

Creating local health and care services that are...

Fit for the Future

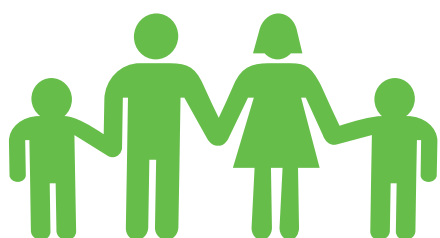
Service Restriction Policy Review 2016

Rapid demographic change has led to increasing pressure on health and care services which are not set up to cope with the corresponding growth in demand. In response, the CCG has embarked on a programme of change, with new and expanded services providing high quality care, a stronger role for primary care and an increased focus on supporting people to maintain their health and independence. However, the growing costs of this rise in demand for health services mean that the CCG is facing a £14 million deficit in 2016/17. We are legally required to balance our books and live within our means so we have no choice but to take steps to tackle this deficit.

The difficulties we are facing in Basildon and Brentwood are not unique to us. Health and care organisations across mid and south Essex are facing similar problems. The Mid and South Essex Success Regime, created by NHS England, has been tasked with making a range of improvements to health services in the area to ensure they perform better to meet the needs of local people, and also to tackle a system-wide financial deficit which may reach £216 million across mid and south Essex by 2017/18.

Further information on our programme to transform and improve health and care services for local people can be found on our website, www.basildonandbrentwoodccg.nhs.uk

Because of our financial situation we have had to review our local Service Restriction Policy (SRP). We are proposing a number of changes to the policy. We have carried out an impact assessment on each of our proposed changes, but before we make a decision we want to ensure we have a thorough understanding of the impact that these changes may have on local people



What is a Service Restriction Policy?

All Clinical Commissioning Groups have a Service Restriction Policy (SRP) which sets out the clinical criteria for a large range of medical treatments and procedures and is designed to help ensure they are only carried out where there is clinical evidence that they are effective, beneficial to patients, and also affordable within available funding.

As a CCG, we have always tried to ensure local patients have had access to the fullest range of treatments and procedures, in line with national guidance from the National Institute for Health and Care Excellence (NICE), as possible.

While this still remains our aim, the financial reality is that we have a statutory duty to remain within our allocated budget, around £325 million this year. This year the CCG is facing a £14 million deficit, which means that we must take action to reduce the amount we spend.

More detailed information on the CCG's finances can be found in our Annual Report, on our website www.basildonandbrentwoodccg.nhs.uk.



2 Fit for the Future

What impact will these changes have on the local NHS?

Together with a number of other proposals and cost saving measures that the CCG will take this year, these changes will make a significant impact on our ability to meet our statutory duty to balance our books and reduce our projected £14 million deficit. Without taking steps to reduce the amount we spend each year, we may be unable to continue to provide a broader range of treatments and procedures as our financial situation worsens.

We have looked in detail at all the treatments and procedures in the current Service Restriction Policy and recommendation from Public Health. We believe that these proposals represent an opportunity to reduce the amount we spend each year on providing health services in a way which has the lowest impact on patient care that is possible. We understand however, that there will be an impact on those directly affected, and we are keen to find out what that impact will be before we make a decision

What are the proposed changes?

Summary of proposed changes to the Service Restriction Policy

The CCG is proposing the following changes to its Service Restriction Policy for residents within Basildon and Brentwood. The table below sets out treatments and procedures that the CCG is proposing would no longer be available to residents in Basildon and Brentwood, except under exceptional circumstances*

