

***Barking and Dagenham, Havering and Redbridge  
Clinical Commissioning Groups***

## **Spending NHS money wisely 2**

---

***What do you think about our proposals for:***

- *Cataract surgery*
- *Podiatry*
- *Ear wax removal*
- *Some injections for back pain*
- *Osteopathy*
- *Some medications*

**Please tell us by 5pm  
Wednesday 15 November 2017**

**[www.barkingdagenhamccg.nhs.uk/spending-wisely](http://www.barkingdagenhamccg.nhs.uk/spending-wisely)**

**[www.haveringccg.nhs.uk/spending-wisely](http://www.haveringccg.nhs.uk/spending-wisely)**

**[www.redbridgeccg.nhs.uk/spending-wisely](http://www.redbridgeccg.nhs.uk/spending-wisely)**



# Contents

Introduction from clinical leads .....	3
Introduction .....	4
Our financial situation - why we must make changes.....	5
What we've done to save money so far.....	6
Suggestions about how we could save money.....	8
What we think we should do.....	10
NHS prescribing .....	10
Our proposals for prescribing .....	11
Stopping funding certain procedures.....	20
Changing the eligibility criteria for some procedures .....	23
Potential savings .....	27
We want to know what you think .....	27
Equality impact assessment.....	27
Glossary .....	28
Questionnaire .....	31
We want to hear from everyone .....	40

## Introduction from clinical leads

Earlier this year, we launched an eight week public consultation on our first set of 'Spending NHS money wisely' proposals, aimed at protecting funding of local services. We want to make sure we get the best value we possibly can for every penny of taxpayer's money that goes into our local NHS.

We were heartened that when we went out to speak to the public and our patients about the challenges we faced, and the difficult decisions we had to make, that you overwhelmingly agreed with us. There were some exceptions, of course, and taking into account that feedback and our own experience as local GPs working every day in surgeries across Barking and Dagenham, Havering and Redbridge we rejected 11 of our original proposals.

You can see how your feedback was acted upon in our 'You said, We did' section on pages 8-9 so please be assured that we are listening.

That first set of changes – to NHS prescribing, gluten-free products, cosmetic procedures and IVF, should amount to around £3 million of savings this year, but we always knew we'd have the even more difficult job of looking for further savings and asking for your views again later this year. This document explains what we are proposing in the next stage of 'Spending NHS money wisely' and why we are asking for your help once again.

We are also looking at where we can make even bigger savings – in the way we work with hospital and community providers, by working more closely together wherever possible, making sure we get the most from our suppliers, our buildings – nothing is off limits.

The fact is, we still face further difficult choices if we are to continue to tackle health inequalities and improve the health of local people while keeping to our budget, which we must do. We are determined to do all we can to protect funding for our most essential health services – things like cancer care, emergency care, life threatening conditions and mental health services – for you and your families.

In this document, we describe some of the additional ways we think we can save money and why. We want to know what you think. Again, we haven't made any decisions yet and we won't until we have heard from you, our patients.

We'd welcome your comments (please read our questionnaire) and any suggestions you may have about other ways we can save money.

**Dr Ravali Goriparthi**

**Dr Anju Gupta**

Barking and Dagenham CCG

**Dr Ashok Deshpande**

**Dr Maurice Sanomi**

Havering CCG

**Dr Anita Bhatia**

**Dr Sarah Heyes**

Redbridge CCG

## Introduction

This document sets out how we're looking at changing some of the things that we spend NHS money on locally.

Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCG) are the NHS organisations that plan, design and buy (commission) local health services.

We are required to make £55 million of savings this year, having reached a point where we are in deficit and do not have enough money to continue buying all the services in the way we do now.

We want to make sure that services for local people offer the best care possible, in the most appropriate place, at the right time. It is our responsibility to prioritise services for those most in need and make sure that we make the best use of every public penny we spend, so we are considering:

No longer funding:

- Ear wax removal
- Some injections for lower back pain - disc, facet joint and epidural
- Osteopathy

Restricting who is eligible for:

- Cataract surgery
- Podiatry

We are also considering no longer prescribing a range of medications that can be bought cheaply and easily 'over the counter' without a prescription. If all implemented, these proposals could save up to **£4 million** a year.

We believe that this approach will mean we can protect the most important services for when people need them, whilst at the same time continuing to live within our financial means. We've also consulted on a range of proposals earlier this year and now we're looking at what else we could do.

We want to know what you think and if there is anything else you want us to consider. We'd like to hear from as many local people as possible about our proposals, so please tell your friends and family about this, and encourage them to respond. Your opinion really counts and we need your feedback on our ideas. You can fill in the online questionnaire on our websites or print off the questionnaire at the back of this document, fill it in and send it back to **FREEPOST BHR CCGs**, free of charge.

The consultation runs for eight weeks from 20 September 2017. **All responses must be received by 5pm on Wednesday 15 November 2017.**

For more information visit our websites:

[www.barkingdagenhamccg.nhs.uk/spending-wisely](http://www.barkingdagenhamccg.nhs.uk/spending-wisely)

[www.haveringccg.nhs.uk/spending-wisely](http://www.haveringccg.nhs.uk/spending-wisely)

[www.redbridgeccg.nhs.uk/spending-wisely](http://www.redbridgeccg.nhs.uk/spending-wisely)

## Our financial situation - why we must make changes

Nationally the NHS is facing a challenging time as demand for services continues to increase. A growing and ageing population, and more people living with long term health conditions such as diabetes, are placing further pressure on already stretched services and finances.

Each CCG is allocated an amount of money decided by the Department of Health, based on the size of the population and local health needs. According to the formula used by the Department of Health, our area is under-funded.

Demand for healthcare in Barking and Dagenham, Havering and Redbridge is increasing every year. The cost and availability of treatments continues to increase, which means it is all the more essential that we spend our limited resources in the most effective way.

For some time local patients have been waiting too long for treatment at our main local hospitals trust, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). We have worked closely in partnership with them and other providers to tackle these long waiting lists and ensure that patients can receive the treatment they need within a reasonable time. Together we have achieved this change, which is positive for patients, but it has been at a cost.

We have to choose how to use our funds carefully to ensure that local people can access the healthcare that is most needed and that people with equal need have equal opportunity to access treatments.

We have reached a point where we are in deficit and do not have enough money to continue buying all the services in the way we do now.

We are legally required to balance our budget. To achieve financial balance, we need to deliver **£55 million** savings from the budget in the 2017/18 financial year. This is just over 5% of our total annual joint budget of just over **£1 billion** for the three boroughs.

