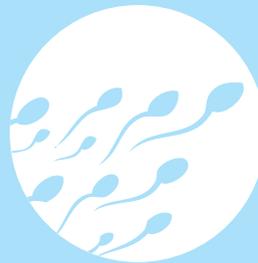
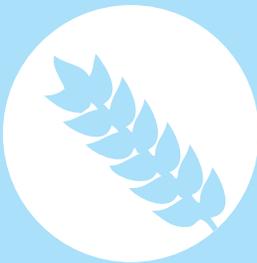


Value Based Elective Commissioning (VBEC)



Your views on proposed changes to the local healthcare budget and the future provision of gluten-free foods, over the counter medicines and specialist fertility services.

Background

Who are we?

Bedfordshire Clinical Commissioning Group (BCCG) is the local organisation responsible for planning, organising and buying NHS-funded healthcare for the 425,000 people who live in Bedfordshire. This includes: hospital services, community health services and mental health services.

BCCG is run by GPs, nurses, hospital doctors and other clinicians - the people you see whenever you come into contact with the NHS. All 55 GP practices in Bedfordshire are members of the CCG which is divided into five areas, which we call localities. These are: Bedford, Chiltern Vale, Ivel Valley, Leighton Buzzard and West Mid Bedfordshire.

In 2016-2017, BCCG has a budget of £525million to spend on healthcare services for Bedfordshire.

What is this document about?

The NHS receives a fixed budget to buy and provide health services for the entire local population. Here in Bedfordshire we serve 425,000 residents with a budget of £525m. When commissioning (buying) health services we do so specifically for the health needs which have been identified locally for our population. We make decisions about which health services to purchase, based on these identified needs.

Like all CCG's up and down the country, we are in the position of having more demand on our budget than we have the budget to spend.

The challenge faced by all organisations across the NHS is how to spend the available budget in ways that most benefit the health of the whole population and delivers good value for money. Bedfordshire CCG is a financially challenged organisation. It has a growing population, a limited budget and a growing demand for all types of healthcare services, as well as a financial deficit it needs to clear. BCCG has to evaluate every service that it commissions to see if it offers good quality, good outcomes, good value for money and also whether it is an effective and equitable way of allocating our resources for the benefit of the whole population.

What has BCCG already done?

BCCG has already made some significant prioritisation decisions, resulting in many procedures not being provided on the NHS. We also introduced a prior approval process for clinical procedures where there is evidence to show they have limited benefit to patients. This is in line with regional guidance and is also known as value-based commissioning of elective care. It includes procedures such as: abdominal hernia (surgical management of hernias), adenoidectomy, circumcision, glue ear/grommet insertion, management of haemorrhoids and tonsillectomy.

BCCG now has some more difficult decisions to make about the prioritisation of funds for 2016 and beyond.

Bedfordshire CCG is proposing three key changes:

1

To stop providing Gluten-free foods on the NHS - unless there are specific circumstances whereby a dependant patient could be at risk of dietary neglect.

2

To stop providing over the counter (OTC) medicines on prescription for short term, self-limiting conditions.

3

To stop routinely commissioning any specialist fertility services other than for two specified exceptions.

In this document, we will explain why we want to make these changes and how you can tell us your views on the proposals.

Gluten-free foods

The case for change

Gluten is a type of protein that is found in three types of cereal - wheat, barley and rye. A gluten-free diet is recommended for people who have been clinically diagnosed with coeliac disease. Gluten can cause symptoms that include bloating, diarrhoea, nausea, tiredness and headaches.

Certain foods are naturally gluten-free such as meat, vegetables, cheese, potatoes and rice. Gluten-free alternatives for those foods that do traditionally contain gluten, such as bread and pasta, are available to those who wish to continue to eat similar foods which contain the cereals described.

There is no cure for coeliac disease, but switching to a gluten-free diet will help control symptoms.

A decision was taken over 30 years ago to include gluten-free foods on prescription, when there was limited availability of gluten-free foods to buy. Today the availability of gluten-free foods has increased dramatically and they are found in almost all major supermarkets.

Health experts say that as a protein, gluten is not essential to people's diets and can be replaced by other foods. There is a lot of information available to patients via their GP, dietitian or available online about how to eat a healthy gluten-free diet.

When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items. The cost of administering the service is estimated at £10 per patient, per month.

Foods currently available under the Bedfordshire CCG gluten-free food supply service include bread/rolls, bread mixes, crackers, pasta, pizza bases, breakfast cereals and oats.

What is the cost of gluten-free products to BCCG?

Last year Bedfordshire CCG spent £315,000 on gluten-free food. If this service stopped then potentially, we could reinvest £315,000 into other health services in Bedfordshire, depending on local needs.

The Proposal: To stop providing gluten-free foods unless there are specific circumstances whereby a dependant patient could be at risk of dietary neglect.

