Hammersmith & Fulham PCT Policy for Managing Requests for Extra Contractual Referrals

Commissioning Directorate
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HAMMERSMITH & FULHAM PCT POLICY FOR MANAGING REQUESTS FOR EXTRA CONTRACTUAL REFERRALS

APPENDIX 1: GUIDELINES FOR THE PROVISION OF ASSISTED CONCEPTION TREATMENT AND SELECTION OF COUPLES FOR ASSISTED CONCEPTION TREATMENT JULY 2004

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APPENDIX 3: REQUESTS FOR HAMMERSMITH & FULHAM RESIDENTS TO RECEIVE TREATMENT OVERSEAS

THIS GUIDANCE SHOULD BE READ IN CONJUNCTION WITH:

1) Establishing the Responsible Commissioner – Guidance for PCT commissioners on the application of the legal framework on PCTs secondary care commissioning responsibilities - Oct 2003
   http://www.dh.gov.uk/assetRoot/04/06/97/97/04069797.pdf

   Responsible commissioner Oct 2003
1. **INTRODUCTION**

The purpose of this document is to describe the policy for managing requests for treatment that are not included in the services provided within existing Service Level Agreements held by Hammersmith & Fulham PCT.

The majority of referrals for the PCT’s population can and should be covered by service agreements with local NHS and independent health care providers. However, the following are the circumstances under which referrals for treatment outside SLAs to both NHS and private sector organisations will be considered for funding by the PCT.

- The effective and appropriate treatment is not available within existing NHS service agreements
- Where treatment is a continuation of care which would be inappropriate to return to the NHS or discontinue funding
- Where the proposed treatment is part of an agreed programme of care involving NHS practice
- Where a patient moves into the PCT’s catchment area and is receiving previously authorised treatment. However, this would be subject to review with the intention of the patient transferring to local services

The following circumstances will not normally result in funding.

- The patient self-refers
- Where a patient is being treated privately and wishes to transfer to the NHS
- The treatment is available under the NHS
- The treatment is considered cosmetic or listed on appendix 2
- The treatment has little or no proven benefit based on the evidence of clinical effectiveness

However, there is a balance to be achieved between clinical discretion on individual cases and the need to consider resource implications. Hammersmith & Fulham PCT therefore needs to formalise the protocols surrounding this decision making process.

For the purpose of this policy the NHS is used to describe all services provided within the NHS and those services provided by independent and private sector providers under contract to the NHS.

2. **GUIDING PRINCIPLES**

The following principles guide the operation of this system:

a) That the system does not distort good clinical practice in deciding where to admit or make appointments to see patients.
b) That, as far as possible, patient informed choice/clinical choice is maintained.
c) That the need for confidentiality is respected and that guidance relating to patient confidentiality and security or confidential information is followed (as covered by Callicott Policies).
d) That the system is simple, quick and avoids unnecessary bureaucracy and is designed in consultation with local General Practitioners (GPs) and other clinicians.
e) That patients are not aware of the administrative process and are not drawn into any discussion around responsibility for payment. In this context staff of the PCT Office should not communicate directly with patients – unless it is related to a service provided by the PCT – but other Trusts or GPs be asked to communicate with patients.
f) That referring clinicians are kept fully informed of Trusts where the PCT has placed contracts and the range of services covered.
g) That Hammersmith & Fulham Clinical Advisers inform decisions whether to authorise requests for referrals to non-NHS services.

3. TYPES OF NON LOCAL NHS ACTIVITY

A) Emergency activity and elective referrals within the NHS but outside of PCT service agreements are covered by the Out of Area Treatment arrangements.

B) Referrals made outside of the NHS are elective referrals to independent and private sector providers, the small and relatively unpredictable nature of such patient flows often does not merit the negotiation of a contract.

