



Report to NHS North East Essex CCG Board

Board Meeting Date: 26th May 2015

Agenda No: 6 c

FOR Decision

Report Title: Service Restriction Plan for 2015/16 – Achieving Equity in financially distressed times

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NEECCG

1. Summary

The annual commissioning cycle always gives rise to the review of all CCG commissioned service. Due consideration of the service form, effectiveness, affordability, demand, equity of provision and new evidence based reviews are undertaken, the aforementioned process in some cases gives rise to service restriction decisions are made.

However for 2015/16 this process has required a higher degree of focus owing to the financially distressed position NEECCG finds itself in. NEECCG has resisted cuts and rationalisation of services until now despite other CCGs and PCTs previously having made precedent making decisions to cease or curtail services.

It is with regret that these difficult clinical and financial decisions must be made, however in a time of limited resources the CCG's responsibility is to ensure each pound it spends on behalf of its resident, delivers the highest health benefit. This approach is necessary as any savings must be returned to reinvest in the health system to manage the increasing demands of our growing and aging population and their associated increasing prevalence of long term conditions.

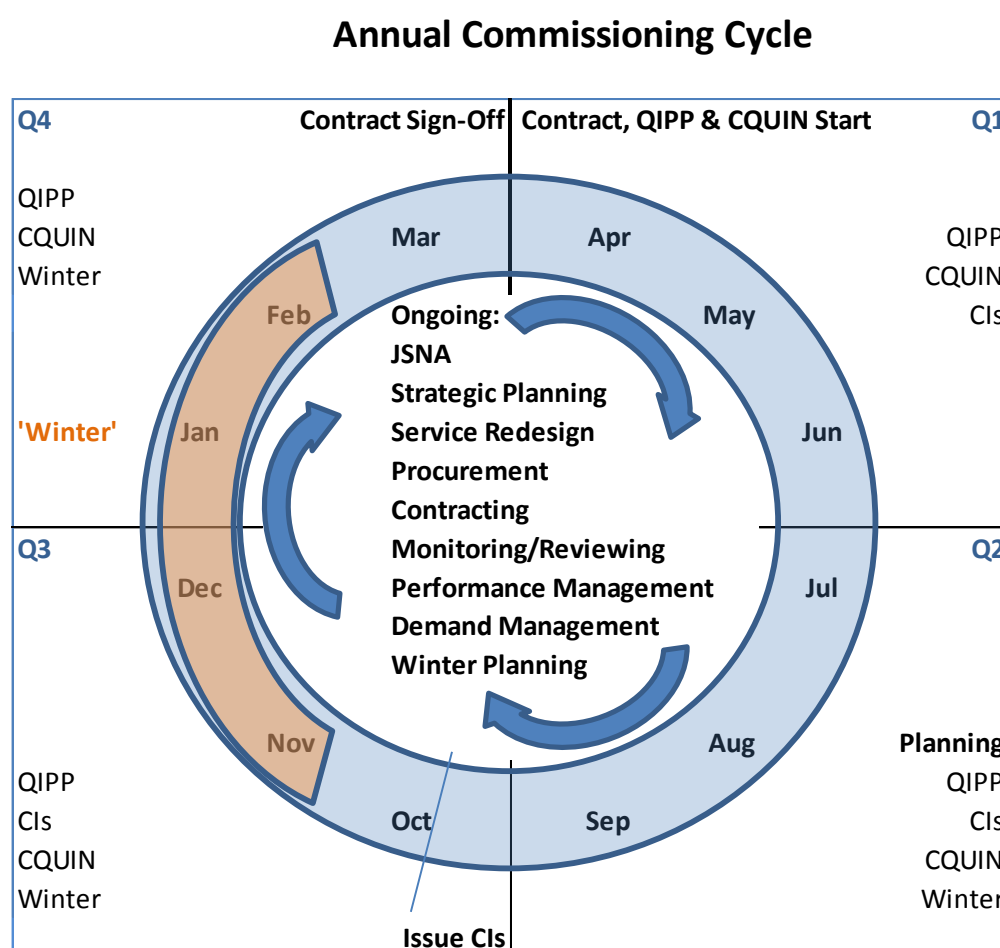
This paper outlines the process by which the CCG has gathered suggestions to restrict services and evaluated the impact of the service changes. The paper also outlines the annual commissioning cycle and communications and engagement plan associated with the suggested services that have been selected for restriction and rationalisation. The Board is therefore being asked at this stage to endorse engagement and active communication with the public in an open, meaningful and transparent way with respect to the services contained in the paper herewith.

