

## **City of York Council - Overview and Scrutiny of Health Committee**

**7 January 2008**

### **Briefing – North Yorkshire and York Primary Care Trust's Individual Case Panel**

#### **Introduction**

This paper describes the background and current position for managing individual patient requests that relate to both the 'Commissioning Effective and Efficient Care Pathways document' and 'High Cost Healthcare Individual Patient Requests'

#### **Background**

From January – March 2007 the PCT introduced a series of actions to reduce hospital activity and costs in order to address the financial position at that time. One of those measures was to restrict the routine commissioning of a range of surgical and other treatments for a range of common non life threatening conditions for example: varicose veins, bunions and ganglions. The aim of this was to defer treatment into the following financial year to help manage the financial year end position. If GPs or consultants felt that their patient could not wait for treatment they were asked to refer them to the PCT 'Exceptions Panel' where that panel would determine if treatment was required immediately.

This process was one of ten action plans to ensure that the year end deficit was reduced. This was achieved and the PCT final year end position was a £32 million deficit.

#### **Arrangements in 2007-08 – Clinical Pathways and Referral Guide**

From April 2007 this arrangement changed. The deferring of treatment ceased and the PCT moved to commissioning these treatments in line with the clinically approved 'Clinical Pathways and Referral Guide'. This document has been the subject of wide consultation and has been approved by clinicians across the patch. The aim of the document is to ensure that the PCT only commissions services that have a proven evidence base and there is an appropriate clinical threshold. In order to ensure that patients were not disadvantaged it has been necessary to have an 'individual case panel' where referring clinicians refer if they feel that their patient is an 'exception' to the clinical threshold as outlined in the above document. The Individual Case Panel will assess the referral and determine whether they are a clinical exception or not and allow onward referral as appropriate.

## High Cost Health Care

The other key role of the Individual Case Panel is to assess requests for specialist, often complex high cost health care as outlined in the PCT's High Cost Healthcare Policy. All PCTs operate such panels to review requests as follows:

- Where the treatment or drug is not covered by existing service level agreements with providers.
- Treatment, available locally via a service level agreement, is requested from another provider where extra costs will lead to uncertain extra clinical benefit (where procedures are not covered by tariff).
- When a funding decision establishes a significant precedent for the organisation.
- When the Medical Director/ Director of Public Health is of the opinion that clinical appropriateness or effectiveness of the treatment is in doubt.
- When the case presents ethical dilemmas.
- The treatment or drug requested is new or experimental

In making a decision the Panel will consider all available clinical history, examine evidence base where necessary. The Panel will:

- Review each patient request on an individual basis.
- Take into account relevant factors which are unique to the patient, e.g. current health status and existing co-morbidities
- Consider if the treatment is necessary and appropriate in relation to individual clinical need, with expected benefits outweighing any risks, and are there any exceptional needs or circumstances
- Consider the evidence base for safety and efficacy and if the request is drug related, its licensed indication
- Consider if the treatment is clinically and cost effective with equity of access and provision across the PCT, utilizing clinical information (provided by patient's GP, consultant or other appropriate clinical staff) and evidence base (regarding clinical and cost effectiveness of the intervention).
- Consider any PCT, regional or national guidance that may be available
- Consider other alternative options available for the patient
- Consider if this establishes precedent

## Appeals Process

Patients and their referring Clinicians have the right to appeal against a decision of the individual case panel. In this case, two new Clinicians and a panel of advisors chaired by a Non Executive member of the PCT Board review the case and reach a decision.

## **Conclusion**

The PCT operates one Individual Case Panel. The Panel has two key roles, firstly to review 'exceptions' to the 'Clinical Pathways and Referral Guide' secondly to review all high cost complex individual patient requests in line with the 'High Cost Healthcare Policy'