NHS
Enfield
Clinical Commissioning Group

Enfield CCG is proposing to revise clinical criteria for some treatments currently available on the NHS

We want to hear your views on our proposals

The NHS needs to constantly review all the services we purchase and provide to ensure that they offer the best quality care and health outcomes for patients.

NHS Enfield Clinical Commissioning Group is an organisation led by local GPs who plan, buy and monitor the quality of NHS services for the local population. Local GPs have reviewed some treatments that the CCG currently funds and their effectiveness. Following a review of clinical evidence, we now are considering adding some additional treatments to our Procedures of Limited Effectiveness policy (PoLCE) policy as well as adding some additional thresholds and evidence to other treatments.

This consultation document proposes changes to access criteria for some treatments available on the NHS. GPs and managers at NHS Enfield CCG will also be working closely with clinicians who provide these treatments and will be engaging separately with them on the detailed clinical criteria. This consultation asks you to give your views as a patient or potential user of NHS services about these proposed changes. The proposed clinical criteria is not final and will be subject to further clinical review and sign off once the results of the consultation we are currently undertaking have been collated.

This consultation runs from 1 March 2017 – 31 May 2017

This consultation document and questionnaire are also available at www.enfieldccg.nhs.uk

If you need more information about this consultation, including the evidence packs or would like the consultation document in another format please contact communications@enfieldccg.nhs.uk or call 0203 688 2814.

Who is Enfield Clinical Commissioning Group (CCG)?

Enfield Clinical Commissioning Group (CCG) is a local NHS organisation which was created by the Health and Social Care Act 2012. As more than 90% of patients' contact with the NHS is with their GP, CCGs were created to enable GPs to buy the services that their patients need. All GP practices in Enfield now work together as a Clinical Commissioning Group (CCG) to buy most of the services that they refer their patients on to such as hospital, mental health and community services. The CCG is led by a Governing Body of elected GPs supported by other clinicians and NHS managers. Last year we spent around £394 million buying health services for the 325,000 people living in Enfield.

How we commission NHS services

The NHS is funded through taxation and this provides a limited budget to buy and provide health services for the whole population. Commissioning health services is a complex task. It involves analysing the health needs of a local population group using a wide base of evidence, planning what services to buy to meet those needs and monitoring the quality of outcomes that are delivered by these services. Enfield CCG is responsible for deciding which health services to purchase for our local population in the London Borough of Enfield. NHS England is responsible for direct commissioning most of the additional services outside the remit of CCGs such as public health, offender health, military and veteran health and specialised services.

What is this document about?

There is considerable national and international evidence that some procedures offered routinely by the NHS have limited or no benefits for patients in some or all circumstances. As commissioners, we need to review evidence like this to ensure that we are commissioning high quality, safe services and that patients only receive access to treatments if they will provide a measurable benefit to them.

Enfield CCG is proposing to:

1. **Expand the list of treatments included within the North Central London Procedures of Limited Clinical Effectiveness (PoLCE) policy.**
2. **Introduce additional clinical criteria for knee replacements.**
3. **Decommission homeopathy services.**

We want to hear your views as a patient or potential service user of the NHS on these proposals. Following this consultation we will carefully review feedback from patients and local clinicians. There will then be a further review of the clinical evidence and the feedback from the consultation before the final decision is taken by our Governing Body.

What are Procedures of Limited Clinical Effectiveness (PoLCE)?
Procedures of Limited Clinical Effectiveness is a term that Enfield CCG and other CCGs in North Central London use to describe a number of surgical procedures and other types of treatments that are not routinely available on the NHS. The reason that they are not made generally available is that evidence shows that they are not effective for most patients.

When did Enfield CCG introduce a PoLCE policy?
Enfield CCG adopted the North Central London PoLCE policy in January 2013 as part of a range of a wide range of policies it put in place during our authorisation process. The policy was adopted from NHS North Central London which was the management organisation for five Primary Care Trusts (PCTs). The policy had been developed collaboratively by all the PCTs and the evidence for each treatment had been reviewed and agreed by doctors and public health specialists. The PoLCE policy had been previously been signed off by each PCT's board and started being applied in November 2011.