Procedure/treatment	Proposal
Male and female sterilisation	To stop offering surgical male and female sterilisations
Gluten-free prescribed foods	To stop offering all gluten free products on NHS prescription to over 18s, with the exception of pregnant women.
Travel vaccinations (NHS)	To clarify the position on the availability of travel vaccinations on the NHS
In-vitro Fertilisation (IVF) and Assisted Conception (existing treatment)	To limit treatment for assisted conception for those people already referred or receiving specialist fertility services.
E-cigarettes	E-cigarettes and other novel nicotine containing products are not prescribed on the NHS until they have been fully evaluated, their place in therapy established, and formulary processes have been followed.
Bariatric surgery (weight loss surgery)	To end routine funding for weight loss surgery
Cosmetic surgery	To end routine funding for cosmetic surgery procedures
Toric intraocular lens implants for astigmatism	To end funding for intraocular lens implants to correct astigmatism. Intraocular lens implants for cataracts will continue unaffected.
Simultaneous joint replacement (bilateral knee, bilateral hip & shoulder)	To end funding for a simultaneous joint replacement surgery – that is where both knees, hips or shoulders are replaced at the same time. Funding for single or staged joint replacement will continue.
Pain treatments (facet joint injection, hip and spinal injection and spinal cord stimulation)	To end funding for facet joint injections, hip & spinal injections and spinal cord stimulation.

You can find out more detailed information on the above proposals later in this document.

*The procedures listed do not stop the referrer (GP or consultant) from being able to refer patients with suspected cancer.

3 Fit for the Future

Clinical Exceptions: Individual Funding Requests

If there is deemed to be a clinical exception to a treatment or procedure then an Individual Funding Requests (IFR) can be made. Basildon & Brentwood CCG allows patients the opportunity to make specific funding requests via the Individual Funding Request team. Requests may include conditions for which the CCG does not fund or does not have an agreed policy. In instances in which eligibility is unclear the final decision is made through an application to the Individual Funding Requests team by contacting them at: fundingrequests.south@nhs.net

The Individual Funding Request policy and application forms can be found on the Basildon & Brentwood CCG website: www.basildonandbrentwoodccg.nhs.uk



In addition, the CCG is proposing that the following treatments and procedures are subject to tighter restrictions than in the current policy:

Hip arthroscopy
Hernia
Knee arthroscopy (including knee washout)
Shoulder arthroscopy
Carpal tunnel
Hysterectomy for menorrhagia
Cholecystectomy (Gallstones)
Knee replacement – unilateral
Cataract extraction
Minor skin lesions
Diagnostic endoscopy – Dyspepsia
Sleep studies – snoring
Diagnostic endoscopy – Colon (Colonoscopy for Irritable Bowel Syndrome – IBS)
Trigger finger
Dupuytren's Contracture
Varicose veins
Female genital prolapse/stress incontinence – surgical and non-surgical
Microsuction

For further information on the proposed policy change for each of the items above you can visit the CCG's website, www.basildonandbrentwoodccg.nhs.uk, or contact us using the contact details at the end of this document to ask for the information in an alternative accessible format.

4 Fit for the Future

More detailed information on each proposed change, where the CCG is proposing to end routine funding:

Pain Treatments

Proposal:

As part of a wider review of service restrictions Basildon & Brentwood CCG is proposing to cease the funding of pain insert procedures (facet joint injections, hip & spinal injections and spinal cord stimulation).

Rationale for change:

The CCG's approach to the current financial challenges is to prioritise the limited funding it has so that the local population has access to the healthcare that is most needed. This assessment of need is made across the whole population of Basildon & Brentwood CCG and, wherever possible, on the basis of best evidence on what is clinically proven to work.

As a result of this, the CCG has identified procedures that are either limited clinical value or that do not cater for the wider needs of the population and therefore it has been proposed to implement these changes in order for the local health economy and services to be sustainable.

Impact:

The proposed changes would mean that pain inserts would no longer be funded under the CCG. However there will still be numerous alternative pain relief methods available that are funded and can be prescribed.

Gluten Free Prescribed Foods

Proposal:

As part of a wider review into service restrictions Basildon and Brentwood CCG is proposing to stop all gluten free products on prescription with the exception of pregnant women (from the point of confirmed pregnancy) and under 18s.

Rationale for change:

Initially gluten free products were added to the list of products available on NHS prescription when they were not easily available for patients to purchase.

Now there is a wide range of gluten free products available from supermarkets, the internet, health food stores and pharmacies that are sold at prices that are considerably lower than the NHS is charged when bought for use on prescription – in some cases less than half the price. In addition to these products there is a wide variety of naturally gluten free food including; fresh fruit and vegetables, meat, poultry, fish, cheese and eggs.

