HEALTHY PEOPLE
living healthy lives
in healthy communities

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

14 November 2014

By email

Dear Colleague,

**Re: Urgent and necessary measures**

As a key stakeholder I am writing to update you about the series of urgent and necessary measures to address a worsening of the CCG's financial situation.

As you will be aware, last year the CCG returned a £14.5 million deficit (known as the control total) and this year we have been predicting the same.

You will also be aware that our confidence in meeting the control total at the end of the current financial year has gradually declined as demand for services continues to outstrip what we can afford. Dealing with this is vital to protect essential services particularly through our busiest winter months.

We told you previously that we had already begun to implement a series of measures designed to improve efficiency in the system and encourage patients to contribute to improving their own health outcomes.

Throughout the implementation of our 'in-year' plan we will be prioritising those services and requirements laid out in the NHS Constitution.

They include (but are not limited to):

- Consultant-led treatment within a maximum of 18-weeks from referral for non-urgent conditions
- Maximum four-hour wait in A&E from arrival to admission
- Maximum seven day wait for follow-up after discharge from psychiatric in-patient care
- Being seen by a cancer specialist within a maximum of two weeks from GP referral where cancer is suspected
- Maximum 62-day wait from referral from an NHS cancer screening service to first treatment

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- Patients waiting for a diagnostic test should have been waiting less than six weeks from referral
- Ambulance trusts to respond to 95 per cent of category A calls within 19 minutes of a request being made.

In order to prioritise these areas, we must make choices about services which are of lesser priority. Our challenge is to prioritise those patients most in need, while at the same time, increasing efficiency in the wider system – and the CCG itself. The Governing Body paper is available on our website at www.newdevonccg.nhs.uk.

The current set of measures is being worked up for decisions to be taken in late November, for implementation from the beginning of December. We anticipate that there will be further measures identified during November and December for implementation from January. We will contact you again when we have further details on those.

Other measures will be evaluated during November for a full or partial suspension. Although the evaluation is still in progress we wish to be open with you at this stage about what we are considering. The services we are reviewing and currently considering are in the following areas:

- Ultrasound guided steroid injections, compared with steroid injections without ultrasound
- Shockwave therapy for some tendon problems
- Removal of ear wax done by hospitals
- Certain types of shoulder surgery
- The drugs we are choosing to use to treat Wet Age-Related Macular Degeneration (Wet AMD)
- The range of tests we use to diagnose Wet AMD
- The number of different drugs that are tried on the same patient to treat Wet AMD
- The necessity and timing of hospital follow-up appointments
- The number of medicines we prescribe which are actually available to buy over-the-counter
- Being more consistent in the way patients are followed up after a cataract operation
- Fertility Treatments
- Planned caesarean births where there is not a medical reason for it
- The numbers and types of joint injections
- Do we make best use of the range of treatments available for prostate cancer
- Aspects of the fibromyalgia services

- Aspects of the chronic fatigue services
- When does smoking increase people's surgical risk or give them worse outcomes?
- When does being very overweight increase people's surgical risk or give them worse outcomes?
- Various uses of botulinum toxin (botox) in medicine
- Hernias require an operation
- When should hospitals treat haemorrhoids and which treatment should be used
- When is the right time to treat cataracts and when is the right time to treat the second eye?
- When is the right time to treat bunions with surgery
- What is the right order of other treatments to try before undertaking a hysterectomy?

We can also clarify an earlier decision that has been widely reported. It has been agreed that patients with a Body Mass Index of 35 will be supported to lose weight before undergoing elective hip or knee surgery. This is being implemented with immediate effect for patients who have not yet had a commitment to surgery. A BMI of 35 will not be a threshold for allowing surgery but it is a trigger to indicate that a person's weight may complicate surgery and/or worsen the outcomes for the patient compared with being a healthier weight. We are working on the basis of 5 per cent weight loss over six months.

Evaluation will consider effectiveness, cost and the impact of suspending services. A range of criteria has been developed to support this judgement with contributions from GP practices, Patient Participation Groups and other patient and civic representatives.

To meet the challenge of prioritising patient need while at the same time meeting our financial control total, the Governing Body was asked to temporarily change how we work.

Our management and administration resource is now split between 'business as usual' and 'in-year priorities'.

'Business as usual' will be led by Jerry Clough while the in-year priority areas, below, will be led by the following:

- Acute contract management – Jerry Clough, chief operating officer and western locality managing director
- Urgent care – Caroline Dawe, managing director, northern locality
- Planned care – John Finn, managing director, eastern locality

- Continuing Healthcare – Lorna Collingwood-Burke, chief nurse
- CCG running costs – Hugh Groves, director of finance
- Prescribing / medicines management – John Finn, managing director, eastern locality
- Individual patient placements – Paul O'Sullivan, director of partnerships
- Other smaller contracts – Hugh Groves, director of finance.

Thank you.

Yours sincerely,

Rebecca Harriott

Chief Officer