

# Coventry and Rugby Clinical Commissioning Group

## Introduction

The rationale and scope of this policy is contained within the overarching LPP policy which sets out CRCCG approach to Low Priority Procedures.

This document refers specifically to Continuous Positive Airway Pressure (CPAP) for Adults.

### Commissioning Policy: Coventry and Rugby CCG (CRCCG)

<b>Treatment</b>	Continuous positive airway pressure (CPAP) for adults
<b>Indication</b>	Obstructive sleep apnoea/hypopnoea syndrome (OSAHS)
<b>Treatment:</b>	<p>Treatment of OSAHS with CPAP should be in accordance with NICE technology appraisal guidance <b>(TA 139, March 2008)</b>.<sup>1</sup></p> <ul style="list-style-type: none"> <li>• This recommends CPAP as a treatment option for adults with moderate or severe symptomatic sleep apnoea (as defined in the guidance).</li> <li>• It recommends CPAP as a treatment option for mild cases only for:             <ul style="list-style-type: none"> <li>• patients who have symptoms that affect their quality of life and ability to go about their daily activities, AND</li> <li>• in whom lifestyle advice and any other relevant treatment options have been unsuccessful or are considered inappropriate.</li> </ul> </li> </ul> <p>In cases where prior approval is sought for CPAP <u>in patients with mild OSAHS</u>, the Clinical Commissioning Group would expect that considerable efforts have been made to address lifestyle issues before this can be deemed unsuccessful or inappropriate.</p> <ul style="list-style-type: none"> <li>• If the patient is a smoker, referral must be made to Stop Smoking services, and it must be established (using carbon monoxide [CO] validation) that the patient has quit smoking before CPAP is offered.</li> <li>• In addition, the patient should be advised to lose weight (if they are overweight or obese) and to cut down alcohol consumption (if they take alcohol), with referral to appropriate services if indicated. If these lifestyle factors are relevant, approval for CPAP will be considered only if a substantial effort has been made by the patient (with appropriate support if indicated) to address these over a period of at least three months.</li> </ul> <p>Therefore, applications for prior approval for CPAP for patients with <u>mild OSAHS</u> in line with NICE guidance, must state the patient's status with respect to smoking, BMI and alcohol intake, and specify the steps that have been taken to manage these, before lifestyle advice can be deemed unsuccessful or inappropriate.</p> <p><u>Ref:</u></p> <p>1. National Institute for Health and Clinical Excellence (NICE) (2008) Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome  <a href="http://www.nice.org.uk/nicemedia/live/11944/40085/40085.pdf">http://www.nice.org.uk/nicemedia/live/11944/40085/40085.pdf</a></p>

	<b>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</b>
<b>Equality Impact</b>	See EIA attached

#### **VERSION CONTROL**

Version	2.0
Ratified by	Governing Body
Date ratified	13 <sup>th</sup> July 2016
Name of originator/author	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committee	Clinical Development Group
Date issued	14 <sup>th</sup> July 2016
Review date	July 2019

## EQUALITY ANALYSIS FORM

<b>TITLE (service/ plan/ project/ policy/ decision):</b>	Policy for Continuous positive airway pressure (CPAP) for adults
<b>AUTHOR / LEAD:</b>	EIA Lead
<b>DATE ANALYSIS UNDERTAKEN:</b>	December 2015

STAGE 1: SCREENING FOR ADVERSE IMPACTS (X PLEASE CHECK):							
<b>Age</b>	X	<b>Religion or Belief</b>		<b>Marriage and Civil Partnership</b>		<b>Disability</b>	
<b>Sexual Orientation</b>		<b>Carers (inc. young carer's)</b>		<b>Sex (men &amp; women)</b>	X	<b>Gender Reassignment/ Transgender</b>	
<b>Race/ Ethnicity</b>		<b>Pregnancy, Maternity, Perinatal</b>		<b>Multiple Social Deprivation</b>		<b>Human Rights (FREDA) fairness, respect, equality, dignity &amp; autonomy</b>	
<p><b>Describe any potential or known adverse impacts or barriers for protected/ vulnerable groups:</b> (if there are no known adverse impacts, please state who has been involved in the screening and explain how you have reached this conclusion, then move to Stage 6 sign off)</p> <p>This is a harmonised policy across three Clinical Commissioning Groups – Coventry and Rugby CCG, South Warwickshire CCG and Warwickshire North CCG.</p> <hr/> <p>Since CCGs operate within finite budgetary constraints the policy detailed in this document make explicit the need for the CCGs to prioritise resources and provide interventions with the greatest proven health gain.</p> <p>The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.”</p> <hr/> <p><b>The impact of this policy has been considered against all protected characteristics and Human Rights values. By not being routinely commissioned it is likely to have a positive impact as the procedure is highlighted as being less effective (potential to miss significant amounts of pathology).</b></p> <p><b>The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the ‘Individual Funding Requests’ policy to seek funding in exceptional clinical circumstances.</b></p> <p>No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.</p>							