To achieve this we need to reduce spending in some areas of our health budget. We have been looking closely at what we're spending money on, to ensure we are making the most effective use of public money to commission the most appropriate healthcare services for local people. We are responsible for ensuring that the treatments provided for the local population represent the best use of the NHS budget allocated to us for our population's health services. We must maintain our investment in areas such as cancer treatment, mental health services, and accident and emergency care, so this means making decisions about which services and treatments we can fund and in some cases, no longer fund.

This inevitably means that difficult decisions need to be made. Unfortunately, some treatments that patients might wish to receive, and that healthcare professionals might wish to offer, cannot be funded or are only offered under certain circumstances. We've already decided to no longer fund or to restrict a range of procedures and treatments, following a consultation earlier this year, but we need to do more.

We are not alone in doing this. CCGs all over the country are looking at how they can use limited resources responsibly to make sure the NHS is able to help those most in need. They are reducing the services and treatments they will fund. We have managed to hold off longer than some others, but we cannot carry on without making changes.

To make savings we need to reduce our spending in some areas and this document sets out how we think we can do this.

**The proposals in this document are just that and nothing has been decided. We want to know what you think we should do.**

## What we've done to save money so far

We've been working hard to look at what we spend money on and where savings can be made. This has involved:

### Finding efficiencies

- working with hospital and community care providers to make the patient pathway (who a patient sees and where they go - from their first contact with an NHS member of staff, through referral, to the end of their treatment) more efficient, for example by introducing a musculoskeletal referral triage service.
- looking at contracts with our providers to make sure they are cost effective and to identify where savings could be made, for example ending contracts that cannot show measurable improvements in people's wellbeing.
- making better use of technology, for example by introducing a virtual triage for gastroenterology patients.
- making sure we are using buildings efficiently and not paying for space we don't need. For example, we're looking at reorganising our head office, fitting more people on one floor so we can give up the lease on another.

### 'Spending NHS money wisely'

From March to May this year we ran an eight-week consultation called 'Spending NHS money wisely' which set out proposals for making £5.2m of savings through no longer funding or restricting a number of medications and procedures.

We received over 660 responses, and after careful consideration agreed to stop prescribing over the counter painkillers, muscle rubs, vitamin supplements, gluten-free foods and funding of certain surgical procedures such as face lifts, varicose vein surgery and brow lift surgery. We also agreed to fund one in-vitro fertilisation (IVF) embryo transfer, instead of three.

But our governing bodies rejected proposals to stop funding sterilisation and procedures such as breast reductions and removing moles and cysts from people's faces after listening to people's concerns about the impact some of the proposals would have.

The restrictions agreed should result in around **£3 million** of savings a year.

## Procedures of Limited Clinical Effectiveness (POLCE)

These are procedures that doctors have identified are usually unnecessary and don't generally benefit someone's health - such as taking children's tonsils out, which used to happen a lot.

Doctors have set criteria in the POLCE guidelines for when they think these procedures *should* be carried out. For example, a child would be eligible for a tonsillectomy if it could be shown that they had severe tonsillitis seven or more times in the past year.

We believe the NHS should only be funding procedures to deal with medical conditions and symptoms. The aim is to make sure that only those who will benefit clinically from the treatment receive it. This means that people won't have unnecessary treatment and the NHS won't waste money. The public overwhelmingly agreed with us when we consulted earlier on a range of proposed changes earlier this year.

In 2016/17 we spent more than **£17 million** on POLCE procedures. We estimate that tightening this up will save us around **£2.4 million** in the next year.

GPs have told us that there are a number of procedures that they feel could benefit from clearly defined criteria so that doctors have better guidance on treatment options for some procedures and can agree in advance the best route for patients to get the treatment they need as appropriate – things like which tests to carry out or which treatments or medicines to use first.

To achieve this, we plan to bring together GPs and hospital clinicians to do a separate piece of work this year, looking at procedures including carpal tunnel surgery and some gynaecological and diagnostic procedures. On top of the benefits to patients and doctors, we expect this will also help deliver some savings to the local NHS by stopping a relatively small number of unnecessary procedures.



## Suggestions about how we could save money

We have been asking local people for suggestions about how we can save money, here are their suggestions and our responses.

### **You said**

**Stop prescribing medicines that can be bought over the counter**

**Cut down on medicines wastage**

**Reuse or recycle occupational therapy and other medical equipment**

**Make non-UK patients pay for treatment or ensure they have medical insurance**

### **We did**

GPs have now stopped prescribing a number of medicines that can easily be bought over the counter and have limited clinical benefit to patients. We are now looking for ways to make further savings in this area – see pages 11-19.

Unused medicines cannot be re-issued to other patients because once medicines have left the pharmacy their storage conditions cannot be guaranteed and they may become less effective. We're looking at how we can reduce medicines wastage, working with GPs, pharmacists and the public. See page 10.

We do recycle and reuse some medical aids such as beds, mattresses, cushions and commodes and we are looking to increase the reuse of items. In Redbridge we loan rather than give these items to patients (saving around £350,000 a year) and we want to do this in Barking and Dagenham and Havering as well.

However, it is not possible to reuse every item, as some aren't suitable for reuse, such as specially made beds which are made to fit certain weight requirements. All items need to be given to the patient 'as new', so some cannot be reused because they are either damaged, dirty, too old or broken beyond repair. In some cases patients don't return equipment, or don't allow it to be collected. In other cases, the costs of collection and recycling are more than the cost of purchasing a new item.

All hospitals are required to check whether patients are eligible for free NHS treatment and charge people who are not eligible for any non-urgent, planned care.

We are working with our local hospitals to make sure people who are supposed to pay for their NHS care do so. Under a pilot scheme backed by the Department of Health looking at how best to establish whether or not people are eligible for free NHS care, pregnant women attending Queen's Hospital will be asked to provide a photo ID and proof of address at their first appointment.



**Patients could pay a small charge towards the cost of IVF**

That the NHS is free at the point of delivery is one of the core principles of the NHS, so we cannot charge patients for IVF. However, we have restricted who can have NHS-funded IVF treatment and the number of NHS-funded embryo transfers they can have.

**Review gluten-free food on prescription or offer vouchers against the cost for low-income families.**

GPs will no longer prescribe gluten-free food. People can find reasonably priced gluten-free foods in a wide range of places, including supermarkets, convenience stores, local pharmacies and online and there are plenty of foodstuffs that don't have gluten in them, such as rice and potatoes.

**Review what cosmetic surgery is available on the NHS.**

Following consultation, we have decided to no longer fund a number of cosmetic procedures.

Patients who need this surgery as a result of suffering from major trauma, cancer or severe burns will continue to have these procedures paid for.

