Media information

Date: 14 November 2014

Urgent and necessary measures to prioritise services

On 29 October, Northern, Eastern & Western Devon Clinical Commissioning Group’s (NEW Devon CCG) Governing Body published its intent to take 'urgent and necessary' measures in the remainder of this financial year and into next. This is being done in order to protect essential services, prioritise the requirements of the NHS Constitution and to meet the CCG's legal duty to live within its financial resources. The following information is an update on that position.

Dr Tim Burke Chair of the NEW Devon CCG said "In order to prioritise essential services it is necessary to make choices about what is given lesser priority. For this reason, we are evaluating a series of temporary reductions in services. Our review focuses on planned operations and treatments, not those which must be done as an emergency or to save lives.

"During the rest of November we will undertake a review of these services, including the impacts of their temporary withdrawal.

"I am committed to being open about what we are considering and how the decisions are being made and so today we are publishing the list of things we are looking at even though it is still work in progress and decisions have not been made. Where we do take a decision to suspend a service we will publish that and produce information for the patients affected about the available treatment options for them."

The services being reviewed and considered for a full or partial suspension fall into the following areas:

- Ultrasound guided steroid injections, compared with steroid injections without ultrasound
- Shockwave therapy for some tendon problems
- Removal of ear wax done by hospitals
- Certain types of shoulder surgery
- The drugs we are choosing to use to treat Wet Age-Related Macular Degeneration (Wet AMD)

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The range of tests we use to diagnose Wet AMD
The number of different drugs that are tried on the same patient to treat Wet AMD
The necessity and timing of hospital follow-up appointments
The number of medicines we prescribe which are actually available to buy over-the-counter
Being more consistent in the way patients are followed up after a cataract operation.
Fertility Treatments
Planned caesarean births where there is not a medical reason for it
The numbers and types of joint injections
Do we make best use of the range of treatments available for prostate cancer
Aspects of the fibromyalgia services
Aspects of the chronic fatigue services
When does smoking increase people’s surgical risk or give them worse outcomes?
When does being very overweight increase people’s surgical risk or give them worse outcomes?
Various uses of botulinum toxin (botox) in medicine.
Hernias requiring an operation
When should hospitals treat haemorrhoids and which treatment should be used.
When is the right time to treat cataracts and when is the right time to treat the second eye?
When is the right time to treat bunions with surgery
What is the right order of other treatments to try before undertaking a hysterectomy?

In October the CCG took the decision that a person’s weight should be considered if they might need a hip or knee replacement. Weight management is recommended by NICE as a core treatment for the management of osteoarthritis. We would like to clarify what this will mean.

The CCG policy is now that a where a person has a BMI of 35 or above this is a trigger to indicate that surgery may be more difficult or risky and the outcomes possibly worse for a patient than if they were a more healthy weight. It does not mean that a GP will not be able to refer a patient with a high BMI for elective surgery. The GP may still refer the patient for specialist assessment.

However, we will require patients to lose 5% of their weight or to get under a BMI of 35 to have surgery. For some people, reducing their weight to a healthier level means that the pain in their knee, for example, can be lessened to the extent that they may not require surgery at all. There are more general benefits from being a healthier weight including lower risk of diabetes and cardiovascular disease. More complicated surgery and high numbers of people with diseases that can be reduced through weight loss are very costly to the NHS and so draw on funding that could be used for other health services, including re-investment in areas that we are currently considering suspending.

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We recognise that each patient is an individual and where their GP or consultant feels that there are exceptional circumstances we will convene a panel of clinicians to consider the case.

We will continue to keep people up to date on our decisions around the measures.

Ends

Notes for Editors

The average height for a woman in the UK is 5'3" (161.6cm) and she weighs 11 stone (70.2kg). At that height a woman would reach a BMI of 35 when she reaches a weight of 14 stone 6 lb (91.5 kg). The average height for a man in the UK is 5'9" (175.3cm) and he weighs 13.16 stone (83.6 kg). At that height a man would reach a BMI of 35 when he reaches a weight of 17 stone (108 kg). Office of National Statistics

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