

North East London Save Our NHS (NELSON)

NELSON response to ELHCP consultation on *Aligning commissioning policies across north east London*.

North East London Save Our NHS (NELSON) is an umbrella group which represents several NHS campaigns across the ELHCP area.

June 2019

COMMENTS ON *Aligning Commissioning Policies*

1. Despite the stated intention of *aligning* commissioning intentions, **the intention is clearly to restrict access to treatment**. A genuine, clinically-driven, process of alignment would result in some areas where greater access to treatment is granted alongside reduced access in other areas. We note that all the financial assumptions relate to savings, and none to additional spending; from this we conclude that the process is designed purely to restrict access to treatment.
2. We note that no financial assumptions are made about any additional costs that may be incurred in supporting patients with alternative approaches to restricted treatments. We conclude from this **that no additional resources will be made available to support patients through alternative treatment. This amounts to further denial of treatment.**
3. **NELSON disagrees strongly with all of the proposals on the grounds that they do not allow for clinical judgement and discretion and put severe restrictions on professional judgement. This is in sharp contract to the approach taken within NICE Guidance.** NICE Guidance for all treatments is preceded by the following statement (extract cited):

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and **practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.**

4. The proposals do allow for exception to be made. However these exceptions are at the discretion of another medical practitioner or body who will have much less understanding of the individual circumstances of patients. We assume that exception decisions will be made within the local CCG, but the consultation is not clear about this, and 'aligning commissioning policies' could well imply that decisions will be made at Transition Board level or even STP level. Alternatively, ELHCP may propose to delegate decisions to some external body. We are aware that in some CCGs commercial organisations are incentivised to deny treatments through taking a share of any savings. Such an arrangement would be completely unacceptable.

5. We are concerned that the **inability of clinicians to base decisions on their own professional judgement is likely to have a particularly severe impact on vulnerable groups such as people with mental health needs, patients with physical and/or learning disabilities and elderly patients.** Patients in these groups are all less likely to be able to comply with requirements to try alternative, often self-care, approaches for a period of time. This means patients in these groups are significantly less likely to be able to access these treatments or, at very least, will routinely have to be referred for exceptional consideration. We believe this is actively discriminatory. At the very least, the Guidance should allow a blanket exception for decisions relating to vulnerable patients. The NICE Guidance cited above states:

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and **in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.** Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

6. NELSON is a campaigning group and we have not attempted to comment on individual guidelines for particular treatments. However we believe there is genuine cause for alarm in the case of at least one of the recommendations, **cataract operations. The proposed access criteria refer to a reduced level of visual acuity. This is in direct opposition to the NICE Guidance and to Guidance from the Royal College of Ophthalmologists** – both of whom are clear that the level of visual acuity should NOT be used as a criterion for access to treatment.