Impact:

With the variety of gluten free products widely available to buy at a reasonable cost, the CCG feels there will be minimal impact to patients.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Travel Vaccines (Non-NHS)

Proposal:

In line with national recommendations, Basildon and Brentwood CCG is proposing to put in place a policy which clarifies the position of certain vaccines when requested in relation to travel abroad. This is to ensure that certain vaccines which are not allowed on the NHS for travel purposes, are not prescribed on the NHS.

Rationale for change:

NHS patients are entitled to receive free advice on travel vaccinations, however, only some vaccinations required for travel are available on the NHS. This includes Hepatitis A vaccine, Typhoid vaccine, Combined Hepatitis A and Typhoid vaccine, combined Tetanus, Diphtheria and Polio vaccine and Cholera vaccine.

Other vaccines such as Hepatitis B, Meningitis ACWY, Yellow fever, Japanese B encephalitis, Tick borne encephalitis and Rabies vaccine are not remunerated by the NHS as part of additional services in relation to travel abroad, and these vaccines should not be prescribed

on FP10 prescription. It is proposed that GP practices may charge a registered patient for the immunisation if requested for travel, or the patient may be given a private prescription to obtain the vaccines.

However, because Hepatitis B is not commissioned by the NHS as a travel vaccine, Basildon and Brentwood CCG does not support the prescribing of this item. Patients requiring vaccines for travel purposes should receive Hepatitis B privately.

Impact:

There is currently very little prescribing of Meningitis ACWY, Yellow fever, Japanese B encephalitis,

Tick borne encephalitis and Rabies vaccines on FP10 prescription in BBCCG, and therefore this policy would help to ensure no new prescribing. There is however a BBCCG spend of almost £75k per year associated with Hepatitis B vaccine, as well as the combined Hepatitis A/Hepatitis B vaccine. It is envisaged that implementation of local policy would reduce any inappropriate prescribing for travel abroad.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



In-Vitro Fertilisation (IVF) and Assisted Conception (existing treatment)

Proposal:

In 2015 NHS Basildon and Brentwood CCG undertook a Public Consultation to cease specialist fertility service provision. No decision has yet been made following the consultation. However, if the proposal (as per consultation in 2015) were to be approved by the CCG Board, then services would be decommissioned for those requiring tests or procedures that were deemed specialist.

Therefore, those who haven't already been seen by or referred to one of the current providers, will no longer be able to be referred for a specialist fertility service.

The CCG would continue to fund those tests or procedures that would diagnose fertility problems and those that can be undertaken in a local hospital to aid fertility.

We are now consulting on proposals for people who have already been referred for specialist fertility treatment, for whom the decision of what the CCG will fund for them was not addressed in the original consultation.

The proposals for people who have already been referred or are receiving treatment for

specialist assisted conception services cover the following:

- In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI)
- Frozen Embryo Transfer
- Embryo/Blastocyst Freezing and Storage
- Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required)
- Intrauterine Insemination (IUI) - unstimulated
- Donor Oocyte Cycle
- Donor Sperm Insemination
- Egg Storage for Patients Undergoing Cancer Treatments
- Sperm Storage for Patients Undergoing Cancer Treatments

For those patients who have already been referred for specialist fertility treatment and are in the process of receiving the above specialist services, the CCG is proposing to introduce the following restrictions:

In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI)

What	Proposal
<p>A full cycle of IVF treatment, with or without intracytoplasmic sperm injection (ICSI), should comprise 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). This will include the storage of any frozen embryos for 1 year following egg collection. Patients should be advised at the start of treatment that this is the level of service available on the NHS and following this period continued storage will need to be funded by themselves or allowed to perish.</p> <p>An embryo transfer is from egg retrieval to transfer to the uterus. The fresh embryo transfer would constitute one such transfer and each subsequent transfer to the uterus of frozen embryos would constitute another transfer.</p> <p>Before a new fresh cycle of IVF can be initiated any previously frozen embryo(s) must be utilised.</p> <p>Where couples have previously self-funded a cycle then the couples must utilise the previously frozen embryos, rather than undergo ovarian stimulation, egg retrieval and fertilisation again.</p>	<p>For anyone who has progressed to IVF the CCG is proposing that they will fund the current cycle with a cycle being considered as:</p> <ul style="list-style-type: none"> • One fresh and up to one frozen transfer <p>* Where more embryos are frozen than can be used for the proposed cycle/s patients can choose to fund storage themselves.</p>

