

Bristol, North Somerset and South Gloucestershire

Clinical Commissioning Groups

NHS Proposals



January 2018

Improving care and treatment

Our vision is to improve the health of the local population, reduce health inequalities and ensure NHS services are fit for the long term.

The 2017-18 NHS budget for Bristol, North Somerset and South Gloucestershire is £1.15 billion serving a population of close to one million.

In recent years, health spending in the area has exceeded the budget by around £90 million.

In order to protect NHS services for the future, we have to live within our means and make the best use of taxpayers' money.

In the summer of 2017, we consulted with patients, the public, clinicians and other professionals on seven proposals to improve services and increase efficiency in the way we provide services.

These were changes to:

- breast reconstruction after cancer surgery
- chronic liver disease pathways
- decommissioning homeopathy
- fertility treatment eligibility
- self-care and over the counter medicines
- prior approval for cosmetic treatments
- sleep apnoea commissioning.

With the exceptions of breast reconstruction, decommissioning homeopathy and fertility treatment eligibility, the other policy changes have been approved by the combined Governing Body of the three CCGs.

The Governing Body decided to keep the existing fertility policies in place, subject to review in 2018/19, and consult further on the breast reconstruction and homeopathy proposals.

In addition, a proposal to bring the policy for prescribing gluten free food in Bristol into line with the policy that covers North Somerset and South Gloucestershire is also being consulted on.

This work forms part of Bristol, North Somerset and South Gloucestershire's Sustainability and Transformation Partnership (STP) and reflects the NHS's Five Year Forward View to deliver sustainable care for future generations.

You can give your feedback from noon on Monday 22 January 2018 via the Get Involved pages of the Bristol, North Somerset and South Gloucestershire CCG websites:

www.bristolccg.nhs.uk/get-involved www.northsomersetccg.nhs.uk/get-involved www.southgloucestershireccg.nhs.uk/get-involved

Healthcare services proposals

Each consultation will start at noon on 22 January and continue for 12 weeks until 15 April 2018.

Proposal	Summary
Review of homeopathy services and treatments	 The aim is to review commissioning of homeopathy services and treatments and includes three proposal options: whether the homeopathy service should continue under the current policy where funding will be granted if the patient meets published criteria or whether the current policy should be amended to reduce access either by reducing the number of appointments routinely funded or to restrict the access criteria so that fewer patients will qualify for treatment, or whether NHS funded homeopathy is only available in rare and exceptional circumstances and would need to be approved by the Individual Funding Request Panel*(please see page 4)
	 Why are we proposing this? Reviewing NHS funded homeopathy service provision could save NHS resources and release funds for other services NHS England have recently recommended that homeopathic treatments should not be routinely prescribed by the NHS.
	 Who will this policy affect? The proposal will affect every patient wishing to access and receive homeopathy support and treatments funded by the NHS.
	 Timescales Following the conclusion of the consultation process on 15 April 2018, the feedback will be reviewed and a decision made by the summer Regardless of the outcome, patients currently receiving NHS funded homeopathy services will be able to complete their treatment.
	 What treatment is currently allowed? Patients who qualify for treatment under the current commissioning policy are able to access up to five appointments with the homeopathy service
	 What doesn't the policy cover? This policy review does not apply to other complementary treatments such as acupuncture where we have separate commissioning policies.

Breast reconstruction after cancer

The aim of this policy is to ensure that breast cancer patients have access to high quality and appropriate reconstruction and rebalancing surgery based on the principle of "getting it right first time".

Who does this policy affect?

- The policy applies to all people diagnosed with breast cancer on or after the date of the policy being introduced
- Patients with a breast cancer diagnosis prior to the date of the policy being introduced are to be treated in line with the spirit of this policy which is considered to be the best practice approach to breast reconstruction following cancer
- The policy applies to men and women and has no upper or lower age limits.

What are the timescales involved?

- Breast reconstruction of the affected breast and rebalancing of the unaffected breast will be available for patients who have completed treatment for cancer which resulted in the removal of breast tissue within the last five years
- This timescale is extended to seven years for those who have had inflammatory breast cancer
- The timescale between the first and third surgery must fall within two years.

How many surgical procedures are allowed?

- Patients who elect to have reconstruction and/or rebalancing surgery will be able to have up to three surgical procedures
- A surgical procedure is any surgery performed under general anaesthetic.

Who makes the decision to approve surgery?

• Any decision to treat the affected or unaffected breast must be approved by a multidisciplinary team to ensure it is clinically appropriate.

What happens if the decision is no?

• Where a patient does not meet the published criteria, an application for funding may be submitted by the clinician if they view the patient's circumstances are clinically exceptional compared to all other patients who also do not meet the published criteria

What doesn't the policy cover?

• This policy does not include cosmetic surgery for patients who have completed breast reconstruction and/or rebalancing treatment.

Breast reconstruction after cancer diagnosis flow chart

whether the

patient meets

criteria detailed

in policy for

surgery

Has the patient completed treatment for breast cancer within the last five years (or seven years if inflammatory breast cancer)? *

Following clinical discussion, the patient elects to have surgical breast reconstruction

A multidisciplinary team (MDT) affected breast only considers

The MDT confirms that the patient needs reconstruction surgery to the affected breast and rebalancing surgery to the unaffected breast

Funding is
approved for
a maximum of
three procedures
(general
anaesthetic)
within two
years of the first
procedure.*

Patient can be listed for surgery

No

The patient does not meet access criteria so no NHS funding available. The patient may wish to self-fund if appropriate.

*Where a patient does not meet the published commissioned policy criteria, but the clinical specialist views the patients request could be considered as clinically exceptional then a request for funding on an individual basis can be made for consideration.

Removal of gluten free food from prescription for those aged 18 years and over The aim of this proposal is to remove gluten free foods that are prescribed on the NHS in Bristol.

Who will this will affect?

• Patients over the age of 18 years and diagnosed with Coeliac disease or patients with dermatitis herpetiformis.

Who won't this affect?

• Patients under the age of 18 years will be allowed a limited list of gluten free products to be prescribed.

Why are we proposing this?

- Restricting prescribing of Gluten Free foods could save NHS resources and release funds from the primary care prescribing budget.
- To ensure consistency of availability of gluten free foods for the people living in Bristol.
- South Gloucestershire CCG and North Somerset CCG have adopted this proposal.
- The Department of Health have consulted on the availability of gluten free foods on prescription in primary care.

Who makes the decision?

• The responsible clinician will retain the ability to deviate from this proposal if they feel it is clinically necessary.

Have your say

We welcome your views on the proposals outlined on the previous pages.

Please follow the links in the document to submit your feedback online, or email: contactus.bnssg@nhs.net or write to:

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For further information and details on the proposals, please go to the CCG websites:

www.bristolccg.nhs.uk/get-involved

www.northsomersetccg.nhs.uk/get-involved

www.southgloucestershireccg.nhs.uk/get-involved

South Gloucestershire Clinical Commissioning Group

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If you need this document in another format, please contact us as above.