Effective Use of Resources Policy

Introduction

- The original Policy was developed in Manchester in the 1990’s and formally adopted by Manchester PCTs in 2001
- This revised Policy has been developed through collaborative working with representatives from the following key stakeholders:
  - Greater Manchester Directors of Commissioning
  - Greater Manchester Directors of Public Health
  - Greater Manchester Medicines Management Working Group
  - Greater Manchester PPI Forum
  - Greater Manchester Acute Trusts
  - Formal and informal clinical networks

- Hempsons Solicitors have provided the legal opinion, which has been incorporated for the Policy and Appendices. Annex A & B are currently being reviewed, to ensure that the choice of treatment, procedures/therapies have been arrived at by a lawful clinical and rational route

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Policy on the Effective Use of Resources

1 Background

1.1 The government's priorities for modernising the NHS are underpinned by achieving careful management of overall NHS resources. The priorities are designed to ensure that people, wherever they live, have access to high quality services and care. Consequently, the commissioners of services in Greater Manchester Primary Care Trusts (PCTs) need to continue to improve the cost effectiveness of services, thereby securing the greatest health gain from the resources available, making decisions based on evidence about clinical effectiveness. This policy document sets out the approach to making this happen, building on earlier Greater Manchester policies.

1.2 This policy has been drawn up under the auspices of the Greater Manchester PCTs Directors of Commissioning. In drafting this policy, account has been taken of the introduction of National Service Frameworks (NSF’s), the establishment of National Institute for Clinical Excellence (NICE), and independent advice and expertise from the Commission for Health Improvement. The document also draws on the PCTs’ prescribing strategies and clinical audit programmes. The Greater Manchester Directors of Public Health Network have provided the clinical input, with the development and review of the evidence-based protocols.

1.3 The document identifies the key principles that should be adopted by clinicians in making decisions about individual patient treatments. It also contains a list of issues (Annex A) that concern stakeholders on a regular basis, with clear recommendations on the course of action that should be pursued.

1.4 As partnership working develops across the conurbation and beyond, the Greater Manchester PCTs are conscious of the potential impact of its decisions on partner organisations and will scrutinise the effect of any policy decisions, for impact on local authorities and other agencies. Where appropriate, it will seek to harmonise policies with Greater Manchester Strategic Health Authority. Should potential problems be identified, these will be discussed prior to policy decisions taking place. This policy will form part of the PCTs’ Service Level Agreement with NHS and non-NHS providers.

1.5 In drafting this policy, notice has been taken of the areas within the NHS modernisation agenda referring to patient information, choice and autonomy in making decisions about patient care. This policy adopts the principle that any challenge to this policy will not in any way prejudice the patient's NHS care pathway or timescale nor result in the exclusion of the patient from available NHS treatment.

2 The overall approach to ensure that available resources are used effectively

2.1 To improve the clinical effectiveness of NHS services in Greater Manchester and thereby secure the greatest health gain from the resources available, strategies must be implemented to ensure achievement. This will require a collaborative approach between commissioners, providers of services and the local communities.

2.2 Providers have an obligation to deliver up-to-date clinical practice in an effective and efficient way. This should be achieved through providers monitoring the outcomes of the work they do to ensure that jointly agreed standards are met, and is undertaken
through monitoring processes including the clinical audit programme and patient satisfaction surveys.

2.3 Audit results should increasingly be shared within provider organisations, between primary care practitioners and with commissioners. Providers and their clinicians should supply appropriate information to patients about the effectiveness of treatments offered so that their choices are properly informed. Systems should be developed to allow commissioners to monitor the achievement of desirable changes in clinical practice and to have the opportunity to prioritise particular topics for attention, as new information becomes available or problems are identified. This will involve the modernisation of services in order to improve the quality and cost-effectiveness of services.

2.4 The PCTs will commission services on a 3-year planning cycle in accordance with Local Delivery Plan (LDP) requirements. The ongoing development of the EUR Policy should ensure that resources are allocated to services that will meet agreed policy objectives.

2.5 It is expected that providers may wish to develop new services. Such developments should be discussed with commissioners at a very early stage and should not proceed until commissioner approval is given. Commissioner approval will be dependent upon:

- the relative priority of the service
- whether the service has undergone service redesign and/or critically examined current service provision
- the evidence base behind the proposed development.