The process for authorising the funding of care outside of the NHS for elective referrals made by General Practitioners, General Dental Practitioners and occasionally other healthcare professionals is as follows:

a) Where possible GPs will contact the PCT either in writing or in person to discuss referrals outside of the NHS prior to the referral for an out-patient appointment. It is PCT policy to discuss with referring GP requests for new elective treatment with a view, if appropriate, to the practitioner referring the patient to a service that is within the NHS or a service agreement. The GP can assist this process by providing details on whether the service required is not provided by the NHS or details of why it is appropriate for the patient to receive the service from outside of the NHS.

b) If authorisation is not sought prior to referral, approval must be obtained from the PCT before treatment can proceed. Further information may be sought at this stage to justify the treatment, see section 3.

c) In the event that the GP considers a request for authorisation for funding for non-NHS treatments is appropriate, GPs must inform patients that they will seek authorisation from the PCT on their behalf.

d) The PCT expects non-NHS providers to make a written request for approval before notifying any prospective patient of an (NHS) appointment or admission date.

e) Requests for authorisation must be received by the PCT 5 working days prior to the date of appointment/treatment (except in cases of demonstrable clinical urgency). Every effort will be made by the PCT to respond to requesting Trusts within 5 working days.

f) The PCT expects to receive requests for funding from Provider Trusts within a month of referral date.

g) Requests for in-patient elective cases will not be authorised if no previous out-patient authorisation has been given (unless the patient has taken up residence in Hammersmith & Fulham while waiting for in-patient treatment)

4. APPROVAL CRITERIA

4.1 Clinical
When the PCT is requested to fund new elective referrals out of the NHS, Hammersmith & Fulham clinical advisers will consider the following:

a) Effectiveness of Treatment: Can the clinical outcome of the proposed treatment be related directly to evidence of effectiveness of the clinical procedure itself?
b) **Alternatives:** Can the treatment be provided in some other way i.e. as an outpatient, day case or inpatient? Are there other providers who offer this care, either within existing Hammersmith & Fulham contracts or another provider with a good record of clinical effectiveness?

c) **Equity:** Within the financial resources available to the health authority, would it be possible to offer this service to all patients in the same circumstances?

d) **Overall care for the Patient:** In complex cases, does the request fit within a wider programme of care planned for the patient, including consideration of the patient’s expectation of treatment?

e) **Published Evidence:** In order to support these decisions, the clinical advisers will seek evidence through published literature and/or by talking to local and national experts about the efficacy and cost effectiveness of the treatment and what groups of patients are likely to gain maximum benefit.

f) **Clinical Protocols:** Informed by the above clinical criteria, protocols will be developed with local providers to allow consistent management of the following treatments:- cosmetic plastic surgery procedures which will not generally be purchased unless meeting specified recognised exceptions; sub-fertility treatments; dental implants; tunable dye laser procedures; genetic testing for breast screening; eating disorders.

4.2 **Non Clinical**

In addition authorisation will be given under the following conditions:

a) **Continuity of Care:** Where the patient is receiving or has received long-term treatment from a Consultant working within a hospital outside of the NHS. The activity will be approved in order to ensure continuity of treatment.

b) **Specialist Service:** If a GP considers it necessary to refer a patient to a specialist service Hammersmith & Fulham PCT would expect that in the first instance the patient be referred appropriately within the NHS for initial advice. If the consultant considers further specialist advice is necessary a tertiary referral be made as appropriate.

c) **Special Circumstances:** Requests for funding patients wishing to be treated out of district for social reasons will be viewed sympathetically – e.g. elderly patients wishing to undergo surgery at hospitals near family.

4.3 **Referrals to Non-NHS facilities**

Referrals on to the private sector will not be approved unless there is no comparable service available within the NHS. There is a limited range of circumstances where the private providers offer a service not available within contract and Hammersmith & Fulham PCT would then seek to negotiate a rate of charge comparable with the published NHS tariff rate available at providers for an equivalent service.

4.4 **Requests from Hammersmith & Fulham Residents for Treatment Overseas**

If requested by Hammersmith & Fulham residents or GPs to support and fund the referral of patients for treatment overseas, Hammersmith & Fulham PCT will apply the Guidance confirmed in Annex 6 of FDL (94)33 “Consolidation of Guidance on Extra Contractual Referrals, Tariffs and Invoicing” as set out in Appendix A.

