



*Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups*

Spending NHS money wisely

*What do you think about our proposals for IVF,
sterilisation, prescribing, cosmetic procedures
and weight loss surgery?*

Please tell us by 5pm on 18 May 2017



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Foreword from clinical leads

As GPs working in surgeries across Barking and Dagenham, Havering and Redbridge we know only too well the pressures that the NHS faces both here and across the country at the moment.

The care and treatment that we, along with our GP colleagues, provide every day for our patients is funded by taxpayers' money – your money. That's why we have a duty to spend it wisely, to make sure we get the best value we possibly can for every penny – especially when NHS funding is being severely squeezed and we are seeing more patients with more complex health issues than ever before.

That's why we are faced with some very difficult choices if we are to protect our most essential health services – things like cancer care, emergency care, life threatening conditions and mental health services – for the coming years.

To protect those services in our area we have to make savings locally of £55 million and to do that we must look at reducing spending now. That's why we need your help.

In this document, we talk about some of the things we think we can save money on and why. We want to know what you think. We haven't made any decisions yet and we won't until we have heard from you, our patients.

Unfortunately, doing nothing is not an option. We are family doctors, not politicians, but it's up to us – with your help – to get the local NHS onto a secure and sustainable footing to ensure that we can maintain those vital local services for you and your families, both now and in the future.

We'd welcome your comments (please read our questionnaire) and any suggestions you may have about how we can save money in other areas too.

"The NHS is committed to providing best value for taxpayers' money.

"It is committed to providing the most effective, fair and sustainable use of finite resources.

"Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves."

NHS Constitution

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About this document

This document explains how and why we want to change some of the things that we spend NHS money on in Barking and Dagenham, Havering and Redbridge (BHR). Clinical commissioning groups (CCGs) in these three boroughs are working together to look at how we can spend the money we have wisely.

We are looking at:

- In-vitro fertilisation (IVF)
- Male and female sterilisation
- NHS prescribing – including gluten-free food prescriptions, over the counter prescribing, soya-based formula milk and travel vaccinations
- Cosmetic procedures
- Weight loss surgery.

We have set out different options and explained why we've identified these. We want to know what you think and if there is anything else you want us to consider.

We'd like to hear from as many local people as possible about our proposals, so please tell your friends and family about this, and encourage them to respond. Comments from health professionals and our partners in the community and voluntary sector are also welcomed.

To tell us what you think, you can fill in the online questionnaire on our websites or print off the questionnaire at the back of this document, fill it in and send it back to **FREEPOST BHR CCGs**, free of charge.

All responses must be received by 5pm on 18 May 2017.

This document summarises our thinking. For more information visit our websites:

www.barkingdagenhamccg.nhs.uk/spending-wisely

www.haveringccg.nhs.uk/spending-wisely

www.redbridgeccg.nhs.uk/spending-wisely

About clinical commissioning groups

Clinical commissioning groups (CCGs) plan and commission (buy) health care services for the residents of their local area. They are led by local GPs.

Commissioning is about deciding what services are needed, and making sure that they are provided, and getting the best possible health outcomes for local people by assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals.

Services CCGs commission include:

- urgent and emergency care (including GP out-of-hours)
- most planned hospital care
- most community health services such as health visitors and physiotherapy
- mental health and learning disability services.

All GP practices belong to a CCG. CCGs are regulated by NHS England.

In Barking and Dagenham, Havering and Redbridge, the three CCGs work together closely under one management structure, sharing resources.

Introduction: our financial challenge

Nationally the NHS is facing a challenging time as demand for services continues to increase. A growing and ageing population and more people living with long term health conditions such as diabetes are placing further pressure on already stretched services and finances.

The population is growing

Compared to other boroughs in London, the three boroughs in BHR have population growth that is significantly higher than the London average and all three are in the top third of boroughs with the highest growth rates.

- **Redbridge**'s estimated population growth over the next five years is the highest in London
- **Barking and Dagenham** has the highest birth rate in London.

The population is aging

The greatest increases in population are expected in the 65+ age groups. Older patients generally have increased and more complex health and social care needs.

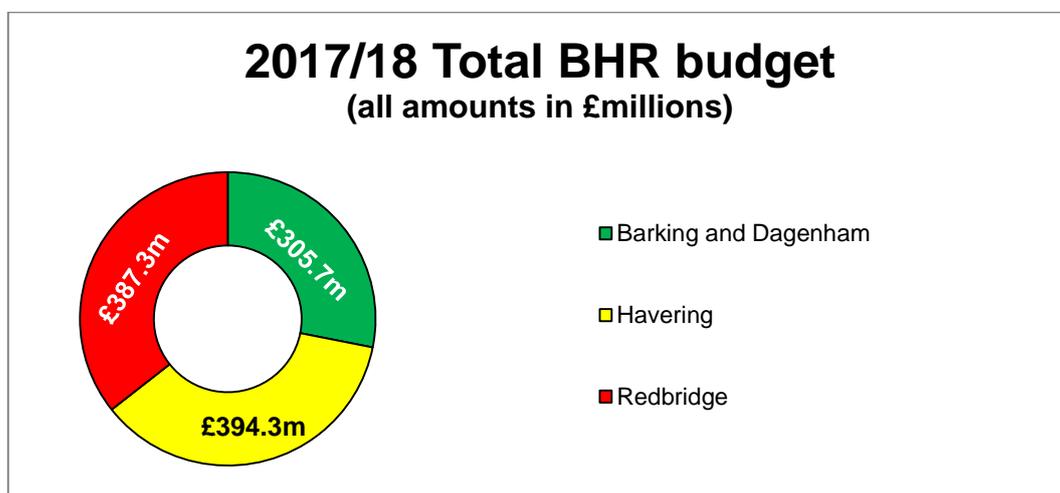
- **Havering** has the highest proportion of older people in London.