2. Key Points to Note

- 2.1 Ensuring clinical effectiveness, value for money and equity in all its commissioned services is a key role of the CCG. Such reviews are conducted annually ahead of provider contract negotiations and informs the commissioning intentions of the CCG

issued to the healthcare market and public at the end of September each year. See Fig 1 Commissioning and Contracting cycle.

Fig.1



Key for Fig 1

ClS – Commissioning intentions each year the commissioning bodies announce what changes they will be making to the commissioning arrangement down to service level for the forthcoming year.

QIPP – Quality Innovation Productive and Prevention (guiding principles for all services commissioned in the NHS need to comply with)

JSNA – Joint Strategic Needs Assessment

CQUIN – Commissioning for Quality and Innovation Schemes which is 5% of a NHS contract value dependant on achieving stretch of quality or innovation

2.2 North East Essex CCG has a recurrent funding gap of £22m in 2015/16 to manage whilst demand continues to out strip currently commissioned and affordably resources. The size of the financial challenge is predicted to be the same in 2016/17 and 207/18. Hence the need to think more broadly and radically to solve the issue.

2.3 Many CCGs across Essex and the Midlands and East region have already taken steps to heavily restrict and rationalise some of the services we are considering here. The CCG commissioning and Quality Innovation Productivity and Prevention (QIPP) team have reviewed CCG decommissioning and service restriction plans across England and Wales for ideas and precedent making decisions to help guide the planning process.

2.4 Hence the CCG did not formulate the list of service restriction ideas in isolation. Appendix 1 represents a map of the sources and process by which the CCG generated the list of services contained herewith for the restriction or rationalisation.

2.5 Preliminary feasibility testing has been conducted on the ideas to gauge deliverability, risk and equity of provision. Owing to the sensitive nature restricting some of these services the CCG has set out clearly the p and guidance on the public consultation and engagement requirements associated with these services.

2.6 All service restrictions have been clinically considered and reviewed by clinical leads in the CCG prior to presentation to the clinically lead Transformation and Delivery Committee (TDC)

2.7 Following any implementation of service restrictions clinical review of the impact and benefits will be undertaken as frequently as is deemed necessary (minimum of monthly)

Service Restrictions	Improving patient outcomes	Standardising policy
In Vitro Fertilisation – only for individuals with specific healthcare conditions	Changes to threshold for elective procedures including smoking cessation and weight management programmes prior to elective surgery.	Clinical Priorities Policies review and alignment with Mid Essex CCG
Any Qualified Provider (AQP) - Back and Neck Community Therapy Service restriction		Continuing Healthcare Choice Policy for funding domiciliary care packages
Gluten free products		
Vasectomy service Female sterilisation		

Our proposals

The CCG is proposing to restrict or rationalise a number of community services across north east Essex. While these are our intentions, it is important to stress that we will adopt a flexible approach. If the CCG's position changes in the future, the CCG would reconsider or adapt the implementation of these changes:

- **IVF (In Vitro Fertilisation)**

The current IVF service would be decommissioned as it does not provide sufficient benefit to the overall health economy. However certain groups of patient would still be able to access IVF.

- **AQP Spinal (Any Qualified Provider – Spinal Service – network of private and NHS Providers)**

It is necessary to control activity and expenditure for manual therapy and spinal services under the current AQP model, ahead of these services moving to the lead provider arrangement in April 2016.

- **Threshold for elective procedures**

All patients being referred for non-urgent elective surgery and who are smokers should be referred to smoking cessation services at the initial referral/assessment/appointment. Meanwhile, overweight and obese patients should be strongly encouraged to lose weight before their operation. Failure to attend smoking cessation or weight loss programmes may have an impact on whether individuals could undergo their procedure.