5. **INVOICING ARRANGEMENTS**

5.1 **Suspended Authorisations**

Hammersmith & Fulham PCT’s will automatically suspend authorisations for elective treatment if invoices have not been received within six weeks of the end of the month during which the episode of care was anticipated to have ended. However, Hammersmith
& Fulham PCT will agree to re-schedule any authorisation within the same financial year, provided this is requested in advance of the anticipated date of treatment.

5.2 Invoicing for Long Stay Patients
In the case of long-stay patients or for courses of treatment, Hammersmith & Fulham PCT will request to be invoiced on a monthly basis. Hammersmith & Fulham also requires that for long-stay patients, Trusts should provide regular clinical reports for the attention of the Clinical Advisers and/or GP.

6. H&F PCT POLICY FOR NOT AUTHORIZING REQUESTS FOR FUNDING FOR CARE
Hammersmith & Fulham PCT will not normally authorize requests for funding in the following circumstances:

- Patient not registered with a Hammersmith & Fulham GP
- Patient self-referred for elective treatment
- Requests for in-patient treatment for which no previous out-patient authorisation has been given (except for patients newly moved into Hammersmith & Fulham between out-patient and in-patient treatments)
- Referrals to private hospitals unless appropriate similar clinical care is not advisable at NHS units, having taken advise from Clinical Advisers

7. MONITORING & ADMINISTRATION
Activity and expenditure will be monitored on an ongoing basis and monthly reports will be produced for the PCT Board showing financial performance against budget.

8. DECISION MAKING PROCESS THROUGH PCT COMMISSIONING DEPT
Requests for funding treatments usually originate from GPs within primary care or clinicians from a hospital setting. Requests for funding treatments should be sent to the Commissioning Department at the PCT headquarters, (safehaven address). The requests should include the following information:

- Patient name
- D.O.B
- Address
- Name of GP and contact details
- Details of the treatment requested including referral letters and correspondence from other clinicians
- Any evidence base or appropriateness of treatment
- Cost of treatment – including any capital or ongoing costs that could be generated from the initial funding agreement including prescription and drug costs

On the basis of the information received clarification may be sought by the PCT if additional information is required. A decision will be made based on the criteria detailed below.

8.1 Responsible Commissioners
Referrals will be reviewed in the first instance by an appropriate Commissioning Manager. All decision letters will be copied to the Head of Commissioning, patient GP and referring consultant (where appropriate).

8.2 The Commissioning Manager must ensure the following:
• All relevant evidence has been assessed and weighted.
• Proper consideration has been given to the claims of patients and clinicians and accorded proper weight to other groups competing for scarce resources: funding must be allocated according to clinical priority. Where no NICE guidelines have been published, nor HF PCT policy approved with regard to specific treatment requests, then the PCT’s funding policy will be followed.
• Immaterial factors have been taken into account any
• The decision has been made in the utmost of good faith
• The judgement is in every sense reasonable
• Accurate documentation of the whole process has been maintained.

8.3 Appeals Against Decisions
Any patient or referrer whose request is not authorised will have the right of first appeal to the PCT. The PCT will be expected to ensure that:

• The decision making process met the required standards set out in this policy
• That the decision was reasonable in light of the available evidence and individual circumstances

The Commissioning Manager and the Head of Commissioning will undertake the first appeals process. This will be particularly relevant if new information is presented by the referrer or patient that was not available when the funding panel first considered the case.

Where a patient writes to the funding panel/PCT with new information without the GPs/Consultants knowledge, he/she will be requested to give consent for the information to be shared with the relevant clinician, so that the latter’s comment can be obtained before the appeal is conducted.

If the appeal is not upheld then the patient/referrer has the right of appeal directly to Chief Executive of the PCT. This is the final right of appeal. In the event that the patient/referrer claim that the decision making process has been inappropriately or unfairly, he/she can be referred to the PCTs ‘Complaints Procedure’.