What types of treatment are on the PoLCE policy?
The current PoLCE policy is available on Enfield CCG's website:
http://www.enfieldccg.nhs.uk/Downloads/Policies/NCL-Procedures-of-Limited-Clinical-Effectiveness-PoLCE-Policy-June-2015-2016.pdf

How does a patient apply for a PoLCE procedure?
Patients can still be referred by their doctor a procedure that is listed on the PoLCE policy, but the clinician who is referring them has to make sure that they meet the criteria in the policy. The referral is then carefully assessed against the criteria by an independent clinician. If the referral meets the criteria then the patient will be put forward for treatment.

What if the PoLCE request is refused?
If a patient has their PoLCE request refused, they can still reapply later on if their condition changes and they meet the criteria. If a patient does not meet the criteria set out in the PoLCE policy, but the patient and clinician believe that they have exceptional circumstances then they can use the Individual Funding Request (IFR) process. The IFR process is available for patients who want to apply for treatment that is not available on the NHS. The IFR application is assessed for exceptionality taking a number of factors into consideration including: clinical effectiveness, grounds for exceptionality and equality considerations for other patients. Further information about the IFR process can be found on our website
http://www.enfieldccg.nhs.uk/individual-funding-requests.htm

What are clinical thresholds?
Patients are always treated as individuals and doctors review a patient's symptoms before deciding the most appropriate course of treatment. There are often many different ways a patient's condition can be managed and a doctor will make a decision in partnership with the patient to decide what can best meet their needs.

Sometimes it's better for a patient's health that they try to quit smoking or lose weight before they try a more intensive therapy or treatment. Clinical thresholds describe thing like lifestyle factors, pain, symptoms and other circumstances that need to be assessed before putting someone forward for a particular treatment. These thresholds are there to protect the patient and to ensure that they are only referred for treatment that will have a measurable improvement for their health and wellbeing. Clinical thresholds can be applied to both routine and non-routine treatments and they also help to ensure that doctors assess patients individually, but fairly compared to someone else with the same health condition.

Will these proposals affect urgent treatment or any referrals to do with cancer?

The changes to clinical thresholds that we are proposing for knee replacements or Procedures of Limited Clinical Effectiveness will not affect situations where a patient needs urgent or emergency treatment or where there is a suspected cancer.

Although the proposed changes do not affect situations where cancer is suspected it should be noted that some homeopathic treatment is used very occasionally to help patients who have been diagnosed and treated for cancer and this will continue to be available via an Individual Funding Request (IFR) even after any decision on decommissioning of homeopathy is taken.

In this next section of this document, we will explain how we are proposing to:

- **add additional treatments to the PoLCE policy as we believe that evidence shows these treatments are not effective for some patients, or may be inappropriate for some patients.**
- **introduce new clinical thresholds for some procedures that are routinely offered on the NHS as we believe the outcomes for these treatments could be better if patients met certain criteria first**
- **add homeopathy to the list of therapies not funded by the NHS.**

Please read each section carefully. We would like you to give us your views on each proposal. You can fill in the questionnaire at the end of this document or online at:
http://www.smartsurvey.co.uk/s/Adherencetoevidencebasedmedicine/

NHS
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1. Enfield CCG is proposing to add the following procedures to the current PoLCE policy.

The PoLCE policy is a list of treatments that are only offered on the NHS when a patient meets certain clinical criteria. This is because these treatments are not effective for all patients. We want to ensure that when patients are only put forward for procedures that have a high chance of being successful and that make a measurable improvement to their health and quality of life.

