



Recognising the impact of local funding policies on clinical practice: an exploration of Clinical Commissioning Group Funding of oculoplastic procedures

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To the Editor:

Clinical Commissioning Groups (CCGs) are responsible for allocation of funding for clinical services across England, distributing budgets according to local need. Many have instigated policies restricting access to procedures perceived as having ‘limited clinical value’ [1]. Oculoplastic surgery is particularly affected, with funding for many periocular procedures now restricted. These restrictions impact patients by reducing access to care, and clinicians by generating additional clinical or administrative obligations.

We invited consultant members of the British Oculoplastic Surgical Society (BOPSS) to complete an online survey regarding their experiences of local CCG policies. We also sent a freedom of information (FOI) request to all 206 CCGs in February 2018 requesting information regarding all policies covering oculoplastic procedures.

Review of CCG responses and policies revealed widely varying access policies and restriction criteria across procedures and CCGs. Only 7% of CCGs confirmed oculoplastic specialist involvement in drafting their policies.

Blepharoplasty was the most consistently restricted procedure, but with substantial variation between CCGs in criteria applied, including differing requirements for visual field testing and criteria for field defects. Ectropion was the most variably funded procedure, varying from routinely funded to requiring case-by-case prior approval in some CCGs.

Twenty-nine responses were received from specialists across England. Twenty-four per cent reported direct oculoplastic involvement in policy drafting; however, those involved did not always agree with the final policy. Sixty-two per cent said funding restrictions had prevented them undertaking procedures they believed clinically indicated. Twenty-one per cent felt a patient had been harmed due to inability to access funding. Thirty-five per cent find their local policies hard to follow. Thirty-five per cent spend at least 30 min per week completing funding applications. However, fifty two per cent sometimes find policies helpful in clinical practice.

Funding restrictions for oculoplastic procedures are common in England but vary geographically by CCG. CCGs do not always involve relevant specialists in policy creation, resulting in some policies that are impractical or increase administrative or clinical investigation workload. Variability may introduce healthcare inequalities, including ‘postcode lotteries’ whereby patients attending the same hospital with the same condition can have funding approved or declined according to their address. Policies may also differentially reduce training opportunities for junior doctors in some areas.

Increased clinic appointments and antibiotic prescriptions may result as symptomatic patients seek alternatives to unfunded surgery, potentially offsetting intended cost savings from restricted surgical access. We are unaware of any research exploring the financial implications of oculoplastic policies, which might establish the most cost-effective management and access criteria for restricted procedures.

Evidence-based medicine and patient safety should remain paramount in funding decisions. Concerns exist amongst the oculoplastic community surveyed that CCG policies are not always fairly applied, sometimes preventing medically warranted procedures being undertaken and even resulting in harm to patients. CCGs frequently label restricted oculoplastic procedures as ‘of limited clinical value’, despite contrary evidence documenting objective functional and quality of life benefits [2, 3].

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Emergence of shared policies between some CCGs suggests that local variation in oculoplastics need is not substantial. Development of national policies by relevant subspecialists might be one potential solution to ensure pragmatic policies that can be readily applied in clinical practice and avoid unfair or confusing local variation.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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