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oint Comprehensive Impact Analysis (JCIA) Draft f you have more than one selection from the dro	p down menus below, please use the free text box alongside to include your a	additional information recase also expand nee text so	A you wish to	o provide additi		
erson/s responsible for the assessment			Nicky Hughes	s, Elective Care F	Programme Lead	
ead organisation			NHS Kernow			
lame of policy/service to be assessed	Assisted Conception (existing) (criteria based access policy)		Date of	15/06/2018	Is this a new or	New/Exist
	Botox Injection for the Ageing Face (existing) (not routinely commissioned p	nalicu)	assessment	Updated -	existing	
			assessment			
	Complex and Specialised Metabolic and Bariatric Surgery (existing) (criteria l		1	09/12/2019	policy/service?	
	Direct Access DXA Scanning to Help Target Treatment in Adults at Potential	Risk of Osteoporotic (Fragility) Fracture (new) (criteria				
	based access policy)					
	Enhanced External Counterpulsation for Patients with Severe Ischaemic Hea	rt Disease (new) (not routinely commissioned policy)				
	Face Lift or Brow Lift (existing) (not routinely commissioned policy)					
	Haemorrhoid Surgery (existing) (criteria based access policy)					
	Hernia Management and Repair in Adults (existing) (criteria based access po	olicy)				
	Hip Impingement Syndrome (existing) (criteria based access policy)					
	Hyperbaric Oxygen Therapy (existing) (not routinely commissioned policy)					
	Multifocal Intraocular Lenses in Treatment of Adults with Cataracts (new) (n					
	Musculoskeletal Corticosteroid Injections (existing) (criteria based access po	olicy)				
	One-Step Nucleic Acid Amplification as an Intra-Operative Diagnostic Metho	nd for Detecting Metastasis in Breast Cancer (new)				
		to beteeting metastasis in breast cancer (new)				
	(criteria based access policy)					
	Resurfacing Procedures: Dermabrasion, Chemical Peels and Laser Treatment	t (existing) (not routinely commissioned policy)				
	Sperm Washing (existing) (criteria based access policy)					
	Spinal Cord Stimulation for Chronic Pain (new) (criteria based access policy)					
	Surgical Correction of Strabismus or Amblyopia in Adults (new) (criteria base	ed access policy)				
	Varicose Veins Interventions (existing) (criteria based access policy)					
		1 11 1				
	Venous Angioplasty for Multiple Sclerosis (existing) (not routinely commission	oned policy)				
	Vitreous Floaters (new) (not routinely commissioned policy)					
	viceous riouters (new) (not routinely commissioned poney)					
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. General Background Information:	<del></del>					
.1 Reason for undertaking JCIA						
hange to policy/procedures		New commissioning policies have been developed/exis	sting commissi	oning policies w	ere due to be reviewe	d.
		3 paratition developed/exit	J	5 F W		
.2 What is the purpose of the policy/service cha	nge/development	1				
and post of the policy/service that	<b>U</b>					
hange to policy/procedures		New commissioning policies have been developed/exis	sting commissi	oning policies w	ere due to be reviewe	d, therefore
0 F						
		needed to ensure that NHS Kernow fund treatment on	iy for clinically	errective interv	endons delivered to t	ne rignt patier
		1				
.3 Anticipated timetable for decision		· ·				
ess than 1 month		l				
.4 What areas will this impact?		1				
ornwall wide		Will also impact the Isles of Scilly.	•			
.5 Which of the Strategic Objectives does this JC						
	нарру со:				1.0. 1. 1. 1.1.	
ll three		To ensure that NHS Kernow fund treatment only for cl	inically effectiv	e interventions	delivered to the right	patients. NHS
		Kernow sets out the treatments deemed to be of insuf	ficient priority	to justify fundir	ng from the available f	ixed budget. T
		commissioning policies will be kept under regular revie	w, to ensure t	nat they reflect	developments in the	evidence base
		regarding clinical and cost effectiveness.				
