

# Adherence to Evidence Based Medicines Consultation Event

Community House – Edmonton

Thursday 30<sup>th</sup> March 2017

2pm – 4pm

## Contributions and Questions

| Issue/Question   | Response (if any)  |
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| <b>Equalities and Inclusion</b>  |  |
| <p>General concern about those members of the community who do not speak English and therefore may have been excluded from the consultation.</p> <p>This was an issue for Turkish speakers but echoed more widely for other communities.</p> <p>A statement from a participant believing that 60% of Enfield residents do not speak English, therefore more effort should be made to ensure their inclusion in the consultation.</p> | <p>Work with community organisations to help increase engagement</p> <p>Materials can/will be translated where a request is made.</p> <p>ECCG happy to explore a range of methods to ensure the boroughs diverse communities can contribute to the conversation and consultation.</p>  |
| <p>There was a belief that an Equalities Impact Assessment had not been conducted on the proposals, as a form seen by a member of the audience had a 2014 date of it.</p> <p>There was no reference to the socio-economic groups in the Feb 2017 EQA</p>   | <p>The first part of the EQA was completed in February 2017</p> <p>As assurance that an EQI will be conducted.</p> <p>The date on the EQI form related to when the template was created, not when the assessment was conducted.</p> <p>Statutory requirements do not specify socio-economic groups, only those communities with protected characteristics.</p> |
| <b>Delays and Increased Risks</b>  |  |
| <p>There was concern that any new systems that require clinical reviews of cases, before treatment can be approved; could lead to delay in referrals and as a result worse</p>   | <p>Assurance that cancer does not fall within this consultation at all and there is a drive to the reduce the number of breaches of the 62 day treatment standard.</p>   |

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| outcomes.  | All the proposals for new evidence based criteria for treatment have a clinical evidence underpinning them.   |
| <b>Selection of Procedures</b>   |   |
| <p>Enfield's spend in certain areas of intervention are higher than the England average.</p> <p>A request not to have rationing of NHS care and for any decisions to be fully evidence based and selection of procedures have the least impact on the health and wellbeing of residents.</p> <p>There was a lot of doubt and suspicion that evidence to support the proposals was not robust enough.</p> <p>In relation to hearing aids, there was a request to consider the findings and decisions of 14 other CCGs that have already explored systems. Only 1 has gone ahead with a new evidence based medical approach.</p> <p>Some people attending were reassured to hear that the evidence is being looked at and hope this is a genuine consultation.</p> <p>A resident asked if dual diagnosis was considered when looking at the evidence base and procedures selected.</p> <p>Several questions about the role of the consultation and who finally makes the choices (which clinicians)</p> <p>A concern that improved outcomes cannot be delivered if professionals are making decisions without the evidence</p> | <p>This was one of the criteria that helped identify procedures to be reviewed but clinical evidence and data will be used to make the final decision.</p> <p>New evidence packs were tabled at the event and will be available online.</p> <p>The aim is to pick procedures and areas that do not have undue impact.</p> |
| <b>Consultation Process</b>  |   |
| The recommendations of Health Scrutiny Committee, relating to the consultation   | ECCG believe they have extended the consultation window dramatically, as a  |

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| <p>process were debated and the CCG's adherence to them was disputed. The committee requested the withdrawal of the document and replacement with medical evidence.</p> <p>Several requests for the consultation to cease.</p>   | <p>response to Health Scrutiny Committee intervention.</p> <p>New evidence packs produced to support consultation.</p> <p>CCG has a statutory obligation to consult and is required to explore new ways of managing its budget as it is in special measures.</p>  |
| <p><b>General Concerns – Wider Policy and Political Context</b></p>  |   |
| <p>A resident worried about the future and expressed sympathy for professionals having to deal with the unfair funding formula for Enfield.</p> <p>There was a concern that Enfield was being used as a guinea pig in cuts to NHS provision.</p> <p>Some audience members believed strongly that the internal market in the NHS is creating perverse incentives to carry out procedures, which are unnecessary.</p> <p>A general feeling in the room that there is a disconnect between reality for patients versus ineffective treatments/interventions</p> <p>The new proposals are increasing the NHS postcode lottery. Being in special measures means patients/residents do not have confidence in what is happening. They also feel there is an increased risk they will not be listened to.</p> | <p>The CCG has a statutory obligation to ensure today's budget carries over to tomorrow and there is sufficient money to fund things such as cancer.</p> <p>Data across North Central London is being reviewed to explore best practice and where some services are overspending in comparison to others.</p> <p>LB Haringey lead on neurology review, so this is a north London process with borough's taking a lead in different areas.</p> <p>This is a collaborative consultation across North Central London and is linked to the STP.</p> <p>A recognition that in some instances this may be the case, the proposed changes are being considered to address this.</p> <p>Reassurance that this is a genuine consultation and no decisions have been made. The outcome will be testament to this.</p> |

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| <p>Concern that the GP shortage merely adds to the complexity of this situation.</p> <p>If ECCG does not achieve the savings required through this process, will there be another next year and the year after, until targets are met?</p> <p>Rationing is not the only option:</p> <ul style="list-style-type: none"> <li>- System change (GPs)</li> <li>- Streamlined systems and paperwork</li> <li>- Simpler systems</li> <li>- The evidence as to how these things can offer savings is not being tabled</li> </ul> |  |
| <p><b>Systems and Procedures</b></p>   |  |
| <p>New protocols associated with the proposed evidence based medicine model must have effective and efficient systems to support them.</p>   | <p>A recognition that clinicians should have simple systems.</p> <p>Specialists are better qualified to decide procedures.</p> |
| <p><b>Professional Bodies Represented</b></p>  |  |
| <p>Action on Hearing Loss</p>  | <p>National Community Hearing Association</p>  |
| <p>Ophthalmologist</p>   |  |