

Commissioning Policy
Prior Approval Funding Requests
 ME CCG Policy Reference:
MECCG20

Target Audience	All members of Clinical Commissioning Group staff and other organisations acting on behalf of the Clinical Commissioning Group
Brief Description (max 50 words)	
Action Required	To be approved and then made available to staff.

Document Information

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Accountable Officer	Director of Nursing and Quality
Responsible Officer	Chief Pharmacist
Date Approved	11 th March 2014
Approved By	Quality and Governance Committee
Review Date	March 2022 (Agreed at Audit Committee 23 Feb 2021 to extend the review date for this policy to March 2022)
Stakeholders engaged in development/review	

Amendment History

Version	Date	Reviewer	Comments
1.0	10/03/14	Chief Pharmacist	Policy developed to produce version 1.0

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Introduction

CCGs are able to define where providers need to seek Prior Approval (PA) to confirm that a proposed intervention or course of treatment fits agreed criteria for such interventions as defined in the Service Restriction Policies (SRP). The SRP focusses on procedures of limited/low clinical effectiveness, surgical thresholds or infrequent high cost and/or complex procedures. NHS England have identified that in designing and implementing PA and CPP schemes/policies, individual patient needs must remain paramount.

The Commissioning intentions/plans of MECCG reflect both key national targets and local priorities being consistent with guidance for 2014/15. Within the guidance and contractual framework there is the requirement for MECCG to have in place robust Prior Approval (PA) arrangements and process.

Policy

Mid Essex CCG's policy is that treatments/ interventions/ procedures not currently included in commissioned established care pathways (as identified for example in the Schedules to the service agreements with acute care providers) or identified for funding through the commissioning process are not routinely funded.

For a number of commissioned interventions the CCG has specific policy statements setting out restrictions on access, based on evidence of effectiveness or relative priority for funding. Those related to treatments/ interventions/ procedures are included within the SRP; those relating to prescribing can be found on the Mid-Essex CCG website Medicines Management - Mid Essex CCG and detailed within the MECCG/ East of England CCG Collaborative Commissioning Arrangements for High Cost Drugs and Technologies (including devices) 2014/15

Policy development is an on-going process and future policy on further treatments as developed or in response to NICE Guidance/Guidelines, health technology assessments etc. will be produced and published periodically. Providers should note that the CCG will not routinely fund new treatments/pathways as published by NICE in guidance (excluding Technology Appraisals as directed by statute which will be funded 3 months after publication date) ahead of a commissioning decision and policy agreement.

Commissioners have identified the following services and treatments that require prior approval:

- **Services that are not available in contracts** –are not commissioned unless there are exceptional clinical circumstances, and in which case applications should be made in line with the Individual Funding Requests and Exceptional Cases Application policy. Such requests should not constitute a request for a service development.
- **Threshold Approvals** – Those procedures* which are commissioned by Mid Essex CCG on a routine basis but only for patients who meet the defined criteria set out

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within the SRP but for which individual prior approval is not required e.g. cataract surgery. CCG notification of compliance or audit will be required according to contractual arrangements. Providers should be aware that payment may be withheld where it cannot demonstrate that patients treated meet the criteria specified.

The responsibility for adherence to the SRP lies with the treating clinician and failure to adhere to these criteria may result in non-payment of the activity.

- **Individual Prior Approvals** - Those procedures* which are commissioned by Mid Essex CCG but only for patients who meet the defined criteria set out within the SRP and which require individual approval on a patient by patient basis, e.g. abdominoplasty.

For these procedures, the criteria listed form guidance to both the referring and treating clinicians and if a patient is deemed to meet these criteria prior approval should be sought. In instances in which eligibility is unclear the final decision is made through the application of the Exceptional Cases process.

- **Not Funded** – Those procedures* which have been assessed as Low Clinical Priority by Mid Essex CCG and which will not be funded unless there are **exceptional clinical circumstances**. Applications for funding for these procedures can be made to the Exceptional Case Team but should only be made where the patient demonstrates true clinical exceptionality.

The SRP includes recently assessed areas of care, and providers must not assume that because a treatment/intervention/procedure is not included in the SRP that by default it will be funded.

Mid Essex CCG's policy is that treatments/interventions/procedures not currently included in established care pathways (as identified for example in the Schedules to the service agreements with acute care providers) or identified for funding through the commissioning process are not routinely funded.

