

**Healthwatch Barking and Dagenham's response to:**

**Barking & Dagenham Clinical Commissioning Group (CCG)  
Consultation - Proposals for Spending NHS money wisely 2**

---

# Contents

---

Contents ..... 2

1 Introduction ..... 3

    1.1 Acknowledgements ..... 3

    1.2 Disclaimer ..... 3

2 Background ..... 4

3 Methodology ..... 5

4 Summary of findings ..... 6

5 Feedback from local people ..... 7

6 Recommendations ..... 12

---

# 1 Introduction

---

<b>Details of report</b>	This report is based on an engagement session held by Healthwatch Barking & Dagenham, asking local people their views on the CCG's consultation "Spending NHS money wisely 2".
<b>Author of report</b>	Manisha Modhvia
<b>Announced/Unannounced</b>	Announced
<b>Contact details</b>	Healthwatch Barking and Dagenham LifeLine House Neville Road Dagenham RM8 3QS <a href="mailto:Manisha.modhvia@healthwatchbarkinganddagenham.co.uk">Manisha.modhvia@healthwatchbarkinganddagenham.co.uk</a> 0800 298 5331

## 1.1 Acknowledgements

Healthwatch Barking and Dagenham would like to thank all the individuals who contributed to this report.

## 1.2 Disclaimer

Please note that this report relates to findings from the people we spoke to. Our report is not a representative portrayal of all the residents of Barking and Dagenham.

---

## 2 Background

---

Barking Havering and Redbridge Clinical Commissioning Group (BHR CCGs) are legally required to balance their budget. To achieve financial balance, they need to deliver £55 million savings from the budget in the 2017/18 financial year. This is just over 5% of our total annual joint budget of just over £1 billion for the three boroughs.

In order to achieve this, BHR CCGs need to make some difficult decisions on what they will be able to provide under the NHS.

The CCGs have already decided to no longer fund, or to restrict a range of procedures and treatments, following a consultation earlier this year. Further savings need to be made and a consultation was launched to seek the views of residents and organisations across Barking Havering and Redbridge.

Healthwatch Barking and Dagenham carried out an engagement session with local people who live or work in Barking and Dagenham. We asked for people's views and opinions concerning proposals put forward by BHR CCGs on no longer prescribing certain medications and procedures and changing the criteria of others.

The consultation period set by the BHR CCGs for their proposal ends on Wednesday 15th November 2017.

This document represents a response to the consultation which has been anonymised. This has been conducted impartially - Healthwatch Barking and Dagenham have no organisational view.

---

## 3 Methodology

---

Healthwatch Barking and Dagenham held a round table discussion with local people who live and work in the borough to seek their views on the proposals made in the Spending NHS money wisely 2 consultation document.

Participants were advised that their views were being collected and would be included in this report which would be passed to the CCG for inclusion in the responses to their consultation. Participants were also informed that this report would be made publicly available when it was completed.

To enable individuals to give their views without the fear of their personal details being shared or any impact on the services they receive, Healthwatch explained the following:

- Participation is voluntary, and individuals are not required to answer the questions posed.
- Participation or non-participation will not affect access to any services currently being accessed
- Information collected is kept strictly confidential.

Each individual had a consultation document and the response questionnaire.

The background to each proposal was read before having discussions and answering the consultation questions.

---

## 4 Summary of findings

---

Whilst some people were supportive of particular proposals they did not support others. Main themes emerging from the discussions included:

- Concerns about the affordability of over the counter prescriptions and anxiety about pharmacies only stocking expensive brands.
- Proposals being looked at in isolation without consideration given to current alternatives, particularly with regard to charging policies for these. It was felt that this is a grey area and although CCGs will highlight this as a national issue, people felt the CCG need to take some responsibility for this.
- Higher income families will have better health outcomes as the poverty gap widens.
- No thought given to the distance people may have to travel to buy generic brands of medication.
- Majority of people were against the criteria change for cataract surgery.
- Clarity is needed on how often GPs will check for Vitamin D deficiency by a blood test, will there be a limit?

---

## 5 Feedback from local people

---

### No longer giving prescriptions or certain medications

#### Antimalarial medicine

Most respondents were supportive of this proposal, with the following caveats:

- People commented that families should budget for medication as part of their financial planning for their holiday.
- Those who did not support the proposal felt that people who were unable to afford the medication would cost the NHS more in the long run.
- It was felt medications should still be provided for children.
- Consideration should be given to a Charity waiver for not-for-profit organisations giving charitable support or aid overseas.
- A closer look needs to be taken at the potential poverty gaps, especially for families on low incomes and benefits, children will be affected by ill health if parents do not have the capacity to pay, costing the NHS more in the long term.

#### Threadworm medicine

Most respondents were supportive of this proposal, with the following caveats:

- Issues were raised about the complications that can occur if treatment is delayed due to affordability.
- A closer look needs to be taken at the potential poverty gaps, especially for families on low incomes and benefits. Many children are affected by threadworm and over the counter medications can be expensive.

#### Sleeping tablets

Most respondents were in support of this proposal, with the following caveats:

- Clarification on the definition of 'short term' is required
- People felt that sleep was critical to wellbeing and can impact on many other factors of life including employment and family responsibilities. What other support will be available to those suffering with short term sleeping problems?



- If other support is made available, what is the likelihood that individuals will be waiting long periods of time to access the support services?