The population is changing

Some diseases are more common in specific ethnic groups, so the ethnic composition of the population influences what the population's health needs are.

There is rising local demand for NHS services and the cost and availability of treatments continues to increase, which means it is all the more essential that we spend our limited resources in the most effective way.

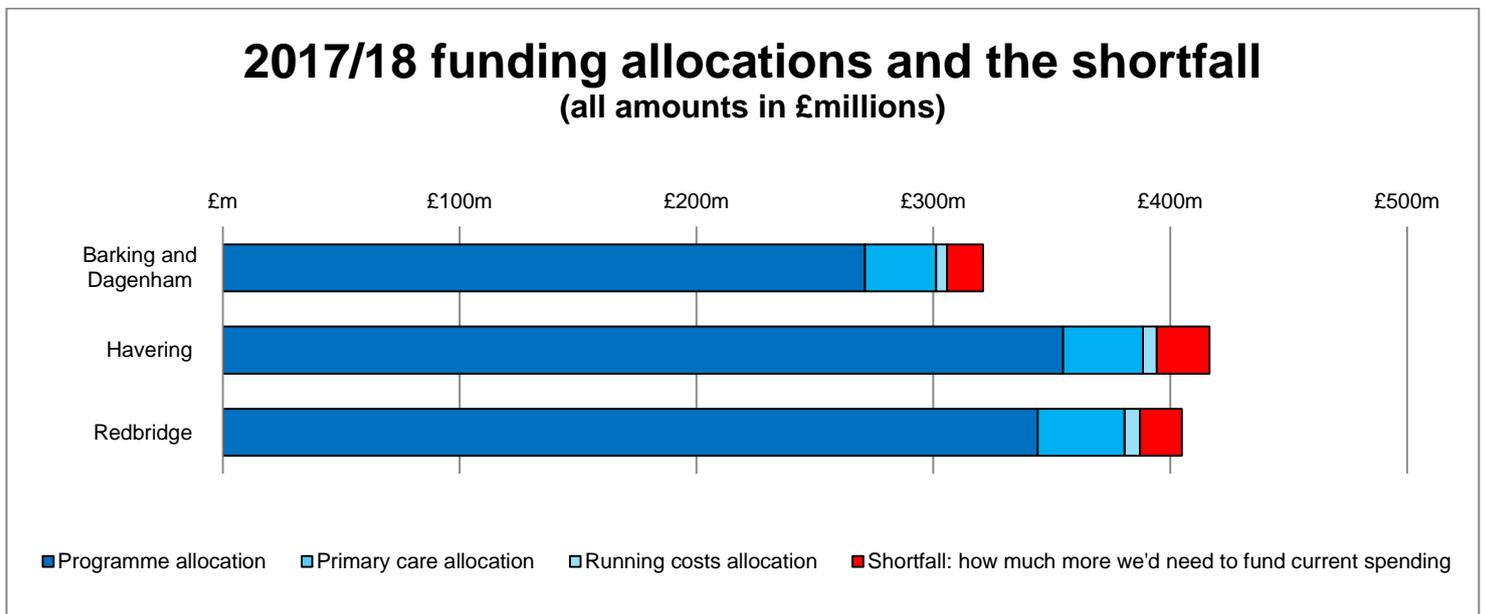
In terms of funding the amount of money allocated (funding allocation) to each CCG is decided by the Department of Health, based on the size of the population and local health needs. According to the formula used by the Department of Health, the BHR area is under-funded.



We have reached a point where we do not have enough money to continue buying all the services in the way we do now. We are in deficit and this has been caused by a number of factors, including our funding position and pressure from the continuing population changes.

For some time local patients have been waiting too long for treatment at our main local hospitals trust, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). We have worked closely in partnership with them and other providers to tackle these long waiting lists and ensure that patients can receive the treatment they need within a reasonable time. Together we have achieved this change, which is positive for patients, but it has been at a cost.

We have a statutory responsibility to balance our budget. To achieve financial balance, BHR would 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.



To achieve this, we need to reduce our spending in some areas of our health budget. We have been looking closely at what we're spending money on, to ensure we are making the most effective use of public money to commission the most appropriate healthcare services for local people. We must maintain our investment in areas such as cancer treatment, mental health services, and accident and emergency care, so this means making decisions about what services and treatments we can fund and in some cases, no longer fund.

We are not alone in doing this. CCGs all over the country are looking at how they can use limited resources responsibly to make sure the NHS is able to help those most in need. They are reducing the services and treatments they will fund. We have managed to hold off longer than some others, but we cannot carry on without making changes.

Note

We are not looking at reducing the money we spend on primary care (care provided by GPs and their practice staff).

