

Adherence to Evidence Based Medicines Consultation Event held at the Ruth Winston Centre on Friday 23 June This event was organised by the South West Locality PPG Champion, who is also a Trustee of Ruth Winston Centre.

Event Introduction: Jean Brewer introduced the sessions and then Dr Abedi presented the CCG plans. A total of 46 people attended in total of which 50% were from the Ruth Winston Centre, Palmers Green residents; Southgate U3A; Enfield Over 50s Forum members and members of the Defend our NHS local group.

Dr Abedi introduction included:

- an overview of the CCG
- a verbal run through of what we are up to.
- confirmed that no decisions have been made
- stated that a consultation report of the patient and public feedback will be made available to the public
- confirmed that clinically not to proceed with any operations/procedures if the person is asymptomatic; only operate when something was going wrong.

Mark Eaton provided details of:

- how we got to the consultation- engagement
- how we arrived at the number of procedures being consulted on- started with 200 procedures; following clinical advice these were reduced to the ones to 27; further review by Clinical Reference Group took the number down to 13 being consulted on

Contributions and Questions:

Issues/Questions	Response (if any)
Delays and Increased Risks	
<p>Explain about the referral mechanism; in the old days a GP referral would have gone to hospital consultant. Now GP tries to refer you to hospital, then a committee of people will decide whether to refer you. Do you really believe that the NHS is doing lots of operations that are not necessary? This is an insult to consultants. If Dr Abedi and CCG were honest they would say we do not have enough money- This is not providing a comprehensive service.</p>	<p>Details of how the individual funding request works was provided.</p> <p>Advised that for years operations for hernias were carried out. There are lots of games played around coding of procedures; when procedures are listed, and then surgeons will operate.</p>
<p>You are undermining your GPs</p>	<p>That was not the case; we have a specialist duty dermatologist; GP with cardiology, they will review the referral and will provide their reasons for their decision</p>
Selection of Procedures	

Have you be taking account of what people are saying; no public support for these decisions. There is a certain amount of cynicism that consultation decision has been made, but publicly you say that no decision has been taken. You call this evidence based medicine- name a clinician or consultant who supports this. What does NICE say about hearing loss? Mild hearing loss is associated with the risk of dementia; moderate hearing loss is associated with 3 times risk of dementia	Confirmed that all evidence concerning hearing loss had been provided to questioner. Comments had been heard; also met with Action on hearing loss. This is an exercise to get feedback; no decision has been made. On some of the procedures, we have had universal support on.
Personal experience was provided: consultant surgeon decided not to operate on the hernia	Normally when a surgeon is given a list of hernia operations, they will do that list.
Why should the person not sue if they have had an unnecessary operation	
Name a consultant who agrees with your views.	
There was overall support for the proposal to stop homeopathy. Some concern was expressed that it was currently being funded	Noted the support for proposal to stop funding homeopathy
Feel you are trying to defend the indefensible here. Can you point to all of us point where the research is on hernias, point it out?	The information is on website
why change NICE's guidelines on knee. Seen this for years and years; a classic way of wasting time; look at the leaked Guardian article about the extension of PoLCE as a way of making savings.	The Guardian article picked up a discussion between leaders who have put together hypothetical procedures/solutions; if it was decided to proceed; then these would have to be consulted on.
Consultation Process	
Why was the Consultation not stopped following Healthwatch's comments and objections were received	The consultation was not stopped as was agreed with Overview and Scrutiny Committee to run for initially 30 days than extended 90 days. Further extended due to the election. Summary document created to help the public understand the changes being suggested.
If you do go ahead with PoLCE, if you could change the criteria, will there be 3 month consultation on any changes to criteria.	Agreed to hold 90 day consultations for any changes. If we do further PoLCE we will consult.
General Concerns – Wider Policy and Political Context	

<p>Sceptical that this is a local initiative as this is going on in Milton Keynes; can't see why this is not being done at national level, as it is the same across the country, feels that this is a political exercise; need to justify why you can say this is locally generated, while it is the NHS that is underfunded.</p>	<p>This is defiantly local generated; this is not a cost cutting exercise; quality and care is important, we have to make sure that what we provide is value for money.</p> <p>We looked at what others had done; when we look at referrals, we look at the quality of referrals.</p>
<p>Concerns expressed that people could move from one part of the country to access different services/treatments.</p>	<p>It was explained that under NHS Commissioning rules that the services access by a patient depended on which GP they were registered with. If registered with an Enfield GP, then services accessed would be those commissioned by Enfield CCG. If a person moved elsewhere and registered in another area; person would access services for that CCG</p>
<p>When the NHS becomes so localised, it is a post code lottery for services; this was not what the NHS was set up for.</p>	<p>NICE guidelines are national but do not always have the detail needed; so CCGs had to made local decisions</p>
<p>This is about evidence based criteria so why has NICE not issued the guidance; ask NICE to beef up their guidance and send these out; this was only happening in Enfield.</p>	<p>Nice has produced about guidance for many procedures; they deal with about 50/year.</p> <p>This have work is being done elsewhere; other CCGs in north central London will be also doing this.</p>
<p>This rationing of services was only happening in England, not Scotland and Wales as they had a different system</p>	
<p>Why are you not fighting the underfunding? As you know the medical profession is 2000 years old; the conservatives may last a short time, do you not think that the oath, the sense of professions is to fight this</p>	<p>This is not a political. Quality, Innovation, Productivity and Prevention came in under the labour government; it's not something new. We want to make sure that we fund services that enable us to balance the books and invest in services e.g. we have been able to spend £3 m to improve in primary care.</p> <p>We are close to getting the funding that for our population; we have financial strategy to enable us to fight for more funding.</p>
<p>There is an awful lot of waste in the government e.g. fuel allowance given to everyone ; the layers of out sourcing to</p>	

companies such as McKenzie	
What happens at the end of the Consultation?	Following the end of the consultation there will be a report which summarises the comments received throughout the consultations. There will be a another clinical review of the further evidence provided during the consultation. It was planned that a report would go to September 2017 Governing Body for the decision to be made.
Professional Bodies/Campaign Groups Represented	
Defend NHS Enfield	No professional/commercial bodies were represented