Name of Treatment	Proposed Criteria
Bunions (hallux valgus) http://www.nhs.uk/Conditions/Bunion/Pages/Introduction.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in North East Essex CCG).* Bunion surgery is justified and appropriate when: • the patient experiences persistent pain and functional impairment that is interfering with the activities of daily living. AND • all appropriate conservative measures have been tried over a 6 month period and failed to relieve symptoms, including: up to 12 weeks of evidence based non-surgical treatments, i.e. analgesics/painkillers, bunion pads, footwear modifications AND • the patient understands that they will be out of sedentary work for 2-6 weeks and physical work for 2-3 months and they will be unable to drive for 6-8 weeks, (2 weeks if left side and driving automatic car) OR • there is a higher risk of ulceration or other complications, for example, neuropathy, for patients with diabetes. Such patients should be referred for an early assessment. A patient should not be referred for surgery for prophylactic or cosmetic reasons for asymptomatic bunions. All patients who are smokers should be referred to smoking cessation services before referral for the initial assessment appointment.

Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Bunions include; Dorset CCG, Bristol CCG, Gloucestershire CCG, Basildon & Brentwood, Southend, Castle Point & Rochford, and Thurrock CCGs	
Hearing Aids http://www.nhs.uk/Livewell/hearing-problems/Pages/hearing-aids.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in North Staffordshire and Stoke-on-Trent CCG).* • If the hearing test shows that the patient has a hearing loss which is diagnosed as moderate (41-55 decibels) and if their hearing can be shown to affect their everyday life (functional impact) they will be eligible to receive an NHS funded hearing aid. • If an individual is diagnosed with a mild hearing loss (less than 41 decibels and more than 25 decibels) following an audiogram conducted by an audiologist they will not be eligible or able to have an NHS funded hearing aid. • A hearing loss of 56 decibels or more as diagnosed by an audiologist as a result of an audiology assessment will not be affected by this policy i.e. patients will continue to receive NHS funded hearing aids. This policy will only affect adults aged 50 and above with adult-onset hearing loss. This policy does not apply to hearing loss due to other causes i.e. infectious diseases. It will not affect babies, children or teenagers up to 17 years of age or anyone who has worn hearing aids since childhood. An individual who already has an NHS hearing aid will not be affected by this policy until they reach the end of their 3 year pathway. At which point, they will be re-assessed. If patients are re-assessed and do not meet the eligibility criteria they will not receive NHS-funded replacement hearing aids or consumables i.e. batteries. These patients will not have their hearing aids taken off them even if they are assessed as no longer being eligible for replacement hearing aids. This policy will not affect the following groups: • Patients under the age of 18 • Patients with hearing loss since childhood • Patients with a confirmed diagnosis of dementia

	• Patients with learning disability • Patients with auditory processing disorder • Patients with severe multiple sensory disability • Patients with tinnitus • Patients with sudden onset hearing loss • Patients who have specific occupational needs • This policy does not include occupational hearing loss or its related legal processes. Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances. All patients who are smokers should be referred to smoking cessation services before referral for the initial assessment appointment.
Examples of other CCGs that operate a policy or have introduced criteria for the provision of Hearing Aids include; North Staffordshire, and Stoke-on-Trent CCG, South Norfolk CCG	
Hernia http://www.nhs.uk/conditions/Hernia/Pages/Introduction.aspx Patient Reported Outcome Measures (PROMs) in England April 2014 to March 2015: http://content.digital.nhs.uk/catalogue/PUB21189 http://content.digital.nhs.uk/catalogue/PUB21189/final-proms-eng-apr14-mar15-fin-report.pdf (Page 20.)	*(The following is a baseline proposal of clinical criteria that has been introduced in Cambridgeshire CCG).* **Femoral Hernia** Surgery will be funded. **Inguinal Hernia** Patients with asymptomatic or mildly symptomatic inguinal hernias should not be referred. Surgery will not be funded unless there is: • difficulty in reducing the hernia OR • an inguino-scrotal hernia OR • pain with strenuous activity, prostatism or discomfort significantly interfering with activities of daily living. **Abdominal (including incisional and umbilical) hernia** Surgery will not be funded unless: • there is pain/discomfort significantly interfering with activities of daily living AND • for patients with BMI≥45kg/m2, there have been attempts at weight reduction and these have not resolved the pain/discomfort **Divarication of Recti** Surgery will not be funded.

