

## Greater Manchester Joint Health Scrutiny Committee

Date: 21 January 2025

Subject: Update on Procedures of Limited Clinical Value in Greater Manchester and Plan for Engagement

Report of: Rob Bellingham, Chief Officer of Commissioning, Sara Roscoe, Associate Director of Strategic Commissioning and Claire Connor, Director of Communications and Engagement NHS Greater Manchester

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### Purpose of Report

To set out the engagement plan to support the work of the commissioner to bring increased scrutiny on procedures of limited clinical value in Greater Manchester.

### Recommendation:

The Joint Health Scrutiny Committee is requested to:

1. Review the update and engagement plan and offer feedback.

### Contact Officers

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## **Equalities Impact, Carbon and Sustainability Assessment:**

A full equalities impact assessment is in progress in respect of this proposal.

## **Risk Management**

This report is to support the risk management of this proposal, ensuring that JHSC has opportunities to review and comment on planned changes.

## **Legal Considerations**

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

## **Financial Consequences – Revenue**

This proposal seeks to ensure appropriate use of resource in Greater Manchester.

## **Financial Consequences – Capital**

Not applicable

## **Number of attachments to the report: 1 – Engagement Plan**

## **Comments/recommendations from Overview & Scrutiny Committee**

Not applicable

## **Background Papers**

Previous GM JHSC paper from December 2024.

## **Tracking/ Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

## **Exemption from call in**

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

## **GM Transport Committee**

Not applicable

## **Overview and Scrutiny Committee**

21<sup>st</sup> January 2025

# 1. Introduction/Background

In December 2024, GM JHSC received a paper about Procedures of Limited Clinical Value (PLCV). PLCV are medical procedures (normally surgical procedures) that the research evidence shows that some interventions are not clinically effective or only effective when they are performed in certain circumstances.

It is important that the NHS only carries out operations or give medicine where there is a clear benefit because all procedures do have some level of risk for the patient receiving them. Procedures where the evidence does not show good benefits for the patient also are not cost effective, as they use public money and NHS resources without the supporting evidence.

For this reason, only certain people who meet strict criteria should have a procedure of limited clinical value. These people are the most likely to get some benefit from the procedure, but even then, it is not guaranteed it will be beneficial for them. Each procedure has a policy that sets out the criteria and in what circumstances someone would be eligible for it.

## 2. Progress update

NHS Greater Manchester (GM) listened to feedback from clinicians on the initial proposed approach requiring clinicians to seek prior approval for those procedures which met the criteria. It was agreed that this would have been unfeasible and impact on clinicians' time. The approach was therefore modified and clinicians no longer need to seek prior approval to undertake these procedures where patients meet the clinical criteria in line with the NHS GM's policies. Instead, NHS GM will pro-actively monitor compliance via a variety of means.

We are instigating a number of measures to monitor activity and compliance as follows:

- 1) We will closely monitor activity levels for each of these procedures and will provide regular feedback to providers in this regard, particularly where activity appears to be outside any available benchmarking data.
- 2) We will undertake a randomised case note audit across our providers (relative to size and volume of procedures undertaken). Where non compliance with the commissioning statements is identified, this will be escalated to providers and appropriate action taken.

3) We will review our commissioning statements in respect of clinical thresholds over the coming months, with a view to implementing updated versions in 25/26.

NHS Greater Manchester (GM) is now working with hospitals across GM to audit the implementation of the policies for all procedures of limited clinical value (approximately 50) and make sure that the policies are being followed consistently.

There is also a national emphasis in respect of the Elective Recovery Programme and plans to develop a Model Hospital compartment for Evidence Based Interventions, 'EBI', which will provide benchmarking data for a number of these procedures. This is expected in later this month and will be updated monthly. This will inform the target areas for the audits.

At the same time, we are inviting patients, communities and members of the public to feedback on the policies. This means that if a review of the policies is carried out after the audit, we will have patient feedback and experiences to support the review. This compliments and adds to the engagement work that already takes place when specific policies come up for review against the latest clinical evidence.

GM JHSC asked to see the engagement plan for review and comment.

### **3. Engagement Proposal**

The engagement plan sets out how NHS GM will engage with patients, communities and people with lived experience on policies included in the review.

It gives an overview of the policies and the target audiences where they are currently known. The Equality Impact Assessment is still in development and this will further enhance this information.

Work has begun to offer people an opportunity to sign up to be notified about the engagement.

The approach will be both general and specific:

- The majority of the engagement will cover all the policies and allow people to comment on one or all of them
- This will be supported by targeted engagement, targeted by both demographic and by policy where possible and appropriate

The engagement will inform the future arrangements surrounding the due diligence and processes from April 2025. It will have a specific remit to increase the understanding of the impact on health inequalities.

The current draft engagement plan is set out in appendix 1.

