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Email: sthelensccg.foi@nhs.net

Our Ref: FOI 7954

Date: 13th September 2019

Dear Sir/ Madam

Re: Freedom of Information Request

Further to your recent Freedom of Information request regarding PLCP & IFR Requests, please see below our response to your request.

Request:

Under the Freedom of Information Act, please can you provide me with the number of applications for prior approval made for Procedures of Limited Clinical Effectiveness, and the number refused, in each of the following financial years (2014/15, 2015/16, 2016/17, 2017/18, and 2018/19 (year from April to March), broken down by procedure.

Please can you provide me with the number of individual funding requests made and refused in each of the following financial years (2014/15, 2015/16, 2016/17, 2017/18, and 2018/19 (year from April to March), broken down by procedure.

Response:

NHS St Helens CCG do not operate a Prior Approval System so we are unable to provide data in response to the first question.

In response to the second question please see the data on the attached spreadsheet.

The table on the left shows the type of treatments requested as Individual Funding Requests (IFR's) for each of the years specified; the tables on the right identify the outcomes by year.

The IFR team do not mark applications as "refused", they are either approved, not approved, redirected, rejected or withdrawn.

Approved outcomes include the following:

- cases that are approved because the patient met the restricted policy criteria;
- cases where the IFR Panel have recommended approval because the patient is clinically exceptional and the CCG have (where required) accepted that recommendation and approved the associated costs;
- applications for treatment that are an acknowledged service development, where the relevant CCG has given instructions to approve these applications pending a service development;
- cases where the CCG have provided guidance to the IFR team to approve requests for the requested treatment as non-contract activity;

and

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• cases where the CCG have approved the application outside of the IFR process and have directed the IFR team to provide notification of the approval to the applicant;

Not approved outcomes include instances where the IFR team and/or Panel determine that:

- There is insufficient information provided to enable a decision to be made;
- There is no case presented for clinical exceptionality;
- Clinical exceptionality is not demonstrated within the submitted application and supporting documents.

Redirected applications include instances where the application is not an IFR and the IFR team, with appropriate consents, forward the application to the appropriate referral team for consideration.

Rejected applications include instances where the IFR team determine that the:

- The application is illegible or does not contain appropriate patient authority;
- The application has not been submitted on the correct application form;
- The application is inappropriate e.g. where commissioned pathways have not been exhausted;
- The requested treatment is routinely commissioned without restriction;
- The responsible commissioner is NHS England;
- The CCG is not the responsible commissioner.

Withdrawn applications refer to applications that are withdrawn by the applicant or the patient.

The data provided in the tables relate to all applications received on IFR application proformas purporting to seeking permission from the IFR team. It should be noted that upon consideration of those applications the IFR team identified that some of the applications had been inappropriately submitted e.g. applications for treatments/ patients that are commissioned by NHS England, applications for treatments where there patients meet the policy criteria i.e. where no permission was required, applications for treatments that are not restricted where the clinician is unaware of, or has not exhausted the locally commissioned pathway and applications requesting consideration of a reasonable adjustment or Public Sector Equality Act consideration.

The IFR team manage these requests by approving applications where patient's met the policy criteria, and re-directing, signposting or discussing the other cases with the commissioners, requesting further consideration/approval (where appropriate) outside of the IFR process. Accordingly, the data in the table contains applications that are not "true" IFRs.

Should you require any further information or clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

We also wish to take this opportunity to inform you that a formal complaints and internal review process is available, which will be managed by a FOI Appeals Officer.

This can be formally requested and must be done within a reasonable period of time (3 calendar months) from the date this response was issued.

Where you are not satisfied with the response to a request for information that falls within the Environmental Information Regulations, you should make a representation for a review to FOI Appeals Officer, <u>sthelensccg.foi@nhs.net</u> within 40 days of receipt of the response.

If you are not satisfied with our review under the Freedom of Information Act or the Environmental Information Regulations, you may apply directly to the Information Commissioners Office (ICO) for a review of your appeal decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure.

The ICO can be contacted at;

ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF www.ico.gov.uk

Should you need any further clarification or assistance, please do not hesitate to contact me quoting the above reference.