	Groin pain with clinical suspicion of hernia (obscure pain or swelling) These patients should not have diagnostic testing in primary care, but be referred for specialist assessment. Funding criteria for surgery are then applied as laid out in this policy. **Recurrent and bilateral hernia** These are considered in the same way as primary hernias and funding criteria for surgery will be applied as described in this policy. Referral should be made to appropriate specialists with expertise in open and laparoscopic surgery.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Hernias include; Cambridge & Peterborough CCG, Devon CCG, Mid Essex CCG, West Suffolk CCG and Hillingdon CCG.	
Vasectomy http://www.nhs.uk/Conditions/contraception-guide/Pages/vasectomy-male-sterilisation.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in Scarborough and Ryedale CCG).* Vasectomies will only be routinely commissioned under local anaesthetic.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Vasectomy include; Harrogate and Rural District CCG, Scarborough and Ryedale CCG, Kent and Medway CCG, Vale of York CCG.	
Uterovaginal Prolapse http://www.nhs.uk/conditions/Prolapse-of-the-uterus/Pages/Introduction.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in Hounslow CCG).* Enfield CCG will only fund surgical interventions for Uterovaginal Prolapse when conservative management has failed and when one of the following criteria has been met: 1) In cases of mild to moderate symptomatic prolapse where a comprehensive, documented course of pelvic muscle exercises has been unsuccessful and a trial of pessary has either failed or is inappropriate for long term management 2) Moderate or severe symptomatic prolapse (including those combined with urethral sphincter incompetence or urinary/faecal incontinence) Note: Patients who smoke should have attempted to stop smoking 8 to 12 weeks before referral to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking

	cessation services to reduce these surgical risks.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Uterovaginal Prolapse include; Hounslow CCG and Basildon and Brentwood CCG.	
Revision Mammoplasty http://www.nhs.uk/Livewell/Breastcancer/Pages/Reconstruction.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in South East London CCGs).* This procedure will not be available on cosmetic grounds unless the original procedure was performed locally on the NHS because of health reasons, and the patient now has a gross deformity.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Revision Mammoplasty include; Dorset CCG and South East London CCG.	
Revision of hypertrophic scars, skin graft for scars http://www.nhs.uk/Conditions/Scars/Pages/Introduction.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in North West CCGs).* Surgical revision of scarring will only be commissioned where the scar is causing a demonstrable functional problem that is likely to be resolved with surgery e.g. difficulty closing their eyes or inability to close the mouth properly when eating, and has been present for a minimum of 18 months post injury/surgery. Conservative methods e.g. silicon sheets, steroid creams and injections should also have been tried where appropriate Scars caused by severe burns are not affected by this policy.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Revision of hypertrophic scars, skin graft for scars Include; Ipswich CCG, Bury CCG, Bolton CCG, Heywood, Middleton & Rochdale CCG, Central Manchester CCG, Oldham CCG, Salford CCG.	
Penile Procedures (Penile Implants) http://www.nhs.uk/Conditions/Erectile-dysfunction/Pages/Treatment.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in North West London CCGs).* Enfield CCG will not fund penile implants as first or second-line treatment for erectile dysfunction (Grade C recommendation). Exceptions to this policy are patients with severe structural disease, where first and second line treatments may not be effective, are conditions such as:

	• Peyronie's disease • post-priapism • complex penile malformations
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Penile Procedures include; NE Essex CCG, Hounslow CCG, Devon CCG, Solihull CCG.	
Cholecystectomy for Gallstones http://www.nhs.uk/conditions/Laparoscopiccholecystectomy/Pages/Introduction.aspx **NICE** https://cks.nice.org.uk/gallstones#!scenario	*(The following is a baseline proposal of clinical criteria that has been introduced in Sandwell and West Birmingham CCG).* Enfield CCG will not fund cholecystectomy for asymptomatic gallstones. Funding will be available if one of the following criteria is met: • Confirmed episode of gall stone induced pancreatitis. • Confirmed recurrent episodes of abdominal pain typical of biliary colic. • Confirmed episode of obstructive jaundice in the presence of gallstones where the gallstones are thought to be the cause. • Confirm acute Cholecystoitis • Where there is clear evidence from an ultrasound scan that the patient is at risk of Gallbladder Carcinoma. •Patient has Diabetes Mellitus, is a transplant recipient or has Cirrhosis, and has been managed conservatively within Primary Care but subsequently develops symptoms which cause significant functional impairment • The preferred procedure is laparoscopically, unless clinical indications suggest otherwise.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Cholecystectomy for Gallstones include; Sandwell and West Birmingham CCG, Solihull CCG, South East London CCG.	
Chalazions (Internal Stye or Meibonian Cyst) http://www.nhs.uk/Conditions/stye/Pages/introduction.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in North East Essex CCG).* • Enfield CCG will fund excision of chalazia when the patient presents with two or more of the following: • Present for more than six months • Recurrent infection • Interferes with vision • Conservative management has been tried & failed and there is no appropriate alternative to surgical intervention.