2.6 Some patients will receive new drugs/treatments as part of clinical trials. It is the responsibility of the clinician to ensure that adequate funding is in place prior to the recruitment of patients within the trial. The PCTs cannot guarantee the continuation of a new drug or treatment at the end of the trial. It is the responsibility of the local Ethics Committee overseeing the trial, and the principal investigator prior to the commencement of a research trial, to ensure that adequate information is available to patients as to what will happen when the trial ends.

2.7 Where NICE guidance is issued on medicines or other prescribing related matters the Greater Manchester Medicines Management Working Group will assist PCTs to review and develop plans for local implementation. Where there are resource issues associated with NICE guidance, over and above the LDP settlement, PCTs will undertake to have urgent discussions to resolve any difficulties. PCTs will facilitate collaboration between all parts of the service to assist with this.

2.8 Trusts and PCTS are expected to adopt the principles set out in NSFs and achieve the milestones set out to them. It is expected that there will be a collaborative approach to implementing NSFs and that existing resources will be utilised to the full extent possible. Where there are resource issues these should be resolved through risk assessment and prioritisation.
3 Key principles to be adopted by clinicians for making decisions about individual patient treatments

3.1 The following principles are offered as guidance and not intended to be binding in every case. Where appropriate, treatment, procedures or therapies may be authorised that are not included within these principles or that would appear to be excluded by them. The possibility will be especially relevant in, but will not be confined to, the ‘exceptional circumstances’, referred to in paragraph 4 below.

3.2 Greater Manchester PCTs have a wide range of service level agreements with a large number of NHS Trusts and non-NHS organisations for the delivery of services. These should meet the vast majority of health requirements.

3.3 Individual patients should not be referred for treatments that do not have established proven clinical effectiveness.

3.4 Any individual referrals outside existing contractual arrangements will require authorisation from the PCT. (see Appendix 1 – operational policy). Requests will not be considered retrospectively for these treatments, procedures or therapies.

3.5 In general, patients have the right to request a ‘second opinion’ with a provider of their choice within contractual arrangements. This principle is subject to paragraph 3.1 above.

3.6 There are a number of treatments, procedures or therapies, which PCTs would not normally consider. In addition, PCTs may place limitations on the level of service commissioned based on identified criteria because of low priority and limited effectiveness. These are listed in Annex A, along with the specific policy guidance that applies to each of them, agreed by the PCTs.

3.7 Local NHS capacity should be used before contemplating use of non-NHS facilities, except under the requirements of patient choice.

3.8 If a referral is to be made to a private facility, any financial or professional interest should be stated. NHS patients should not be referred to a facility with which the referring body may have a financial interest unless that interest is declared to the PCT in advance of the PCT authorising the referral. Third party charges will not be refunded.

3.9 It is essential that the general practitioner has a detailed knowledge of the patient in order to be able to take a view on the appropriateness of the patient for referral for specialist assessment.
4 Exceptional Circumstances

4.1 Treatments or procedures that would otherwise appear to be excluded by this policy may nevertheless be authorised for a particular patient, where the failure to provide them would be likely to cause significant damage to his/her psychological health or social circumstances.

4.2 However, authorisation for a treatment, procedure or therapy under paragraph 4.1 shall not be given unless it has the support of the NHS consultant who has assessed the patient for that treatment, procedure or therapy and the NHS consultant who would be responsible for providing it. Where clinicians consider exceptional circumstances might justify an individual case being made an exception from this policy, they should make their case to the appropriate PCT commissioning body, outlining the exceptional circumstances. They may be asked about the qualifications and effectiveness of the treatment, procedure or therapy and provider.

4.3 When deciding whether circumstances are ‘exceptional’, account may be taken of previous decisions made under similar circumstances.

5 Operational Policy

5.1 Each PCT will manage individual requests for treatment for their registered population. An Operational Policy outlines how this will be implemented. This is attached as Appendix 1.

6 Process Review

6.1 In all decisions where the PCT decides to refuse funding the patient and referring doctor will be notified of the local Process Review (see Appendix 2).

6.2 The basis for Process Review shall only be on the grounds that the appropriate process was not followed in making a decision under this policy.

7 Process for revising the policy and amending list of services to be commissioned

7.1 New treatments should not be introduced unless evaluated. The process set out below describes how treatments are evaluated and included within this policy.