## **4. Recommendation**

The Joint Health Scrutiny Committee is requested to:

1. Review the engagement plan and offer feedback



Greater Manchester

# Procedures of Limited Clinical Value

Engagement Plan v1 (draft)

January 2025



# Review into procedures clinical value engagement plan

of limited

## Version control

Date	Version	Updates from	Reason for change
08/01/2025	0.1	Drafted by A Mitton	



## Contents

Greater Manchester Joint Health Scrutiny Committee .....	2
<b>Review into procedures of limited clinical value engagement plan .....</b>	<b>1</b>
<b>Version control .....</b>	<b>1</b>
<b>Contents .....</b>	<b>2</b>
<b>Introduction .....</b>	<b>4</b>
<b>Purpose .....</b>	<b>4</b>
<b>Background and context .....</b>	<b>4</b>
<b>Policies about the back and spine .....</b>	<b>5</b>
<b>Policies about the head and face (including eyes, ears, nose and throat) .....</b>	<b>7</b>
<b>Policies about the skin and body .....</b>	<b>10</b>
<b>Policies for the hands and feet .....</b>	<b>12</b>
<b>Policies for the organs in the abdomen .....</b>	<b>13</b>
<b>Engagement to date .....</b>	<b>0</b>
<b>Outcomes .....</b>	<b>0</b>
<b>Engagement outcomes .....</b>	<b>0</b>
<b>Key messages .....</b>	<b>0</b>
<b>Timeframe .....</b>	<b>1</b>
<b>Planning and Governance .....</b>	<b>1</b>
<b>Target audiences and stakeholders .....</b>	<b>1</b>

Engagement target audiences.....	1
Stakeholders .....	3
<b>Communications methodologies .....</b>	<b>3</b>
<b>Media handling – Comms to update .....</b>	<b>3</b>
<b>Social media .....</b>	<b>3</b>
<b>Other channels .....</b>	<b>4</b>
<b>Communications to support the public engagement.....</b>	<b>5</b>
<b>Engagement Methodology .....</b>	<b>6</b>
<b>Resources.....</b>	<b>6</b>
<b>Measurement and evaluation .....</b>	<b>7</b>
<b>Risks and mitigating actions .....</b>	<b>7</b>

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### Introduction

Procedures of Limited Clinical Value (PLCV) are medical procedures (normally small operations) that the research shows do not normally make people feel better or make a difference to their lives or wellbeing.

It is important that the NHS only carries out operations or give medicine where there is a clear benefit because all procedures do have some level of risk for the patient receiving them. Procedures where the evidence does not show good benefits for the patient also are not cost effective, as they use public money and NHS resources without the supporting evidence.

For this reason, only certain people who meet strict criteria can have a procedure of limited clinical value. These people are the most likely to get some benefit from the procedure, but even then, it is not guaranteed it will be beneficial for them. Each procedure has a policy that sets out the criteria and in what circumstances someone would be eligible for it.

NHS Greater Manchester (GM) is working with providers of elective care across GM to audit the implementation of the policies for procedures of limited clinical value and make sure that the policies are being followed consistently.

At the same time, we are inviting patients, communities and members of the public to feedback on the policies. This means that at a review of the policies is carried out after the audit, we will have patient feedback and experiences to support the review. This compliments and adds to the engagement work that already takes place when specific policies come up for review against the latest clinical evidence.

### Purpose

To enable patients, communities, and local organisations to feedback on the policies that are being audited. This will include opportunities to share their views, provide information to influence any future review, and raise any concerns. It will have a particular focus on the communities most affected and those who experience health inequalities as reflected in the EQIA (still under development).

### Background and context

There is one policy for each of the procedures that will be engaged on.

More detail about each of the procedures, policies, where it is known, is set out in the table below. The follows:

and the target group policies are grouped as

- Policies for the back and spine
- Policies for the head and face
- Policies for the skin and body
- Policies for the hands and feet
- Policies for all other bones and joints
- Policies for the organs and abdomen
- Policies for scans and monitors
- Policies for aids

### Policies about the back and spine

Policy name and description	Link to policy statement
<p><b>Facet Joint Injections (all levels) (Adults and Children)</b></p> <p>Back pain is extremely common. 60-80% of people in the UK report back pain at some time in their lives. This pain should be managed by being more mobile, treatment from a physiotherapist, and through talking therapies.</p> <p>If these do not work and the pain is in a join in the spine, a facet joint injection can be offered in certain circumstances. This involves injecting local anaesthetics and sometimes steroids into or around a joint in the spine. The local anaesthetics numb the nerves to the joint to give pain relief. The steroids reduce inflammation and may make the pain relief last longer. The policy offers 1 injection per year.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Facet Joint Injections Commissioning Statement</a></p>

<p><b>Low back pain and sciatica (Assessment and management of in over 16s) (Adults and Children)</b></p> <p>Non-specific lower back pain is extremely common with 80% of people experiencing one or more bouts of it. All NICE recommended treatments are commissioned, but there are a number of additional assessments or treatments that are not available on the NHS, including: belts/corsets, acupuncture, orthotics, opioids, massage and others – see the policy for the full list.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Low Back Pain Commissioning Statement</a></p>
<p><b>Out of contract spinal procedures (Adults and Children)</b></p> <p>There are some spinal procedures and surgeries that the NHS does not routinely fund. This policy sets out the list.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Out of Contract Spinal procedures Commissioning Statement</a></p>
<p><b>Spinal Injections and related therapies (Adults and Children)</b></p> <p>This policy is specifically about injections into the spine for back and spine pain. Injections for back pain are not funded or offered routinely on the NHS, but they are available in limited circumstances if the patient meets the criteria. See the policy for full details.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Spinal Injections Commissioning Statement</a></p>

