



Northern, Eastern and Western Devon
Clinical Commissioning Group

Media information

Date: 11 December 2014

NEW Devon CCG asks people to take responsibility for their own health and wellbeing in Devon.

Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) has announced that it will not require patients to undergo weight loss or stop smoking ahead of routine surgery.

Patients will be offered evidence-based guidance on the benefits of weight loss and smoking cessation as part of their healthcare.

This new position follows significant feedback from a wide range of stakeholders across health, social care and professional bodies on the proposed measures.

People with a high BMI and those who smoke will continue to be invited by their GP to quit smoking or lose weight before undergoing surgery but will not be required to do so.

Clinicians on the Governing Body remain of the view that encouraging smokers and those with a high BMI to stop smoking or lose weight will give them a better outcome for any procedure, but more importantly better health outcomes for the rest of their lives.

GP clinicians say they need patients to join with them to get the best return on the money people spend on the NHS.

A spokesman for the CCG said: "We announced a series of measures to improve health outcomes in October.

"This produced a helpful public debate which we have followed with interest.

"We have come to the conclusion that there is already a strong public acceptance of the need for people to continue to take responsibility for their own health and wellbeing.

"We have therefore decided to further promote smoking cessation and weight loss services to improve outcomes for patients."

Key facts for NEW Devon CCG:

*We have
an overall
budget of
£1.1 billion*

*We serve a
total
population
of 898,523*

*We cover a
total area
of 2,330
square
miles*

*Our CCG
chair is Dr
Tim Burke
and there
are three
locality
chairs:
North – Dr
John
Womersley
East – Dr
David
Jenner
West – Dr
Paul Hardy*

*Our
accountabl
e officer is
Rebecca
Harriott*

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or email us at d-ccg.communications@nhs.net

Measures that will continue as previously planned include plans to reduce emergency admissions and A&E attendance and changing from using some branded drugs to more generic drugs.

Proposals including the value of second hearing aids and second cataract operations will be subject to consultation, while a set of measures including the management of hernias and suspension of some treatments such as ultrasound guided injections remain under consideration.

Measures will be subject to rigorous assessment, and consultation if appropriate and prior to any consultation the CCG will seek assurance that the proposed measures do not discriminate or exacerbate health inequalities, and comply with statutory requirements.

ENDS

EDITOR'S NOTES:

Financial position

The CCG ended 2013/14 with an actual deficit of £14.7m against a plan to achieve a surplus of £5.3m. The deficit equated to around 1.4% of its revenue resource limit.

The CCG's plan for 2014/15 is a deficit of £29.2m, comprising £14.6m deficit repayment and a £14.6m in-year deficit.

Current position

The position on each of the announced interim commissioning positions is as follows:

Not proceeding:

Changes to pre-surgical requirements for people with reference to BMI

Changes to pre-surgical requirements for people with reference to smoking

Subject to consultation:

The relative value of second hearing aids

The relative value of second cataract operations

Ear microsuction – limited to treatment of mastoid infections and where anatomical abnormalities make other forms of ear irrigation impossible

Continue to review the evidence of outcomes for shoulder surgery with prior approval of surgery to ensure conservative treatment has been explored during the period of review

Stopping shockwave therapy for tendinopathies

The CCG will not consider implementing these measures until it has reviewed the outcomes of the consultation.

The following measures are also already under way:

Further reduce emergency admissions

Further reduce A&E attendance

Reduce out of area referrals where the patient's healthcare needs can be met locally

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Increase clinical support for 111, mental health and dental
Change some branded drugs to generic drugs
Reduce the running costs of the CCG
Special patient messaging for non-elective medical admissions
Improve quality of continuing healthcare (CHC) referrals
Management of MRI referrals
Management of consultant-to-consultant referrals
Management of dermatology referrals to ensure maximum use of community-based dermatology services

These are in line with good commissioning practice around the country.

Measures still being considered:

Management of hernias
Suspension of ultrasound guided injections
Review of follow-up after general surgery
Review of follow-up after cataract surgery
Review of facet joint and lumbar spine injections
Use of botulinum toxin
Management of bunions
Management of haemorrhoids
Pathways leading to hysterectomy
Wet AMD pathway compliance and non-sequential anti-VEGF
Discussions with acute trusts and other CCGs under way on use of Bevacizumab (Avastin) as treatment for wet age-related macular degeneration (WAMD). Implementation has not commenced.

These will be subject to the same rigorous assessment, and consultation if appropriate. Prior to any consultation the CCG will seek assurance that the proposed measures do not discriminate or exacerbate health inequalities, and comply with statutory requirements.

Ends

**For media enquires please contact Jacqui Gratton, communications Manager
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