**Reduce administration costs, the number of managers and use of agency staff**

We are three organisations that have pooled our resources to operate more efficiently, but we have reduced our limited interim staffing and general operating costs and are operating as leanly as possible. As a small organisation with a single shared management team there are limits to what further administrative savings we can make.

**The NHS should not treat heavy smokers, alcoholics, obese people or those abusing drugs, or should charge these people**

While we encourage people to lead healthy lifestyles and discourage them from taking illegal drugs, smoking or drinking too much, we recognise addictions such as alcoholism or drug dependency as diseases and treat them as such.

During our first 'Spending NHS money wisely' consultation earlier this year, some of you told us we should be stricter about not funding costly procedures for people who are heavy smokers, who are very overweight, or who have drug and/or alcohol issues. Our GPs regularly see patients who are heavy smokers, are very overweight or who have drug and/or alcohol issues. At the moment they routinely refer these patients to smoking cessation and other healthy lifestyle services. We have heard what some people think about us funding such treatments but we are not considering stopping them at this time.

## What we think we should do

We have identified some further areas of NHS spending where we think making changes could save up to £4 million each year. The following pages set out our proposals.

### NHS prescribing

Every year GPs issue a large number of prescriptions for medicines, some of which can be bought more easily and cheaply without the need for a prescription (i.e. over the counter in supermarkets or pharmacies). Prescribing these medicines is often quite expensive for the NHS, especially when taking into account the cost of GP appointment times and pharmacist dispensing fees. For some of these medicines there is little evidence to show they improve people's health.

#### What we have done so far

Following a consultation earlier this year, our GPs no longer issue prescriptions for the following medicines:

- Gluten-free products
- Medicines for dental conditions
- Head lice and scabies medicines
- Rubefacient creams and gels, such as 'Deep Heat' and 'Tiger Balm'
- Omega-3 and other fish oil supplements
- Multivitamin supplements
- Eye vitamin supplements
- Colic remedies for babies
- Cough and cold remedies
- Dental prescribing
- Painkillers, such as paracetamol and ibuprofen
- Soya-based formula milk
- Some travel vaccinations:
  - Hepatitis A and B combined
  - Hepatitis B
  - Meningococcal meningitis
  - Japanese encephalitis
  - Rabies
  - Tick-borne encephalitis
  - Tuberculosis
  - Yellow fever

This is estimated to save us £1 million a year.

#### Medicines wastage

The Department of Health estimates that in England £300 million of medicines prescribed by the NHS are wasted each year. The cost of wasted medicines across Greater London is thought to be £50 million a year.

Of the £300 million of medicines wasted each year, it is thought that:

- £90 million of medicines are left in peoples' homes
- £110 million of medicines are returned to pharmacies.

## **We all have a responsibility to do our bit to minimise medicines wastage**

### **Only order the medicines you need**

- Check what medicines you have at home before ordering more
- Your medicines will stay on your repeat prescription, so you can always order them in future if needed

### **Check your repeat prescription order is up-to-date**

- If you have stopped taking a medicine, please tell your GP and pharmacist so they can update your repeat prescription

### **Don't build up stocks of medicines at home because:**

- Medicines go out of date
- Your treatment or condition may change
- The more medicines you have, the more likely it is you'll get confused about what you are taking
- It's not safe. Medicines can be dangerous if taken accidentally by someone else, especially children.

### **Use GP online services**

If you have signed up for GP online services, you can cancel repeat prescriptions you no longer need online, at any time. Your GP practice can tell you if they provide GP online services and can help you to sign up. Find out more:

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

## **Our proposals for prescribing**

**We are proposing that GPs no longer issue prescriptions for some medications.**

We have now looked at other medicines GPs issue prescriptions for, most of which can be cheaply and easily bought over the counter. We have listed the medicines we don't think GPs should issue NHS prescriptions for in the table on the following pages. They are:

- Antimalarial medicine
- Threadworm medicine
- Sleeping tablets (over the counter, for short-term use)
- Hay fever medicine
- Travel sickness medicine
- Vitamin D supplements (for maintenance only)
- Probiotic supplements
- Bath oils, shower gels and shampoo (creams for skin conditions would still be prescribed)
- Skin rash creams
- Sunscreens

## Over the counter prescribing

Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Anti-malarial medicine</b>	<p>Antimalarial medicine is used to help prevent malaria infection (a serious tropical disease spread by mosquitoes) when people are travelling in countries where the disease is present (e.g. Central and South America, Africa and Asia).</p> <p>We think travellers should include the cost of anti-malarials in their holiday budgeting, just like they have to include the cost of flights, accommodation and insurance.</p> <p>Medicines can be privately prescribed by a GP or travel clinic, who can advise how to use them.</p>	<p>For a 2-week trip:</p> <p>Proguanil and Chloroquine, £19.39 (Boots)</p> <p>Doxycycline, £28.60 (Boots)</p>	189	£5,041

Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Threadworm medicine</b>	<p>Threadworms are tiny worms that infect the intestines of humans and are a common type of worm infection, particularly in young children.</p> <p>The infection is passed from person to person by swallowing the threadworms' eggs. The best way to prevent infection is to wash your hands after going to the toilet.</p> <p>Treatments for threadworm can be bought from a pharmacy, who can advise how to use them.</p>	<p>Boots Pharmaceuticals Threadworm Tablets, 4 tablets to treat 4 people, £7.50 (Boots)</p> <p>Lloyds Pharmacy Ovex Family Pack, 4 tablets to treat 4 people, £7.95 (Lloyds Pharmacy)</p> <p>Lloyds Pharmacy Ovex Suspension Banana Flavoured Family Pack, 30ml, £9.79, (Lloyds Pharmacy)</p>	2.125	£3,022

Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Sleeping tablets</b>	<p>Treatments for mild/short-term sleeping problems can be bought over the counter at low cost from supermarkets, pharmacies and other retailers.</p> <p>Sleeping tablets are not guaranteed to work as they do not treat the underlying cause(s) of sleeping problems.</p> <p>By making changes to bedtime habits you can often improve sleeping problems without needing to take medicine.</p> <p>We intend to continue to prescribe sleeping tablets for severe sleeping problems.</p>	<p>Tesco Herbal Sleep Aid, 30 tablets, £2.50, (Tesco)</p> <p>Boots Pharmaceuticals Sleeppeaze Herbal Tablets, 30 tablets, £3.29 (Boots online)</p> <p>Nytol Herbal Tablets Night Time Sleep Aid, 30 tablets, £3.69 (Boots)</p>	11782	£31,622
<b>Hayfever medicine</b>	<p>These tablets, eye drops and nasal sprays are used to treat the symptoms of hay fever (an allergic reaction to pollen), including sneezing, a runny nose and itchy eyes.</p> <p>Hayfever treatments are widely available at low cost from supermarkets, pharmacies and other retailers.</p>	<p>Tesco One a Day Hay fever &amp; Allergy 10mg tablets, 14 tablets, £1.80 (Tesco)</p> <p>Optrex Itchy Eye Drops, 10ml, £3.99 (Boots)</p> <p>Boots Hay fever Relief For Adults Nasal Spray, 100 sprays £4.59 (Boots)</p>	148,228	£227,518

Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Travel sickness medicine</b>	<p>This is used to treat the symptoms of travel sickness (e.g. dizziness, feeling sick and vomiting) that can occur when you are travelling (e.g. in a car, plane or boat).</p> <p>Mild travel sickness can usually be improved using self-care techniques, e.g.</p> <ul style="list-style-type: none"> <li>fixing your eyes on the horizon</li> <li>keeping your head as still as possible</li> <li>distracting yourself by listening to music</li> <li>getting some fresh air.</li> </ul> <p>More severe travel sickness can be treated with medicine, which can be bought from a pharmacy, who can advise how to use it.</p>	<p>Kwells Kids tablets, 12 tablets, £2.68, (Boots)</p> <p>Boots Pharmaceuticals Travel Calm Tablets, 12 tablets, £2.79, (Boots)</p> <p>Lloyds Pharmacy Travel Sickness Tablets, 10 tablets, £1.72 (Lloyds Pharmacy)</p>	12,426	£45,650



Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Vitamin D supplements (for maintenance only)</b>	<p>Vitamin D is essential for strong bones and should be obtained from sunlight and through food rather than pills.</p> <p>Note: If someone is diagnosed with too little vitamin D (deficiency) their GP will prescribe them a course of supplement tablets. Once they've completed the course of supplements and is found to have enough vitamin D, they can choose if they want to continue taking supplements (i.e. for maintenance). We intend to continue to prescribe vitamin D for deficiency.</p> <p>If people want to take supplements for maintenance, they are widely available at low cost from supermarkets, pharmacies and other retailers.</p>	<p>ASDA Bone Health High Strength Vitamin D, 60 tablets, £2.00 (ASDA)</p> <p>Boots Vitamin D, 90 tablets, £2.29 (Boots)</p> <p>Tesco Vitamin D 90 tablets, £3.00 (Tesco)</p>	49,338	£299,875

Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Probiotic supplements</b>	<p>There is no evidence to support claims of the health benefits of probiotics (products containing live bacteria and yeasts), such as restoring the natural balance of bacteria in the gut.</p> <p>These are widely available at low cost from supermarkets, pharmacies and other retailers.</p>	<p>ASDA Vitamin Boosting Strawberry Yogurts Drink, 8x100g, £1.50 (ASDA)</p> <p>Actimel Vanilla Yoghurt Drink, 8x100g, £2.90 (Tesco)</p> <p>ActiMint Probiotic Supplement, 60 tablets, £6.25, (Lloyds Pharmacy)</p>	449	£19,798
<b>Bath oils, shower gels and shampoo</b>	<p>These are used to help manage dry or scaly skin and scalp conditions.</p> <p>They are widely available at low cost from supermarkets, pharmacies and other retailers.</p> <p>For people with dry or scaly skin and scalp conditions we intend to continue to prescribe creams to treat these.</p>	<p>Oilatum Junior Bath Additive, 150ml, £3.50 (Tesco)</p> <p>E45 Wash Cream for Dry and Itchy Skin, 250ml, £5.39 (Boots)</p> <p>E45 Dry Scalp Shampoo, 200ml, £6.30 (Boots)</p>	61,783	£365,658

Type of medicine	Why we want to stop funding this	Example cost of product	Number of prescriptions issued in a year	How much these prescriptions cost the local NHS a year
<b>Skin rash creams</b>	<p>These are used to treat the symptoms (e.g. irritated, scaly, bumpy or itchy skin and/or scalp) of mild skin rashes (e.g. nappy rash, heat rash and chickenpox rash).</p> <p>Treatments are widely available at low cost from supermarkets, pharmacies and other retailers.</p> <p><b>Note:</b> If your rash lasts more than a few days you should visit a pharmacist or GP for advice.</p>	Boots Pharmaceuticals Calamine & Glycerin Cream, 35g, £1.60 (Boots)	10,661	£36,661
<b>Sunscreens</b>	<p>Sunscreens are lotions and creams containing a sun protection factor (SPF) that help to protect your skin from burning in the sun.</p> <p>These are widely available at low cost from supermarkets, pharmacies and other retailers.</p> <p><b>Note:</b> Sunscreens would continue to be prescribed for people undergoing treatment for cancer and/or specialist skin conditions.</p>	<p>Boots Essentials Sun Protection Lotion SPF15, 400ml, £2.49 (Boots online)</p> <p>Tesco Soleil Sun Protect Lotion SPF15, 200ml, £3.50 (Tesco online)</p> <p>Nivea Sun Moisturising Sun Lotion SPF30, 200ml, £6.00 (Boots online)</p>	1,252	£15,016

**We estimate that in a year around 267,342 prescriptions are issued for the products listed above, costing the local NHS £1.05 million a year. By restricting prescribing of these we estimate we could save £575,280 a year.**

## What the NHS is doing nationally: consultation on not prescribing 'low value' medications

NHS England, the organisation that leads the NHS, has launched a public consultation on proposals to no longer routinely prescribe some medicines that are available by a prescription only or over the counter, including:

- 'Complementary' or 'alternative' medicines and treatments
- Gluten-free products
- Some travel vaccines
- Painkillers, such as paracetamol
- Erectile dysfunction, such as Tadalafil (similar cheaper products will still be available)
- Antidepressants, such as Dosulepin (more effective and cheaper products will still be available)
- Blood pressure medicines, such as Doxazosin (similar cheaper products will still be available)

The medicines have been included in the proposals if:

- they have limited effectiveness
- there are cheaper alternative medicines available that are as effective
- they are not felt to be a priority for funding.

If the proposals are implemented, national guidance would be developed to help CCGs when they decide which of these medicines to fund locally, and ultimately which medicines GPs would no longer prescribe.

**The NHSE consultation runs until 21 October 2017. You can find more information and tell NHS England your views at:**

[www.engage.england.nhs.uk/consultation/items-routinely-prescribed](http://www.engage.england.nhs.uk/consultation/items-routinely-prescribed)

**Note:** Locally we have already consulted on stopping the prescribing of some of these medicines and have decided to not fund them (e.g. some painkillers, travel vaccines and gluten-free products). Once the results of this national consultation are known, we will assess the new guidance and how it might affect our local prescribing.

