North East London Commissioning Alliance

NHS North East London Commissioning Alliance City and Hackney, Newham, Tower Hamlets Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs

You said, we did

The following is a summary of recurring themes that were received either in questionnaires or at events and the actions the Alliance is taking as a result.

1. **Concerns about the criteria for hip and knee replacements and whether it unfairly targeted older people and could undermine clinical judgement**

We have conducted an audit which showed that clinicians were following the proposed pathway and there would be no real impact on clinical practice from making this change, so GPs agreed to remove hip and knee replacements from the policy.

2. **Suggestions were made for patients to be involved throughout the process in the future.**

We are keen to learn from this engagement which is the first we've done as North East London Commissioning Alliance and we will look at how we can involve patients more in the design and implementation of services.

3. **"The proposed policy does not state any exclusions for mental health patients"**

Mental health is often a factor in patients seeking treatment or surgery. There are no universally accepted and objective measures of psychological distress, so it is difficult to include such factors when setting clinical thresholds for agreeing when a particular treatment is effective or needed.
We believe it is generally better to provide support, such as therapy, to treat the mental health need, but if a clinician thought there were exceptional mental health reasons why a patient needed treatment, they could apply through the individual funding request process explaining why this is an exceptional case.
Our GPs considered the feedback received and felt it was important the policy was altered to make clear that if mental health affects people's ability to function then it should be considered for funding, provided there is evidence of the patient having received psychological treatment prior to the procedure. The policy has now been updated to reflect this.

4. **Cancer - "It is unclear whether all (or just selective policies) are not applicable to patients who have or have survived cancer."**

We have always been clear that this does not apply to patients with confirmed or suspected cancer. GPs have updated the policy to include a statement to clarify that that cancer patients will be excluded where the treatment sought is in relation to their cancer care.

5. "The documentation is too clinical and not clear"

The nature of a document like this is that it is clinical, as it was developed in line with the latest national clinical guidance. Recognizing this, we produced an easy read version but will consider how we might involve patients in ensuring documents are easy to understand in future work.

6. "NICE guidance says you can't use visual acuity to determine whether cataract removal should be carried out"

We have sought advice from clinicians at our local hospitals including Moorfields, a specialist eye hospital, and they all support the policy. This means that all patients in London will get the same access to cataract

surgery.

7. "The questionnaire needs to be improved, hard for people to reference back to main document constantly to answer"

The complexity of what we were proposing meant that the questionnaire was complicated and we will test future questionnaires with local people before they are finalised.

8. If patient are unable to access these treatment, what are the alternatives?

We will make sure all clinicians know how to apply the policy asking them to consider the overall health and wellbeing of the patient and to ensure that, where appropriate, referrals are made to talking therapies and support services available through social prescribing link workers.

9. Clinicians fed back that they were concerned that this might add an additional administrative burden to their already busy workloads

Further to this feedback, work has commenced to simplify and automate the process using special software to reduce the administrative burden for clinicians.