

**Public Consultation  
on Changes to Healthcare  
in Castle Point, Rochford &  
Southend-on-Sea  
21 February 2017 – 14 March 2017**

**NHS Castle Point and Rochford CCG**

[www.castlepointandrochfordccg.nhs.uk](http://www.castlepointandrochfordccg.nhs.uk)

 @CPRCCG

**NHS Southend CCG**

[www.southendccg.nhs.uk](http://www.southendccg.nhs.uk)

 @SouthendCCG

# 1. INTRODUCTION

Nationally the NHS continues to face big challenges in meeting the needs of the population, and within south east Essex we continue to see increasing pressure and demand on health and care services.

The NHS Five Year Forward View (FYFV) was published in 2014 and outlines three key areas for change that are needed if the NHS is going to be sustainable now and in the future, which are (i) health and wellbeing, (ii) quality of care and (iii) NHS finance and efficiency.

In order to reflect these expectations locally, NHS Castle Point and Rochford Clinical Commissioning Group (CCG) and NHS Southend CCG are reviewing all the services they commission to address gaps highlighted in the FYFV and so ensure local NHS services are safe, effective and sustainable.

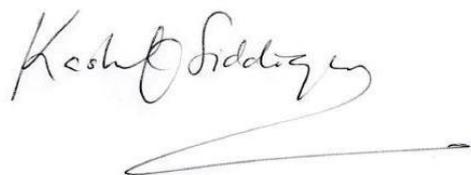
A lot of work has already taken place locally focussing on people living healthier lives and we are working more closely with partner organisations, including other CCGs and local authorities, to provide high quality care. However, the on-going rise in demand for services and the associated increase in costs mean we need to make savings in excess of £13 million in 2017/18 in Southend and £11.7 million 2017/18 in Castle Point and Rochford.

We must ensure treatments and procedures provided locally are based on good clinical evidence and value. Therefore, we want to make some changes to services we currently provide and this consultation document gives you information about those changes. This is your opportunity to offer your views.

The consultation is open from 21 February to 14 March 2017. The questionnaire is also available online at [www.surveymonkey.co.uk/r/healthcare-changes](http://www.surveymonkey.co.uk/r/healthcare-changes). If you need more information about this consultation or would like the consultation document in another format please contact [paulilett@nhs.net](mailto:paulilett@nhs.net) or call 01702 314299.



Dr José Garcia Lobera  
Chair, NHS Southend CCG



Dr Kashif Siddiqui  
Chair, NHS Castle Point & Rochford CCG

---

## 2. WHAT IS A CCG?

A CCG is a local NHS organisation which was created by the Health and Social Care Act 2012. As more than 90% of patients' contact with the NHS is with their GP, CCGs were created to enable GPs to buy the services that their patients need.

All GP practices within a given area now work together as a Clinical Commissioning Group (CCG) to buy most of the services that they refer their patients on to such as hospital, mental health and community services. The CCG is led by a Governing Body of elected local GPs supported by other clinicians and NHS managers.

---

## 3. HOW WE COMMISSION NHS SERVICES

The NHS is funded through taxation and this provides a fixed budget to buy and provide health services for the whole population. Commissioning health services is about understanding the health of a population group, planning what services to purchase to meet those needs and monitoring the quality of services that are delivered. NHS Southend CCG is responsible for the borough of Southend and NHS Castle Point and Rochford CCG is responsible for the districts of Castle Point and Rochford.

They decide which health services to purchase for their population. NHS England is responsible for direct commissioning of services outside the remit of clinical commissioning groups.

The challenge faced by organisations across the NHS is how to spend their allocated budgets in a way that benefits the health of the whole population while ensuring that services also meet the needs of individuals and delivers value for money.

With a growing population and rising demand for services, CCGs have to evaluate every service they commission to see if they offer good quality, value for money and an effective and equitable way of using our resources.

---

## 4. WHAT IS THIS DOCUMENT ABOUT?

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

However we have limited resources and demand for health care services has continued to rise in south east Essex. As such, we need to ensure we only offer treatments and procedures which are:

- clinically proven to be effective
- beneficial to patients
- affordable within available funding

We also need to more closely align the services we offer with other CCG areas in the county, to minimise a perception of a 'postcode lottery' for health services within Essex.

This document sets out changes we wish to make to our Service Restriction Policy (SRP) which will reduce the availability of a range of treatments and procedures currently offered to patients living in the area.

---

## 5. WHAT IS THE SERVICE RESTRICTION POLICY (SRP)?

Most Clinical Commissioning Groups (CCGs) have a Service Restriction Policy (SRP) which sets out the clinical criteria for a large range of medical treatments and procedures. This is an important document as it explains which treatments are not available through the NHS and other treatments which are available but only if a patient matches certain criteria.

---

## 6. WHY WE ARE PROPOSING A CHANGE?

Our Clinical Executive Committees have reviewed our Service Restriction Policies and are recommending a number of changes. It is these proposed changes we would like to hear your views on. The services affected are:

- Gynaecomastia (enlargement of the male breast tissue)
- Spine injections for back pain
- Implantation of toric lenses for corneal astigmatism during cataract surgery

---

## 7. WHAT CHANGES ARE BEING PROPOSED?

### GYNAECOMASTIA

Gynaecomastia is enlargement of the male breast tissue. It can be defined as the presence of palpable, firm, sub areolar gland and ductal breast tissue. It may occur at any time and there are a number of causes, some physiological and others pathological.