## Stopping funding certain procedures

We are proposing that the local NHS no longer funds the following procedures, because they are not essential, do not always have a demonstrable health benefit and cost the NHS a lot.

These are:

- Earwax removal
- Some injections for lower back pain (disc, facet joint and epidural injections)
- Osteopathy

### Ear wax removal

**We are considering if the local NHS should continue to pay for people to have earwax removed (known as aural microsuction).**

This is the removal of excess wax from the ear canal using a microscope and medical suction device.

Wax is produced inside your ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears, causing hearing difficulties.

Aural microsuction should only be used as a last resort to remove earwax once the following, usually effective, treatments have been tried:

- Olive oil
- Eardrops
- Ear irrigation with water, sometimes called “ear syringing”.

**Note:** If this proposal were to go ahead we think the following people should still receive NHS-funded ear wax removal:

- people who have had ear surgery
- people who have had a perforated ear drum
- people with severe inflammation of the ear canal
- people with a repaired or existing cleft palate (gap or split in the roof of the mouth).

***We estimate that there are 2,746 ear wax removal procedures are paid for by the local NHS costing £403,259 a year.***

## Injections for back pain

**We are considering if the local NHS should continue to fund some injections (disc, facet joint and epidural injections) for back pain.**

These injections are intended to temporarily relieve pain, tingling and numbness resulting from irritation in the lower back.

As recommended by pain management experts at our local hospital trust, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), we propose no longer funding some injections for back pain. This is because there is limited evidence to show that these injections work.

The injections we propose no longer funding are:

- Spinal disc injections (circular pads of connective tissue between the vertebrae)
- Facet joint injections (small joints located between and behind the vertebrae)
- Epidural injections for spinal claudication (walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing).

*"Pain can take many forms – from the short term to chronic, long-term pain. As a doctor, it's important to me that we give patients the tools to help people manage their pain and improve their quality of life. But it's also important that injections are offered that are consistent with current evidence such as the new NICE back pain guidelines, which is why I support these proposals."*

**Dr Ben Huntley, Consultant in Pain Medicine and Anaesthesia, BHRUT**

If this change were to go ahead, GPs would still be able to refer patients to musculoskeletal physiotherapist for treatment and if needed, to the specialist pain management clinics at local hospitals.

**We estimate that in a year around 1,734 injections for lower back pain are paid for by the local NHS at a cost of £1.28 million a year.**

**Note:** We intend to continue to fund the following injections for back pain, which clinical evidence shows is effective:

- Medial branch blocks (diagnostic injections to the nerve that supplies the facet joint to see if the patient is likely to benefit from radiofrequency lesioning)
- Medial branch radiofrequency lesioning (using needle-electrode to cook the nerve supply to the facet joint)
- Transforaminal epidural steroid injection/dorsal root ganglion pulsed radiofrequency – when a needle electrode is used to accurately place the transforaminal epidural steroid injection and the nerve root is stunned with electricity at the same time.

## **Osteopathy**

**We are considering if the local NHS should continue to fund osteopathy.**

Osteopathy is a way of detecting, treating and preventing health problems (such as joint pain, sports injuries and arthritis) by moving, stretching and massaging a person's muscles and joints. It does not use medicines or surgery.

Osteopathy is considered to be a 'complementary' or 'alternative' medicine (like acupuncture, homeopathy and hypnotherapy) and although osteopaths may use some conventional medical techniques, its use is not always based on scientific evidence.

If this change were to go ahead GPs would still be able to refer patients for specialist treatment, for example to see a physiotherapist or attend a pain management clinic.

**Note:** Osteopathy is not widely available as an NHS funded treatment and we understand that Redbridge is the only CCG in London which currently funds osteopathy.

***We estimate that in a year there are 13,000 episodes of NHS-funded osteopathic treatment in Redbridge alone, costing the local NHS £444,000 a year.***



## **Changing the eligibility criteria for some procedures**

We are proposing to change the eligibility criteria for the following procedures:

- Cataract surgery
- Podiatry

This could mean that some people would not be able to get these procedures paid for by the NHS unless their doctor was able to prove they met the eligibility criteria.

### **Cataract surgery**

**We are proposing tightening the eligibility criteria for cataract surgery**

A cataract is cloudiness of the lens, the normally clear structure in your eye which focuses the light. They can develop in one or both eyes. The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy. Minor cloudiness of the lens is a normal part of ageing.

Significant cloudiness, or cataracts, generally get slowly worse over time and surgery to remove them is the only way to make it easier to see. However, you don't need to have surgery if your vision is not significantly affected and you don't have any difficulties carrying out everyday tasks such as reading or driving.

New glasses, brighter lighting, anti-glare sunglasses and magnifying lenses help reduce the impact of cataracts. Medications, eye drops, or dietary supplements do not improve cataracts or stop them getting worse.

Surgery should only be offered if you have cataracts that are affecting your ability to carry out daily activities.

**Note:** Although cataracts are often associated with age, in rare cases babies are born with cataracts or young children can develop them. **What we are proposing would only apply to adults with cataracts.**

### **How well can you see?**

Visual acuity describes how well you see detail. This is usually measured using a chart with rows of letters that start with one big one at the top and get smaller row by row. During a routine eye test, you sit 6 metres from the chart. If glasses or contact lenses are worn, these should be used for the test.

Each eye is tested while the other one is covered. The rows of letters correspond to the minimum size of letter that could be seen by someone with normal vision from 6m up to 60m. The first number is the distance the chart is viewed from.

If you can only read the big letter on the top line, that's recorded as 6/60 - you can see at 6m what can usually be seen from 60m with normal vision. This would mean you would be considered severely sight impaired, or legally blind. 6/6 is normal vision (what used to be known as 20/20 vision, when distance was measured in feet not metres).

**In order to legally drive a car, you must have a visual acuity of 6/12 or less.**

**We are proposing to change the criteria for eligibility for cataract surgery.**

This would mean that if you have one cataract, surgery would only be funded if:

Your visual acuity is 6/12 or worse in the affected eye.

**and:**

1. Your visual problems mean reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground.

**or**

2. Your ability to work, give care or live independently is affected.

**or**

3. If you have diabetes, or a retinal condition, which requires clear views of your retina to monitor the disease or treatment

**or**

4. If you have had glaucoma which requires cataract surgery to control the eye's fluid pressure (intra ocular)

**or**

5. If you have a certain type of cataract (posterior subcapsular or cortical) and experience problems with glare and a reduction in acuity in bright conditions

**or**

6. If your vision makes it borderline whether you should drive, and surgery would be expected to significantly improve your vision

If you have two cataracts (cataracts in both eyes), cataract surgery in the second eye would only be funded if:

- The first cataract surgery does not achieve a visual acuity of 6/9 or better, with refractive correction, and the procedure is clinically indicated for the patient's individual circumstances.