### Hayfever medicine

There was a mixed response for this proposal, several questions and concerns were raised:

- Respondents were concerned that this would be a way for pharmacies to increase profit by choosing to sell expensive products rather than more affordable ones.
- Whilst some respondents highlighted that individuals could use transport and travel to bigger supermarkets where more choice may be available, others felt that for those on low incomes, travelling was an issue.
- Individuals who are receiving year round treatment for allergies will end up paying more for medications they need to use.
- Who is going to ensure that cheap generic versions of medication are available in local pharmacies?
- Not everyone has the means to travel to supermarkets.

### Travel sickness medicine

Most respondents agreed with this proposal, but wanted clarification as to what happens if stronger medication is needed (eg: Phenergan) as this is not widely available.

### Vitamin D

There was a mixed response to this proposal. Concerns included:

- The implications of not taking Vitamin D can be severe, those who cannot afford to pay for the maintenance may postpone taking supplements and end up with severe complications, costing the NHS more in the longer run.
- We have a diverse community and some of these communities are more likely to have lack of vitamin D, therefore locally it will end up costing the NHS more.
- Clarification was needed as to how GPs will check if there is a deficiency or not. Currently an initial blood test is undertaken. If there is a deficiency then a prescription is supplied and once the course is complete a blood test



is retaken to ensure the Vitamin D levels are up. Will this process still continue? If not, how will the medical professionals ascertain whether patients have a deficiency or not.

- Some respondents commented that it was not necessarily the cost of the supplements which would be an issue, but how often the GPs would allow patients to get tested if you have symptoms or history of vitamin D deficiency. Will there be a limit?

### Probiotic supplements

Most respondents were in agreement with this proposal.

### Bath oils, shower gels and shampoos

Most respondents were in agreement with this proposal.

### Skin Rash creams

Most respondents were in agreement with this proposal.

### Sunscreens

Majority of respondents were in agreement with this proposal.

- A few individuals were surprised that sunscreen is currently provided on the NHS.

## Feedback on proposals stopping funding for certain procedures

### Ear wax

There was a mixed response to this proposal. A number of questions were raised in relation to this proposal including:

- If people can self-refer where can they go?
- What are the rules governing how much private agencies can charge?
- Who will be governing these private initiatives?
- What will the cap be on how much practices can charge?
- The proposal is not clear, initially it states “we are thinking about whether we should continue to pay for people to have earwax removed *by a suction machine*” then later the document states “We believe *ear wax removal* procedures are costing us £ 403,259 a year. Clarification is needed over whether the proposal covers all ear wax removal procedures, or just suction.



- What happens if all the alternative methods described in the document do not work, can the doctor refer you to a private practice?

### Injections for lower back

Majority of the respondents were in support of this proposal, with the following caveats:

- Has the impact of severe back pain been considered in terms of the effects on family life, finances and employment? What support will be made available?
- If evidence shows that there is no proof that the injections work, then have the CCG considered that there is a possibility that having injections had a psychological effect on some people, as they felt better after receiving this kind of pain relief. How will this gap be filled?

### Osteopathy

Respondents did not mind if this was provided through the NHS or not.

## Feedback on changing the eligibility criteria for some procedures

### Cataract surgery

Majority of respondents were against this proposal and a number of questions and issues raised including:

- How do you measure 'comfort'? What is comfortable for one individual may not be for another.
- There was no information on what the eligibility criteria currently is against the changes that are being proposed.
- Most people felt if both eyes are affected then both surgeries should be permitted.

### Podiatry Service

Although most respondents were generally in support of this proposal, several key questions were asked and comments made.

- Consideration needs to be given to what will happen to those individuals who are vulnerable and don't have family to assist them. In the long run, they will suffer and develop other conditions, which will then cost the NHS more.



- What about those who are unable to leave their home and those who have mobility issues?
- Care staff are not permitted to cut nails.
- Concerns were raised about how much private companies will charge for these services, leaving those vulnerable not being able to afford podiatry services and costing the NHS more in the long run if complications arise.
- Age, mobility and isolation needs to be considered, if this proposal goes ahead, clear information needs to be provided about alternative services that are available.

## Other comments and questions

- What is in place to ensure that all our local pharmacists sell cheap alternatives to all the products that are being proposed to no longer be available on prescription?
- What mechanisms are in place to ensure people do not over-pay for products? If this is a national issue, the national issue needs to be considered before imposing these local savings.
- The CCG provide great examples of cheap medications, has anyone undertaken a mapping exercise to see how far people may need to travel to buy inexpensive medication.
- Serious consideration needs to be given to the poverty gap and the inequalities this will bring not only in regards to access but also the long term impact on those who are cannot financially afford to purchase medication.
- There needs to be an in-depth study to look at the impact on the long-term health of the local community.
- Currently there is a 6-week gap in receiving universal credit, this will impact those on benefits preventing them to buy medications they need to treat certain health problems. This could turn a mild health issue into a major one, costing the health and care system a lot more.



---

## 6 Recommendations

---

There were in depth conversations around the table, every individual made a contribution to all the proposals.

During our engagement session it was very clear that people have fear in their minds about the affordability of certain medication and procedures if the proposals go ahead.

Several people also highlighted concerns about who would take responsibility to ensure private healthcare providers do not over charge on certain procedures.

As a result of the discussions, Healthwatch Barking and Dagenham recommend:

- BHR CCGs work with partner organisations to ensure those waiting for universal credits are able to buy medication when needed and treat the health issues in a timely manner.
- Caps on how much private companies and pharmacists need to be implemented for medications and treatments that people will need to purchase.
- Clarify questions highlighted under the proposals.