6 What are the commissioning arrangements?						
.6 What are the commissioning arrangements?		la				
olo health		Commissioners, General Practitioners, service provider	s and clinical s	taff treating adu	ults of Cornwall and th	e Isles of Scilly
		implement these commissioning policies.				
7 Mile Involverant About 11 / 1 2		O/				
.7 Who implements the policy/service?						
cute health		Planned Care Programme.				
	policy/service? Please give age and brief description of cohort					
to wino benefits/ is intended to benefit from this	poney/ service: Trease give age and siter description or conort					
					/www.kernowccg.nhs	uk/get-
Il adult patients registered with a GP practice in	Cornwall and the Isles of Scilly will be able to access treatment if they meet the	e commissioning policies patient eligibility criteria, polici	ies can be fou	na nere: nttps://		
nfo/individual-funding-requests/treatment-polic	es/ However, if the policy is not routinely commissioned, requests for individu	al funding will not normally be considered, unless the c	ircumstances f	ulfil the strict cr	iteria for exceptionali	ty as defined
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Hanning Descriptors	Marian 1	No investigation	
Hospice Providers Cornwall Foundation Trust	Neutral Positive	No impact identified.  May see a reduction in demand for musculoskeletal	
		corticosteroid injections. This may be a positive impact in increasing capacity for those procedures that do qualify.	
		increasing capacity for those procedures that do quality.	
Other System Partners - please specify and add lines as necessary	N/A	No impact identified.	
8. Impact on protected characteristics Aspect	+ or - impact	Dataile	Plans to minimise negative impact
Race: Consider people's race, colour and nationality.	Neutral	There is no evidence requests for these procedures are	
Including Gypsy, Roma, Traveller communities, refugees, asylum seekers, ethnic minorities, language		linked to race; all adults who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of race.	
barriers			
		An assessment will be considered for bariatric surgery for people of Asian family origin who have recent-onset type 2	
		diabetes at a lower BMI than other populations as long as they are also receiving or will receive assessment in a tier	
		three service (or equivalent).	
Sex: Consider men and women (potential to link to carers below).	Neutral	There is no evidence requests for these procedures are linked to sex; all adults who satisfy the patient eligibility	
		criteria will be entitled to the procedure, regardless of sex.	
		The eligibility of sperm washing is normally indicated for	
		couples who wish to have a child where the male is HIV- positive and the female is HIV-negative, or to minimise the	
		risk of transmission of resistant virus in HIV seroconcordant couples. The use of sperm washing has also been proposed	
		in couples where the male is hepatitis C positive and the female is negative. Sperm washing is not funded by the NHS	
		for couples where the male is hepatitis C positive, because	
		NICE CG156 recommends that couples who want to conceive and where the man is hepatitis C should be advised that the	
		risk of transmission through unprotected sexual intercourse is thought to be low.	
Disability: Consider attitudinal, physical and social barriers. This can include physical disability, learning	Neutral	There is no evidence requests for these procedures are linked to disability; all adults who satisfy the patient	
disability, people with long term conditions, communication needs arising from a disability.		eligibility criteria will be entitled to the procedure,	
communication recess arising from a disability.		regardless of disability.	
Sexual orientation: Consider heterosexual people as	Neutral	There is no evidence requests for these procedures are	
well as lesbian, gay and bisexual people.		linked to sexual orientation; all adults who satisfy the patient eligibility criteria will be entitled to the procedure,	
		regardless of sexual orientation.	
