

Spending NHS money wisely

Questions and answers

What are you doing to get more money for the local area?

Resources are allocated to CCGs according to a national formula and commissioners are not asked for views on whether this is sufficient for local needs. We regularly discuss funding issues with local MPs to ensure they are informed and able to lobby, as appropriate, for investment in the local NHS.

Where we can, we will continue to make the case for additional funding for the Barking and Dagenham, Havering and Redbridge area, but that is unlikely to be granted (certainly in the next few years) given the current pressure on public spending. Waiting to see if our funding will be increased is not an option – we have to act now to protect services.

How are you going to address the issue?

We are working closely with our strategic BHR and NEL STP partners to ensure that we can protect the most important services for the future using the finite financial resources available.

We have drawn up a robust financial turnaround plan, which includes work to:

- reduce costs with providers, for example by making sure services work efficiently and are the most cost-effective way to provide that care
- ensure we are prescribing the cheapest drugs (where they are as effective as each other)
- consider stopping prescribing some things that are either not effective or are easily available to buy (ie not on prescription)
- make sure we are not paying unnecessary property costs
- consider stopping cosmetic treatments (except in exceptional circumstances, like where people have suffered major trauma, burns or cancer)
- consider reducing or stopping IVF treatment

Does this mean that you will be cutting services?

This is about protecting services first of all, to make sure that local people will always be able to get treatment for conditions like cancer, heart disease, stroke and serious mental illness. To protect the most important services, we do need to make some difficult decisions about other less important things that the NHS spends money on at the moment and this is likely to mean that we will have to stop doing some things. We need to understand what patients and local people think about what we might stop doing.

We will always engage and consult the public and patients where appropriate and before making any significant changes to services. Our priority is always to improve the quality of care and secure the best outcomes for patients, doing our best with the limited resources we have.

Why are you doing this?

We don't have enough money to do everything. We have to make savings so that we don't overspend and protect vital services such as cancer treatment, ambulance and emergency services.

What will this mean for patients?

Some services will be restricted or stopped to protect investment in other areas.

Does this mean these procedures won't be carried out any more?

For some it could do, yes. We are consulting with the public to seek their views as to which services we should restrict or stop and which we should protect.

What about if you really need this treatment?

We are not proposing to stop people getting treatment they have a clinical need for.

Is this all about saving money?

Not entirely, but it is about using taxpayers' money responsibly and sensibly.

What about cutting the salary of NHS managers?

NHS managers' salaries are set nationally and have recently been frozen for some years.

Has this £55m been counted as part of the overall STP savings of £578m?)

Yes.

What would happen if you don't make these changes?

If we don't take action locally to make sure we stay within budget, the regulators will step in and take action. That means other people, from outside our area, will make the decisions about what to spend the money on and what we will have to stop funding.

Until now, has the local NHS been paying for people to have cosmetic surgery?

Yes, in some circumstances. We are now proposing to stop doing it altogether except in exceptional circumstances.

What about the impact on people's mental health for being refused cosmetic surgery?

We know that mental health is often a factor in patients seeking cosmetic treatment or surgery. There are no universally accepted and objective measures of psychological distress, so it is difficult to include such factors when setting clinical thresholds for agreeing when a particular treatment is effective.

We believe it is generally better to provide support, such as therapy, to treat the mental health need, but if a clinician thought there were exceptional mental health reasons why a patient needed cosmetic surgery, they could apply through the IFR process for a panel to look at the individual circumstances.

If you get more money, would you fund these services again?

If we got more money, we would look at what the local needs were at the time to decide how the money should best be spent to meet those needs.

What is POLCE?

Procedures of limited clinical effectiveness (POLCE) are treatments – as listed in a set of local guidelines - which generally don't make a difference to an individual's health. They should only be carried out if the patient meets certain criteria.

What is the prior approvals process?

This is a new process that helps doctors across our area to follow the POLCE guidelines correctly and consistently. In effect it is an additional step to check that all POLCE referrals from doctors are following the guidelines. We expect this extra step will save around £3.8m of local NHS funding in the next year. This is because at the moment some procedures are taking place which shouldn't and the local NHS is paying for them.

What is IFR?

An individual funding request (IFR) is when a doctor makes the case for a patient to receive any treatment that isn't usually funded, explaining why they feel the circumstances are exceptional for a particular patient. This is then considered by a panel who decides whether to approve the request or not. This is different to the POLCE prior approvals process.

What's the difference then – in a nutshell?

POLCE is a list of things that local doctors shouldn't be suggesting or requesting *except* if the patient meets certain criteria. The POLCE prior approvals process will make sure that nothing slips through the net. There is no list for IFRs and there are no set criteria - if a doctor really believes a patient needs a particular, non-funded procedure, they can still apply to a panel to decide.