



# **Appendix 1b**

## **Summary of London Choosing Wisely policy and existing CCG policies**

*Please note that detailed comparison tables can be found in appendix 2 of each London Choosing Wisely policy.*

# Comparison table: a summary

London policy	Current CCG policies
<b>Benign skin lesions</b>	<p>All London CCGs have existing relevant policies, although the scope of these varies slightly (for example, some include cosmetic surgery as well).</p> <p>For all CCGs, the LCW policy is similar to existing policies, recognising that treatment of benign lesions offers little health benefit. The LCW offers consistent scope, terminology and criteria. All policies are clear that clinically suspicious lesions should be referred and treated appropriately.</p>
<b>Varicose veins</b>	<p>Extant policies in all STP areas except BHR appear mainly similar to the proposed LCW policy. BHR has a “not routinely funded” approach in all circumstances; other CCG policies permit surgical treatment in similar clinical circumstances to those proposed in the LCW policy.</p> <p>The proposed common policy is unlikely to indicate major change except for BHR – which might see an increase in activity as a result.</p>
<b>Cataract surgery</b>	<p>The proposed LCW closely mirror those agreed by CCGs where Moorfields is the main care provider (based on level of symptoms and presume a visual acuity of 6/9 or worse without completely excluding those with better VA).</p> <p>Differences mainly affect:</p> <ul style="list-style-type: none"> <li>• BHR – currently have a “not routinely funded” approach, but will consider funding where patients have a visual acuity of 6/12 or worse and a range of other criteria.</li> <li>• SWL currently policy is set out differently to the proposed LCW policy, but in essence the content doesn’t vary very much other than it indicates a threshold of 6/9 (with symptoms) should be met.</li> </ul> <p>The proposed common policy is unlikely to indicate major change except for BHR – which would probably see an increase in activity (but greater concordance with NICE guidance) as a result.</p>

# Comparison table: a summary

London policy	Current CCG policies
<b>Hip Arthroplasty</b>	<p>WELC (City &amp; Hackney, Newham, Tower Hamlets and Waltham Forest), NCL (Barnet, Camden, Enfield, Haringey, Islington) and SEL (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) did not have a policy for primary hip arthroplasty at the time this work took place.</p> <p>NEL policy explicitly related to osteoarthritis only, in line with the LCW policy and overall the NEL policy is most similar to the LCW version. The LCW policy stipulates radiological confirmation of disease prior to joint replacement, which does not appear in CCG policies, other than NWL noting that this is not required when making a referral.</p> <p>SWL policy has explicit statements relating to end-stage osteoarthritis, which LCW does not include within commissioning criteria, but references in the wider text.</p> <p>Criteria relating to extent of symptoms, refractory to conservative care and impact on quality of life appear broadly similar; although SWL describe this in greater detail than other policies.</p>
<b>Knee Arthroplasty</b>	<p>WELC (City &amp; Hackney, Newham, Tower Hamlets and Waltham Forest), NCL (Barnet, Camden, Enfield, Haringey, Islington) and SEL (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) did not have a policy for knee arthroplasty at the time this work took place.</p> <p>NEL policy explicitly related to osteoarthritis only, in line with the LCW policy (OA and degenerative disease); and overall the NEL policy is most similar to the LCW version.</p> <p>SWL &amp; NWL polices both refer to radiological evidence of moderate or severe disease; LCW requires radiological confirmation of disease prior to surgery – but not extent of change.</p> <p>Criteria relating to extent of symptoms, refractory to conservative care and impact on quality of life appear broadly similar; although SWL describe this in greater detail than other policies.</p>
<b>Knee Arthroscopy</b>	<p>LCW proposed policy deals specifically with this procedure for OA and does not support its routine use in this condition – which reflects extant policy in the individual STP areas.</p> <p>SWL &amp; NWL policies also cover other possible uses of arthroscopy, but are not very similar to each other. In essence, SWL policy confines the possible use of arthroscopy to very unusual circumstances; NWL is potentially slightly more permissive.</p> <p>Overall, it appears unlikely that the LCW would require major change for any STP / CCG, but should help to continue the reduction in activity that is already being seen in most areas.</p>

# Comparison table: a summary

London policy	Current CCG policies
<b>Back Pain</b>	<p>WELC (City &amp; Hackney, Newham, Tower Hamlets and Waltham Forest) and SEL (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) did not have a policy for interventional treatments for back pain at the time this work took place.</p> <p>The structure and scope of the policies in other areas differ from each other and from the LCW policy, which makes it challenging to pull out all aspects clearly and briefly.</p> <p>The NEL policy covers diagnostic and therapeutic spinal injections only, but is quite close to the LCW policy on these topics. Criteria relating to epidural injections and radiofrequency denervation in other CCGs seem similar in intent but exact wording differs across all of them.</p> <p>NWL has separate policies for acupuncture and radiofrequency denervation – so alignment with these is not known. SWL do not fund acupuncture for back pain, in line with LCW.</p> <p>No CCGs had policies that referred to epidural lysis, ozone lysis or spinal decompression – so these topics will be new for all. NWL do not fund fusion or disc replacement for low back pain, nor do SWL fund discectomy for low back pain, in line with LCW.</p>