		Same Sex couples unable to conceive naturally may be more	
		likely to require Assisted Conception Services. To be eligible for NHS funded fertility treatment same sex couples should	
		be demonstrably sub-fertile. Same sex couples will be assessed if insemination on at least six non-stimulated cycles	
		over a period of one year has failed to lead to a pregnancy,	
		in the absence of known reproductive pathology. They should have access to professional consultation,	
		independent advice and counselling in reproductive medicine to obtain advice and information on the options	
		available to them.  If a same sex couple has a diagnosed fertility problem on	
		investigation then their sub fertility will be treated but NHS	
		funding will not be available for either donor insemination (for same sex female couples) or for funding of surrogacy	
		arrangements (for same sex male couples). This is on the basis that unless they are medically sub fertile their	
		childlessness is due to the absence of gametes of the	
		opposite sex and not due to both a medical cause and related healthcare need. The clinician should discuss with	
		the couple the feasibility and preparedness of the other partner trying to conceive before proceeding to	
Age: Consider across age ranges, including on older and younger people. This can include safeguarding, consent	Neutral	There is no evidence requests for these procedures are linked to age; all adults who satisfy the patient eligibility	
and child welfare.		criteria will be entitled to the procedure, regardless of age.	
		There is an upper age limit of 40 for women accessing	
		Assisted Conception Services. This reflects NICE Guidance and is based on evidence of effectiveness.	
		The hip impingement syndrome policy mentions that	
		patients aged between 18 and 50 years are likely to gain	
		most benefit. The multifocal intraocular lenses in treatment of adults with cataracts policy will consider requests to fund	
		for children with rare cataract conditions on an individual patient basis.	
Religion or belief: Consider people with different religions, beliefs or no belief.	Neutral	There is no evidence requests for these procedures are linked to religion or belief; all adults who satisfy the patient	
		eligibility criteria will be entitled to the procedure, regardless of religion or belief.	
married, not married, in a civil partnership, not in a civil	Neutral	There is no evidence requests for these procedures are linked to marriage/civil partnership; all adults who satisfy	
partnership.		the patient eligibility criteria will be entitled to the procedure, regardless of marriage/civil partnership.	
		The Assisted Conception Service is equally accessible to married couples or people in a civil partnership. All couples	
		should be in a stable relationship (at least two years), to fit with the definition of infertility.	
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Gender reassignment (including transgender): Consider transgender people. This can include issues such as privacy of data and harassment.	Neutral	There is no evidence requests for these procedures are linked to gender reassignment; all adults who satisfy the patient elighbit; ortieria will be entitled to the procedure, regardless of gender reassignment.  This population group may require cryopreservation to preservoe fertility services. This population group can access Assisted Conception Services if the criteria of the Commissioning Policy are met.	
Pregnancy and maternity: Consider working arrangements, part-time working, infant caring responsibilities.	Neutral	There is no evidence requests for these procedures are linked to pregnancy and maternity; all adults who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of pregnancy and maternity.  People receiving Assisted Conception Services will not be within this protected group.	
Other identified group: Carers: Consider part-time working, shift-patterns, general caring responsibilities.	Neutral	There is no evidence requests for these procedures are linked to other identified groups; all adults who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of identified group.	
Other identified groups: Consider veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with initied family or social networks, and other groups experiencing disadvantage and barriers to access.	Neutral	There is no evidence demand for these procedures is linked to any identified group; all adults who satisfy the patient eligibility criteria will be entitled to the procedure, regardless of identified group.	
and civil partnership, pregnancy and maternity, ra	ce, religion or		te, disability, gender, gender reassignment, marriage
8.2 Advance equality of opportunity: Where there	is evidence, ac	to the procedure regardless of any protected characteristic.  Iddress each protected characteristic (age, disability, gender, go	ender reassignment, marriage and civil partnership,
	will be entitled	to the procedure regardless of any protected characteristic.	
reassignment, marriage and civil partnership, preg	nancy and ma		haracteristic (age, disability, gender, gender
		to the procedure regardless of any protected characteristic. at broad action you or any other bodies are taking to address	any inequalities identified through the evidence.
No inequalities identified.			