PCT Complaints Procedure-Jan 04.doc
Guidelines on managing patient contact.doc

8.4 Confidentiality
It is important that the individual requests should remain unidentifiable as much as possible. The Commissioning Manager should only receive relevant and necessary information.
APPENDIX 1: GUIDELINES FOR THE PROVISION OF ASSISTED CONCEPTION TREATMENT AND SELECTION OF COUPLES FOR ASSISTED CONCEPTION TREATMENT JULY 2004

1. For NHS funded specialist care, the couple must have been investigated appropriately by primary and secondary care services. ¹

2. The referral should be made by a named secondary care consultant with the support of the couples’ General Practitioner(s) in line with the referral guidance agreed between the secondary sector and the tertiary centre.

3. Couples should only be referred when all appropriate tests and investigations have been successfully completed in the secondary sector and if they fulfil all the eligibility criteria agreed by the Primary Care Trust.

4. Couples who do not meet the criteria below should not be referred on for Assisted Conception treatment by the named consultants. This should be made clear before any treatment/investigations are started.

Applications on behalf of couples who fall outside the criteria below will only be considered on an exceptional basis where there are felt to be special or compelling circumstances. In such circumstances individual cases should be referred to the Director of Commissioning & Partnerships at the PCT in the first instance.

9 Criteria for referral for assisted conception treatment

1. All couples should be registered with a GP within the Primary Care Trust boundary and be eligible for NHS treatment.

2. There should be three years of unexplained infertility or one year of diagnosed sub-fertility within the current relationship.

3. The age of the female partner should be between 23 and 39 years (inclusive) at the time of Assisted Conception treatment.

4. The couple should have no parenting experience either within the current relationship or any previous relationships and no children living with them.

5. No treatment shall be available to couples where sub-fertility is as a result of previous sterilisation (male or female).

Investigation and treatment should be consistent with the recommendations of the National Institute for Clinical Excellence guidelines

10 Other obligations

In accordance with the Human Fertilisation & Embryology Act 1990 S13(5) the couple ‘shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of the treatment (including the need of that child for a father) any of any other child who may be affected by the birth’.

1 In the context of this guidance the term couple is used to illustrate a man and a woman in a relationship which involves them being married or living together.

2 Parenting experience relates to the extent of contact, care, access that the applicants have had with previous children (including adopted children)
11 Treatment to be offered

Eligible patients may be offered a maximum of **ONE package of care** (1 cycle of IVF/ICSI/other appropriate assisted conception treatments plus drugs) to be funded by the Primary Care Trust. Any couple who have received previous treatment which has been paid for privately should not be excluded from receiving treatment under these guidelines unless they have already received three cycles of treatment.

12 Referral route

Referrals at Hammersmith Hospitals’ Assisted Conception Unit will only be accepted from named consultants from the following Trusts:

- West Middlesex University Hospital NHS Trust
- Ealing Hospital NHS Trust
- Chelsea & Westminster Healthcare NHS Trust
- The Hammersmith Hospitals NHS Trust

These local guidelines have been updated to take into account the National Institute for Clinical Excellence guidelines as published in February 2004.
APPENDIX 2: POLICY FOR COSMETIC PROCEDURE TREATMENTS

In general procedures carried out primarily on cosmetic grounds will not be available for Hammersmith & Fulham residents. The following procedures are specified as not being available as they are commonly performed for cosmetic reasons. However, any procedure, where the primary indication was cosmetic will not be available, even if it is not included in the following list.

These criteria have been drawn up in relation to plastic surgery. However, cosmetic procedures are carried out in other specialities, in particular ENT, Oral Surgery, General Surgery, Ophthalmology and Dermatology. In the interests of consistency any criteria, which apply to cosmetic plastic surgery, should apply to cosmetic procedures in other specialities.