**or**

- The patient has diabetes, or retinal condition, which requires clear views of their retina to monitor their disease

**or**

- The patient is left with anisometropia or any condition meaning that binocular vision is not comfortable

We have tested these criteria with our Local Optical Committee which represents local optometrists and opticians and revised the draft criteria based on their advice.

***We estimate around 4,653 cataract surgeries take place each year. Changing the eligibility criteria means that 763 fewer people will have cataract operations each year, saving the local NHS £661,858.***

**Note:** Cataract surgery is not always successful and doesn't always mean that your vision improves. A study in the British Journal of Ophthalmology found that after cataract surgery, 25% of people said their vision had either deteriorated or remained unchanged.

Black, N., Browne, J., and van der Meulen, J. Is there overutilisation of cataract surgery in England?  
*British Journal of Ophthalmology* 2009; **93**:13-17

## **Podiatry**

**We're proposing restricting who can have NHS-funded routine podiatry such as corn and callus care and toenail cutting, so that it would only be available to people who have an underlying medical condition such as diabetes or rheumatoid arthritis.**

Podiatry involves preventing, diagnosing, treating and rehabilitating abnormal conditions of the feet and lower limbs. Currently our podiatry service is provided by NELFT NHS Foundation Trust.

We spend around **£3.26 million** a year on podiatry services, but some of our GPs tell us that they find it hard to find podiatric care for people who need it. It's hard to tell how many people use podiatry services (as some people use the services regularly) but we estimate there were around **44,625** episodes of podiatric care last year. This high number suggests that while we're spending a lot on podiatry, the people who need it aren't being prioritised for care.

We need to look at how podiatry is offered and provided across Barking and Dagenham, Havering and Redbridge more widely, so we can make sure the people who most need it get it.

As part of this, we want to restrict NHS funded routine podiatric care so only people who are at risk because of their medical conditions (such as diabetes or rheumatoid arthritis) would be eligible for NHS-funded routine podiatric care such as corn and callus care and toenail cutting. If you didn't have an underlying medical condition, you would need to pay for routine podiatric care.

***If implemented we think this could save the local NHS £653,498 a year.***

**Note:** Restricting access to podiatry would still mean the following care would be available to all when needed:

- Looking at how you walk and stand (biomechanical and gait reviews) for painful foot conditions
- nail surgery for painful / in-growing toenails (under local anaesthetic)
- a comprehensive diabetic foot service, including the management of acute foot problems

## Potential savings

If all implemented these changes could save the local NHS approximately £4 million a year.

Area	Potential savings identified
NHS prescribing	£575,280
Stopping the funding of: <ul style="list-style-type: none"> <li>• Ear wax removal</li> <li>• Some injections for lower back pain - disc, facet joint and epidural</li> <li>• Osteopathy</li> </ul>	£403,259 £1,281,358 £444,000
Restricting access to: <ul style="list-style-type: none"> <li>• Cataract surgery</li> <li>• Podiatry</li> </ul>	£661,858 £653,498

## We want to know what you think

**No decisions have been made.** We want to hear from as many people as possible about what they think about our proposals. Over the next eight weeks (until 15 November 2017) we are engaging with local people in order to explain the reasons for these proposals, outline how people might be affected and encourage them to respond.

We are also working with GPs, patient groups, local Healthwatch organisations and community and voluntary organisations to make sure we reach as many local people as possible. If you would like us to come and talk to your group about these proposals please email [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) or call 020 3688 1615.

All responses will help form a report, which will go to our governing bodies to consider and make a decision. We will put that report and details of whatever decisions are made on our websites.

## Equality impact assessment

An equality impact assessment (EIA) is a process to make sure that a policy, project or proposal does not discriminate or disadvantage against the following characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

As part of this work we will carry out an initial EIA and publish this on our websites. We will take into account people's responses to our proposals and this will inform a more detailed EIA, which will go to our governing bodies to consider before any decisions are reached.

## Glossary

Term	Meaning
<b>Acute</b>	Severe or intense
<b>Anisometropia</b>	A condition in which the two eyes have unequal refractive power.
<b>Aural microsuction</b>	Procedure to remove excess wax from the ear
<b>BHRUT</b>	Barking, Havering and Redbridge University Hospitals NHS Trust
<b>Cataract</b>	Cloudiness of the lens (the normally clear structure in your eye which focuses the light)
<b>CCG</b>	Clinical commissioning group
<b>Commission</b>	Buying of health services
<b>‘Complementary’ or ‘alternative’ medicines</b>	Medicines that fall outside of mainstream healthcare and are not always based on scientific evidence
<b>Cortical cataract</b>	Type of cataract that occurs in the eye
<b>Corticosteroid</b>	A type of steroid that can help reduce inflammation
<b>Department of Health</b>	Department responsible for government policy on health and adult social care
<b>Diabetes</b>	A long-term condition that causes a person's blood sugar level to become too high
<b>Disc</b>	Circular pads of connective tissue between the vertebrae of the spine
<b>Eligible</b>	Whether someone qualifies. In this case, the minimum criteria to access a procedure
<b>Epidural</b>	An injection into the back
<b>Equality impact assessment (EIA)</b>	A process to make sure that a policy, project or proposal does not discriminate or disadvantage against people with certain characteristics
<b>Facet joint</b>	Small joints located between and behind the vertebrae of the spine

<b>Glaucoma</b>	Eye condition where the optic nerve, which connects the eye to the brain, becomes damaged
<b>GP</b>	General practitioner
<b>Insomnia</b>	Sleeping problems
<b>Intra ocular pressure</b>	The eye's fluid pressure
<b>Malaria</b>	A serious tropical disease spread by mosquitoes
<b>Musculoskeletal</b>	The nerves, tendons, muscles and supporting structures, such as the discs in your back
<b>NELFT</b>	NELFT NHS Foundation Trust
<b>NHS England</b>	National organisation that leads the NHS in England
<b>Optometrist</b>	Specialist eye doctor
<b>Osteopathy</b>	A way of detecting, treating and preventing health problems by moving, stretching and massaging a person's muscles and joints
<b>Pharmacist dispensing fee</b>	Pharmacists receive a professional fee for every item dispensed. This fee is currently 90p per item
<b>Podiatry</b>	A branch of medicine devoted to the treatment of feet, ankles and lower legs
<b>POLCE</b>	Procedures of Limited Clinical Effectiveness
<b>Pollen</b>	A fine powder produced by flowers
<b>Posterior subcapsular cataract</b>	Type of cataract that occurs in the eye
<b>Probiotics</b>	Products containing live bacteria and yeasts
<b>Recurrent</b>	Occurring often or repeatedly
<b>Refractive correction</b>	Surgery to correct your eyesight



