PATIENT & PUBLIC ENGAGEMENT:</p>	<p>No patient and public engagement has been completed in relation to these changes</p>
<p>LEGAL IMPACT:</p>	<p>There is always the potential for legal challenge in relation to excluded and restricted interventions.</p>
<p>CONFLICTS OF INTEREST</p>	<p>No identified conflicts of interest</p>

RISKS/OPPORTUNITIES:	The following risks have been identified: <ul style="list-style-type: none">• Risk of challenge from patients and public in relation to excluded and restricted interventions
RECOMMENDATIONS:	PPQ committee agreed to: <ul style="list-style-type: none">• Support the changes to the wording in relation to caesarean section• Support the amended criteria in relation to inguinal hernia repair, dupuytren's disease, ganglion and joint injections CCG Governance Board is asked to endorse this decision.