Where there are recognised non-cosmetic indications for these procedures exceptions can be made. When a clinician feels there are other exceptional circumstances that justify not following these referral criteria, s/he may request that the PCT consider the individual case. If exceptional circumstances involve Psychiatric or Psychological morbidity directly associated with the condition, this should generally be explored by an appropriate Psychiatric or Psychological referral before referral for surgery.

List of Cosmetic Treatments;

- **Blepharoplasty**
  Exception: Visual field impairment

- **Breast Augmentation**
  Exception: Congenital Absence, Gross Asymmetry

- **Breast Reduction**
  Exception: True Virginal Hyperplasia, Proposed reduction of more than 500g per side, Gross Asymmetry

- **Mastopexy**
  Exception: Profound ptosis

- **Revision Mammoplasty**
  Exception: Original procedure performed locally on the NHS

  Note: Reconstructive breast surgery is not regarded as a cosmetic procedure

- **Body Contouring including:**
  Abdominoplasty or tummy tuck, thigh lift, buttock lift, excision of redundant skin or fat, liposuction
  Exceptions: Patients may be eligible for true lipodystrophies, for contouring of diabetic injection sites, for lymphodema, following trauma and as part of other surgical procedures, e.g., thinning of skin flaps
  Apronecctomy / Abdominoplasty where there is profound skin ptosis after successful treatment of morbid obesity

- **Dermabrasion**
  Exceptions: Severe scarring following ache or trauma

- **Face lift / Brow lift**
  Exception: Facial Palsy

- **Male Pattern Baldness**
  Note: Hair grafting and flaps with or without tissue expansion is not available on cosmetic grounds
- **Pinnaplasty**  
  Exception: Children under 16 years old at time of referral where there is psychological distress

- **Repair of lobe or external ear**

- **Rhinoplasty +/- septoplasty**  
  Exceptions: Patients with breathing difficulties or occasionally following trauma

- **Scar Revision**  
  Exceptions: Scars that interfere with function, following burns or surgery, keloid scars

- **Tattoo Removal**

- **Laser Treatment for Cosmetic Purposes**  
  Note: including facial hair removal

*Other non-cosmetic treatments;*

- **Male Impotence**  
  Exclusions: Men with or being treated for Prostrate cancer, Diabetes, Spinal cord injuries, Multiple Sclerosis, Single Gene neurological disease, Pelvic Injuries, Kidney Failure, Polio, Spina Bifida, Parkinson’s disease

- **Circumcision for non-medical reasons**

- **Orthodontics**
APPENDIX 3: REQUESTS FOR HAMMERSMITH & FULHAM RESIDENTS TO RECEIVE TREATMENT OVERSEAS

Guidance confirmed in Annex 6 of FDL(94)33 – “Consolidation of Guidance on Extra-Contractual Referrals, Tariffs and Invoicing”, summarised as follows:

- PCTs may make recommendations to the Department of Health (DOH) that a particular patient be referred elsewhere in the European Economic Area (EEA)

- Application has to be made by the PCT to the DoH for issue of a form E112 to the patient, the patient having applied to the PCT with a letter setting out the reasons for a visit specially for treatment together with a supporting letter from the UK NHS Consultant

- In supporting the application to the DoH, the PCT has to give agreement to meet the costs and evidence that the treatment is available under the NHS but cannot be treated within the time normally necessary for obtaining such treatment in the UK or that the case is exceptional

- Where an E112 form has been issued and treatment provided, the EEA member state involved seeks payment from the DoH for treatment provided to the NHS patient overseas. The DoH makes the initial settlement but passes the cost on to the patient’s PCT when the referral results from a PCT recommendation

- It should be noted that travel and non-hospital accommodation costs are the patient’s own responsibility and in some EEA countries, the patient is also personally liable for a contribution to the treatment costs

- For referrals outside the EEA or bilateral agreement countries, there is no general power under NHS legislation allowing PCTs to pay for referrals outside the UK. However, it is possible for health authorities to pay for referrals outside the EEA (e.g. to the USA) on an ex gratia basis but express authority must be sought from the DoH. Costs must be borne from within the Authority’s existing resource allocation