- **Services that require a Tertiary referral** i.e. Consultant to Consultant at another provider, for DGH or Specialised Services outside of agreed predetermined pathways and local networks –Commissioner prior approval is required
- **Internal Consultant to Consultant referrals** outside of agreed pathways and exceptions –GP or Central Referral Service approval is required for local providers, for other providers Commissioner prior approval is required.
- **Non urgent elective patients** who are going to be treated not in accordance with best waiting list practice –Commissioner approval is required
- **Drugs and Devices excluded from National Tariff** as detailed in the MECCG Commissioning Arrangements for High Cost Drugs and Technologies (including devices) 2014/15
- **Individual Funding Requests**-Mid-Essex CCG always allows patients the opportunity to make specific funding requests via its Individual Funding Request process. Requests may include patients with conditions for which the CCG does not have an agreed policy, including patients with rare conditions and whose proposed

treatment is outside agreed service agreements. Such requests should not constitute a request for a service development

**includes treatments, interventions and procedures*

POLICY INFORMATION

The Mid Essex CCG website contains details of all the approved Service Restriction Policies and thresholds, and is included and referred to in Provider contract documentation. All the procedures listed in the policies are either subject to an agreed protocol or undertaken within treatment thresholds (group prior approval applies), or are detailed as requiring individual prior approval. Funding will not be approved for where patients do not meet the defined criteria. If the clinician considers that the patient has a clinical presentation which suggests that they are exceptional within the cohort, an application for funding due to exceptional clinical circumstances may be made to the CCG through the Exceptional Funding Application process. (see MECCG Individual Funding Requests and Exceptional Cases Applications Policy). The following process applies to all applications including exceptional funding applications.

CCG APPROVAL PROCESS

The PA system is an integral part of the contract with providers and the management of this is a critical element of the CCGs responsibilities in meeting financial and quality assurance requirements. Contracts require Mid Essex CCG as the Coordinating Commissioner, to notify the Provider of any PA Scheme, in accordance with the contract.

For procedures outside of contracts or for low volume, high-cost complex pathways/procedures (e.g. all tertiary referrals - unless a specific prior agreed pathway), PA at individual level is appropriate, and the CCGs providers must obtain agreement before initiating treatment on a specific patient.

The CCG has a safe haven for receiving requests for PA including FAX, Email and telephone contact. The number for fax is **01245 398710** (Safe Haven), or Email or telephone **01245 398740**

Mid Essex CCG has determined that it is reasonable for Commissioners to respond to a provider's request in respect of non-urgent referrals for PA in relation to an individual patient in no more than 3 working days. This is conditional on the provider giving all the necessary information in the form that the commissioner has specified. If the CCG does need to exceed the 3 day limit, the CCG will

- Notify the Provider within 3 days that the approval request will take longer and the reasons why and when they can expect a response; this is likely to occur for IFRs/Exceptional cases, in which case the timelines detailed in the IFR policy will apply.
- Ensure that the timeline does not put the 18-week referral to treatment target at risk, and that the patient is still treated within the required timescale.

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In the event that the CCG determines within the 3 days there is insufficient information in the prior approval application (including IFRs/Exceptional Cases), and the information is required from outside the Provider, the Provider may seek approval from the CCG to discharge the patient back to the referring source if the delay will impact on the Provider's ability to meet the 18 week target. The CCG will then seek the information from the relevant source. If the CCG agree to fund after collecting the relevant information, the Provider will reinstate the patient, place on the waiting list and a first outpatient appointment will not be required or charged. In instances in which this occurs, the waiting time clock will stop at the point of discharge and then start again when the patient is placed on the waiting list following agreement to fund.

In the event that the Provider has not been informed of a decision within 3 working days of seeking prior approval in accordance with the SRP, the Provider will assume that this is approval to treat. The Provider will inform the Commissioner that this action has been taken. The Trust must be able to provide documentation that evidences that the request for funding was made (e.g. confirmation of fax). In the event that the Provider cannot provide proof that the request was sent to the Commissioner, the Commissioner are not liable to cover the costs of the treatment in question.

The CCG will not accept retrospective requests for approval for individual patients. Providers however remain responsible for treating patients according to their clinical need regardless of the funding arrangement.

If a patient is listed for an operation prior to approval being agreed and in the event that the CCG refuses the authorization, the Trust will be expected to honour their commitment to this patient for this operation but will not receive payment for the intervention.

If the 18 weeks Referral to Treatment Standard is at risk for any activity covered by a Prior Approval Scheme, ME CCG may require the Provider to specify a revised pathway to mitigate that risk.

PERFORMANCE MONITORING

The CCG and Provider will undertake audits of the activity undertaken in respect of the above and the audit data/report will be provided on a timely basis, so compliance with policies can be assessed. This will be agreed with individual providers via agreed service contracts.

The review of performance in respect of PA schemes will take place at the providers Performance review meetings. Contracts require providers to manage patients in accordance with the CCGs Prior Approval and Service Restriction Policy. Where providers have not complied with PA schemes, the CCG will not to pay for the activity as identified in the contract with the Provider.

NOTICE OF CHANGES TO POLICY

The CCG is required to give providers one month's notice in writing of any changes or additions to any PA scheme (as specified in the Contract SC 29.24). The Provider will implement the changes from the date provided in the notice.

New policies will be circulated as they become available throughout the year. The CCG will look to limit the number of times that amendments are made during a year to reduce the administrative burden on providers.

Point of Contact for this policy: TBA

March 2014