

# The NHS: What's Happening

## Educating NHS suppliers on how to navigate the new NHS landscape

Tuesday 4 June 2019 | Norton Folgate, London

## Revealed: CCGs restricting access to basic treatments

- Report suggests wide restrictions and postcode variations in treatment access
- Research also finds 88 per cent of CCGs are limiting access to at least one of four basic elective treatments
- Bedfordshire CCG found to restrict access to all four treatments examined by report
- Full list of CCGs.

**Nearly one in five clinical commissioning groups are restricting access to at least three basic elective surgeries and treatments, according to researchers.**

A report by the Medical Technology Group, which campaigns for patient access to treatment, suggested there are wide restrictions and postcode variations around access to four treatments proven to be effective and beneficial.

It found 88 per cent of CCGs are limiting access to one or more treatments including: hernia repair surgery; cataracts removal; continuous glucose monitoring; and hip and knee replacement.

Typical restrictions include body mass index thresholds for hip and knee replacements, or visual acuity for those with cataracts.

The report found 35 out of 195 CCGs have placed restrictions on at least three of these procedures. Often, they had been placed on lists of "procedures of limited clinical value", a status generally reserved for complimentary or aesthetic treatments, or treatments not proven to be cost effective by the National Institute for Health and Care Excellence.

Bedfordshire CCG was the only group to restrict access to all four of the treatments covered by the report.

According to the BCCG website, treatments which it does not "routinely fund are those likely to bring little or no health benefits". However, surgery for inguinal hernia repair is recommended as a treatment option by NICE.

Bedfordshire CCG incurred large budget overspends in 2014-15 and 2015-16, which resulted in NHS England enforcing legal directions.

The MTG researchers suggested financial pressures are prompting CCGs to "look to manage the patients in this way".

A CCG spokesman said its policies had been clinically developed using national evidence and best practice guidance. He added patients requiring any of the treatments must meet a set of clinical criteria, and cases can be considered against criteria for exceptional circumstances.

The report uncovered significant variation between the treatments routinely offered by CCGs as well as the thresholds implemented for restricted therapies.

Dan Jones, lead researcher for MTG, said: "People should have the right to think they are going to be treated wherever they live in the country. But different CCGs are imposing different types of policies with different types of limitations which obviously has a huge impact on patients.

"The situation where CCGs are not answerable to a national organisation needs to be reviewed."

He also argued NHSE is being "undermined" by local CCGs which "have lists of 30 or 40 treatments based on very little evidence [which] are being rationed and limited".

He pointed out that NHSE has a list of just 17 interventions which should only be performed under exceptional circumstances, and this does not include any of the four elective treatments examined by the researchers.

Over a third of CCGs include a threshold for visual acuity for cataract removal, which goes against NICE guidelines.

MTG, a coalition of patient groups, research charities and medical device manufacturers, argued this approach marginalises patients and means the real demand for these treatments is underestimated.

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It also said that consultants and specialist physicians should be more involved in the development of commissioning policies, currently led by GPs.

NHS Clinical Commissioners, the independent membership organisation representing CCGs, said: "Unfortunately the NHS does not have unlimited resources and ensuring patients get the best possible care against a backdrop of spiralling demands, competing priorities and increasing financial pressures is one of the biggest issues CCGs face.

"On a daily basis they are forced to make difficult decisions that balance the needs of the individual against those of their entire local population. As a result, there are some tough choices that have to be made, which we appreciate can be difficult for some patients."

The CCGs found to be restricting at least three of the four elective treatments were:

- Ashford CCG
- Barnsley CCG
- Bedfordshire CCG
- Berkshire West CCG
- Birmingham and Solihull CCG
- Bristol, North Somerset, and South Gloucestershire CCG
- Cambridgeshire and Peterborough CCG
- Canterbury and Coastal CCG
- Castle Point and Rochford CCG
- Dartford, Gravesham and Swanley CCG
- Doncaster CCG
- Erewash CCG
- Hardwick CCG
- Herts Valley CCG
- Ipswich and East Suffolk CCG
- Lincolnshire East CCG
- Lincolnshire West CCG
- Medway CCG
- North Norfolk CCG
- Norwich CCG
- Shropshire CCG
- Somerset CCG
- South Cheshire CCG
- South Kent Coast CCG

- South Lincolnshire CCG
- South Norfolk CCG
- South West Lincolnshire CCG
- Southend CCG
- Swale CCG
- Telford and Wrekin CCG
- Thanet CCG
- Wakefield CCG
- West Kent CCG
- West Norfolk CCG
- West Suffolk CCG

*Correction: An earlier version of this story stated that Surrey Downs CCG restricted three of the four treatments, including restricting cataract removal. HSJ has since been informed that this is incorrect. This story was updated at 15:25 on 22 March to amend this.*

**Source:** MTG report

**Source Date:** March 2019

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