Yours sincerely,

Angela Delca

Angela Delea Associate Director – Corporate Governance NHS St Helens Clinical Commissioning Group

| | 1 | 1 | 1 | 1 | 1 | | r | | 1 |
|--|-------|------------|-------|-------|-------|-------------|---|------------------------|------------------|
| NHS St Helens CCG | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| Treatments Requested abdominal repair and reconstruction | 14/15 | 15/16 1 | 16/17 | 17/18 | 18/19 | Grand Total | | Not approved | |
| Abdominoplasty | | 1 | 1 | 5 | 3 | 9 | | | Count of Outcome |
| abdominoplasty Adalimumab | 3 | 1 | | | | 6 | | 14/15 15/16 | 82 |
| Adaptive Servo Ventilation | | 1 | 1 | | | 1 | | 16/17 | 79 |
| Adenoidectomy ADHD Assessment | 1 | | | 1 | | 1 | | 17/18 18/19 | 119 70 |
| Ankle Foot Orthoses | 1 | | | 1 | | 2 | | Grand Total | 427 |
| Apronectomy Arm Splints | 4 | 1 | | 1 | 4 | 11 | | Approved | |
| Artificial Hairpiece | | - | - | 1 | | 1 | | Row Labels | Count of Outcome |
| Artificial Urinary Sphincter Assessment | | 1 | 2 | | | 1 | | 14/15 15/16 | 18 |
| Assessment & Specialist Opinion | | | 1 | | | 1 | | 16/17 | 23 |
| Assessment and Specialist Opinion Assessment and treatment for bladder dysfunction | | 1 | 1 | | | 1 | | 17/18 18/19 | 18 |
| Assessment and deather for bladder dystanction Assessment/ Second Opinion ADHD, Sensory, Speech, Language Difficulties, Autistic Traits | 1 | | 1 | | | 1 | | Grand Total | 98 |
| Autism Assessment Autism Spectrum Assessment | | | 1 | | | 1 | | Redirected | |
| Autologous Chondrocyte Implant | | | 1 | | | 1 | | Row Labels | Count of Outcome |
| Bariatric Surgery BK irons & footwear with adaptions | 1 | 1 | 1 | | 1 | 3 | | 17/18 Grand Total | 1 |
| Blepharoplasty | 1 | | | 1 | | 2 | | | |
| Body Contouring Surgery Bone Conduction Hearing Aid | 2 | 1 | | 5 | 1 | 1 | | Rejected Row Labels | Count of Outcome |
| Botulinum Toxin Injections (Botox) | - | | | 2 | | 5 | | 16/17 | 5 |
| brachioplasty Brachioplasty and Abdominoplasty | | 1 | | | | 1 | | 17/18 18/19 | 13 |
| Breast assymetry | | - | 2 | | | 2 | | Grand Total | 32 |
| Breast Augmentation Breast Augmentation & Mastopexy | 4 | 4 | | 4 | 3 | 18 | | Withdrawn | |
| Breast Implant | | 1 | | 1 | | 1 | | Row Labels | Count of Outcome |
| Breast Implant Removal Breast Implant Removal and Replacement | | | 1 | 4 | | 5 | | 16/17 17/18 | 1 |
| Breast Implant Replacement Breast Implant Replacement | | | 1 | | | 1 | | 17/18 18/19 | 2 |
| Breast Milk Bank | | 1 | | | | 1 | | Grand Total | 4 |
| Breast Reduction Brentuximab vedotin | 1 | 3 | 4 | 9 | 4 | 21 | | | |
| BSL Counselling | | | 1 | | | 1 | | | |
| Cetuximab CGM Consumables | 1 | 1 | | | | 1 | | | |
| Chronic Fatigue Programme (CFS) | | | 2 | | | 2 | | | |
| Cognitive Behaviour Therapy communication aid | | 2 | | 1 | 1 | 2 | | | |
| Consumables | 1 | | | | | 3 | | | |
| Continuous Blood Glucose Monitoring Continuous Glucose Monitoring | | 1 | | | | 4 | | | |
| Continuous Glucose Monitoring (CGM) | | | 1 | 4 | | 11 | | | |