**Policies about the head and face (including and throat)**

Policy name and description	Link to policy statement
<p><b>Tonsillectomy (Adults and Children)</b></p> <p>Tonsillitis is an infection of the tonsils at the sides of your throat. It is a common childhood illness, but teenagers and adults can get it too. Most tonsillitis clears up after 3-4 days, but can last longer.</p> <p>Treatment normally includes rest and painkillers. A very small number of children and adults get severe tonsillitis that keeps reoccurring. Surgery is not routinely offered, but will be offered if it meets the criteria.</p> <p><b>Target group:</b> Tonsillitis is most common in children aged 5-15.</p>	<p><a href="#">GM Tonsillectomy Commissioning Statement</a></p>
<p><b>Trophic Electrical Stimulation (TES) for Facial Palsy (Adults and Children)</b></p> <p><b>Facial palsy refers is a weakness of the facial muscles, resulting from temporary or permanent damage to the facial nerve. When a facial nerve is either not working or missing, the muscles in the face do not receive the necessary signals in order to function properly. This results in paralysis of the affected part of the face,</b></p> <p>Trophic electrical stimulation (TES) is a treatment aimed at restoring the function of the muscles of the face through mimicking the stimulation provided from the normal nerve functioning. The majority of facial palsies that are idiopathic or infective will resolve spontaneously – usually within 3 months.</p> <p>Treatment with steroids can help and most people get better within 6 months. Where there is a longer-term weakness and it is causing problems functioning (e.g. eating, closing the eye, speaking) then TES can be offered.</p> <p><b>Target group:</b> It is slightly more common in women, and those with diabetes and in the third trimester of pregnancy.</p>	<p><a href="#">GM TES for Facial Palsy Commissioning Statement</a></p>
<p><b>Surgical drainage of the middle ear (with or without the insertion of grommets) (Adults and Children)</b></p> <p>There are several medical reasons that children and adults may have excess fluid in their middle ear. Draining excess fluid from the middle ear through surgery is offered on the NHS if the patient meets the criteria.</p> <p><b>Target group:</b> Children under 10, and males are more likely to be affected. Those with Down’s Syndrome and Cleft Palate may be more severely affected.</p>	<p><a href="#">GM Drainage of the Middle Ear Commissioning Statement</a></p>

<p><b>Headache Disorders (Adults)</b></p> <p>Most headaches go away on their own and are not a sign of something more serious. Some people suffer with a headache disorder (including migraines, cluster headaches, and others) where the headaches keep returning and are severe.</p> <p>Many treatments are funded for headache disorders, but some are not. The full list can be found in the policy.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Headache Disorders Commissioning Statement</a></p>
<p><b>Correction of Dermatochalasis (Adults and Children)</b></p> <p>Dermatochalasis is a term used to describe the presence of loose and redundant eyelid skin. It is a common condition.</p> <p>Treatment is offered if the criteria is set out in the policy met.</p> <p><b>Target group:</b> It is more common in older people</p>	<p><a href="#">GM Dermatochalasis Commissioning Statement</a></p>
<p><b>Pinnaplasty (Children only)</b></p> <p>Pinnoplasty is the pinning back of ears. It is commissioned for children and young people between the ages of 5 years of age and below 18 years of age where there is significant deformity or asymmetry and they are prominent over 3cm.</p> <p><b>Target group:</b> Children</p>	<p><a href="#">GM Pinnaplasty Commissioning Statement</a></p>
<p><b>Rhinoplasty / Septoplasty / Septo-Rhinoplasty (Adults and Children)</b></p> <p>These are all surgical procedures to reshape the nose. The policy sets out when this surgery can be funded on the NHS, and when it is not.</p> <p><b>Target group:</b> It is assumed currently that this is more likely to be required by males due to increased uptake in physical contact sports.</p>	<p><a href="#">GM Rhinoplasty Commissioning Statement</a></p>
<p><b>Removal of Common Benign Eyelid Lesions (Adults and Children)</b></p> <p>Benign lesions are lumps or bumps such as moles, cysts or skin tags, which are mostly harmless. They are not removed on the NHS for purely cosmetic reasons. However, treatment, including possible surgery, is funded in certain circumstances, including if they cause pain or there is a history of recurring infections.</p>	<p><a href="#">GM Common Benign Eyelid Lesions Commissioning Statement</a></p>

<p><b>Target group:</b> There is no specific target group currently</p>	
<p><b>Repair of Split/Torn Earlobes (Adults and Children)</b></p> <p>Split and torn earlobes are repaired on the NHS if the split is a result of trauma, for example a car accident. If the split or tear is due to wearing heavy earrings, the earrings being pulled by a child, or the use of “gauge” piercing (gradually making a bigger hole in the ear) then this is considered purely cosmetic and is not eligible for repair on the NHS.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Repair of Split Torn Ear Lobes Commissioning Statement</a></p>
<p><b>Laser Eye Surgery (Adults and Children)</b></p> <p>Laser eye surgery is done to correct problems with your eyesight or to treat conditions that can lead to loss of vision. It is not normally offered on the NHS, however, it is funded if the problem is a result of other eye surgery such as cataract surgery.</p> <p><b>Target group:</b> This is more likely to affect older people</p>	<p><a href="#">GM Laser Eye Commissioning Statement</a></p>
<p><b>Squint Surgery (Surgical correction of adult Strabismus) (Adults)</b></p> <p>Surgery to correct an eye squint may be recommended if other treatments are not suitable or do not help. The operation involves moving the muscles that control eye movement so that the eyes line up better. The policy sets out the criteria for when the surgery will be funded on the NHS.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Strabismus Commissioning Statement</a></p>
<p><b>Rhinosinusitis / Rhinitis / Sinusitis (Adults and Children)</b></p> <p>These conditions are all problems with the nose and sinuses. Most issues with the nose and sinuses will clear up on their own, however, if they continue for longer than expected then there are treatments. Some of these treatments mean going to an outpatient unit in a hospital and even having surgery. This policy covers when the outpatient procedures and surgery should be considered.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Rhinosinusitis Commissioning Statement</a></p>
<p><b>Cataract Surgery (Adults and Children)</b></p> <p>Cataracts are when the lens, a small transparent disc inside your eye, develops cloudy patches. Over time these patches usually become bigger causing blurry, misty vision and eventually blindness. Surgery is the only</p>	<p><a href="#">GM Cataract Surgery Commissioning Statement</a></p>