Frozen Embryo Transfer

What	Proposal
<p>For women less than 37 years of age only one embryo or blastocyst to be transferred in the first cycle of IVF and for subsequent cycles only one embryo/blastocyst to be transferred unless no top quality embryo/blastocyst available, then no more than 2 embryos to be transferred.</p> <p>For women age 37-39 years only one embryo/blastocyst to be transferred unless no top quality embryo/blastocyst available then no more than 2 embryos to be transferred.</p> <p>For women 40-42 years consider double embryo transfer.</p> <p>A fresh cycle would be considered completed with the attempt to collect eggs and transfer of a fresh embryo.</p>	<p>For those who have previously had CCG funding and have embryos in storage the CCG is proposing:</p> <ul style="list-style-type: none"> • Funding only where considered as part of the current cycle (as above) * Where more embryos are frozen than can be used for the proposed cycle/s patients can choose to fund storage themselves.

Embryo/Blastocyst Freezing and Storage

Proposal
<p>Where embryos have previously been stored the CCG is proposing:</p> <ul style="list-style-type: none"> • Freezing and storage for up to one year * Patients can choose to fund embryo / blastocyst storage themselves beyond the NHS funded period.

Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required)

Proposal
<p>Where this is part of a current cycle the proposal is that:</p> <ul style="list-style-type: none"> • The CCG will fund this for the current cycle only • The CCG will not fund storage beyond the current funded cycle requirement. * Patients can choose to fund sperm storage themselves beyond the NHS funded period.

Intrauterine Insemination (IUI) unstimulated

What	Proposal
<p>NICE guidelines state that unstimulated intrauterine insemination as a treatment option in the following groups as an alternative to vaginal sexual intercourse:</p> <ul style="list-style-type: none"> • people who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm • people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive) • people in same-sex relationships <p>Due to poor clinical evidence, a maximum of 6 cycles of IUI (as a replacement for IVF/ICSI and without donor sperm).</p>	<p>The CCG proposal is that:</p> <ul style="list-style-type: none"> • the patient is able to complete the current cycle of IUI

Donor Oocyte Cycle

What	Proposal
<p>The patient may be able to provide an egg donor; alternatively the patient can be placed on the waiting list, until an altruistic donor becomes available. If either of the couple exceeds the age criteria prior to a donor egg becoming available, they will no longer be eligible for treatment.</p> <p>This will be available to women who have undergone premature ovarian failure (amenorrhoea >6 months and a raised FSH >25) due to an identifiable pathological or iatrogenic cause before the age of 40 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.</p>	<p>The CCG proposal is that:</p> <ul style="list-style-type: none"> • the patient is able to complete the current donor oocyte cycle • Up to 2 transfers <p>* Patients can choose to fund oocyte / embryo / blastocyst storage themselves.</p>

Donor Sperm Insemination

What	Proposal
<p>The use of donor insemination is considered effective in managing fertility problems associated with the following conditions:</p> <ul style="list-style-type: none"> • obstructive azoospermia • non-obstructive azoospermia • severe deficits in semen quality in couples who do not wish to undergo ICSI • Infectious disease of the male partner (such as HIV) • Severe rhesus isoimmunisation • Where there is a high risk of transmitting a genetic disorder to the offspring <p>Donor insemination is funded up to a maximum of 6 cycles of Intrauterine Insemination (IUI).</p>	<p>The CCG proposal is that:</p> <ul style="list-style-type: none"> • the patient is able to donate sperm for the current cycle of: • IUI • IVF <p>* Patients can choose to fund sperm storage themselves beyond the NHS funded period.</p>

Egg Storage for Patients Undergoing Treatments Sperm Storage for Patients Undergoing Treatments