| Continuous Glucose Monitoring (CGM) Consumables Continuous Glucose Monitoring System | | 1 | 1 | 3 | 1 | 5 | | | |
| Continuous Positive Airways Pressure | 1 | 1 | | 1 | | 3 | | | |
| Continuous subcutaneous Insulin therapy | | 1 | | | | 1 | | | |
| Contracture Correction Device (CCD) Correction of Split Ear Lobes | | 1 | | 1 | 1 | 2 | | | |
| Cough Assist Device | 3 | 1 | | 2 | 2 | 5 | | | |
| Counselling Counselling Sessions Using Sign Language | | 1 | 2 | 1 | 3 | 4 | | | |
| Couples counselling | | | 1 | | | 1 | | | |
| CPAP Battery Pack Cryotherapy | 1 | | 1 | | 1 | 1 | | | |
| Denosumab | | | 1 | | | 1 | | | |
| Diagnostic Arthroscopy Dornase alfa | | 1 | 1 | | | 1 | | | |
| Dynamic elastomeric movement orthotic shorts and left glove | | 1 | | | | 1 | | | |
| Eating Disorder Clinic Egg Donation | 1 | | | | 1 | 1 | | | |
| Egg Storage | | | | 1 | 1 | 2 | | | |
| Enlite Sensors for Continuous Blood Glucose Monitoring Epidural Injection | | | 2 | 1 | | 3 | | | |
| Excision of Bursa Excision of Cyst | | 1 | 1 | | 1 | 1 | | | |
| Excision of cyst | | 1 | 1 | | | 1 | | | |
| Excision of ganglion | 1 | | 2 | 18 | 7 | 27 | | | |
| Excision of Gynaecomastia Excision of Neuroma | 1 | | | 1 | | 1 | | | |
| Exogen - Ultrasound Stimulation | 1 | | 1 | | | 2 | | | |
| Exogen Bone Healing Stimulator Exogen Bone Stimulator | 1 | 2 | 1 | | | 2 | | | |
| Exogen Therapy Extracorporeal Shock Wave Therapy | | | | 1 | 1 | 2 | | | |
| Extracorporeal Shock Wave Therapy Eye Injections | | | | 1 | | 1 | | | <u> </u> |
| Facet Joint Injections | | | | | 1 | 1 | | | |
| Facial Laser Hair Removal Fertility | 1 | 3 | 2 | 1 | | 1 | | | |
| Fertility preservation treatment | 2 | | | | 4 | 7 | | | |
| Foam Sclerotherapy/ Avulsions Foam Sclerotherapy/Avulsions | 1 | | 1 | | | 1 | | | |
| Foot Orthotic | | | | 3 | | 3 | | | |
| Forensic Assessment Forensic Mental Health Assessment | 1 | | | 2 | 1 | 3 | | | |
| Freestyle Libre | | | | | 1 | 1 | | | |
| Functional Electronical Stimulator GammaCore Device | 1 | 1 | | | | 1 | | | |
| Gastric Pacemaker | | | | 1 | | 1 | | | |
| Genetic Testing Hernia repair | | 1 | 1 | 2 | | 3 | | | |
| Homeopathy | | 1 | 3 | | | 4 | | | |
| Humira Immunotherapy | | | 3 | | | 3 | | | |
| Implant Overdenture | 1 | | | | | 1 | | | |
| In the Ear Hearing Aid | | | 1 | 1 | 5 | 2 | | | |
| In Vitro Fertilisation (IVF) In Vitro Fertilisation (IVF) with Donor Sperm | | | 3 | 5 | 5 | 13 | | | |
| In Vitro Fertilisation (IVF) with Pre-implantation Genetic Diagnosis (PGD) | - | · . | - | 1 | - | 1 | | - | |
| INPUT 4 week residential Programme at St Thomas Hospital INSULIN PUMP | 2 | 1 | 1 | | | 1 | | | |
| Insulin Pump Consumables | | 1 | | | | 1 | | | |
| Insulin Pump Therapy Insulin Pump with Consumables | | 1 | 1 | 1 | 5 | 1 | | | |
| Iontophoresis Machine | | | | | 1 | 1 | | | |
| | 7 | 1 | | | | 1 | | | |
| Knee Ankle Foot Orthoses | 1 | | 1 | | | 2 | | | |
| Knee MACI | 1 | | | | | 1 | | | |