<p>proven long term solution for cataracts, although glasses can often help. Cataract surgery is funded on the NHS in line with the Royal College of Surgeons guidance when the cataract is the cause of the impaired vision and there is a significant impact on quality of life or activities of daily living.</p> <p><b>Target group:</b> Older people</p>	
<p><b>Tongue Tie (Children)</b></p> <p>Tongue-tie is where the piece of skin connecting the tongue to the bottom of the mouth is shorter or tighter than usual. It is most common in babies. For many children it may not cause problems, or it may cause problems that can be treated without surgery. This policy sets out when surgery should be considered and the criteria for it.</p> <p><b>Target group:</b> Parents of young children</p>	<p><a href="#">GM Tongue Tie Commissioning Statement</a></p>

**Policies about the skin and body**

Policy name and description	Link to policy statement
<p><b>Ganglion Cyst Removal (Adults only)</b></p> <p>A ganglion cyst is a fluid-filled swelling that usually develops near a joint or tendon. The cyst can range from the size of a pea to the size of a golf ball. Ganglions are harmless, but can sometimes be painful. If they do not cause any pain or discomfort, they can be left alone and may disappear without treatment, although this can take a number of years.</p> <p>Treatment is normally either draining it with a needle and syringe or cutting it out in surgery. Surgery is not routinely offered as the cysts often recur after surgery so it is not effective in the long term. It is offered for some cysts in the hands and feet that significantly impact the patient.</p> <p><b>Target group:</b> Ganglion cysts are most common in women, aged 20-40, and in older people.</p>	<p><a href="#">GM Ganglion Cyst removal commissioning statement</a></p>
<p><b>Common Benign Skin Lesions (Adults and Children)</b></p> <p>Benign skin lesions are abnormal growths on the skin that are not cancerous. Examples include (but are not limited to) warts, fatty lumps, and verrucas. The majority cause no health problems.</p> <p>Treatment and removal of skin lesions is offered in lots of circumstances where there is a clinical benefit including pain, significant facial disfigurement, infections, bleeding, etc. It is not offered for cosmetic reason.</p>	<p><a href="#">GM Common Benign Skin Lesions Commissioning Statement</a></p>

<p><b>Target group:</b> There is no specific target group currently</p>	
<p><b>Hyperhidrosis (Adults and Children)</b></p> <p>Hyperhidrosis is excessive sweating. Excessive sweating is common and can affect the whole body or just certain areas. Sometimes it gets better with age but there are things that patients can do to manage it and treatments that can help.</p> <p>Some of the treatments, including electric treatments and botox, have criteria that patients must meet to be eligible.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Hyperhidrosis Commissioning Statement</a></p>
<p><b>Varicose Veins (Adults and Children)</b></p> <p>Varicose veins are swollen, twisted veins under the skin, usually on the legs. They are common and are not usually serious.</p> <p>Many varicose veins do not need treatment. Treatment, including surgery for severe cases, is offered on the NHS if the patient meets the criteria.</p> <p><b>Target group:</b> It is slightly more common in women, and in older people.</p>	<p><a href="#">GM Varicose Veins Commissioning Statement</a></p>
<p><b>Aesthetic Breast Surgery (Adults and Children)</b></p> <p>All surgery on healthy breast tissue is considered aesthetic (cosmetic). The policy sets out when this surgery can be funded on the NHS, and when it is not.</p> <p><b>Target group:</b> Women</p>	<p><a href="#">GM Aesthetic Breast Surgery Commissioning Statement</a></p>
<p><b>Body Contouring – Apronectomy (Adults)</b></p> <p>An apronectomy removes excess skin and fat from the lower abdomen (stomach). Apronectomy is funded on the NHS in very specific situations when significant weight loss has been achieved and maintained and the excess skin is causing issues. The policy sets out the full criteria.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Body Contouring Commissioning Statement</a></p>
<p><b>Tattoo Removal (Adults and Children)</b></p>	<p><a href="#">GM Tattoo Removal Commissioning Statement</a></p>

Tattoo removal is not routinely funded for purely cosmetic reasons. However, there are situations when a tattoo will be removed on the NHS. Examples include, if there is an allergic reaction to the dye, or the tattoo inflicted against the patient's will, or the tattoo puts the patient at risk of violence, amongst others.

**Target group:** There is no specific target group currently

## Policies for the hands and feet

Policy name and description	Link to policy statement
<p><b>Dupuytren's Contracture (Adults and Children)</b></p> <p>Dupuytren's contracture is when 1 or more fingers bend in towards your palm.</p> <p>There is no cure, but fingers can be straightened with surgery if it meets the criteria. There are two levels of procedure: needle fasciotomy for moderate cases that are impacting on daily living; and, surgery for severe cases.</p> <p><b>Target group:</b> Men are more likely to be affected by women, with those aged 65+ most affected, particularly those who worked in manual labour or with vibrating machinery.</p>	<p><a href="#">GM Dupuytren's Contracture Commissioning Statement</a></p>
<p><b>Surgical Interventions for Carpal Tunnel (Adults and Children)</b></p> <p>Carpal tunnel syndrome (CTS) is pressure on a nerve in the wrist. It causes tingling, numbness and pain in the hand and fingers. It can often be treated by the patient, but it can take months to get better.</p> <p>Medical treatment includes corticosteroid injections and surgery. Surgical intervention is commissioned if corticosteroid injection(s) have failed to permanently cure the patient, or there are reasons that the injections would not work.</p> <p><b>Target group:</b> Carpal tunnel is three times more common in women, and is more common in older people.</p>	<p><a href="#">GM Carpal Tunnel Commissioning Statement</a></p>
<p><b>Surgical Correction of Trigger Finger (Adults only)</b></p> <p>Trigger finger is a condition that affects one or more of the hand's tendons, making it difficult to bend the affected finger or thumb.</p>	<p><a href="#">GM Trigger Finger Commissioning Statement</a></p>

