

Spending NHS money wisely

Proposals for:

- IVF services
- Male and female sterilisation
- Prescribing
- Cosmetic procedures
- Weight-loss surgery

**Outer North East London Joint Health Overview and
Scrutiny Committee
18 April 2017**

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The NHS Constitution


“The NHS is committed to providing best value for taxpayers’ money.

“It is committed to providing the most effective, fair and sustainable use of finite resources.

“Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.”



Our financial challenge


- Have to make savings of **£55 million** across BHR CCGs. Redbridge's share is **£17.7 million**
 - Faced with some very difficult choices
 - Must protect essential health services – cancer care, emergency care, life-threatening conditions and ensure parity of esteem for mental health
 - Formally required by NHS England to find savings – have to act now to protect services.
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What we're already doing to save money

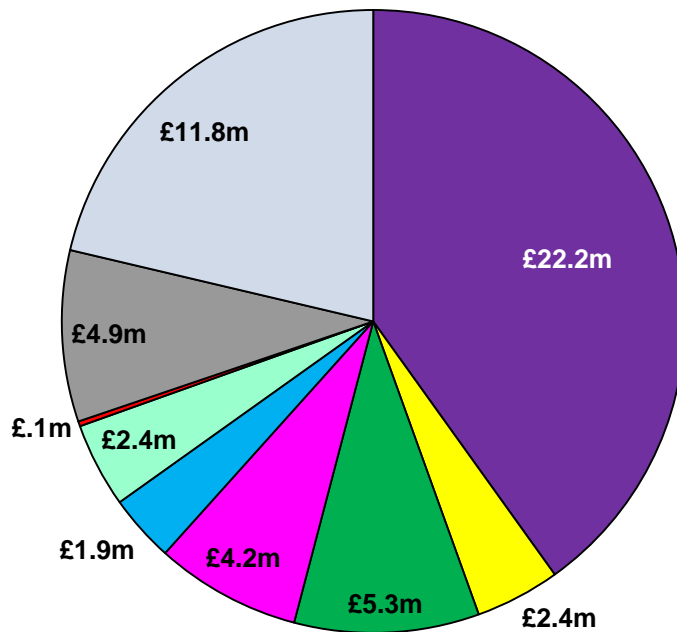
- working with providers to make sure patient pathways are delivered in the best possible way
- looking at contracts to make sure they are cost effective
- making better use of technology through e-clinics etc
- making sure we use buildings efficiently
- making sure everyone keeps to the policy on procedures of limited clinical effectiveness (POLCE) so only the patients who meet strict eligibility criteria can have treatment.



We're also looking at:

- stopping procedures that are purely cosmetic (e.g. breast enlargement and removing moles)
 - no longer prescribing some 'over the counter' medicines and products (including multi vitamins, gluten-free food, muscle rubs etc.)
 - reducing the number of cycles of IVF that we will fund
 - introducing criteria for weight-loss surgery
 - stopping funding male and female sterilisation.
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Potential savings identified (all amounts in £millions)



- Making hospital services more efficient and streamlined
- Making community and mental health services more efficient and streamlined
- Prescribing (£1.01m included in this consultation)
- Service cessation and/or restrictions (included in this consultation)
- Estates
- NHS continuing healthcare (CHC)
- Corporate
- Efficiencies from smaller contracts for various services
- To be identified

IVF

We are considering whether the local NHS should continue to fund IVF, and, if so, how *many* embryo transfers we should fund.

We currently fund:

- a maximum of three cycles of ovarian stimulation leading to an embryo transfer for women aged 23-39
- a maximum of one cycle of ovarian stimulation leading to an embryo transfer for women aged 40 and 41.


In a year around 800 women in BHR have IVF treatment paid for by the local NHS costing c£1.88 million.



NHS prescribing

There are a number of areas of NHS prescribing where we think we should make changes, because they do not have a demonstrable health benefit and/or they cost the NHS a lot to prescribe.

These are:

- Gluten-free food prescriptions
 - Dental prescribing
 - Over the counter prescribing
 - Soya-based formula milk for babies and small children
 - Travel vaccinations.
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Potential savings across BHR


| Prescribing area | Potential savings identified |
|--------------------------------|------------------------------|
| Gluten-free food prescriptions | £210,000 |
| Dental prescribing | £96,000 |
| Over the counter prescribing | £485,000 |
| Soya-based formula milk | £13,500 |
| Travel vaccinations | £206,000 |

**These changes (if all implemented) could save the local NHS
£1.01 million a year**



Cosmetic procedures

We are proposing that the local NHS no longer funds certain cosmetic procedures

- We don't think that the NHS should pay for surgery or treatment that is needed only to improve someone's appearance. At the moment the NHS doesn't do this very often, but it does pay for some of these kinds of procedures if the patient meets some other specific criteria.
 - We are now proposing that we stop funding these procedures altogether except in exceptional circumstances, like the patient has suffered from **major trauma, cancer or severe burns**.
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Spending NHS money wisely

- **No decisions have been made**
 - E-copies of document and questionnaire sent to GP practices, trusts, councils, community and voluntary groups
 - Working closely with Healthwatch and community and voluntary groups
 - Drop-in sessions in each borough
 - What else should we do?
 - Engagement period ends **Thursday 18 May 2017**
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