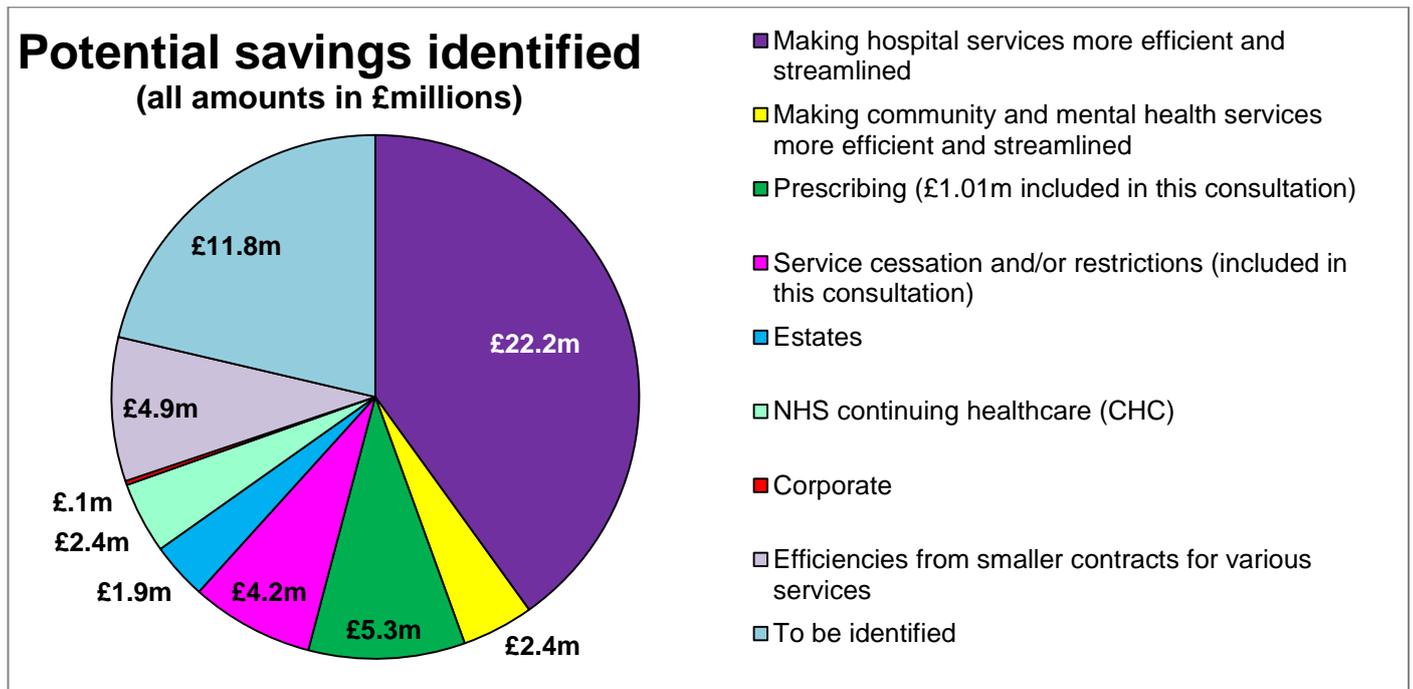
This is protected by NHS England and cannot be reduced.

Where we can, we will continue to make the case for additional funding for the Barking and Dagenham, Havering and Redbridge area, but that is unlikely to be granted (certainly in the next few years) given the current pressure on public spending. Waiting to see if our funding will be increased is not an option – we have to act now to protect services.

Nothing has been decided. We want to know what local people think we should do.

What we're already doing to save money

BHR CCGs are small organisations with a single shared management structure, which is already a cost-effective way of operating, so there are limits to what administrative savings we can make. We have already reduced our limited interim staffing and general operating costs, but are looking at other ways to make the scale of the savings required and have developed a recovery plan to identify additional savings.



To note: these figures may change as further opportunities are identified and/or plans are refined.

We have a responsibility to balance our books and make efficiencies so we are:

- working with hospital and community providers to change patient pathways (the route a patient takes from their first contact with an NHS member of staff (usually their GP), through referral, to the end of their treatment) to eliminate any unnecessary steps
- looking at contracts with providers to make sure they are cost effective and identifying where savings could be made
- making better use of technology, for example introducing web-based 'e-clinics' to improve management of some conditions in primary care
- reviewing continuing healthcare (the name given to a package of care that is arranged and funded solely by the NHS for people outside of hospital who have ongoing healthcare needs) to ensure the most consistent and effective commissioning of services and appropriate funding
- working with property owners to make sure we are using buildings efficiently and not paying for space we don't need
- basing clinical practice on scientific evidence (adhering to evidence-based medicine) by making sure everyone sticks to the policy on procedures of limited clinical effectiveness (POLCE) (see box on the next page) which means that only the patients who meet the strict eligibility criteria can have the treatment.

Procedures of Limited Clinical Effectiveness (POLCE)

These are procedures that doctors have identified are usually unnecessary and don't generally benefit someone's health - such as taking children's tonsils out, which used to happen a lot. As children get older they generally grow out of tonsillitis, which doctors think is better for them than operating on them (because there are always risks associated with operations).

Doctors have set criteria in the POLCE guidelines for when they think these procedures *should* be carried out. For example, a child would be eligible for a tonsillectomy if it could be shown that they had severe tonsillitis seven or more times in the past year.