<b>Retina</b>	Thin lining at the back of the eye
<b>Rheumatoid arthritis</b>	A long-term condition that causes pain, swelling and stiffness in the joints
<b>Spinal claudication</b>	Walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing
<b>Sunscreens</b>	Lotions and creams that protect you from the sun
<b>Threadworms</b>	Tiny worms that infect the intestines of humans
<b>Visual acuity</b>	How clearly you see
<b>Vitamin D</b>	A vitamin that is essential for strong bones

## Questionnaire

Please complete this questionnaire on our website:

[www.barkingdagenhamccg.nhs.uk/spending-wisely](http://www.barkingdagenhamccg.nhs.uk/spending-wisely)

[www.haveringccg.nhs.uk/spending-wisely](http://www.haveringccg.nhs.uk/spending-wisely)

[www.redbridgeccg.nhs.uk/spending-wisely](http://www.redbridgeccg.nhs.uk/spending-wisely)

Or you can fill it in and post it to **FREEPOST BHR CCGs** (no stamp needed). Please make sure it reaches us by 5pm on 15 November 2017.

### Tell us about you

We want to see what sorts of people are responding to our proposals. This helps us to understand if our proposals might have more of an impact on some groups of people than others. **These questions are optional – you don't have to answer them if you don't want to.**

### Please tick as appropriate

**1. Are you?**

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

**2. How old are you?**

- ☐ Under 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years or older
- ☐ Prefer not to say

**3. Do you consider yourself to have a disability?**

- ☐ Yes – a physical/ mobility issue
- ☐ Yes – learning disability/mental health issue
- ☐ Yes – a visual impairment
- ☐ Yes – a hearing problems
- ☐ Yes - another issue
- ☐ No

**4. Which borough do you live in?**

- ☐ Barking and Dagenham
- ☐ Havering
- ☐ Redbridge
- ☐ Other (please tell us which borough)

**5. What is your ethnicity?**

This is not about place of birth or citizenship. It is about the group you think you belong to in terms of culture, nationality or race.

- ☐ Any white background
- ☐ Any mixed ethnic background
- ☐ Any Asian background
- ☐ Any black background
- ☐ Any other ethnic group (please tell us what it is)

- ☐ Prefer not to say

**6. Are you an employee of the NHS?**

- ☐ Yes
- ☐ No

**7. Are you responding as...?**

- ☐ An individual
- ☐ A representative of an organisation or group (please tell us which)

## What do you think about our proposals?

We want to understand your views about what we're proposing.

**You don't have to answer the whole questionnaire if you don't want to – only answer the sections you're interested in.**

---

### NHS prescribing

**There are a number of medications that we propose GPs should no longer issue prescriptions for.**

At the moment many people visit their GP to get prescriptions for medication that can be cheaply bought over the counter from a pharmacy or supermarket. This is often expensive for the NHS, especially when GP appointment time and pharmacist dispensing fees are taken into account.

1. Please tell us what you think about our proposal to no longer prescribe certain types of medication by ticking the statement that best matches your views for each:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Antimalarial medicine (the medication that prevents malaria)					
Threadworm medicine (threadworms infect the intestines)					
Sleeping tablets (for mild sleep problems only)					
Hayfever medicine					
Travel sickness medicine					
Vitamin D supplements (for maintenance only)					
Probiotic supplements					

Bath oils, shower gels and shampoo (creams for skin conditions would still be prescribed)					
Skin rash creams (medication for skin conditions such as eczema would still be prescribed)					
Sunscreens					

2. Is there anything else you want to tell us, or think we should consider, before making decisions about no longer prescribing these types of medication?

## Ear wax removal

We are considering if the local NHS should continue to pay for people to have earwax removed.

3. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should stop paying for ear wax removal					

4. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

## **Injections for back pain**

**We are considering if the local NHS should continue to fund some injections for back pain.** As recommended by pain management experts at our local hospital trust, BHRUT, we propose no longer funding:

- Spinal disc injections (circular pads of connective tissue between the vertebrae)
- Facet joint injections (small joints located between and behind the vertebrae)
- Epidural injections for spinal claudication (walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing).

This is because there is limited evidence to support the effectiveness of these injections.

5. Please tell us what you think of this proposal by ticking the statement that best matches your views:

	<b>I strongly support this proposal</b>	<b>I support this proposal</b>	<b>I am neutral about this proposal</b>	<b>I am against this proposal</b>	<b>I am strongly against this proposal</b>
The local NHS should stop paying for spinal disc injections					
The local NHS should stop paying for facet joint injections					
The local NHS should stop paying for					

epidural injections					
---------------------	--	--	--	--	--

6. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

## Osteopathy

**We are considering if the local NHS should continue to fund osteopathy.**

Osteopathy is considered to be a 'complementary' or 'alternative' medicine (like acupuncture, homeopathy and hypnotherapy) and although osteopaths may use some conventional medical techniques, its use is not always based on scientific evidence.

7. Please tell us what you think by ticking the statement that best matches your views:

	<b>I strongly support this proposal</b>	<b>I support this proposal</b>	<b>I am neutral about this proposal</b>	<b>I am against this proposal</b>	<b>I am strongly against this proposal</b>
The local NHS should stop paying for osteopathy					

8. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

--

---

## Changing the eligibility criteria for some procedures

### Cataract surgery

**We are proposing tightening the eligibility criteria for cataract surgery**

9. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should tighten the eligibility criteria for cataract surgery					

10. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

--



## Podiatry services

We're proposing restricting who can have NHS-funded routine podiatry, so only people who have an underlying medical condition such as diabetes or rheumatoid arthritis can receive routine podiatry (such as corn and callus removal and toe nail cutting) paid for by the NHS.

11. Please tell us what you think by ticking the statement that best matches your views:


	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should tighten the eligibility criteria for podiatry					
Routine podiatric care should only be funded for people with an underlying medical condition.					

12. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

13. Within the last two years have you or a member of your immediate family:

	Yes	No
Had ear wax removal paid for the NHS?		
Had injections for back pain paid for by the NHS?		
Had treatment from an osteopath paid for by the NHS?		
Had routine podiatry (corn, callus and toe nail cutting) paid for by the NHS?		
Had cataract surgery paid for by the NHS?		

14. Do you have any other comments about our proposals that you'd like to make?



15. Do you have any suggestions about how the local NHS can save money?

16. If you would like us to tell you what decisions we reach regarding these proposals, please write your name and email address in the box below. We will keep your details safe and won't share them.

