

Corporate	CO26 Elective Care Funding Policy
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Version Number	Date Issued	Review Date
V1	October 2020	October 2022

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Consultation Process:	Head of Commissioning and Clinical Management Board
Formally Approved:	Clinical Management Board

Policy Adopted From:	First Issue
Approval Given By:	Clinical Management Board

Document History

Version	Date	Significant Changes
1	June 2020	First issue

Equality Impact Assessment

Date	Issues
June 2020	Outline of any specific details Screening assessment can be located at Appendix 2.

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact norccg.enquiries@nhs.net

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1. Purpose

This policy sets out Northumberland Clinical Commissioning Group's (CCG) decision making approach in relation to requests to fund elective care at NHS Lothian.

2. Background

As north Northumberland borders with Scotland some patients, that Northumberland CCG has the commissioning responsibility for, access NHS services in Scotland.

Health was devolved to each of the four United Kingdom nations in the late 1990s. Since then the NHS in Scotland has been organised differently to the NHS in England. In Scotland, the NHS is split into health boards which are responsible for the provision and planning of services in contrast to in England where there is a more distinct separation between the commissioning and provision of services. As a consequence, the use of contracts and formal quality and performance monitoring are not as established in Scotland.

In England CCGs are required to use the national standard contract to commission services which ensure that provision is monitored against the same nationally mandated quality and performance standards. Scottish health boards do not have the same requirements and therefore do not have the same data collection and quality systems that would enable them to meet the requirements of the standard contract. They instead use Service Level Agreements (SLAs) and as such won't accept the use of a standard contract by English CCGs.

NHS Borders is the health board most proximate to Northumberland. The CCG therefore has an SLA with NHS Borders to cover the commissioning of activity where Northumberland patients access their services. The SLA with NHS Borders has a value of c£2m.

NHS Lothian is the second most proximate health board to Northumberland and delivers tertiary services in Edinburgh. The CCG does not formally commission services from NHS Lothian. Despite the CCG not having a contract with NHS Lothian some Northumberland patients still access services in Edinburgh. This is mainly from onward referrals from NHS Borders or following attendance at Accident and Emergency (A&E). Activity is paid to NHS Lothian via Non Contracted Activity (NCA) based upon receipt of invoices. This is in line with other providers in England that the CCG do not contract with.

3. CCG's commissioning position

Given the above background the CCG's commissioning position on NHS Lothian services can be summarised as:

- The CCG does not routinely commission planned care services from NHS Lothian. The same services are provided closer to Northumberland patients by the English NHS where the CCG can be clear on the quality and timeliness of service provision which is contracted and funded under a NHS Standard Contract
- If Northumberland CCG patients access urgent care services at NHS Lothian, the CCG will fund this activity on a non-contracted activity (NCA) basis with invoice validation carried out in line with normal NCA processes
- Where individual patient requests are received for planned care at NHS Lothian the process below is followed by the CCG decision-makers
- NHS England has the commissioning responsibility for services outlined in the Manual for Prescribed Specialised Services 2018/19 ([manual](#))

4. Process for considering individual patient request for planned care at NHS Lothian

In 2017 the CCG implemented a process with NHS Borders (appendix 1) where requests for onward referral of patients for treatment at another provider could be considered by the CCG's clinical director. The default position is that the patient's care should be transferred to a provider in England of their choice when possible. Where a request is received for planned care at NHS Lothian rather than at a provider in the English NHS, the CCG clinical decision maker will review the impact on continuity of care in making the decision. In particular the following criteria will be considered:

- Has the patient previously been treated at NHS Lothian?
- Has the patient received care at NHS Borders by a Lothian consultant and/or the patient is already being treated at Lothian for other aspect of their care?
- May the clinical outcome be affected by a transfer to an English provider?
- Has NHS England already approved a proportion of the patient treatment/pathway at Lothian?
- Patients where they have a strong family support local to NHS Lothian which may enhance their recovery

When one or more of the above has been considered and if the CCG's clinical director is satisfied then the following CCG policies will also be considered ensuring that there is equity for Northumberland patients being treated in both England and Scotland:

- The treatment is available under the NHS in England
- Value Based Commissioning Policy
- Consultant to Consultant policy
- CCG Choice and Access Policy
- NHS Constitution
- All other national policies

The above lists are not exhaustive and will be continually monitored and adapted based on the requests that are received.

Appendix 1

Northumberland Patients Receiving Care NHS Borders Requiring Onward Referral

Northumberland CCG is responsible for commissioning the majority NHS services for its residents except those commissioned by NHS England as outlined in the Manual for Prescribed Specialised Services 2018/19 ([manual](#)).

NHS Borders can continue to provide care to Northumberland residents under the terms in the Service Level Agreement. Where patients require enhanced care not provided by NHS Borders the following is in place to ensure a seamless transition between providers.