Put simply, the NHS should only be funding procedures to deal with medical conditions and symptoms. The aim is to make sure that only those who will benefit clinically from the treatment receive it. This means that people won't have unnecessary treatment and the NHS won't waste money.

In 2016/17 we spent more than **£17 million** on POLCE procedures. We estimate that tightening this up will save us around **£2.4 million** in the next year.

Read our POLCE policy on our websites:

www.barkingdagenhamccg.nhs.uk/spending-wisely

www.haveringccg.nhs.uk/spending-wisely

www.redbridgeccg.nhs.uk/spending-wisely

We need to do more

We want to make sure that local people will always be able to get treatment for conditions like cancer, heart disease, stroke and serious mental illness. To do this we have identified some other areas of NHS spending where we think could make further savings of up to about £5.21 million each year.

This involves making some difficult decisions about other things that the NHS spends money on at the moment. These are:

- In-vitro fertilisation (IVF)
- Male and female sterilisation
- NHS prescribing
- Cosmetic procedures
- Weight-loss surgery.

In the next section we explain what these are and our proposals.

IVF

We are considering whether the local NHS should continue to fund IVF, and, if so, how *many* embryo transfers we should fund.

In-vitro fertilisation (IVF) is a technique to help people with fertility problems have a baby.

During IVF, an egg is removed from the woman's ovaries (known as ovarian stimulation) and fertilised with sperm in a laboratory culture dish. Fertilisation takes place in this dish, 'in vitro', which means in glass. The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop.

Currently, we fund:

- a maximum of three embryo transfers for women aged 23-39
- one embryo transfer for women aged 40 and 41.

Women aged 42 and over are not eligible for NHS-funded IVF because it has a very low chance of success.

We are considering whether the local NHS should continue to fund IVF, and if so, how many embryo transfers we should fund. We are thinking about reducing the number of embryo transfers women have but keeping the other criteria the same.

This could mean:

IVF eligibility

To be eligible for NHS-funded IVF locally:

- The woman must not be too over- or under-weight (her BMI should be between 19 and 30) before treatment can begin.
- Women must be non-smokers and continue to be non-smokers throughout treatment.
- Couples cannot already have a child together
- Single applicants cannot already have a child.

Read our IVF policy:

www.barkingdagenhamccg.nhs.uk/spending-wisely

www.haveringccg.nhs.uk/spending-wisely

www.redbridgeccg.nhs.uk/spending-wisely

For women aged 23-39	For women aged 40-41	Estimated saving
Funding three embryo transfers (what we do at the moment)	Funding one embryo transfer (what we do at the moment)	No saving (Doing this would cost us approximately £1.88m a year)
Funding two embryo transfers	Stop funding IVF	£298,249 a year
Funding one embryo transfer	Stop funding IVF	£1.07 million a year
Stop funding IVF	Stop funding IVF	£1.88 million a year

IVF success rates

The success rate of IVF depends on the age of the woman having treatment, as well as the cause of the infertility (if it's known).

According to the NHS Choices website (www.nhs.uk), the percentage of IVF treatments in 2010 that resulted in a live birth was:

- 32.2% for women under 35
- 27.7% for women aged 35-37
- 20.8% for women aged 38-39
- 13.6% for women aged 40-42

If we did decide to stop funding IVF, aside from exceptional cases only those people already receiving IVF or who were about to have treatment would get NHS IVF treatment. Local people would need to pay for their IVF treatment privately if they wanted to and were able to afford it.

Stopping NHS funding for IVF treatment does not mean stopping all NHS fertility treatment. People experiencing fertility problems could still see their GP, who would be able to refer them for further investigation and other medical or surgical treatments, as appropriate. This would still be funded by the NHS.

We estimate that in a year around 800 women have IVF treatment paid for by the local NHS at an approximate cost of £1.88 million.

Note

Exceptional cases

Whatever decision is made, we intend to continue to fund IVF for the following people:

- Patients undergoing cancer treatment or who have a disease or condition requiring medical or surgical treatment that has a significant likelihood of making them infertile.
- Couples where the male partner has a chronic viral infection such as HIV that could be transmitted to the female partner and potentially any unborn child.

Male and female sterilisation

We are considering if the local NHS should continue to fund male and female sterilisation.

Sterilisation is surgery so a person is permanently not able to have children. There are different forms of sterilisation for men and women.

For men this is a vasectomy. This works by stopping sperm from getting into a man's semen. It means that when a man ejaculates, the semen has no sperm.

Female sterilisation is sometimes known as 'having your tubes tied'. This is surgery to block the fallopian tubes to prevent the woman's eggs from reaching sperm and becoming fertilised.

A sterilisation operation is difficult to reverse and so you should only be sterilised if you are certain that you do not want to have any (or any more) children.

If we made this change, we would instead encourage women to have a long-acting reversible contraceptive (LARC), such as an IUD (intrauterine device), or 'the coil'. These work for up to ten years, so once they are in place, you don't have to think about it. If implanted correctly in a woman, LARCs are more than 99% effective. There are no LARCs for men.

We estimate that in a year around 70 women undergo a sterilisation procedure paid for by the local NHS at an approximate cost of £79,000.

We estimate that in a year around 200 men have a vasectomy paid for by the local NHS at an approximate cost of £87,000.