What	Proposal
<p>When considering and using cryopreservation for people before starting chemotherapy or radiotherapy that is likely to affect their fertility, follow recommendations in 'The effects of cancer treatment on reproductive functions' (2007).</p> <p>When using cryopreservation to preserve fertility in people diagnosed with cancer, use sperm, embryos or oocytes.</p> <p>Offer sperm cryopreservation to men and adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile.</p> <p>Local protocols should exist to ensure that health professionals are aware of the values of semen cryostorage in these circumstances, so that they deal with the situation sensitively and effectively.</p> <p>Offer oocyte or embryo cryopreservation as appropriate to women of reproductive age (including adolescent girls) who are preparing for medical treatment for cancer that is likely to make them infertile if:</p> <ul style="list-style-type: none"> • they are well enough to undergo ovarian stimulation and egg collection and • this will not worsen their condition and • enough time is available before the start of their cancer treatment. <p>Cryopreserved material may be stored for an initial period of 10 years.</p> <p>Following cancer treatment, couples seeking fertility treatment must meet the defined eligibility criteria.</p>	<p>The CCG proposal is that they fund storage of eggs/sperm that have been frozen already for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions.</p> <p>The CCG will fund the storage until the person reaches the age of 42 or for 10 years (whichever comes first).</p> <p>If the patient dies while their sperm or eggs are in storage the CCG will no longer fund the storage 3 months from the person dying.</p> <p>* Patients can choose to fund storage themselves beyond the NHS funded period.</p>

Rationale for change:

The CCG feel that this decision supports transparency and equity of approach to the population and reduces the perception that for some people we are funding fully in line with NICE guidance, while for others not supporting funding at all.

Impact:

The CCG also considers that withdrawing support for funding for those in the system is unfair without notification of this change in decision or approach.

The efficiencies made by not funding this procedure will go towards bringing the CCG back to its statutory financial balance position which is vital in order for it to be a viable organisation and fund future services for the local population.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Bariatric Surgery (Weight Loss Surgery)

Proposal:

As part of a wider review into service restrictions, Basildon and Brentwood CCG is proposing not to fund bariatric surgery.

NHS England transferred responsibility for commissioning Bariatric surgery to the CCG from 1 April 2016. This service is provided from specialised centres so patients must travel to London for this surgery.

The CCG feels that it should consult on not providing this service to the population and instead work with Public Health to promote healthier lifestyles and tackle obesity rather than managing the problem once it occurs. The money saved will remain within the service. However, as stipulated in the latest NICE guidance (CG189; 2014), there will be a group of patients, especially people of different ethnicity, who may benefit from bariatric surgery as they are likely to develop more complex health conditions (especially Diabetes) if they are already significantly overweight.

Obesity & Weight Management

Obesity rates have doubled in 20 years (men 24%, women 26%) but Basildon (30.2%) has a greater percentage of adults that are classified as obese or of excess weight compared to the regional and national average, in sharp contrast with Brentwood (18.6%). In regards to children, the rate of obesity is higher in Basildon than Brentwood with both tracking the general upward trend in the past few years but levelling off now. There is over 10% decrease in children with 'healthy weight' between Reception year and Year 6 cohorts.

Rationale for change:

The CCG wishes to support people to self-manage their conditions and empower them to

have greater control over their lives. Where there is a pressing clinical need, cases will be considered on an exceptional basis. The CCG feels that through working with Public Health and our providers to support people to better manage their conditions and engage and participate in improving their wellbeing the need for bariatric surgery should decrease while outcomes for patients should improve.

Both Basildon and Brentwood Health and Well Being Boards (HWB) support the need to prevent obesity and manage it so as to reduce the need to progress onto surgical intervention.

The Joint Strategic Needs Assessment (JSNA) outlines the 3 priorities for both Boards as:

Basildon HWB

- 1 Reduce smoking prevalence
- 2 Reduce obesity prevalence
- 3 Reduce health inequalities and tackling poverty

Brentwood HWB

- 1 Improve health of older people
- 2 Increase vaccination coverage
- 3 Reduce obesity prevalence

Impact:

It is suggested that the proposal should not greatly impact patients with obesity and weight issues as there are already various weight management services available that teach nutrition and lifestyle changes rather than opting for surgery. With any surgery there are risks and if patients can lose weight themselves naturally with the support of local services they are not going to be exposed to the risks of bariatric surgery and any possible complications.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



E-Cigarettes

Proposal:

Basildon and Brentwood CCG is proposing that e-cigarettes and other novel nicotine containing products are not prescribed on the NHS until they have been fully evaluated, their place in therapy established, and formulary processes have been followed.