At present there is little evidence that having this surgery leads to better mental or physical health. We propose that we would no longer routinely fund surgical corrective surgery of Gynaecomastia. Instead we would require an individual funding request (IFR) to demonstrate an exceptional circumstance, this being that an individual case would need to demonstrate that surgery would have a positive effect.

### SPINE INJECTIONS

Some patients can currently receive steroid injections for back pain. However, latest guidance suggests there is insufficient evidence to support the use of these injections in sub-acute and chronic pain originating from or present within the lower-back.

We propose that we would no longer fund these particular injections for back pain and would require an individual funding request (IFR) to demonstrate an exceptional circumstance.

## **IMPLANTATION OF TORIC LENSES FOR CORNEAL ASTIGMATISM DURING CATARACT SURGERY**

Some patients who undergo cataract surgery also have astigmatism. There are relatively new types of lenses known as toric lenses, which can be inserted instead of the normal artificial lenses which are usually used in cataract surgery.

The aim of the toric lenses is to treat the astigmatism, as well as replace the cloudy natural lens. However there is little long-term evidence of long-term effectiveness for toric lenses, and there are instances of these lenses moving after the operation which have meant that the patients have ended up needing spectacles after all.

We propose that we would not routinely fund this treatment.

---

## 8. HOW ARE WE ENGAGING ON THIS PROPOSAL?

We are now inviting local people, patients, stakeholders and clinicians to tell us their views on our proposal by:

- Completing our questionnaire, either online or by completing a paper version
- Attending a workshop and talking to us face to face
- Writing to us

### SURVEY

After reading this document, please complete the following questionnaire. Your responses will be used to produce a report which will help to inform your CCG's final decision. The final report and information about the decision will be available in the Governing Body papers section of both CCG websites. You do not need a stamp so please return this questionnaire to:

SRP Consultation  
NHS Southend CCG  
Freepost RTBZ-GAKR-AECG  
Harcourt House  
5-15 Harcourt Avenue  
Southend-on-Sea  
Essex SS2 6HT

Or you can complete the same survey online at

[www.surveymonkey.co.uk/r/healthcare-changes](http://www.surveymonkey.co.uk/r/healthcare-changes)

### WORKSHOP

We will also be holding a workshop where you can discuss these changes directly with some of our GPs. The dates for these will be announced shortly, information will be available on both CCG websites. If you would like to be informed about the workshops please email [SCCG.Communications@nhs.net](mailto:SCCG.Communications@nhs.net) or call 01702 314299.

### WRITE TO US

Please send letters to our free post address (as above) or emails to [SCCG.Communications@nhs.net](mailto:SCCG.Communications@nhs.net) and add the word 'Consultation' to the subject bar.

## QUESTIONS

We would like to hear your views on our proposal to change our Service Restriction Policy. We would particularly like to hear from those affected by the proposals, but everyone's views are welcome as this consultation affects the way the local NHS spends public money on healthcare.

### 1. Please select the option below which best relates to you.

	I am responding as an individual who may be directly affected by one or more of these proposed changes
	I am a carer for someone who may be directly affected by one or more of these proposed changes (this includes parents)
	I am responding on behalf of someone who may be directly affected by one or more of these proposed changes
	I am responding as an individual but would not be directly affected by these proposed changes
	I am responding on behalf of an organisation (please state below)
	I am responding in a professional capacity (please state below)

### 2. Where do you live?

	Castle Point borough (Canvey Island, Benfleet, Thundersley)
	Rochford district (Rayleigh, Hockley, Ashingdon, Wakering)
	Southend-on-Sea
	I do not live in Castle Point, Rochford or Southend-on-Sea.

### 3. Which GP Practice are you registered with?

--	--

Name of Practice	
Address	

#### 4. What are your views regarding surgical correction of Gynaecomastia?

	Gynaecomastia surgical correction should no longer be routinely funded and should require an individual funding request (IFR) to demonstrate an exceptional circumstance
	Gynaecomastia surgical correction should continue to be funded with no change
	Don't Know

#### 5. What are your views regarding Spine Injections for back pain?

	Spine Injections for back pain should no longer be routinely funded and should require an individual funding request (IFR) to demonstrate an exceptional circumstance
	Spine Injections for back pain should continue to be funded with no change
	Don't Know

**6. What are your views regarding toric lenses?**

	This procedure should no longer be routinely funded
	This procedure should continue to be funded with no change
	Don't Know

**7. Please use this section to add any other comments you feel would help the CCGs make their decision on these proposals.**

--

**8. We would like to obtain views through this survey from all parts of our community. To help with this, we would be grateful if you could answer a few questions. Any information you provide will remain anonymous.**

Your year of birth	
Your gender	
Your ethnic origin	
Your sexual orientation	
Your religion or belief	
Do you consider yourself to have a disability? (please state)	

**9. If you would like us to provide you with an update on this proposal, please give us your name and email address so we can contact you:**

Name		
Email		
Postal Address (incl. postcode)		

If you would like a copy of this survey in another format such as Braille, large print, audio or in another language please email [SCCG.Communications@nhs.net](mailto:SCCG.Communications@nhs.net) or call 01702 314299.