

Our Ref: FOI ID 39197

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NHS South Sefton CCG

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Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding care pathways within NHS South Sefton CCG.

Request/[Response](#):

Could you please provide your CCG's policy or care pathway for the following scenario in which a local patient and GP is seeking funding:

- A. The patient concerned has a mental health disorder, namely body dysmorphic disorder / obsessive compulsive disorder.

[The CCG commission IAPT and secondary care mental health services from Cheshire and Wirral Partnership NHS Foundation Trust and Mersey Care NHS Foundation Trust dependant on the severity of the case.](#)

- B. The patient is being referred by the GP for a course of out-patient cognitive behaviour therapy which is specific for BDD/ OCD, for which there are NICE guidelines. The CCG has a commissioned provider for referrals through either a local primary care (Improving Access to Psychological Therapies – IAPT) service or for more complex problems with a local community mental health team (CMHT) and psychological therapy service.

[Our IAPT provider is commissioned to provide IAPT Step 2 and Step 3 based counselling and CBT based interventions. The IAPT provider also provides more complex Step 4 intervention with support from our secondary mental health provider.](#)

- C. The GP and patient however wish the patient to be referred "out of area" to a provider that has existing NHS contracts with other CCGs. They have no other reason other than that it is the patient's choice to be seen at different service for BDD/ OCD to that provided locally or is already commissioned. The patient and GP are fully aware of their local commissioned service but do not wish to use it.

Where patients wish to access services which are out of area through choice, they can with the support of their GP apply through the Individual Funding Request (IFR) process.

- D. The GP believes the referral to be clinically appropriate. The referral would be to another IAPT provider or if the patient has more complex problems to a consultant led team for medication advice and to a more experienced psychologist/ cognitive behaviour therapist. The GP has assessed for risk – the patient does not have any significant risk factors (e.g. a risk of suicide or self-neglect) that require local CMHT involvement. Neither does the patient need care integrated with social services nor inpatient care.

Our secondary mental health provider is able to offer consultant led interventions. In addition Step 4 patients can be co-managed with our local IAPT provider.

My questions for the FOI request all relate to the CCG's policy documents or agreed care pathway in the above scenario.

- A. Can the GP refer direct to an out of area provider? If not, what is the pathway for such referrals? For example, must such referrals go to a clinical triage service to determine it is appropriate to refer to another provider? Must the referral go first to a panel to determine exceptionality for the patient not to be treated locally?
If yes, what are the criteria used in the scenario above for the patient to be referred out of area? When does the CCG consider the "exceptionality" issue applies for a referral out of area? For example, must the patient have exhausted or tried treatment in local services?

The CCG commission IAPT and secondary care mental health services. If the case was deemed too severe or local clinical expertise was insufficient, the referrer would then have recourse to apply via the Individual Funding Request (IFR) route.

- B. If the patient can be referred direct for an assessment to another provider and the provider seeks authorization for funding, what is the pathway for such referrals – for example is the request taken to a special panel or dealt with by a commissioner? As in question (1) does the panel or commissioner use any specific criteria to agree to fund the assessment of the patient?

If the service was unavailable locally, the referrer would then have recourse to apply via the Individual Funding Request (IFR) route.

- C. If a patient is assessed by another provider and found suitable for treatment, must a further application for funding be made for treatment? As in question (1) does the panel or commissioner use any criteria to agree to fund the patient's treatment or suggest that they are treated locally?

The IFR process has agreed criteria.