**Thank you for taking the time to let us know what you think.**

If you're not completing this questionnaire online, please make sure you send it back to **FREEPOST BHR CCGs**.

**All comments must be received by 5pm on 15 November 2017**

## We want to hear from everyone

This document is about changes we want to make to some health services in Barking and Dagenham, Havering and Redbridge. We want to know what you think about this.

If you would like to know more, please email [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) or call 020 3688 1615 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

### Bengali

বার্‌কিং ও দাগেনহাম, হ্যাভেরিং ও রেডব্রিজ কয় স্বাস্থ্য পরিসেবা আমরা য়ে পরিবর্তনগুলো করত়ে চাই এই ডকুমেন্টটি স়ে সম্পর্কিত। আপনি ং সম্পর্ক ক়ী ভাবছনে আমরা স়ে বসিয়ে জানত়ে চাই। যদি আপনি আরো জানত়ে চান, তাহলে অনুগ্রহ করে [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) ইমেইল ঠিকানায় বা 020 3688 1615 নম্বরে আমাদ়ে সাথ়ে য়োগায়োগ করুন ংবং আপনার ক়ী সাহায্য প্রয়োজন তা আমাদ়েকে জানান। যদি আপনি ংটি বড় ছাপার অক্ষরে, সহজ়ে পাঠ্যযোগ্যভাবে বা ভিন্ন ক়োনো ফরম্যাটে বা ভাষায় পত়ে চান তাহলে আমাদ়েকে জানান।

### Lithuanian

Šis dokumentas yra apie pokyčius, kuriuos norime įgyvendinti sveikatos priežiūros srityje Barking ir Dagenham, Havering ir Redbridge vietovėse. Norėtume sužinoti jūsų nuomonę apie tai. Jei turite klausimų ar norite sužinoti apie tai daugiau, kreipkitės į mus [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) arba tel. 020 3688 1615. Praneškite, jei šią informaciją norėtumėte gauti stambiu šriftu, lengviau įskaitomą, kita forma ar kalba.

### Portuguese

Este documento é sobre as alterações que pretendemos implementar em alguns serviços de Saúde em Barking e Dagenham, Havering e Redbridge. Gostaríamos de saber a sua opinião. Caso pretenda obter mais informações, contacte-nos através do e-mail [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) ou do número de telefone 020 3688 1615 e diga-nos que tipo de ajuda precisa. Indique-nos se precisa deste texto em letra grande, leitura fácil ou num formato ou idioma diferentes.

### Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਉਨ੍ਹਾਂ ਬਦਲਾਵਾਂ ਬਾਰੇ ਹੈ ਜੋ ਅਸੀਂ ਬਾਰਕਿੰਗ ਐਂਡ ਡੈਗਨਹੈਮ, ਹੈਵਰਿੰਗ ਐਂਡ ਰੇਡਬ੍ਰਿਜ਼ ਦੀਆਂ ਕੁਝ ਸਿਹਤ ਸੇਵਾਵਾਂ ਵਿੱਚ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹਾਂ। ਅਸੀਂ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਤੁਹਾਡੇ ਇਸ ਬਾਰੇ ਕੀ ਵਿਚਾਰ ਹਨ। ਜੇ ਤੁਸੀਂ ਹੋਰ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) ਜਾਂ 020 3688 1615 ਤੇ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਸਾਨੂੰ ਦੱਸੋ ਕਿ ਤੁਹਾਨੂੰ ਕਿਸ ਤਰ੍ਹਾਂ ਦੀ ਮਦਦ ਦਾ ਲੋੜ ਹੈ। ਸਾਨੂੰ ਦੱਸੋ ਜੇ ਤੁਸੀਂ ਇਸਨੂੰ ਵੱਡੇ ਛਪੇ, ਆਸਾਨੀ ਨਾਲ ਪੜ੍ਹੇ ਜਾਣ ਵਾਲੇ ਜਾਂ ਕਿਸੇ ਵੱਖਰੇ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ।

### Romanian

Acest document se referă la schimbările pe care dorim să le facem în cadrul unor servicii medicale din Barking și Dagenham, Havering și Redbridge. Am dori să aflăm care este părerea dvs. despre acest lucru. Dacă doriți mai multe informații, vă rugăm să ne contactați la [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) sau la 020 3688 1615 și să ne spuneți cu ce vă putem ajuta. Spuneți-ne dacă aveți nevoie de aceste informații scrise cu caractere mari, ușor de citit sau într-un alt format ori într-o altă limbă.

### Tamil

Barking மற்றும் Dagenham, Havering மற்றும் Redbridge-இல் உள்ள சில சுகாதாரச் சேவைகளில் நாங்கள் மேற்கொள்ள விரும்பும் மாற்றங்கள் குறித்து இந்த ஆவணம் விளக்குகிறது. இது குறித்து நீங்கள் என்ன கருதுகிறீர்கள் என்பதை நாங்கள் தெரிந்துகொள்ள விரும்புகிறோம். நீங்கள் மேலும் தகவல்கள் பெற விரும்பினால், [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) என்ற மின்னஞ்சல் அல்லது 020 3688 1615 என்ற எண்ணில் எங்களைத் தொடர்புகொண்டு, உங்களுக்கு எந்த விதமான உதவி தேவை என்பதை எங்களிடம் கூறுங்கள். இந்த ஆவணத்தின் பெரிய அச்சு, எளிதில் வாசிக்கக்கூடிய பிரதி அல்லது வேறொரு வடிவம் அல்லது மொழியில் உங்களுக்குத் தேவைப்பட்டால், எங்களுக்கு தெரியப்படுத்துங்கள்.

### Urdu

یہ دستاویز ان تبدیلیوں کے متعلق ہے جو ہم بارکنگ اور ڈیگنہم، ہیورینگ اور ریڈبرج (Barking اور Dagenham، Havering اور Redbridge) میں خدمات صحت میں ہم کرنا چاہتے ہیں۔ ہم جاننا چاہتے ہیں کہ اس کے متعلق آپ کیا سوچتے ہیں۔ اگر آپ مزید جاننا چاہیں گے، تو براہ کرم ہم سے [haveyoursay.bhr@nhs.net](mailto:haveyoursay.bhr@nhs.net) یا 020 3688 1615 پر رابطہ کریں اور ہمیں بتائیں کہ آپ کو کس مدد کی ضرورت ہے۔ ہمیں بتائیں اگر آپ کو بڑے پرنٹ، آسان پڑھائی یا کسی مختلف شکل یا زبان میں اس کی ضرورت ہے۔