**STAGE 6: SIGN OFF (you should arrange for an appropriate Chief Officer/ Governing Body Member to sign off this EA before sending it to the Manager for Equality & Diversity)**

ROLE	NAME	SIGNATURE	DATE
Chief Clinical Officer	Steve Allen		

**Guidance:**

A summary guidance sheet can be found overleaf.

### STAGE 1: Screening

This stage involves an initial analysis of any adverse impacts or potential adverse impacts for protected groups. The author should draw on their knowledge and experience of the service/ plan / policy/ project/ decision and the people that are affected. It is therefore beneficial to seek the views of a range of people at this early stage. E.g. you may wish to involve the E&D Manager or relevant working group. You should consider the following when undertaking screening:

- Is there a higher prevalence of any group(s) in relation to the prevalent conditions?
- Are there any concerns about the participation of any group(s) in the service or any aspect of the service?
- Are there any known barriers or potential barriers to access for any group?

You will need to record your explanation of any adverse impacts or no impacts. If adverse impacts or potential adverse impacts are identified you will need to complete the rest of the impact assessment. Defining the scope of your Equality Analysis (EA) will help to establish the specific aspects of the service/ plan / policy/ project/ decision that require further examination.



***seeing things through an equality lens***

### STAGE 3: Critical Challenge

This stage asks you to critically consider the service/ plan / policy/ project/ decision and how equality considerations are being taken into account. Some of the questions may not be applicable.

If the assessment relates to a commissioned service consider whether any improvements can be made through the design of the service or monitoring of the contract.

Record any explanations or evidence in relation to your response.

### STAGE 5: Monitoring and Evaluation

This stage asks you to consider how the changes that have been identified will be monitored in the contract /plan /policy. Specifically state what will be recorded in the contract/ plan /policy and whether there is any associated key performance indicator. How will you know the change or proposals are working?

### STAGE 2: Data and Information

This stage involves looking at the available data for the service/ plan / policy/ project/ decision and any of the equality groups that have been identified. It is known that equality data may be limited so it is acceptable to use proxy data. The following quantitative and qualitative data and feedback can be used:

- **Joint Strategic Needs Assessment**
- National data / trends
- Integrated Plan
- LCN Profile Data Sets
- Existing equality consultation feedback
- Service participation and outcomes data
- Patient feedback
- Complaints
- Public involvement feedback
- Demographic profile data
- Service reviews and QOF data

***Talk to clinical leads and experts  
Ensure any patient engagement  
activity includes the groups that  
have been adversely impacted***

New consultation is not always necessary, especially when there is existing feedback from target groups. Speak to the Public Involvement Team and the E&D manager about any existing consultation feedback. **Record the findings of your analysis of data, information, and feedback and what it has told you about the service and how it can be improved for the adversely impacted groups. Be succinct - use bullet points if you can. Attach any additional information to the EA or record in the Supplementary Notes section below.**

### STAGE 4: Changes

This stage asks you to record any changes you will make to the **service design /plan / policy/ project/ decision** to improve access for the adversely impacted group(s), and outcomes for patients and the patient experience. This may include enhancements to existing care pathways or protocols for how things are done. Any changes should be realistic and feasible.

**ANY CHANGES NEED TO BE REFLECTED IN THE DOCUMENTED SPECIFICATION / POLICY / PLAN**

### STAGE 6: Sign-Off

The completed Equality Analysis form should be sent to the Equality and Diversity manager for Sign-off, and then presented to the appropriate Chief Officer / Governing Body Member, and where relevant the Business Case Panel.



***Coventry and Rugby  
Clinical Commissioning Group***

EQUALITY ANALYSIS -

SUPPLEMENTARY NOTES / RECORDS