7.2 Effective treatments for inclusion within the policy’s Annex A will be put forward by individual PCTs to the Greater Manchester Directors of Commissioning group, who will consider whether the treatment warrants further investigation and in doing so will have regard to the following factors:

- The number of treatments likely to be carried out in Greater Manchester each year if the treatment is commissioned
- The cost of each treatment
- The controversy likely to be generated either inside or outside the NHS by the PCTs either commissioning or not commissioning the treatment

7.3 Should the Directors of Commissioning agree to the request to include a particular treatment in the policy then it shall request the Directors of Public Health to review
the available evidence relating to the cost effectiveness of the policy and to recommend under what circumstances PCTs should or should not commission the treatment. This is likely to include the use of specific protocols and setting down guidelines for what constitutes exceptional circumstances in cases where a treatment is only commissioned in exceptional circumstances.

7.4 The recommendation made by Directors of Public Health shall be considered by Directors of Commissioning and, if accepted, incorporated into this policy.

7.5 The policy will require ongoing monitoring and review to ensure that resources continue to be used effectively. As part of this process, the policy will be reviewed annually and review dates will be set for specific treatments listed in Annex A to be reviewed, based on new evidence provided by Directors of Public Health. The Directors of Commissioning will conduct the revision of the annual policy.

7.6 This policy only becomes the official policy of each PCT once it has been ratified by the standard policy-making process within that PCT. As a result, any amendments to the policy will need to be agreed by each PCT unless that PCT has already agreed to automatically incorporate any changes to this policy once they have been agreed by Directors of Commissioning.

8 Further Information

Further information on this policy can be obtained by contacting:

[insert local PCT contact details]

GM Policy Lead
Frances Romagnoli
Associate Director, Commissioning & Planning
North Manchester Primary Care Trust
Newton Silk Mill
2nd Floor
Holyoak Street
Newton Heath
Manchester M40 1HA

Telephone: 0161 219 9414
Email: frances.romagnoli@nmpct.manchester.nwest.nhs.uk
Operational Policy
Effective Use of Resources  
Operational Policy

1. Flowchart

1.1 The attached flowchart sets out the process for implementing the Effective Use of Resources Policy.

2. Funding requests - process

2.1 The Policy document will be used in all cases to provide the appropriate recommendation.

2.2 All requests for funding will be acknowledged within 3 working days, outlining the process the PCT follows and will include a patient information leaflet (attached). The patients GP will also be informed (where they are not the main clinician).

2.3 Patient consent will be obtained to pursue the supporting information from the clinicians who have provided or are being asked to, provide care (attached). The patient will also have the opportunity to provide a written statement to support the case (attached). This information will be validated.

2.4 All relevant health and social care professionals involved will be contacted to provide supporting information.

2.5 Where the PCT requests details of exceptional circumstances, the request will be submitted, in the first instance to the main clinician involved in the patient’s care.

2.6 The PCT will identify the EUR Panel and/or the clinical lead to review the supporting information against the Effective Use of Resources Policy and/or to reach a decision.

2.7 The patient and relevant health/social care professionals shall be informed of the decision of the EUR Panel and reason (s) for it. Where decisions are reached not to support the request, the patient will be informed of the Review Process.

2.8 Appropriate records will be kept of all correspondence and contacts (e.g. telephone calls, emails etc).

3. Review Process

3.1 When the PCT writes to the patient to inform them of the decision, it will also notify the patient of their right to Review. This is the means to establish that the appropriate process was followed in making the decision under this policy.

3.2 Intention to request a Review must be received in writing from the appellant/representative, along with the reason for the request to Review.

3.3 The Review Process is outlined in Appendix 2.
Effective use of Resources Policy Flowchart

Request for funding for treatment received from:
- patient,
- health care professional
- provider organisation
- other

Is the individual registered with a GP or resident in the relevant PCT?

Yes → Refer to appropriate PCT. Inform source of request → End

No → Inform patient, relevant professionals. Advise alternative course of action if appropriate → End

Is treatment/procedure covered by Effective Use of Resources policy?

No → Record all contacts, correspondence and information received → End

Yes → Write to patient/GP/consultant to:
- Acknowledge request.
- Summarise process.
- Obtain patient consent.
- Request patient statement.
- Obtain relevant information pertaining to the case

Case goes to EUR Panel for assessment. The Panel may:
- Requests more information if appropriate, and/or
- Reach decision

Yes → Write to patient, health/social care professionals

No → Write to patient, health/social care professionals. Explain Review Process
APPENDIX 2

Process Review
1 1 Purpose and Terms of Reference of the Process Review Panel

1.1 The purpose of a Process Review shall be to review the process by which a decision was made under the Effective Use of Resources Policy and to determine whether the process was compliant with the requirements of the Policy.