Smoking and stop smoking services fall under the remit of Public Health. NICE has issued guidance PH 45

<https://www.nice.org.uk/Guidance/PH45> and associated quality standards.

Rationale for change:

Electronic cigarettes are novel devices that deliver nicotine by heating and vaporising a solution that typically contains nicotine, propylene glycol and/or glycerol and flavourings.

A Public Health England (PHE) report has estimated that about 2.6 million adults used electronic cigarettes in 2015. The report concluded that at this moment in time the long term health risks are not known. The report also estimated that nationally there are currently 1.8m prescription items dispensed each year that relate to smoking cessation (of which about 50% are nicotine replacement therapies (NRTs)). The nicotine replacement therapies that can be prescribed include:

- skin patches
- chewing gum
- inhalators, which look like plastic cigarettes through which nicotine is inhaled

- tablets, strips and lozenges, which you put under your tongue
- nasal spray
- mouth spray

These can all be prescribed by your GP or can be purchased within pharmacies.

Along with the prescribing of the above NRTs there is also the Public Health commissioned 'NHS Stop Smoking Service' that patients can access via telephone or the internet or via the online app without having to contact their GP. This service offers one-to-one sessions, group sessions or drop in services.

The CCG therefore feels there is existing sufficient support available to aid with the cessation of smoking.

Impact:

The CCG believes that the proposed changes would have little impact on the local population. As described above there are several NRTs available that support smoking cessation along with other therapies available from pharmacies. These methods are clinically proven to assist with the cessation of smoking as opposed to moving to an alternative way of smoking.

It has been estimated that costs for e-cigarettes would be around £1.1m per 100,000 population per year and that with a population of over 260,000 the CCG would face significant financial pressures to an already challenged health system.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Simultaneous Joint Replacements

Proposal:

As part of a wider review of service restrictions, Basildon & Brentwood CCG is proposing to cease the funding of the following joint replacement procedures

- simultaneous hip replacement i.e. replacing both hips at the same time
- simultaneous knee replacement i.e. replacing both knees at the same time
- simultaneous shoulder joint replacement

Rationale for change:

Simultaneous joint replacement:

Simultaneous joint replacement, both joints being replaced at the same time and while there may be an advantage that the surgery is undertaken in one go, it does pose a greater risk. By having both joints replaced at the same time the surgery is therefore longer which alone can increase the risk of complications.

Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body, which in turn could lead to a complex and more expensive package of care being required.

The CCG's approach to the current financial challenges is to prioritise the limited funding it has so that the local population has access to the healthcare that is most needed. This assessment of need is made across the whole population of Basildon & Brentwood CCG and, wherever possible, on the basis of best evidence on what is clinically proven to work.

The proposed change would mean that simultaneous joint replacement would no longer be funded under the CCG. However, staged joint replacement would still be.

Impact:

It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions while also reducing the length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 and while having staged joint replacements will mean having two episodes of surgery, the main advantage is that it reduces risk of complications.

The efficiencies made by no longer funding these procedures will go towards bringing the CCG back to its statutory financial balance position which is vital in order for it to be a viable organisation and fund future services for the local population.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Cosmetic Surgery

Proposal:

That the CCG no longer commissions Cosmetic Surgery procedures:

- Breast Procedures - Asymmetry/reduction/mastopexy including revision/replacement
- Gynaecomastia
- Liposuction /Skin contouring/Body contouring
- Cosmetic Surgery

Funding for reconstructive surgery will continue, where this is not for cosmetic purposes.

Rationale for change:

The CCG has a current financial deficit and is having to make decisions about ceasing funding of services and therefore has to review funding of all procedures of low/limited clinical value.