NHS prescribing

We have identified a number of areas of NHS prescribing where we think we should make changes. This is because they do not have a demonstrable health benefit and/or they cost the NHS a lot to prescribe (particularly when you take into account the GP consultation time as well).

These are:

- Gluten-free food prescriptions
- Dental prescribing
- Over the counter prescribing
- Soya-based formula milk for babies and small children
- Travel vaccinations.

We have explained our thinking about these in the following pages.

Gluten-free food prescriptions

We are proposing to stop prescribing gluten-free products.

The NHS began providing gluten-free foods on prescription to patients with coeliac disease (a common autoimmune digestive condition caused by an adverse reaction to gluten, which is found in wheat, barley and rye) because gluten-free food was hard to find and was often very expensive.

Fortunately this is no longer the case and all major supermarkets and many other retailers, commonly stock gluten-free foods as well as other special diet alternatives, at a reasonable price.

People can eat a healthy, balanced, gluten-free diet without the need for any specialist dietary foods at all, because other naturally gluten-free foods such as rice and potatoes are widely and cheaply available.

Improved food labelling now means people are able to see whether ordinary food products are free from gluten and can be safely eaten.

The cost of a loaf of gluten-free bread

Supermarket gluten-free loaf:

£1.50 - £3.50

Average cost to the local NHS of a gluten-free loaf on prescription:

£8.16

We estimate that in a year 13,900 prescriptions are issued by local GPs for gluten-free food at an approximate cost of £210,000.

Dental prescribing

We are proposing that GPs don't prescribe medicines for dental conditions.

Prescribed medicines can be part of many dental treatment plans, for example fluoride toothpaste/mouthwashes, teething gel and treatments for dry mouth.

People can buy most dental products over the counter, without the need for a prescription.

Dentists can and should prescribe medicines for dental conditions, where appropriate. Involving GPs in prescribing medicines for dental conditions is usually unnecessary, and uses valuable appointments and GPs' time.

If this change were to go ahead, GPs would still be able to prescribe dental products where it was an important part of the care they were providing for a patient.

We estimate that in a year over 20,000 prescriptions are issued by local GPs for dental products at an approximate cost of £96,000.

Over the counter prescribing

At the moment many people visit their GP to get prescriptions for medication that can be cheaply and easily bought on the high street. This is often quite expensive for the NHS, especially when taking into account the cost of GP appointment times and pharmacist fees.

We are proposing that GPs should no longer issue prescriptions for the treatments listed in the table below.

Type of medication	Why we want to stop funding this	Cost of product on the high street	Number of prescriptions issued last year	How much these prescriptions cost the local NHS last year
Head lice and scabies medication	Treatments for head lice and scabies can be bought from a pharmacy, who can advise how to use them.	Tesco Head Lice Treatment, 100ml, £4.25 (Tesco online) Hedrin Once Spray Gel (for head lice), 60ml, £5.99 (Boots online)	2,981 prescriptions	£38,500
Rubefacient creams and gels such as 'Deep Heat' and 'Tiger Balm'	These are used to treat minor aches and pains of the muscles but there is limited evidence about how well these creams and gels work. Evidence does not support the use of these in acute or chronic musculoskeletal pain or to treat osteoarthritis.	Deep Heat – Heat Rub, 42g, £2.49 Tiger Balm Ointment, 19g, £4.39 (Boots online)	11,463 prescriptions	£68,000

Type of medication	Why we want to stop funding this	Cost of product on the high street	Number of prescriptions issued last year	How much these prescriptions cost the local NHS last year
Omega-3 and other fish oil supplements	<p>NICE does not recommend the routine prescribing of fish oil supplements to prevent heart disease.</p> <p>If people want to take these, they are widely available at reasonable cost at supermarkets, pharmacies and other retailers.</p>	<p>Boots Omega 3 Fish Oil 300mg, 30 capsules, £0.99 (Boots online)</p> <p>Tesco Cod Liver Oil 1000mg, 30 capsules, £1.50 (Tesco online)</p> <p>Seven Seas Simply Timeless Cod Liver Oil One-a-Day, 60 capsules, £5.79 (Boots online)</p>	2,774 prescriptions	£86,000
Multivitamin supplements	<p>Vitamins should be obtained through food rather than pills.</p> <p>If people want to take supplements to support a balanced diet, they are widely available at reasonable cost at supermarkets, pharmacies and other retailers.</p>	<p>Tesco Everyday Value Multivitamins, 30 tablets, £0.50 (Tesco online)</p> <p>Boots Multivitamins, 30 tablets, £0.99 (Boots online)</p> <p>Boots Multivitamin with Probiotics, 30 capsules, £3.49 (Boots online)</p>	30,612 prescriptions	£168,000
Eye vitamin supplements	<p>There is no evidence that eye vitamin supplements are beneficial for eye health.</p> <p>They are classed as food supplements and not licenced medicines.</p> <p>They are widely available at reasonable cost at supermarkets, pharmacies and other retailers.</p>	<p>Boots Vision Aid, 30 tablets, £7.19 (Boots online)</p>	7,683 prescriptions	£66,000

