



**Coventry and
Warwickshire**
Integrated Care Board

Commissioning Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
Date approved by the Integrated Care Board (if applicable):	1 July 2022
Next Review Date:	1 April 2024
Expiry Date:	1 July 2024
Name of author and title:	
Name of reviewer and title:	
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

Treatment	Continuous Positive Airway Pressure (CPAP)
Indication	Treatment of Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS)
Criteria	<p>Treatment of moderate or severe OSAHS with CPAP should be in accordance with NICE technology appraisal guidance (TA 139, March 2008).</p> <p>Funding for treatment for mild OSAHS including the issuing of a single CPAP device will only be provided by the NHS for patients meeting the criteria set out below:</p> <p>1.1. Conservative management has been fully engaged in Primary Care and complied with for a period of at least 6 months by the patient and has not proven successful in reducing the impact of OSAHS</p> <p>Conservative methods that are shown to be useful in treating patients with OSAHS successfully include:</p> <ul style="list-style-type: none"> ➤ Weight management to reduce the patient's BMI, (Thomasouli, 2013) ➤ Avoidance of alcohol, particularly within 6 hours of bedtime, (NICE, 2008) ➤ Smoking cessation, (Boldova A., Sep 2014) ➤ Dental devices such as Mandibular Advancement Devices in order to attempt to keep the airway clear by moving the jaw forward. (note: These devices are not prescribed on the NHS) (Sharples L.D., 2016) ➤ Avoidance of sedative medicines. (NICE, 2008) ➤ Advising the patient on appropriate levels of sleep overnight. Generally adults should have between 7 and 9 hours of quality sleep per day.* <p>For patients diagnosed by OSAHS, treatment with CPAP can be lifelong. Therefore, it is imperative that all attempts to manage their OSAHS conservatively are fully engaged with by patients and regularly reviewed.</p> <p>* Patients seeking advice and treatment for excessive sleepiness should be asked to complete a sleep diary over a period of at least two weeks to assess whether they are getting sufficient high quality sleep.</p> <p>OR</p> <p>1.2. Conservative management is inappropriate before commencing treatment.</p> <p>(Note – we would not expect conservative management to be inappropriate in many cases and where conservative management is inappropriate patients will be expected to fully engage with conservative management once treatment has commenced)</p> <p>AND</p>

	<p>2. The patient is experiencing significant functional impairment which is likely to be corrected or significantly improved by treatment. Significant functional impairment is defined by the BNSSG Health Community as:</p> <ul style="list-style-type: none"> - Symptoms preventing the patient fulfilling routine work or educational responsibilities - Symptoms preventing the patient carrying out routine domestic or carer activities. <p>AND</p> <p>3. The patient has signed an agreement to appropriately insure and maintain the CPAP device and return it to the service upon cessation of treatment or reimburse the full replacement cost of the device to the NHS</p> <p>Treatment Cessation</p> <p>Patients will have been considered to have failed to comply with treatment with a CPAP if over a six month period:</p> <ul style="list-style-type: none"> ➤ The patient has failed to use the device on average for 70% of days, and ➤ The patient has failed to use the device on average for 4 hours per night when used. <p>Patients who fail to comply with these treatment requirements, must cease treatment and return the device to the provider for refurbishment and reissue to another patient where appropriate or reimburse the NHS the full replacement cost of the device.</p> <p>Patients who do not receive adequate benefit from the treatment (i.e. there is little or no improvement in their AHI or ESS scores) should also be assessed to establish whether it is appropriate for their treatment to continue.</p>
Quality Equality Impact Assessment	See attached

Quality and Equality Impact Assessment

Scheme Title:	Continuous Positive Airway Pressure (CPAP) policy		
Project Lead:	Clive Campton, IFR Manager Kate Cogman, Contracts Manager	Senior Responsible Officer:	Matt Gilks, Director of Commissioning
		Quality Sign Off:	
Intended impact of scheme:	The CPAP policy supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. 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.		
How will it be achieved:	The Governing Body adopts the policy.		

Name of person completing assessment:	Clive Campton
Position:	IFR Team Manager
Date of Assessment:	November 2020

Quality Review by:	
Position:	
Date of Review:	

Stage 1a: High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			✓					
	Patient experience			✓					
	Patient safety			✓					
	Parity of esteem			✓					
	Safeguarding children or adults			✓					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓							
	Ensuring people have a positive experience of care			✓					
	Preventing people from dying prematurely			✓					
	Helping people recover from episodes of ill health or following injury			✓					

	Treating and caring for people in a safe environment and protecting them from avoidable harm			✓					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓							
	Access to the highest quality urgent and emergency care			✓					
	Convenient access for everyone			✓					
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice			✓	Adopting the policy does not offer choice to use specialist providers	3	1	3	Other services to support patients
	Patients are fully empowered in their own care			✓	Adopting the policy will impact on where patients receive support	3	1	3	Patients directed to local services
	Wider primary care, provided at scale			✓					
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			✓	Adopting the policy does not offer choice to use specialist providers	3	1	3	Other services to support patients
	Access			✓					

	Integration			✓					
Compliance with NHS Constitution	Quality of care and environment			✓					
	Nationally approved treatment/drugs			✓					
	Respect, consent and confidentiality			✓					
	Informed choice and involvement			✓					
	Complain and redress			✓					

*Risk score definitions are provided in the next section.

Risk rating score definition

Likelihood	Impact
1 – Rare	1 – Negligible
2 – Unlikely	2 – Minor
3 – Moderate	3 – Moderate
4 – Likely	4 – Major
5 – Almost certain	5 – Catastrophic

	Likelihood				
Consequence	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	X-1	2	3	4	5

How will a successful implementation of quality indicators be measured?

Quality Outcome	Measured By
Impact of support from local services	Outcome measures

Stage 1b: Equality Questions

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

Other partners/stakeholders involved in scheme:

N/A

Who will be affected by this piece of work?

ICB registered patients

PROTECTED GROUP	Is there likely to be a differential impact? (Please tick one)			Evidence/Comments for answers. Where available please share any baseline data and research on the population that this piece of work will affect. Include any consultations with service users that have been carried out.
	YES	NO	UNKNOWN	
Gender		✓		Adopting the policy will not have an impact
Race		✓		Adopting the policy will not have an impact
Disability (including mental impairment, learning diff)		✓		Adopting the policy will not have an impact
Religion/belief		✓		Adopting the policy will not have an impact
Sexual orientation		✓		Adopting the policy will not have an impact
Age		✓		Adopting the policy will not have an impact
Social deprivation		✓		Adopting the policy will not have an impact
Carers		✓		Adopting the policy will not have an impact
Human rights		✓		Adopting the policy will not have an impact
Pregnancy and Maternity		✓		Adopting the policy will not have an impact

Stage 1c: Post Implementation Review

Use the template below to record outcomes of reviews – if more than one is required cut and paste the box below:

Quality Impact	Has there been a differential impact? (Please tick one)			Evidence/Comments for answers	Mitigations
	YES	NO	UNKNOWN		