<p>Evidence suggests that most cases of trigger finger (incl. thumb) can be resolved using non-surgical treatments and injections. For around 10% of patients a surgical tendon release is required.</p> <p>The policy sets out the criteria for when surgery will be funded.</p> <p><b>Target group:</b> This is more common in people aged 50-70.</p>	
<p><b>Bunion (Hallux Valgus) Surgery (Adults)</b></p> <p>Bunions are bony lumps that form on the side of the feet. Bunions can only be got rid of through surgery, but most bunions can be managed to stop them from being painful. Surgery is funded on the NHS if the bunion repeatedly gets infected, or there are associated problems in the foot being caused by the bunion.</p> <p><b>Target group:</b> It is more common in women.</p>	<p><a href="#">GM Bunion Surgery Commissioning Statement</a></p>
<p><b>Functional Electrical Stimulation (FES) for foot drop (Adults and Children)</b></p> <p>Foot drop (drop foot) is where it is difficult to lift or move your foot and toes. It can be caused by a number of different things including sports injuries, immobility, and conditions that cause muscle weakness. Electrical stimulation is one of the ways that this can be treated. Functional electrical stimulation (FES) is a treatment that applies small electrical charges to a muscle that has become paralysed or weakened, due to damage in your brain or spinal cord. This policy sets out the criteria for when the NHS will fund FES and which type of device to use.</p> <p><b>Target group:</b> This policy affects people with conditions that cause muscle weakness and is more likely to affect older people.</p>	<p><a href="#">GM FES for Foot Drop Commissioning Statement</a></p>

## Policies for all other joints and bones

Policy name and description	Link to policy statement
<p><b>Knee Arthroscopy (Adults)</b></p> <p>An arthroscopy is a type of keyhole surgery for checking or repairing your joints. Keyhole surgery is where only small cuts are made into the body. Arthroscopy is most commonly used on the knees and it can help find what is causing pain, swelling and stiffness in your joints. Arthroscopy is funded on the NHS for many diagnostic and treatment reasons. However, there are some situations when it is not funded which the policy sets out.</p>	<p><a href="#">GM Knee Arthroscopy Commissioning Statement</a></p>

<p><b>Target group:</b> This is more likely to affect older people</p>	
<p><b>Hip Replacement (Adults) / Knee Replacements (Adults)</b></p> <p>Hip and knee replacements are now common procedures on the NHS and should be undertaken when all other options, like physiotherapy and medication, have been tried and the quality of life is seriously affected. The policy sets out when a joint replacement should be undertaken and when a non-nickel, or bespoke joint, should be used.</p> <p><b>Target group:</b> This is more likely to affect older people</p>	<p><a href="#">GM Hip Replacement Commissioning Statement</a></p> <p><a href="#">GM Knee Replacement Commissioning Statement</a></p>
<p><b>Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing (Adults and Children)</b></p> <p>Ultrasound and pulsed electromagnetic systems for bone healing are both machines used on the outside of the body that stimulate the body's natural repair process and encourage bone growth at fracture sites. They are funded by the NHS if the criteria are met. The criteria include fractures that are not healing after certain lengths of time and complex fractures.</p> <p><b>Target group:</b> This is more likely to affect older people</p>	<p><a href="#">GM Ultrasound and PES Commissioning Statement</a></p>
<p><b>Shoulder Impingement (Adults and Children)</b></p> <p>Shoulder impingement is where a tendon inside your shoulder swells and rubs against tissue or bone, causing pain as you lift your arm. It can be caused by irritation, injury or "wear and tear". It usually gets better in a few weeks or months. In rare situations, surgery may be needed. This policy covers when surgery for shoulder impingement is funded by the NHS.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Shoulder Impingement Commissioning Statement</a></p>

## Policies for the organs in the abdomen

Policy name and description	Link to policy statement
<p><b>Sacrneuromodulation for Urinary Retention and Constipation (Adults and Children)</b></p> <p>Neuromodulation is a treatment for both overactive bladder syndrome and recurrent urinary retention. It involves the insertion of a type of "bladder pacemaker" and the treatment is usually an initial test phase followed by</p>	<p><a href="#">GM Sacrneuromodulation Commissioning Statement</a></p>