Type of medication	Why we want to stop funding this	Cost of product on the high street	Number of prescriptions issued last year	How much these prescriptions cost the local NHS last year
Colic remedies for babies	<p>Colic eventually improves on its own, so medical treatment isn't usually recommended.</p> <p>There isn't much evidence that these treatments actually work, although some parents find them helpful.</p> <p>They are classed as food supplements and not licenced medicines.</p> <p>They are widely available at reasonable cost at supermarkets, pharmacies and other retailers.</p>	<p>Boots Gripe Water 1 month plus, 150ml, £2.49 (Boots online)</p> <p>Woodwards Gripe Water, 150ml £3.59 (Boots online)</p> <p>Dentinox Infant Colic Drops, 100ml, £2.50 (Tesco online)</p> <p>Infacol, 50ml, £3.19 (Boots online)</p>	1,644 prescriptions	£11,000
Cough and cold remedies	<p>Coughs and colds usually improve on their own and have no long-term harmful effect on a person's health.</p> <p>They are widely available at reasonable cost at supermarkets, pharmacies and other retailers.</p>	<p>Tesco Mentholated Bronchial Balsam, 200ml, £1.20 (Tesco online)</p> <p>Boots pharmaceutical cough syrup 3 months plus 100ml, £2.29 (Boots online)</p> <p>ASDA cold relief capsules (16) £0.60</p>	17,919 prescriptions	£28,500

Type of medication	Why we want to stop funding this	Cost of product on the high street	Number of prescriptions issued last year	How much these prescriptions cost the local NHS last year
<p>Painkillers such as paracetamol and ibuprofen</p>	<p>Painkillers like paracetamol and ibuprofen can help treat pain and reduce a high temperature (fever). They are typically used to relieve mild or moderate pain, such as headaches, toothache or sprains, and reduce fevers caused by illnesses such as colds and flu.</p> <p>These symptoms usually improve on their own and have no long-term harmful effect on a person's health.</p> <p>They are widely available at low cost at supermarkets, pharmacies and other retailers.</p>	<p>Value Health Paracetamol 500mg, 16 tablets, £0.20 (Boots online)</p> <p>Value Health Ibuprofen 200mg, 16 tablets, £0.35 (Boots online)</p>	<p>15,275 prescriptions</p>	<p>£19,000</p>

We estimate that in a year around 90,000 prescriptions are issued for the medicines listed above costing the local NHS approximately £485,000.

Note

If you are a patient who needs these painkillers like paracetamol and ibuprofen in regular large quantities for long-term pain, don't worry – you would continue to get them on repeat prescription.

We also intend to continue to prescribe these painkillers for children when needed.

Soya-based formula milk for babies and small children

We are proposing that GPs should no longer prescribe soya-based formula milk.

Where possible, we want to encourage women to breastfeed, as this is the safest, most nutritionally beneficial form of feeding for most babies.

Historically it was difficult to buy alternative formula such as soya-based formula. This is no longer the case and soya-based formula is available at most major pharmacies, supermarkets and online. The cost is similar to standard infant formula.

We estimate that in a year around 500 prescriptions for soya-based formula milk are issued costing the local NHS approximately £13,500.

Note

We think that GPs should continue to prescribe suitable specialised hypoallergenic formula milk for children with confirmed milk intolerance or conditions such as: cow's milk protein allergy (CMPA), faltering growth, premature birth, and specific medical conditions such as renal or liver disease.

Travel vaccinations

We are proposing that the NHS should no longer fund some travel vaccinations.

You don't always need vaccinations to travel abroad. If you do, the recommended vaccinations will vary, depending on a range of factors, such as:

- which country you're visiting and, in some cases, which part of the country
- the season or time of year when you'll be travelling (for example, the rainy season)
- whether you'll be staying in a rural area, or an urban or developed area
- what you'll be doing during your stay, such as working in or visiting rural areas
- how long you'll be staying
- your age and health.

Some vaccinations are currently free on the NHS because they protect against diseases which are considered to be the greatest risk to public health if they were brought into the country. We think these diseases (in the list below) should continue to be free on the NHS:

- Cholera
- Diphtheria, polio and tetanus booster
- Hepatitis A
- Typhoid.

There are a number of other travel vaccinations for the diseases listed below which we are proposing people should pay for:

- Hepatitis A and B combined
- Hepatitis B
- Meningococcal meningitis
- Japanese encephalitis
- Rabies
- Tick-borne encephalitis
- Tuberculosis
- Yellow fever.

We think travellers should include the cost of vaccines for these in their holiday budgeting, just like they have to include the cost of flights, accommodation and insurance.

We estimate that in a year 9,054 prescriptions are issued for the travel vaccinations listed above, costing the local NHS approximately £206,000.

Potential savings from changes to NHS prescribing

Prescribing area	Potential savings identified
Gluten-free food prescriptions	£210,000
Dental prescribing	£96,000
Over the counter prescribing	£485,000
Soya-based formula milk for babies and small children	£13,500
Travel vaccinations	£206,000

If they were all implemented, these changes could save the local NHS approximately £1.01 million a year.

Cosmetic procedures

We are proposing that the local NHS no longer funds certain cosmetic procedures.

We don't think that the NHS should pay for surgery or treatment that is needed only for cosmetic reasons (to improve someone's appearance). At the moment the NHS doesn't do this very often, but it does pay for some of these kinds of procedures if the patient meets some other specific criteria.