Over the counter medicines (OTC)

The case for change

Over the counter medicines refers to the types of medicines that can literally be bought over the counter because they are deemed safe enough for people to self-manage common and minor ailments. These are medicines such as painkillers, cough and cold remedies, antihistamines and some skin products which can be used for conditions described as 'self-limiting' - i.e. the condition will improve on its own. They do not include any medicines that are available by prescription only, such as antibiotics, statins etc.

It is estimated that there are 57 million GP consultations for minor ailments each year, costing the NHS approximately £2 billion¹. In many cases people can take care of their minor ailments by using their community pharmacists, reducing the number of valuable GP consultations and enabling GPs to focus on caring for more poorly patients.

Giving people greater control over their own health treatments and encouraging healthy day-to-day behaviours that help prevent ill health in the long term will give patients the confidence and information to look after themselves at home when they can, and visit the GP only when they need to.

The case for self-care and over the counter medication is further strengthened by the excellent service offered by community pharmacists, which include long opening hours and seven day opening, all of which provide great access for patients in their local communities. The information available on NHS Choices is also extensive and assists patients to self-care appropriately.

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe.

What is the cost of over the counter medicines to BCCG?

BCCG currently spends £400,000 a year paying for widely available, over the counter medicines. If we are able to reduce even 50% of these prescription costs, BCCG could reinvest £200,000 per year into other health services.

BCCG believe that by encouraging patients to self-care and buy over the counter medicines, we can make better use of valuable GP time.

The Proposal: To stop providing over the counter (OTC) medicines on prescription for conditions that can be managed through self-care.

¹<http://www.rpharms.com/promoting-pharmacy-pdfs/rps-napc-gp-and-community-pharmacy-integration-consultation-august-2015.pdf>
Original Reference: Pillay N et al. *The Economic Burden of Minor Ailments on the National Health Service (NHS) in the UK. SelfCare 2010;1(3):105-116*

Specialist fertility services

The case for change

The CCG's existing policy on funding for specialist fertility services was developed in February 2015.

Under the policy, the CCG currently, routinely, commissions the following treatments as appropriate for couples who meet evidence based criteria:

- 1 cycle of IVF, with or without intracytoplasmic sperm injection (ICSI)
- Surgical sperm removal
- Up to 6 cycles of donor sperm insemination with intrauterine insemination (IUI)
- Treatment using egg donation
- Egg, sperm or embryo cryopreservation for men and women undergoing cancer treatment which is likely to cause infertility
- ICSI with or without sperm washing for men who have a chronic viral infection (primarily HIV) and whose female partner does not.

This policy is specifically for those couples who do not have a living child from their current or any previous relationships prior to starting NHS funded treatment, regardless of whether the child resides with them. This includes any adopted child within their current or previous relationships.

GP and clinical leaders have come to the difficult conclusion that when looking at the prioritisation of funds this is an area that we should revisit. BCCG has finite resources to fund a whole range of health services and treatments. Specialist fertility services are expensive treatments which can often prove unsuccessful. There is a real need to balance funding for this treatment with all other treatments/services across the NHS in Bedfordshire.

Other investigations and clinical interventions that can improve fertility for couples are widely available via NHS services before the need to access specialist fertility services.

Under the new proposal, specialist fertility services will no longer be commissioned except:

- Fertility preservation will be offered to patients undergoing cancer treatment, or who have a disease or a condition requiring medical or surgical treatment, that has a significant likelihood of making them infertile.
- Sperm washing will be provided with intrauterine insemination to men who have a chronic viral infection (primarily HIV) and whose female partner does not. This is a risk reduction measure to limit the transmission of a serious, pre-existing viral condition to the woman and therefore potentially her unborn baby.

What is the cost of specialist fertility services to BCCG?

Before the current policy was adopted, the CCG's annual spend on specialist fertility services was £799,000.

In the first 7 months of 2015/16, invoices for treatment of couples newly referred added up to £143,933. This does not include any cost for couples on courses of treatments initiated before the policy was adopted. Using a straight-line forecast, the annual budget for specialist fertility services under the existing policy has been estimated at £251,886.

The Proposal: To stop routinely commissioning any specialist fertility services other than the two specified exceptions.

Individual Funding Request (IFR) Process

For all of the above proposals it should be noted that the Individual Funding Request (IFR) process is still available for patients who believe that they have exceptional circumstances.

Any application needs to be made on behalf of the patient by a clinician, and the key point to remember is the need to demonstrate the exceptionality of the case - i.e. why the patient should receive treatment which is outside BCCG's current funding arrangements.

Further information can be found on BCCG's website:
www.bedfordshireccg.nhs.uk

How can I give you my views?

Please complete the accompanying questionnaire in this leaflet and post back to us by Sunday 24 July 2016 (no stamp needed).

Alternatively, you can complete the questionnaire online at:
www.bedfordshireccg.nhs.uk

Further information can also be found online.

The formal consultation process commences on Tuesday 3 May 2016 and ends on Sunday 24 July 2016.