<p>insertion of a permanent stimulator if the test phase is successful. This is a reversible treatment which is only effective during periods of stimulation.</p> <p>This treatment is offered where it meets the NICE guidance.</p> <p><b>Target group:</b> There is no specific target group currently</p>	
<p><b>Surgical management of haemorrhoids and anal skin tags (Adults and Children)</b></p> <p>Piles (haemorrhoids) are lumps inside and around the bottom (anus). They often get better on their own after a few days, but sometimes need treatment. This treatment can include using bands or surgery. There are medical criteria the patient must meet to be eligible for these, for example, persistent bleeding.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Haemorrhoids Commissioning Statement</a></p>
<p><b>Surgical repair of Hernias (Adults)</b></p> <p>A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. Although most hernias will not get better without surgery, they will not necessarily get worse. The policy sets out when a hernia should be treated with surgery and the criteria for doing so.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM Hernia Commissioning Statement</a></p>
<p><b>Asymptomatic Gallstones (Adults and Children)</b></p> <p>Gallstones are small stones, usually made of cholesterol, that form in the gallbladder. In most cases, they do not cause any symptoms and do not need to be treated. However, there are certain situations when treatment is recommended because there is risk of complications. This policy sets out what those situations are.</p> <p><b>Target group:</b> Women and people over 40 are more likely to develop gallstones</p>	<p><a href="#">GM Gallstone Commissioning Statement</a></p>

## Policies for reproduction and reproductive organs

Policy name and description	Link to policy statement
<p><b>Circumcision for therapeutic reasons (Surgical procedures on the prepuce) (Adults and Children)</b></p> <p>Circumcision is the removal of foreskin through surgery. It is a medical treatment for some conditions that affect men and boys.</p>	<p><a href="#">GM Circumcision Commissioning Statement</a></p>

<p>Circumcision is offered through the policy for medical reasons, but not for the reason of faith or culture.</p> <p><b>Target group:</b> Men</p>	
<p><b>Labiaplasty (Adults and Children)</b></p> <p>A labiaplasty is surgery to reduce the size of the labia minora – the flaps of skin either side of the vaginal opening.</p> <p>Labiaplasty is funded for treatment of disease and where there is disfigurement of the labia due to trauma. It is not available on the NHS for cosmetic reasons.</p> <p><b>Target group:</b> Women</p>	<p><a href="#">GM Labiaplasty Commissioning Statement</a></p>
<p><b>Dilatation and curettage (D&amp;C) and Hysterectomy for heavy menstrual bleeding (Adults and Children)</b></p> <p>Dilatation and curettage is a procedure to remove tissue from inside the uterus (womb). It is not funded by the NHS in Greater Manchester to treat heavy menstrual bleeding (heavy periods). Hysterectomies are sometimes undertaken by the NHS to treat heavy menstrual bleeding in certain circumstances and only after other options have been tried.</p> <p><b>Target group:</b> Women</p>	<p><a href="#">GM D&amp;C and Hysterectomy for HMB Commissioning Statement</a></p>
<p><b>Assisted Conception (Adults and Children)</b></p> <p>Assisted conception supports couples who are struggling to conceive naturally to get pregnant and have a child. It includes IVF. The policy sets out what options are available and the criteria for accessing them.</p> <p><b>Target group:</b> n/a - this policy is being engaged on separately</p>	<p><a href="#">GM Assisted Conception Commissioning Statement</a></p>
<p><b>Caesarean Section (Adults and Children)</b></p> <p>A caesarean section, or C-section, is an operation to deliver a baby through a cut made in the tummy and womb. It is a major operation that carries a number of risks, so it's usually only done if it's the safest option for the mother and baby. The policy is sets out that in Greater Manchester caesarean sections should all be carried out inline with NICE guidelines.</p> <p><b>Target group:</b> Pre-menopausal women</p>	<p><a href="#">GM Caesarean Section Commissioning Statement</a></p>

## Policies for scans and monitors

Policy name and description	Link to policy statement
<p><b>MRI scanning (Wide bore, open and open upright) (Adults and Children)</b></p> <p>This policy does not affect standard MRI scanning. It is specific to situations when the patient needs to either be in a standing, open or wider MRI. This could be because of claustrophobia, severe pain when lying down, or obesity. This policy sets out when an alternative MRI scanner should be used.</p> <p><b>Target group:</b> There is no specific target group currently</p>	<p><a href="#">GM MRI Scanning Commissioning Statement</a></p>
<p><b>Continuous Real-Time Glucose Monitoring (Adults and Children)</b></p> <p>A continuous glucose monitor (CGM) is a device for people with diabetes that lets them check their glucose (sugar) levels at any time. It is a sensor that attaches to the arm or stomach and is there all the time sending signals to either an app or a device. These are funded on the NHS inline with the NICE guidelines and if recommended by the hospital diabetic service. There are some devices and situations when they are not funded and the policy sets this out.</p> <p><b>Target group:</b> People with diabetes</p>	<p><a href="#">GM Continuous Glucose Monitoring Commissioning Statement</a></p>
<p><b>Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing (Adults and Children)</b></p>	

## Policies for aids

Policy name and description	Link to policy statement
<p><b>Orthoses, bespoke orthoses &amp; 24-hour posture management (Adults and Children)</b></p> <p>Orthoses include things like prescription insoles, braces, splints, callipers, footwear, spinal jackets and helmets which help people recover from or avoid injury, or live with lifelong conditions. These are all funded on the NHS if there is a specific clinical reason for it and it will improve functioning and posture. They are not funded on the NHS for sport only.</p> <p><b>Target group:</b> There is no specific target group currently but this will be updated as likely to be some conditions that require these more.</p>	<p><a href="#">GM Orthoses Commissioning Statement</a></p>



## Cough Assist Devices (Adults and Children)

A mechanical cough assist is a machine which can help people clear secretions or phlegm from their lungs. The aim of the treatment is to help them breathe in and out deeply and quickly. This can help when their own cough is not strong enough. Cough assist machines are funded on the NHS if the patient meets the criteria set out in the policy.

**Target group:** There is no specific target group currently but this will be updated as likely to be some conditions that require these more.