	• The site of the lesion or lashes renders the condition as requiring specialist intervention.
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Chalazions include; Vale of York CCG, Hounslow CCG and NE Essex CCG	
Correction of Ptosis http://www.nhs.uk/Conditions/stye/Pages/introduction.aspx	*(The following is a baseline proposal of clinical criteria that has been introduced in North East Essex CCG).* This procedure is not routinely funded by the NCL CCGs and will only be considered for funding if the criteria below are met and evidenced. • Symptoms / signs of ocular surface disease should be treated conservatively before consideration of surgery. • Skin only, or skin – muscle blepharoplasty may be performed in the presence of a symptomatic visual field defect, if other causes of field defect have been excluded. In some instances, there may be a clear history of reduction of vision in specific circumstances (e.g. when driving, reading or when tired), even in the absence of a formally demonstrated visual field defect. • When symptoms of ocular surface disease or other symptoms persist despite conservative measures, a skin (+/- muscle) blepharoplasty may be undertaken, if it is likely that they are attributable to the presence of dermatochalasis. • Pre- and post-operative clinical photos should be taken. • There is no indication for lower lid or fat blepharoplasty within this policy. • Formal visual fields tests should be performed even if there are special circumstances which need to be considered
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Correction of Ptosis include; Hounslow CCG	

2. Enfield CCG is proposing to introduce new clinical criteria for knee replacements

Knee replacements are offered routinely on the NHS and we recognise that they are an effective treatment. However, we need to make sure that patients are in good general health for the surgery and that we operate only when the joint is beyond repair. The CCG is proposing to put additional clinical criteria in place to ensure that surgery is the final option and that patients go into surgery with the best chance of a good recovery and a measurable improvement in their health and wellbeing.

Procedure	Proposed criteria
Knee Replacement Surgery NICE Guidance https://www.nice.org.uk/guidance/cg177/ifp/chapter/Referral-for-joint-surgery Patient Reported Outcome Measures (PROMs) in England April 2014 to March 2015 http://content.digital.nhs.uk/catalogue/PUB21189 http://content.digital.nhs.uk/catalogue/PUB21189/final-proms-eng-apr14-mar15-fin-report.pdf Page 17	(The following is a baseline proposal of clinical criteria that has been introduced in Ipswich and East Suffolk CCG, Norfolk and Hounslow CCG). Enfield CCGs will only fund knee replacement for osteoarthritis when conservative measures have failed (listed below) and the following criteria have been met: Referral Criteria: 1. Referral to Knee Replacement Surgery Pathway The patient will require assessment of severity of knee pain (using validated scoring system such as New Zealand or Oxford system, a functional assessment of their mobility, the level of analgesia used and a correlation with severity of x ray changes) 2. Physiotherapy Physiotherapy: in early cases may improve muscle strength / stability such that knee replacement is not necessary or in later stages to prepare for rehabilitation following surgery. 3. Smoking: Patients who smoke should be advised to stop smoking for at least 8 weeks before the surgery to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services/stop smoking programme to reduce these surgical risks. 4. BMI: Patients with a BMI of over 45 must be advised to lose weight to reduce the risk of complications and improve outcomes. Patients should be offered referral (where available) or signposted to local weight management programmes to support weight loss. **Symptoms that have not adequately responded to 6 months of conservative measures, including Intra-articular steroid injections when facility is available in primary care** **OR**

	conservative measures are contraindicated e.g. a. Patients whose pain is so severe and/or mobility is compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this. b. Patients in whom the destruction of their joint is of such severity that delaying surgical correction would increase the technical difficulties of the procedure. **should be considered for surgery**
Examples of other CCGs that operate a policy or have introduced criteria for the elective treatment of Knee Replacement Surgery include; South Warwickshire CCG, Kernow, Northern, Eastern and Western Devon, South Devon and Torbay CCGs, Hull CCG, South Norfolk CCG, North West London CCGs and	