Impact:

There should be limited impact on patients as these procedures are thought to be of low clinical value. Cosmetic surgery is a choice rather than a clinical need and should therefore be self-funded. Efficiencies made will go towards the CCGs financial deficit position and work towards bringing the CCG back to its duty of financial balance.

Sterilisation Male & Female

Proposal:

Basildon and Brentwood CCG is proposing to stop all male and female sterilisation. For males this comprises of both conventional and no-scalpel vasectomy and for females this relates to blocking or sealing of fallopian tubes.

Rationale for change:

Since 1 April 2013, local authorities have had the responsibility for ensuring the commissioning and delivery of all community and pharmacy contraceptive services (apart from services provided by GPs).

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (HM Government 2013) states that services should include advice on, and reasonable access to, a broad range of contraceptive substances and appliances as well as advice on preventing unintended pregnancy. When the regulations mention 'contraception' they are referring to both regular and emergency contraception.

Local Authorities are also responsible for: sexual health promotion, sexual health education and training for staff in community services, human immunodeficiency virus (HIV) prevention, testing and treating sexually transmitted infections (STIs) and partner notification.

The vasectomy and female sterilisation services are considered to be one of many forms of contraception and are deemed to have no or limited clinical value.

Impact:

As there are numerous methods of contraception available locally (both free and paid for) and with the clinical rationale deeming sterilisation to have no or limited clinical value, the CCG believes this to be an appropriate restriction that would have minimal impact on both male and female patients.

This is a summary of the information which can be found on our website at <http://basildonandbrentwoodccg.nhs.uk/fit-for-the-future>



Toric Intraocular Lens Implant For Astigmatism

Proposal:

As part of a wider review of service restrictions Basildon & Brentwood CCG is proposing to cease the funding of Toric intraocular lens implant (IOLs) for astigmatism.

Rationale for change:

The proposal is that the CCG will continue to fund cataract surgery but will not fund toric intraocular lenses which are used to correct astigmatism.

The CCG's approach to the current financial challenges is to prioritise the limited funding it has so that the local population has access to the healthcare that is most needed. This assessment of need is made across the whole population of Basildon & Brentwood CCG and, wherever possible, on the basis of best evidence on what is clinically proven to work.

Impact:

The efficiencies made by not funding this procedure will go towards bringing the CCG back to its statutory financial balance position which is vital in order for it to be a viable organisation and fund future services for the local population.

As there are alternative IOLs procedures available the CCG believes there would be limited impact to patients.

More detail on these proposals can be found on our website, www.basildonandbrentwoodccg.nhs.uk. Or you can contact us using the details at the end of this document to get the information sent to you in an accessible format.



How can I give my view on these proposed changes...

Come to a public meeting:

Tuesday 19th July, 6pm-8pm
at Pitsea Leisure Centre, Northlands
Pavement, Pitsea Centre, Basildon SS13 3DU

Wednesday 27th July, 6pm-8pm
at Holiday Inn, Festival Leisure Park,
Basildon SS14 3DG

Thursday 28th July, 6pm-8pm
at Brentwood Community Hospital, Crescent
Drive, Brentwood CM15 8DR

Friday 12th August, 10am-12noon
at Wickford Health Centre, Market Rd,
Wickford SS12 0AG

Friday 26th August, 1pm-3pm
at Emmanuel Church Hall, Laindon Road,
Billericay CM12 9LD

CCG AGM: Thursday 8th September,
4pm-8pm at St. George's Suite, The
Basildon Centre, St. Martin's Square,
Basildon, Essex, SS14 1DL

**You can also tell us what you think
by completing the online questionnaire
on our website,
www.basildonandbrentwoodccg.nhs.uk.**

Alternatively, if you are unable to complete the questionnaire online, you can download a copy, print, complete and post to:

Fit for the Future
NHS Basildon and Brentwood Clinical
Commissioning Group
Phoenix Place
Christopher Martin Road
Basildon SS14 3HG

You can also join a patient group where you can feedback your views in a supportive environment. Find more information on how you can get involved in your local group here

If you have any questions or require further information, please contact us by email: bbccg.involvement@nhs.net or write to us at the above address.



*Basildon and Brentwood
Clinical Commissioning Group*