We are now proposing that we stop funding these procedures altogether except in exceptional circumstances, like the patient has suffered from major trauma, cancer or severe burns (when an individual funding request application would have to be made).

What is an individual funding request?

An individual funding request can be made for a treatment that is not routinely offered by the NHS if the doctor believes that their patient is clearly different to other patients with the same condition or where their patient might significantly benefit from the treatment in a different way to an average patient with the same condition.

This is known as "clinical exceptionality" and evidence must be provided about why the patient should have this treatment, which is considered by a panel of clinicians who decide if funding should be granted.

We have listed the procedures we are proposing should no longer be funded by the local NHS in the table on the following pages.

Cosmetic procedures we propose should no longer be funded by the NHS

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
Surgery to the outside of the ear	Surgery to change the size or shape of the ears, or pin them back if they stick out.	For children aged 5-18 with very significant ear deformity or asymmetry	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	61 procedures	£1,433
Facelift or browlift (Rhytidectomy)	Surgery to lift up and pull back the skin to make the face tighter and smoother.	When a person's skin droops so they could have difficulty seeing	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	171 procedures	£1,075
Surgical removal of moles, scars, cysts and birthmarks (lesions on and under the skin)	Surgical removal of moles, scars, cysts, and birthmarks.	<ul style="list-style-type: none"> • If the lesion is regularly damaged and becomes infected, meaning two or more courses of antibiotics are needed in a year • If the lesion is obstructing an orifice or making it hard for the person to see • If the lesion is making it hard for the person to move their limbs more than 20 degrees 	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	Five procedures	£1,999

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
Surgical removal of vascular lesions	Surgical removal of lesions such as spider veins, broken veins and port wine stains.	Only when there is evidence of significant facial disfigurement.	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	3,440 procedures	£711
Hair removal	Long term removal of excessive hair growth in certain areas of the body.	<ul style="list-style-type: none"> • When reconstructive surgery means that the patient has skin with hair in an area (not covered by normal clothing) that normally would not have hair. • When a person is having treatment for pilonidal sinuses, a small hole or 'tunnel' in the skin, usually in the cleft of the buttocks at the top of the bottom area, which is thought to be caused by loose hair piercing the skin. <p>The NHS funds a maximum of six hair removal treatments.</p>	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	Five procedures/ courses of treatment	£1,132

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
Breast enlargement (Augmentation mammoplasty)	Surgery to increase the size of breasts. This usually involves breast implants.	When one breast is two or more cup sizes smaller than the other.	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved. See note 1 at the end of this table.	20 procedures	£2,455
Revising breast enlargement (Breast augmentation revision)	Redoing a breast enlargement	When: <ul style="list-style-type: none"> • A woman has breast disease • Implants are complicated by recurrent infections • Implants have resulted in scar tissue which is causing severe pain or making it hard for to have mammograms • Implants have ruptured 	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved. See note 2 at the end of this table.	39 procedures	£2,220

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
Breast reduction	Reducing the size of breasts	<ul style="list-style-type: none"> • When a woman has cup size H breasts or larger <i>and</i> • The surgery should result in a reduction of at least three cup sizes/500 grams in each breast <i>and</i> • The patient's BMI has been below 27kg/m² for at least 24 months <i>and</i> • They can show that they have suffered from at least two of the following conditions for at least 12 months: <ul style="list-style-type: none"> • Neck pain • Upper back pain • Shoulder pain • Curvature of the spine (x-ray evidence needed) • Pain or discomfort from bra straps cutting into shoulders <i>and</i> • They can prove pain persists after a six month trial of non-surgical measures such as a properly fitted bra, painkillers and physical therapy <i>and</i> • There is significant musculoskeletal pain or the symptoms make it hard to go about everyday life and the doctor thinks surgery will fix this. 	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	91 procedures	£2,288

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
<p>Surgery for ‘man boobs’</p> <p>(Gynaecomastia)</p>	<p>Surgery to remove male breast tissue</p>	<ul style="list-style-type: none"> • When it is clear the condition is not as a result of drug use (e.g. steroids and growth hormone) <i>and</i> • the man has had the condition for at least 18 months <i>and</i> • has a BMI of less than 27kg/m2 <i>and</i> • a surgeon has confirmed that the condition is severe (significant breast enlargement with loose, drooping skin) <i>and</i> • surgery would remove more than 100 grams of tissue from each side <i>and</i> • the man is aged 25 or over. 	<p>The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.</p>	<p>13 procedures</p>	<p>£2,831</p>

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
<p>Surgery to reduce excessive sweating</p> <p>(Hyperhidrosis)</p>	<p>Surgery to cut the nerves in an attempt to reduce excessive sweating.</p> <p>(This surgery carries a risk of serious complications, is not always successful and can sometimes make sweating worse.)</p>	<p>When the person has significant sweating in a particular area and has undergone treatment supervised by a GP without success, and all of the following non-surgical treatments have been tried without success:</p> <ul style="list-style-type: none"> • Treatment for anxiety (if a factor) • Dermatologist-prescribed skin cream • Drugs prescribed to block the effect of the nerves that stimulate the sweat glands • treating affected areas of skin with a weak electric current which is thought to help block the sweat glands • Botox injections in the armpit. 	<p>The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.</p>	<p>46 procedures</p>	<p>£868</p>