[GM Cough Assist  
Commissioning Statement](#)

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## Engagement to date

There has been several periods of engagement on assisted conception policies and IVF in the last couple of years, and further specific engagement planned on that in the spring. On top of this, where policies have come up for clinical review in the last twelve months, light touch engagement has been undertaken, with surveys promoted on our website and social media. However, NHS GM has not previously carried out large scale engagement on any of the other policies.

As part of the engagement preparation, we will research whether there is any existing patient feedback or engagement elsewhere in the country on the services that the policies cover that may be relevant, including requesting reports from NHS England's 2018 review. These findings will be included in the engagement report.

## Outcomes

### Engagement outcomes

During this work, the focus of the engagement will be on how the policies impact on people, what the feedback from people with lived experience of these services is, and whether there is anything that needs to be considered from a health inequalities and equality perspective should there be a review of them in the future.

This will lead to the outcomes of:

- A good understanding of the impact of the policies currently
- A good understanding of how effective people think the policies and procedures are
- Information to support any future review with a particular regard for health inequalities.

The engagement methodologies described below are designed to focus on achieving these outcomes.

## Key messages

- We would like your feedback on policies for Procedures of Limited Clinical Value (PLCV) and to understand your experiences of the services.
- Procedures of Limited Clinical Value (PLCV) are medical procedures (normally small operations) that the research shows do not normally make people feel better or make a difference to their lives or wellbeing.
- It is important that the NHS only carries out operations or give medicine where there is a clear benefit because all procedures do have some level of risk for the patient receiving them.

- Procedures where the evidence does not show good benefits for the patient are not a good use of public money, which is important when we are trying to balance our finances and create an NHS fit for the future.
- Each procedure has a policy that sets out the criteria and in what circumstances someone would be eligible for it.
- Only people who meet the criteria and are most likely to get some benefit can have a procedure of limited clinical value.
- NHS Greater Manchester (GM) is working with hospitals across GM to make sure that the policies are all being followed consistently.
- If a review of the policies is carried out after the audit, your feedback and thoughts will help us make sure that the policies are fit for purpose.

## Timeframe

The engagement is due to launch in February 2025 and will run for 8 weeks.

There will be an engagement review at the halfway point to check whether target groups and stakeholders have been engaged or identify where gaps and opportunities are within the programme to reach the target communities.

The draft report will be ready within 4 weeks of the end of the engagement.

## Planning and Governance

The Engagement team will work with the project team and commissioner supporting this work.

## Target audiences and stakeholders

There are a number of key stakeholders that we will need to keep informed and involved at different stages of the process. Before communicating any information about forthcoming engagement publicly it will be important to ensure that key stakeholders have been briefed. This should not come as a surprise to any organisations or partners that will be directly impacted.

### Engagement target audiences

The target audiences will continue to be developed as the planning progresses and as further information comes out of the Equality Impact Assessment. The list below is high level, and further work is being done to create a more specific list of contacts.

Target group	Opportunities to reach
<p><b>Women</b></p> <p>Some of the policies are more likely to affect women than men, so it is important that women are targeted.</p>	<ul style="list-style-type: none"> <li>• Mother and baby groups</li> <li>• Start well centres</li> <li>• Maternity and neonatal voice partnerships</li> <li>• Community spaces like shopping centres and libraries</li> <li>• Women's support groups and over 60s groups</li> </ul>
<p><b>Men</b></p> <p>Some of the policies are more likely to affect men than women and they are particularly hard to reach and less likely to engage.</p>	<ul style="list-style-type: none"> <li>• Sports clubs, both grassroots and professional sports clubs</li> <li>• Gyms</li> <li>• Men's support groups</li> <li>• Workplace engagement</li> </ul>
<p><b>Children</b></p> <p>Some of the policies are more likely to affect children and young people and we will need to reach them directly as well as their parents, carers or guardians.</p>	<ul style="list-style-type: none"> <li>• Start well centres</li> <li>• Mother and baby groups</li> <li>• Schools and colleges</li> <li>• Youth Councils</li> <li>• Youth zones/clubs</li> <li>• Parent/carer forums</li> <li>• Greater Manchester Youth Network</li> </ul>
<p><b>Older people</b></p> <p>Some of the policies are more likely to affect older people.</p>	<ul style="list-style-type: none"> <li>• Older people clubs</li> <li>• Residential homes</li> <li>• Age UK</li> <li>• Community support groups</li> <li>• Over 60s groups</li> </ul>
<p><b>Specific conditions</b></p> <p>Some of the policies are more likely to affect people with certain conditions.</p>	<ul style="list-style-type: none"> <li>• Community support groups</li> <li>• Charities, e.g. Diabetes UK, MS Society, People First, Parkinson's UK, SENSE, Scope, Stroke Association, etc</li> <li>• SEND Parent/Carer groups</li> <li>• Existing engagement groups, e.g. Silent Voices, Equality Panels, etc</li> </ul>



## Stakeholders

The core list of stakeholders includes:

- Service providers, including all the foundation trusts
- GP practices, pharmacists and opticians
- Greater Manchester Combined Authority
- 10 Greater Manchester Local Authorities
- Healthwatch Greater Manchester and the 10 local Healthwatches
- 10 GM and the local infrastructure organisations
- Voluntary, Community, Faith and Social Enterprise sector – both local and GM-wide groups, targeted engagement and more broad communications
- Politicians – councillors, MPs and the GM Mayor
- NHS England
- Greater Manchester Integrated Care Partnership Partners
- Local media, including the local papers and radio stations

## Communications methodologies

### Media handling – Comms to update

It is crucial that we engage with local media to:

- Increase awareness of the engagement.
- Encourage an informed public understanding of the work.
- Provide clear information.
- To encourage ensure accurate and positive reporting.