1.2 A Process Review shall not consider the merits of a decision made under the Effective Use of Resources Policy.

1.3 A Process Review shall be conducted pursuant to a request made under the Effective Use of Resources Policy.

1.4 The decision of a Process Review Panel shall be conclusive of the issues before it.

2 Constitution

2.1 A Process Review shall be conducted by the PCT (‘the PCT’) whose decision under the Effective Use of Resources Policy is the subject of a request to that effect.

2.2 Where the PCT is to conduct a Process Review it shall appoint a Panel for that purpose.

2.3 The Panel appointed by the PCT to conduct a Process Review shall consist of five members, who shall comprise:

- A chairperson appointed by the PCT; and
- At least two non-executive directors of the PCT; and
- At least two other, appropriately qualified persons.

2.4 When it appoints a Panel to conduct a Process Review, the PCT shall appoint one of the non-executive director members of that Panel to act as deputy to the chairperson, and once appointed, the deputy may act in place of the chairperson in his/her absence.

2.5 No person shall be appointed a member of a Process Review Panel who has had prior involvement with, or any other interest in, the case.

3 Approach

3.1 Except in cases of emergency, a Process Review shall be conducted within 28 working days of the date upon which the PCT receives a request for such a Review.

3.2 In a case of emergency, a Process Review shall be conducted within 10 working days. It shall be for the chairperson of the Process Review to decide whether a request discloses a case of emergency.

3.3 The parties to a Process Review shall be:

- the patient by whom, or on whose behalf, the request for a Process Review was made (and, if appropriate, his/her representative); and
- the PCT (which may appear by its representative).

3.4 The PCT shall inform the parties of the date set for the Process Review, and it shall request details of any persons who are to attend the Process Review in accordance with paragraph 3.7, below. Such details shall be supplied to the PCT within 14 days of its request.
3.5 Except with the consent of the Process Review Panel, the parties may not, in the course of the Process Review, rely upon any fact or submission that was not known to the PCT when it made the decision that is material to the Process Review.

3.6 The Process Review shall be conducted by means of an oral hearing unless the parties give written consent to its being conducted solely on the basis of documents and (if appropriate) written representations.

3.7 Any oral hearing by which the Process Review is conducted shall take place in private. The following shall be entitled to attend any such oral hearing:

- The parties; and
- An officer of the PCT who has been appointed to act as secretary to the Process Review Panel.

4  Procedure for an Oral Hearing

4.1 Paragraphs 4.2 to 4.12 shall apply where a Process Review is conducted by means of an oral hearing.

4.2 The PCT shall state its case in the presence of the patient (and, if appropriate, his/her representative).

4.3 The patient (or, if appropriate, his/her representative) shall have the opportunity to ask questions of the PCT.

4.4 The Process Review Panel shall ask any questions of the PCT.

4.5 The patient (or, if appropriate, his/her representative) shall state his/her case in the presence of the PCT.

4.6 The PCT shall have the opportunity to ask questions of the patient (or his/her representative).

4.7 The Process Review Panel shall ask any questions of the patient (or his/her representative).

4.8 The patient (or his/her representative) shall have the opportunity to make a closing statement.

4.9 The PCT shall have the opportunity to make a closing statement.

4.10 In making any closing statement, the parties may not introduce a new matter.

4.11 The parties shall withdraw, and the Process Review Panel shall deliberate in private.

4.12 The parties shall be informed of the decision of the Process Review Panel and the reason(s) for it. This information shall be given to the parties orally, and also in writing within three working days.

5  The case on the basis of documents and written representations

5.1 Where the Process Review is conducted on the basis of documents and written representations only the Chairman shall inform the parties in writing of the decision of the Process Review Panel and the reason(s) for it. This information shall be given to the parties within three working days.
6  After the Process Review

6.1 A patient who is aggrieved by the decision of the Process Review Panel may make a formal complaint in that regard through the complaints procedure of the PCT. Any such complaint may touch only upon the means by which the Process Review was conducted and not upon the decision of the Process Review Panel.

6.2 The PCT shall ensure that an appropriate record is kept of the Process Review.

6.3 As well as making a formal decision as to the process by which a decision was made under the Effective Use of Resources Policy, the Process Review Panel may make informal policy recommendations to the PCT. Any such recommendations shall not be communicated to the patient by or on behalf of whom the Process Review was requested.