3. Enfield CCG is proposing to add homeopathy to the list of complementary and alternative treatments that are not provided on the NHS.

Enfield CCG currently commissions a very limited amount of homeopathic treatment from the Royal London Hospital for Integrated Medicine, which is part of University College London Hospitals. Homeopathy is currently only available to very few patients in Enfield, and this is not a fair use of our limited resources.

The House of Commons Science and Technology Committee enquiry into the provision of homeopathic services within the NHS in 2009 recommended that homeopathic treatments should not be routinely available within the NHS. The Committee report published in 2010 included a robust review of the evidence base for a variety of homeopathic treatments but found no evidence of effectiveness for any condition from published RCTs and systematic reviews. A previous report commissioned by the Association of Directors of Public Health in 2007 and more recent reviews by Aetna are all consistent in confirming the lack of sufficient evidence of effectiveness of homeopathic treatments despite many years of research and hundreds of studies.

The PoLCE policy includes a list of a number of complementary and alternative treatments that are not provided on the NHS. We are proposing to add homeopathy to this list, because there is no evidence that it is effective and it is therefore not a good or fair use of limited NHS resources.

Proposal	Evidence
Decommission homeopathy services and add them to the list of complementary and alternative treatments that are not provided on the NHS in the existing PoLCE policy	References 1. Homeopathy. House of Commons Science and Technology Committee Report. 2009-10. https://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/4502.htm 2. Association of Public Health Report on the evidence for homeopathy (unpublished commissioned Report on the evidence for Homeopathy) 3. NHS Choices website: http://www.nhs.uk/conditions/homeopathy/pages/introduction.aspx 4. AETNA Clinical Policy Bulletin 0388. Complementary and Alternative Medicine – as quoted in the current PoLCE policy. Last review date 05/04/2010. http://www.aetna.com/cpb/medical/data/300_399/0388.html 5. NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE) 2009, Clinical Guideline 88, Early management of persistent non-specific low back pain, Shekelle et al , (1992), Spinal Manipulation for Low Back Pain, Annals of internal Medicine, 117 (7), pp 590-598 Waddell G et al,

We would like to hear your feedback on these proposals.
You can fill in the questionnaire online:
http://www.smartsurvey.co.uk/s/Adherencetoevidencebasedmedicine/
Or you can fill in the questionnaire on the next page and return to us by Freepost. Please cut this box out and stick it to the front of your envelope

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Freepost RTXH-EETG-RESZ
Enfield Clinical Commissioning Group
Holbrook House
Cockfosters Road
Barnet
EN4 0DR

NHS
Enfield
Clinical Commissioning Group

Adherence to Evidence Based Medicine

Consultation Questionnaire

Thank you for filling in this consultation questionnaire. While we are asking for your views on local NHS services, this is survey is not aimed at asking you for any details about your personal health and is not monitored by health professionals.
If you have any concerns about your health, please contact your GP or call NHS 111.

1. Do you understand the reasons that Enfield CCG is adding the proposed list of treatments to the Procedures of Limited Clinical Effectiveness (PoLCE) policy? *

☐ Yes

☐ No

☐ Not sure

If you answered no or not sure, please explain why.

2. Do you understand the proposed criteria for each treatment? *

☐ Yes

☐ No

☐ Not sure

If you answered no or not sure, please explain why.

3. Do you feel the proposed criteria for the procedures that could be added to the PoLCE policy are fair?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered no or not sure, please explain why.

If you would like to add any further comments on the proposed criteria for these treatments, including any additional suggestions, please do so here.