It will be important to agree a nominated list of effective spokespeople from various parts of the system to lead interviews.

### Social media

The NHS GM communications team manage the digital channels for both the NHS Greater Manchester and Greater Manchester Integrated Care Partnership accounts. Our NHS Greater Manchester platforms are used for information directly relating to our organisation and used to get key health messages out, using the trusted NHS branding.

Our Greater Manchester Integrated Care Partnership is used for information relating to the work of the partnership and has more focus on engaging with organisations and people living across Greater Manchester.

As this is an NHS GM consultation, this is where we will focus most of our activity for this programme, with shares on to the ICP pages.

Social media platforms provide us with advanced targeting options that allow us to reach specific demographics, such as age, gender, location, education level, interests, and behaviours. This precision targeting ensures that the content reaches the most relevant audience segments.

This is helpful for us as, for example, Meta allows us to target based on boroughs, postcodes, or for example, within 20km of a postcode area.

We can further target the audience as follows:

- Demographics (age, gender, etc)
- Interests. i.e. Indeed.com, Job Interview, LinkedIn, Recruitment (careers), job hunting etc.
- Employers/Job titles/Industries i.e. Cleaner, Taxi Driver, Fast food, Accountant, Campaign Manager etc.
- Behaviours i.e. frequent travellers, commuters, engaged shoppers etc.

A detailed social media plan will be developed.

## Other channels

In addition to the stakeholder communications, media, digital and social media activity set out we will also keep people involved using the following methods:

Channels	How/Where
NHS GM/GM ICP website	<ul style="list-style-type: none"> <li>• Get involved page <a href="https://gmintegratedcare.org.uk">Get Involved  Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk)</a></li> <li>• News page (if required)</li> </ul>
Direct email	To be determined if required
Bulletins	Inclusion in Primary Care Bulletin, Stakeholder Bulletin and Keep Connected
Verbal briefing	As required
Intranet	On NHS GM website, and encourage partners to use too

## Communications to support the public engagement

As set out above we will employ a mix of broad-reaching and targeted communication methods to drive awareness and action among our public and stakeholders.

Activity, action or decision	What do people need to know?	Communications response or tactic
Final approvals and notification that the engagement can go ahead	The public engagement will go ahead and timings	<p>Email notification</p> <p>Briefing note on the decision and confirmation of consultation start date (see stakeholder management plan above)</p>
Launch day	The engagement has launched, how to access the consultation materials and documents	<p>Briefing note</p> <p>Newsletter article</p> <p>(see stakeholder management plan above)</p>
Ongoing communication throughout out engagement period	<p>How to respond/get involved</p> <p>Factual information</p>	<p>Website page</p> <p>Media release to help support</p> <p>Offer interviews with agreed spokespeople.</p> <p>Newsletter piece that can be shared in GMICP news and for partners to share on their own channels (include in NHS GM staff newsletter too)</p> <p>Create a series of social media posts outlining the details of the engagement, including dates, how to participate, and key questions being considered.</p> <p>Use targeted social media ads to reach specific demographics (amount per week to be agreed)- to agree demographics with engagement</p> <p>Ongoing review during engagement (1,2 and 4 weeks) and re-divert funds where there is low take up.</p> <p>Resources to support engagement (see engagement resources)</p>

## Engagement Methodology

NHS GM will ensure that it uses a variety of engagement methods to ensure it reaches a wide range of audiences throughout the engagement.

This will include:

- Survey (online and print version available to download)
- Patient Stories
- Public drop-in meetings / Community engagement (e.g. at libraries, practices, supermarkets, etc)
- Focus groups/ Targeted discussion groups
- Lived experience and advisory group engagement.
- WhatsApp, text message, phone calls, emails and letters will all be promoted/accepted ways to get involved.
- Request providers and primary care to promote the survey and engagement with patients who have used any of the services in the policies.
- An offer of support to help people engage in the way that suits them best, including translated documents, 1-2-1 discussions, etc.

## Resources

The NHS GM communications and engagement team will work together on producing the resources.

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other forms as required, to reflect the needs of GM's diverse population. This will include as standard:

- Easy read
- BSL video
- Large print
- Printed copies posted out with a freepost return address

Key resources we will use as part of our engagement activities will be:

- Survey
- Information document about the policies
- Video / films (including BSL)
- Posters/ flyers/ leaflets



- PowerPoint
- Patient facing texts/emails for providers

Supporting communications resources include:

- Media releases
- Stakeholder briefings
- Web copy
- Social media graphics and posts
- Newsletter articles

## Measurement and evaluation

To evaluate the success of the communication and engagement to support the public consultation and engagement, a variety of metrics should be used. These will be:

- Number of Total Responses
- Response Rate by Demographics: Age, gender, ethnicity, and the target audiences identified above and in the Equality Impact Assessment
- Place Distribution of Responses
- Stakeholder group participation or sharing of information.
- Social media reach and engagement i.e impressions, shares, comments and likes, click throughs
- Media coverage
- Go vocal engagement statistics re: users joined, following programme, submissions to survey etc.

## Risks and mitigating actions

Risk	Mitigation	RAG
People are unable to engage due to lack of publicising.	A communications plan will be in place to mitigate this.	Amber
People are unable to engage due to barriers to access.	Resources will be provided in a number of formats, with an offer for additional formats or individual assistance.	Green

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