In summary and shown in the algorithm overleaf:

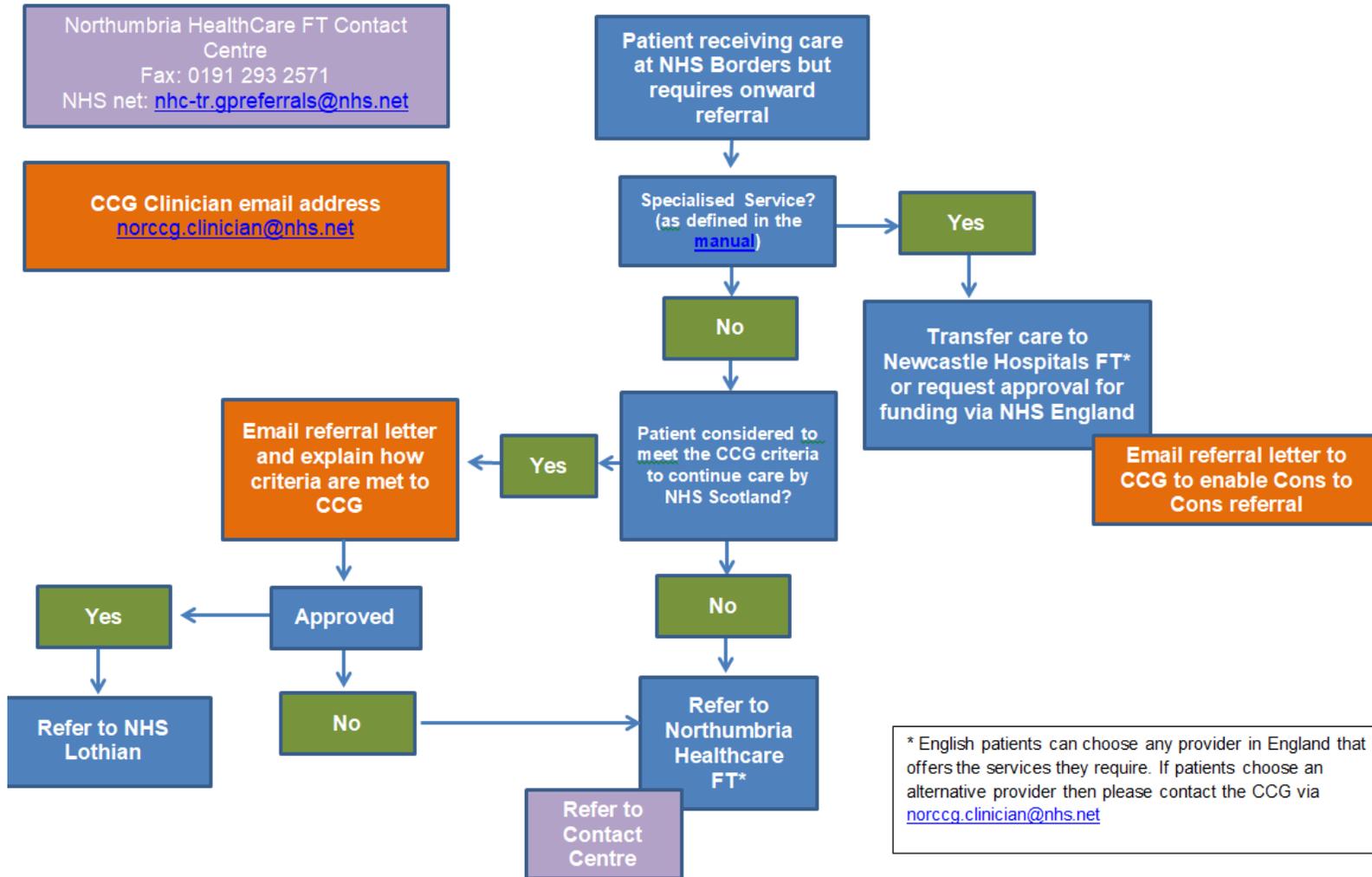
- All patients who require specialised services commissioned by NHS England as described in the [manual](#) must be referred to Newcastle Hospitals or the provider have funding agreed with NHS England prior to starting treatment
- Patients who require other secondary care treatment should be referred to Northumbria Healthcare FT via the contact centre: Fax: 0191 293 2571, email NHS net: nhc-tr.gpreferrals@nhs.net
- If NHS Borders or NHS Lothian considers the patient meets the CCG criteria then they can request prior approval via the CCG, norccg.clinician@nhs.net
- If the CCG clinician, on reviewing the information, agrees the patient meets the CCG criteria then approval will be given and the patient can receive care at NHS Lothian
- If the CCG clinician does not consider the patient does not meet the criteria then the patient should be referred to Northumbria via the contact centre

Please note:

- The details above and in the algorithm overleaf does not include emergency care or maternity services
- The norccg.clinician@nhs.net email in box will be monitored 9am to 5pm Monday to Friday and should expect a 24 hour turnaround
- Northumberland patients can choose any provider in England that offers the services they require. If they choose an alternative provider then please contact the CCG via norccg.clinician@nhs.net

There are no contracting arrangements between Northumberland CCG and NHS Lothian therefore patients should not receive care at NHS Lothian until prior approval has been received. If Northumberland residents receive care it will be provided at the financial risk of the NHS Lothian. Emergency, maternity and approved elective care will be paid through the non-contracted activity (NCA)

Northumberland Patients Receiving Care at NHS Borders Requiring Onward Referral



Appendix 2

Equality Analysis

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Brian Moulder

Job Title: Head of Commissioning

Organisation: Northumberland CCG

Title of the service/project or policy: CO26 Elective Care Funding Policy (Scotland)

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

This policy sets out Northumberland Clinical Commissioning Group's decision-making approach in relation to requests to fund elective care at NHS Lothian to ensure the CCG meets its statutory duties.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- Staff
- Service User / Patients
- Other Public Sector Organisations
- Voluntary / Community groups / Trade Unions
- Others, please specify [Click here](#) to enter text.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy formalising current practice and there is no material change

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above have not been implemented, please state the reason:		
Not applicable		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Clinical Management Board	Approver	Click here to enter text.

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.