| | | | | | | | _ | |
|---|-------|----------|-------|------------|------------|-------------|---|------|
| NHS St Helens CCG | | | | | | Grand Total | | |
| Treatments Requested Knee Replacement | 14/15 | 15/16 | 16/17 | 17/18 1 | 18/19 4 | Grand Total | | |
| Labial Reduction | 1 | 1 | | 1 | 4 | 2 | | |
| Labiantedectori | - | - | | | 1 | 1 | | |
| laser abalation | 1 | | | | | 1 | | |
| Laser Ablation | | | | 1 | | 1 | | |
| laser hair removal | 5 | | 3 | 3 | | 11 | | |
| Laser resurfacing | | 1 | | | | 1 | | |
| Laser resurfacing to face | 1 | | | | | 1 | | |
| Laser Therapy | | 1 | | | | 1 | | |
| laser treatment | 2 | | 2 | 2 | 1 | 7 | | |
| Laser Treatment/ Dermabrasion | 1 | | | 2 | 1 | 1 | | |
| Liposuction Lycra Shorts | 1 | 1 | | 2 | 1 | 5 | | |
| Lycra Splint | 1 | | 1 | 1 | | 2 | | |
| Lymphodema Treatment | | 1 | 1 | | | 2 | | |
| mastopexy | 1 | - | 1 | 4 | 2 | 8 | | |
| Morton's Neuroma Injection | | | | 1 | | 1 | | |
| Neuro Physiotherapy | | | | | 1 | 1 | | |
| Neurophysiotherapy | | 1 | | | | 1 | | |
| Neuropsychiatry Assessment | 1 | | | | | 1 | | |
| Nipple Eversion | 1 | | 3 | | | 4 | | |
| one to one midwifery | | | 2 | | | 2 | | |
| One to One Midwives Referral | | <u> </u> | | 1 | | 1 | | |
| one to one nursing Open MRI | | 1 | 1 | 10 | | 1 | | |
| | | | 1 | 10 | 4 | 15 | | |
| open MRI scan orthotic glove and sleeve, shoulder orthosis | | 1 | 1 | | | 1 | | |
| Outpatient Appointment | | | | | 1 | 1 | | |
| Outpatient Appointment Outpatient Appointment | 1 | 1 | | | 1 | 2 | | |
| Outreach Assessment | 1 | | | | | 1 | | |
| PCS K9 Inhibitor | | | | 1 | | 1 | | |
| Penile Prosthesis | | 1 | 1 | | | 2 | | |
| physiotherapy | | 1 | 3 | | | 4 | | |
| Pinnaplasty | | | | 1 | 3 | 4 | | |
| Pinnoplasty | | 1 | | | | 1 | | |
| plastic surgery | 1 | | | | | 1 | | |
| Pre-implantation Genetic Diagnosis | | | | | 1 | 1 | | |
| PRP Injections | | | 2 | 1 | 1 | 4 | | |
| Psychological therapies | | | 1 | 1 | 1 | 2 | | |
| Re-assessment of needs Refurbishment of Specialist Orthotics | 1 | | 1 | | | 1 | | |
| Rehabilitation | 1 | | | 2 | 1 | 7 | | |
| Removal of excess skin | | | | 1 | | 1 | | |
| Removal of Lipoma | 1 | | | - | | 1 | | |
| Removal of Skin Lesions | | | 3 | 5 | 4 | 12 | | |
| Removal of Venous Lake from lower lip | 1 | | | | | 1 | | |
| Reversal of Sterilisation | 2 | 2 | | | 2 | 6 | | |
| Rhinoplasty | | | 1 | | 3 | 4 | | |
| Right Total TMJ Replacement with Custom Biomet Prosthesis | 1 | | | | | 1 | | |
| Rituximab | 1 | | | 1 | | 2 | | |
| sclerotherapy injections | 2 | | | | | 2 | | |
| second opinion | | 2 | | 1 | | 2 | | |
| Selective Dorsal Rhizotomy Sensory Integration Treatment | | | | 1 | 1 | 1 | | |
| Skin Excision/ Body Contouring | | 1 | | | 1 | 1 | | |
| Sodium Oxybate | | | | 1 | | 1 | | |
| Specialist Consultation with Psychiatrist | | | 1 | - | | 1 | | |
| Specialist Opinion | 1 | 1 | 1 | 2 | 1 | 4 | | |
| Specialist Therapy | | | | | 1 | 1 | | |
| sperm cryopreservation | | 1 | | | | 1 | | |
| Sperm Freeze & Store | | | 1 | | | 1 | | |
| Sperm Freeze and Store | | | 1 | | | 1 | | |
| Spinal Brace | | | 1 | 1 | | 2 | | |
| standing frame | | | 1 | | | 1 | | |
| Standing MRI | | | | 1 | | 1 | | |
| surgery Surgical Correction of Breast Asymmetry | | | 1 | | | 1 | | |
| Surgical Correction of Breast Asymmetry Surgical Correction of Divarication/Diastasis of Recti | | | | 1 | 1 | 1 | | |
| Surgical Correction of Gynaecomastia | | | | 7 | | 9 | | |
| Surgical Concerning Gynaeconnasta Surgical Release of Trigger Finger | | | | 1 | - | 1 | | |
| Surgical treatment for Nipple Inversion and Breast Augmentation | | 1 | | - | | 1 | | |
| targeted training | | 1 | | | | 1 | | |
| Teriparatide | | | 1 | | 1 | 2 | | |
| Thigh lift | 1 | 1 | | | | 2 | | |
| Tofacitinib | | | 1 | | | 1 | | |
| Tonsillectomy | | 1 | | 4 | 1 | 6 | | |
| Total prostethetic joint replacement of the left temporo-mandibular joint | | | 1 | | | 1 | | |
| UV protective window film | 1 | | | | | 1 | | |
| varicose vein | 1 | | 3 | | | 9 | | |
| Varicose Vein Ablation Varicose vein radiotherapy ablation with foam sclerotherapy | 1 | 2 | | | | 2 | | |
| Varicose vein radiotherapy ablation with foam scierotherapy Varicose vein stripping | 1 | | | | | 1 | | |
| varicose vein stripping varicose vein surgery | 9 | | 1 | 4 | 1 | 22 | | |
| Varicose Vein Strigery Varicose Vein Treatment | 6 | | | 4 | | 9 | | |
| Vascular Laser Treatment for Spider Naevus | 1 | | | | | 1 | | I |
| vasectomy | 1 | | | | | 1 | | |
| Grand Total | 100 | | 108 | 152 | 106 | 562 | | |
| | | | | | | | | |