- **Vasectomy and female sterilisation**

Due to ongoing financial scrutiny of non-core services, the community vasectomy service is being reviewed by the CCG as a service with no or limited clinical value – rather it is considered as one of many forms of contraception. Both vasectomy and female sterilisation will however be available in cases of complex health needs.

- **Continuing healthcare choice policy for funding domiciliary care**

The Continuing Healthcare Choice Policy describes how the CCG would, in the future, provide a healthcare package for complex healthcare needs that is affordable and meets the needs of the individual – regardless of the clinical setting.

- **Clinical Priorities policies**

The purpose of this policy and procedure is to provide a mechanism for deciding whether referral of an individual patient for a specific assessment and treatment should be funded based on clinical effectiveness.

- **Gluten free**

The CCG is considering restricting the prescribing of gluten free foods to young people, pregnant women and breastfeeding mothers and stopping prescribing these products altogether to all other adults. These products are now freely available in shops and there is a variety of alternatives widely available.

3. Risks Identified

3.1 Reputational risk and public reaction to suggested service changes.

3.2 Risk of challenge by interested parties delay of benefits realisation and further financial challenge

4. Resource Implications

4.1 Full engagement plan included has been developed which includes resource requirements for requisite communication and engagement with the public.

4.2 Each business case requires business management and support services resources to deliver the proposed outcomes. It is responsibility to the programme management office and programme leads to manage resource requirements.

5. Implications for engagement and communication

Starting with 'Our Big Care Debate'

Throughout 2014, the CCG undertook an engagement exercise which gave people an opportunity to say how they would like health and social care to develop across north east Essex. The main themes of the Big Care Debate included:

Self-care

People overwhelmingly understood the importance of taking personal responsibility for their own health. Diet, exercise and mental wellbeing were recurrent themes.

GP services

Local people value their GP practice and have told us it is usually their first point of contact for care. Community services therefore need to be closely linked with GP services.

Access to information and services

Access to information and signposting to services using easy to understand language was viewed as important.

Prevention

People also wanted clear information about how to stay healthy and how to manage a long term condition so the individual remains in control.

Integration of services

There was a level of frustration with the lack of joined up services, particularly around discharge from hospital but also with support services.

6. Equality & Diversity

Equality Impact Assessment to be conducted on all services that are agreed by the board to proceed to implementation phase

7. Strategic Objective(s) associated to this paper (tick all that apply)

Holistic Approach - Achieve our vision through an inclusive, holistic approach to patient and service user- centred commissioning, embedding personalisation of care through integrated health and social care services	
Quality and Safety - To transform care and drive continuous improvement in quality and safety. Achieve the best possible outcomes from our service users through high quality care	√
Best use of resources – To use commissioning resources effectively and responsibly. To develop our organisation, teams and individual staff to be trusted, competent, well trained, talented, enthusiastic and dedicated.	√
Priority Health Goals - To tackle the biggest health challenges in North East Essex reducing health inequalities	√

8. Recommendation

8.1 The board is asked to approve the basket of services listed below to proceed to consultation or engagement as set out in the attached communications plan on 1st June 2015.

Proposed Restriction of Services

- In Vitro Fertilisation (IVF) – only for individuals with specific healthcare conditions
- Any Qualified Provider - AQP Community Back and Neck Therapy Service – network of private and NHS Providers)
- Gluten free products
- Vasectomy service
- Female sterilisation

Improving patient outcomes

- Threshold for elective procedures including smoking cessation and weight management prior to elective surgery

Standardising policy

- Clinical Priorities Policies review and alignment with Mid Essex CCG
- Continuing healthcare choice policy for funding domiciliary care

8.2 Once the communications activities have been completed, a consultation report will be returned to the board for endorsement and adoption.

8.3 The Board is asked to support the recommendations from the Operational Executive and Transformation and Delivery Committees that the CCG move to implementation of the services restrictions outlined above, following the engagement processes discussed in Part 2 of this Board and outlined in the tabled paper.

APPENDIX 1