6.4 In order to inform the ongoing review and development of the Effective Use of Resources Policy, the PCT may make such representations as it considers appropriate to the Greater Manchester Directors of Commissioning.
APPENDIX 3

Information for Patients
Sample draft letter to patients

Dear

Request for (insert procedure, treatment or therapy)

We have recently received a letter from your GP, Dr (insert clinician), about your request for (insert procedure, treatment or therapy).

Although the NHS does not usually offer this treatment, we do consider every request on its merits. I am enclosing a leaflet which explains how the NHS makes decisions on whether to provide treatment in cases such as yours, what you need to do next, and how long this process should take.

As we are going to consider your case further, we need to have your written agreement that we can ask for more information about you. This information, for example, could be medical records from your GP.

I have also enclosed with this letter a ‘consent form’ for you to fill in and send back to me that will enable us to ask for the information we need. When you send this form back to me, you can also, if you so wish, send a written statement explaining why you think you need this treatment. You can ask someone else, such as a friend, relative or advisor, to help you with this, or to provide it on your behalf, if you prefer.

I hope you find the enclosed information helpful, but please do contact me if you need any further help, or if you would like to ask any other questions. You can also ask for advice and information from (insert details)

Yours sincerely

(insert Name, Title, and Organisation)
Sample Patient Consent Form

Please fill in this form to show you have agreed that we can ask for information about you from the Doctors who are caring for you, which will help us to consider your request for treatment.

Information we receive about you will be treated in the strictest confidence and the Data Protection Act will govern its use. You can also enclose a brief written statement explaining why you think you need this treatment and any exceptional circumstances. You can ask a friend, relative or advisor to help you write this, if you prefer. Please tick the relevant box below if you are enclosing a statement.

I understand that (insert name) Primary Care Trust may need to request information about me for the purposes of making a decision about providing treatment under its Effective Use of Resources Policy. By signing this form, I am giving my consent to this process.

Your name: ____________________________________________________________

Date of birth: ________________________________ Sex (M/F): __________________

Address: __________________________________________________________________

Postcode: __________________________________________________________________

Telephone: __________________________________________________________________

☐ I am enclosing a brief written statement outlining the relevant exceptional circumstances of my case

Your signature: ________________________________ Date: __________________________

Please return this form and your statement (if you are providing one) to:
(Insert Name, Title and Address)

THANK YOU
How long will it take to make a decision?

When we write to you, in the first instance you have two weeks in which to return your consent form and written statement. We will also ask for statements from the doctors involved in your care. We cannot guarantee how long this will take but we will keep you informed of progress. Once the Effective Use of Resources Panel has received all the necessary information, they will make a decision within [insert] working days. The [insert named individual/title] will write to you to tell you what the EUR Panel have decided.

We also have a Process Review Panel to help us make sure the correct procedures have been followed. When the Panel write to you with their decision, they will also send you details of how to request a Review, should you wish to do so. However, it is important to remember that the Process Review is not intended to look at the merits of the case again, but only at the way that the Effective Use of Resources Policy was applied in assessing your case.

Why are certain treatments not available through the NHS?

Like any other organization, the NHS has limited resources and we have a duty to manage them carefully. This means we have to look at the evidence for how safe and effective any particular treatment is, and ensure that services we plan and provide will give patients the greatest health gains from the resources available.

For more information, please contact [Insert name, title PCT Address etc]

[insert PCT logo]

Effective Use of Resources Policy

How do we make decisions about providing treatments that are not normally available through the National Health Service? Can I get this treatment on the NHS?

Please read through this leaflet carefully. It will explain how this process works and how you will be involved

What happens if my doctor refers me for one of these treatments?

If we receive a letter from your doctor asking us to provide treatment for you, we will set up a special panel to consider your case called the Effective Use of Resources Panel. The Panel will include a medical advisor, a public health advisor and a director of the Primary Care Trust.

The EUR Panel members will decide if your case meets the criteria set out in our ‘Effective Use of Resources Policy’ (we can provide you with a copy of this document if you wish or you can see it on our website (address). To help the panel make a decision, they will also need to request more information about you – such as medical records. To do this they will need your written consent and we will send you a form to complete. Information we receive about you will be treated in the strictest confidence and its use will comply with the Data Protection Act. You can also provide a written statement to the Panel explaining in more detail why you think you need this treatment. You can send this statement in with your consent form.