4. Do you understand the reason that Enfield is considering putting clinical criteria in place for knee replacement surgery?

☐ Yes

☐ No

☐ Not sure

If you answered no or not sure, please explain why.

5. Do you understand the proposed criteria for knee replacements?

☐ Yes

☐ No

☐ Not sure

If you answered no or not sure, please explain why.

6. Do you feel the criteria for knee replacement surgery is fair?

- [ ] Yes
- [ ] No
- [ ] Not sure

If you answered no or not sure, please explain why.

7. Do you understand the reasons that Enfield CCG is considering decommissioning homeopathy? *

- [ ] Yes
- [ ] No
- [ ] Not sure

If you answered no or not sure, please explain why.

8. Considering the list of evidence, do you agree with Enfield CCG’s proposal to decommission homeopathy?

☐ Yes

☐ No

☐ Not sure

If you answered no or not sure, please explain why.

9. Would you like to make any further comments on the proposal to stop homeopathic treatments?

10. Do you understand that the NHS has limited resources and has to consider how to use them most effectively for the benefit of the whole population?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered no or not sure, please explain why.

11. This consultation puts forward evidence that some health conditions might not be improved, or may worsen or come back in the future if you have surgery, rather than if you manage them with support from your GP. How could your GP best support you to manage your health? *

12. Do you have any alternative ideas about how we could best manage our limited resources to improve the health of our local population?

13. Please use this space to add any other comments about this consultation, including your views on the equality impact assessment.

Equality questionnaire

Please tell us a bit more about you. These questions are optional.

14. Please enter your name and email address if you would like to be notified about the outcome of this consultation.

15. Please tell us which GP practice you are registered with.

16. Please tell us your age *

- ☐ Under 21
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-64
- ☐ 65 and over
- ☐ I do not wish to disclose this

17. Please tell us your gender.

- ☐ Male
- ☐ Female
- ☐ Transgender (Male)
- ☐ Transgender (Female)
- ☐ I do not wish to disclose this

18. Are you married or in a same sex civil partnership?

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose this

19. Please select the option which best describes your sexuality

- ☐ Lesbian/Gay woman
- ☐ Gay man
- ☐ Bisexual
- ☐ Heterosexual/straight
- ☐ I do not wish to disclose this

20. Please indicate your religion or belief

- ☐ Atheism
- ☐ Buddhism
- ☐ Christianity
- ☐ Hinduism
- ☐ Islam
- ☐ Jainism
- ☐ Judaism
- ☐ Sikhism
- ☐ I do not wish to disclose this
- ☐ Other (please specify):

21. I would describe my ethnic origin as:

- ☐ Asian or Asian British Bangladeshi
- ☐ Asian or Asian British Chinese
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Pakistani
- ☐ Asian or Asian British Vietnamese

- ☐ Any other Asian or Asian British background please specify below
- ☐ Black or Black British Caribbean
- ☐ Black or Black British Somali African
- ☐ Black or Black British Other African
- ☐ Any other Black background please specify below
- ☐ Mixed White and Asian
- ☐ Mixed White and Black African
- ☐ Mixed White and Black Caribbean
- ☐ Any other mixed background please specify below
- ☐ White British
- ☐ White Irish
- ☐ Any other White background please specify below
- ☐ I do not wish to disclose my ethnic origin
- ☐ Other (please specify):

22. Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose this

23. If you consider yourself to be disabled, please state the type of impairment that applies to you. People may experience more than one type of impairment, so please feel free to tick more than one box. If none of the categories apply, please mark "other" and specify the type of impairment.

- ☐ Physical impairment
- ☐ Sensory impairment
- ☐ Mental health condition
- ☐ Learning disability/difficulty
- ☐ Long-standing illness
- ☐ Other
- ☐ I do not wish to disclose this
- ☐ Other (please specify):

24. Do you provide care on a substantial and regular basis for a family member or friend who needs care/help/support because of sickness, frailty or disability?

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose this

Thank you for completing the questionnaire. Your comments will be reviewed by Enfield CCG and will inform the final decision that we take.