

**SENT VIA EMAIL**

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14 July 2014

Dear Fiona

### **People Scrutiny Committee – Service Restriction Policy Update**

I am writing to you to update the members of the People Scrutiny Committee about the service Restriction Policy (SRP) at their meeting on Tuesday 15th July 2014.

Firstly, can I apologise for not being able to be at the meeting. I would normally have attended but as you may be aware I am recovering from a recent accident that meant I was in hospital for three days last week. Unfortunately, the Chief Operating Officer is on annual leave as well and on this occasion, as we only have a very small team, we have no senior person with the required knowledge to speak directly to the meeting. I will be very happy to brief members of the committee at a later date, if required.

I believe that the SRP was brought to the attention of members of the committee and others as a result of an article in the local newspaper published on Friday, 4th July 2014 "Patients Are Told: Prove you Need A Hip Op".

In my opinion this story provided misrepresentation of the facts, which may have prompted undue alarm among councillors and members of the public. Myself as Clinical Leader of Southend CCG along with the Clinical Leaders of Castle Point and Rochford and Basildon and Brentwood CCGs have written to the editor of the Echo Newspaper to correct the misunderstandings contained in the article. We have a responsibility to ensure that sound clinical reasoning and decision-making is explained clearly to patients and the public.

#### *What is the new policy?*

The policy that was referred to in the article is known as the Service Restriction Policy (SRP). This isn't new and has been in existence in various forms for several years before CCGs were even formed. The latest version of the SRP can be found on the Southend CCG website. This policy is the same across South Essex and has been agreed with the other CCGs.

*What is the Service Restriction Policy?*

The Service Restriction Policy is one way that the NHS ensures that treatments and procedures offered are safe, evidence-based and that there is a sound, clinical reason for every treatment and procedure.

It is also a means by which the NHS as a whole can manage the demand for services and ensure that the NHS doesn't use its limited resources on procedures that have limited evidence of their effectiveness or are not clinically necessary – for example, some purely cosmetic procedures.

*Why is it being changed?*

To ensure the SRP stays up-to-date and that it reflects the latest NICE guidance, the policy is updated regularly.

*Will Patients have to prove that they need an operation?*

Absolutely not, Clinicians – the doctors making decisions about referring patients for treatment, and those delivering the treatment – use the SRP to make a judgement about whether any particular treatment is right for their patients, based on their condition and treatment history.

One of the biggest challenges we face as clinicians is that there is no blanket “one size fits all” approach to people's health, every patient is different and every patient has different needs. While one treatment may be the right option for some patients, other procedures may be more effective for others. The SRP gives clinicians and patients the opportunity to see “at-a-glance” the latest national guidance and how they can access the best treatment for them.

*Is there a “postcode lottery” of treatment depending on where people live?*

Again, no - there is no “postcode lottery” of treatment when it comes to the SRP. The guidance about whether a treatment is right for a patient is the same across south Essex whether you live in Basildon, Thurrock, Brentwood, Southend, Rochford or Castle Point.

*Is this a cost-saving exercise?*

No. While the SRP can help to save money because it can act as a safeguard against clinically unnecessary treatments, that is not its primary purpose. It is about ensuring quality; making sure treatments are safe and effective.

It's no secret that the NHS is under increased financial pressures. All CCGs are being asked to make huge savings and we are working hard on a number of projects to ensure that we can meet the demand of patients both now and in the future.

*The SRP says that a treatment won't be funded by the NHS – what can patients do?*

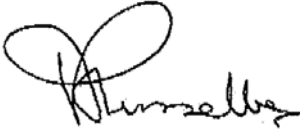
Many decisions on treatment options are clear cut. However, when they are not, the south Essex CCGs allow patients the opportunity to make specific funding requests via the Individual Funding Request team.

These requests might be used for the treatment of conditions for which the south Essex CCGs do not have an agreed policy, including patients with rare conditions and whose proposed treatment is outside agreed service agreements. In instances in which eligibility is unclear the final decision is made through an application to the Individual Funding Requests panel.

NHS commissioners in south Essex are fully committed to ensuring that our citizens are able to access the right care, at the right time, and in the right setting. I hope that this letter will help the members of the committee to understand how we are using the SRP to do this.

In summary, the SRP is not new and has been in place for several years. It is essential that the NHS only funds those treatments that are of clinical benefit and safe. There will be no requirement for patients to prove they need a treatment and there will always be the ability for patients to make specific funding requests via the Individual Funding Request Panel.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Husselbee', with a large, stylized initial 'H'.

**Dr Paul Husselbee**  
Clinical Chief Officer  
NHS Southend CCG