9.Financial Aspect	I		No. 1 de la constante de la co
Aspect Implications for NHS Commissioning organisations	+ or - impact Positive	By limiting the service to those with a demonstrated clinical	Plans to minimise negative impact
Implications for NUS provides examinations	Positive	need, we reduce unnecessary procedures and therefore unnecessary cost.  By limiting the service to those with a demonstrated clinical	
Implications for NHS provider organisations		need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for health community	Positive	By limiting the service to those with a demonstrated clinical need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for Peninsula	Positive	By limiting the service to those with a demonstrated clinical need, we reduce unnecessary procedures and therefore unnecessary cost.	
Implications for Local authorities Implications for voluntary sector	Neutral Neutral	No impact identified.  Some patients may require support where they do not	
Implications for private sector	Positive	qualify for a procedure.  If patients choose to privately fund an intervention that is not normally funded by NHS Kernow, they will retain their entitlement to other elements of NHS care. For example, if they privately fund a cancer drug or cancer intervention not normally funded by NHS Kernow they will retain their entitlement to all the other elements of cancer care that other residents of Cornwall and Isle of Scilly receive free of charge. However when patients are privately funding an intervention, they are responsible for all the costs associated with that intervention, including Consultant costs and diagnostics. They are therefore unable to receive a mixture of privately funded and NHS Kermow's funded care within the same appointment or intervention - they cannot 'top-up' NHS Kernow's funded appointment or intervention by paying for an additional intervention to be provided or monitored during the same consultation.	
Implications for individual/carer	Negative	If patients choose to privately fund an intervention that is not normally funded by NHS Kernow, they will retain their entitlement to other elements of NHS care. For example, if they privately fund a cancer drug or cancer intervention not normally funded by NHS Kernow they will retain their entitlement to all the other elements of cancer care that other residents of Cornwall and Isle of Scilly receive free of charge. However when patients are privately funding an intervention, they are responsible for all the costs associated with that intervention, including Consultant costs and diagnostics. They are therefore unable to receive a mixture of privately funded and NHS Kernow's funded care within the same appointment or intervention - they cannot 'top-up' NHS Kernow's funded appointment or intervention by paying for an additional intervention to be provided or monitored during the same consultation.	Patients still have the opportunity to apply through the Individual Funding Request route if they do not meet the eligibility criteria. However, if the policy is not routinely commissioned, requests for individual funding will not normally be considered, unless the circumstances fulfil the strict criteria for exceptionality as defined within the current policy for determining individual Funding Requests (IFR).
10. Anticipated Climate of Opinion			
Aspect	+ or - impact	Details	Plans to minimise negative impact

Clinical opinion	Mixed	The policies are supported by clinicians, however there is a	Good communication through the Referral Management Service and publication of policies and clinical sifting.
	1	need for GPs to follow the policies and manage expectations	
		for adults.	
Local community	Neutral	No impact identified.	
Political	Negative	Constituents may appeal direct to MPs. Restrictions on NHS	Clear communication on changes and reasoning behind them to manage expectations and mitigate negative experience.
	-	services and current NHS finances remain a highly politicised	Engagement with MPs is recommended to ensure that they are aware of situation and justifications.
		issue.	
Media	Negative	Some patients who do not satisfy the patient eligibility	Clear communication on changes and reasoning behind them to manage expectations and mitigate negative experience.
		criteria may engage in contacting the media.	
Staff	Negative	Some patients who do not safisfy the patient eligibility	Already have a complaints procedure in place.
		criteria may engage in complaints and queries, leading to an	
		increase in communication to staff.	
	1		
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11. Any Other Impact not Identified Above	1		
Aspect	+ or - impact	Details	Plans to minimise negative impact
None identified.			
none identified.			
12. Impact on Core Human rights Values of: Fairne	ess. Respect. Ec	uality, Dignity, Autonomy - for Health Project consideration	
		juality, Dignity, Autonomy - <u>for Health Project consideration</u>	
12. Impact on Core Human rights Values of: Fairne Which of the Human Rights Articles does this document impact?	ess, Respect, Ed	uality, Dignity, Autonomy - <u>for Health Project consideration</u> No	Plans to minimise negative impact
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