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
<p>Tummy tuck surgery</p> <p>(Abdominoplasty)</p>	<p>Surgery to make the abdomen thinner and more firm by removing excess skin and fat.</p>	<p>The person must have a stable BMI of less than 27kg/m² for at least 24 months</p> <p><i>and</i></p> <p>have had weight loss surgery at least 24 months ago (if applicable)</p> <p><i>and</i></p> <p>be suffering from associated health problems due to excess skin such as:</p> <ul style="list-style-type: none"> • severe difficulties performing everyday tasks and proof that surgery will resolve this • proof that excess skin is causing infections that require four or more courses of antibiotics in 24 months of being at a stable weight • Where overhanging skin makes it impossible to care for a stoma. 	<p>The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.</p>	<p>11 procedures</p>	<p>£3,006</p>

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
Trigger finger surgery	A condition that affects one or more of the hand's tendons, making it difficult to bend that finger or thumb.	Only if the patient doesn't respond to non-invasive treatment <i>and</i> doesn't respond to at least one corticosteroid injection <i>or</i> can't fully straighten their finger or thumb <i>or</i> is allergic to corticosteroid injection.	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	399 procedures	£1,041
Scrotum swellings (Varicocele)	Non-cancerous swellings in the scrotum caused by swollen and enlarged veins.	Only if a man experiences continuing discomfort despite management of the problem.	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	30 procedures	£1,064

Name of procedure	What does it involve?	When does the NHS fund this procedure at the moment?	What change is being proposed?	Number of procedures funded by the local NHS in the last three years	Average cost per procedure
Labiaplasty	A procedure for altering the labia (the folds of skin that surround the vulva)	Only when a woman is born with malformed labia.	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved. See note 3 at the end of this table.	30 procedures	£1,574
Surgery for varicose veins	Varicose veins are swollen and enlarged veins – usually blue or dark purple – on the legs. They may also be lumpy, bulging or twisted in appearance.	Only after: <ul style="list-style-type: none"> • discomfort continues despite six months of non-surgical management such as exercise and keeping the legs up • lower leg skin changes such as eczema thought to be caused by veins not working properly • blood clots in veins • a venous leg ulcer (that has healed, or has not healed within two weeks) 	The NHS would no longer fund this treatment except in exceptional circumstances, when an individual funding request application should be made outlining why this is an exceptional case. This is not guaranteed to be approved.	1,017 procedures	£1,257

If all these procedures were no longer funded, this could save the local NHS up to approximately £1.93 million a year (depending on the number of cases with exceptional circumstances).

Notes

1. Breast enlargement

We intend to continue to fund this procedure for women who have suffered from cancer.

2. Revising breast enlargement

We intend to continue to fund this procedure for women who have suffered from cancer.

3. Labiaplasty

This is not treatment for female genital mutilation (FGM). Treatment for FGM involves opening up the vagina and is known as deinfibulation. We currently fund this treatment and we intend to continue to fund it.

Weight loss surgery

We are proposing to tighten up who can have NHS-funded weight loss surgery (also called bariatric surgery).

We want to introduce new eligibility criteria, which would mean the local NHS would only fund weight loss surgery if a person:

- has a Body Mass Index (BMI) of 35 or above, which means they are defined as obese (very overweight with a lot of body fat)
- and
- has type 2 diabetes

The reason for this is that this group of people are more likely to develop complex health conditions if they don't have the surgery and they are also most likely to benefit from surgery.

We estimate that in a year just over 50 people have weight loss surgery which is funded by the NHS, at a cost of approximately £370,000.

If we only funded surgery for patients who met these new eligibility criteria, around 18 people a year would have weight loss surgery funded by the local NHS, at a cost of approximately £123,000.

Introducing new eligibility criteria for weight loss surgery could save the local NHS approximately £247,000 a year.

How we are engaging with local people

We know that if we carry out the proposals in this document some people's lives could be significantly affected.

We want to hear from as many people as possible so we can make the best possible decision. We are providing the opportunity for everyone to have their say.

We are also working with GPs, patient groups, local Healthwatch organisations and community and voluntary organisations to make sure we reach as many local people as possible. If you would like us to come and talk to your group about these proposals please get in touch.

No decisions have been made.

Over the next eight weeks (until 18 May 2017) we are engaging with local people in order to explain our financial position and the reasons for developing these proposals, outline how people might be affected and encourage them to respond.

All responses will form a report, which will go to our governing bodies to consider and make a decision. We will put that report and details of whatever decisions are made on our websites:

www.barkingdagenhamccg.nhs.uk/spending-wisely

www.haveringccg.nhs.uk/spending-wisely

www.redbridgeccg.nhs.uk/spending-wisely

We want to know what you think.

- How might these proposals affect you or your family?
- How could we limit the effects of these proposals?
- Could we do things differently?
- Are there any exemptions we should consider?
- Are there any circumstances where these proposed changes should not apply?

Please fill out our questionnaire by 5pm on 18 May 2017.

Impact on people's mental health

Mental health is often a factor in patients seeking cosmetic 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.

Couples facing infertility are also more likely to have various mental health concerns, such as increased anxiety, depression, and mood disorders. Having IVF can be extremely stressful, particularly when it is not successful.

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. This is not guaranteed to be approved.

Mental health support: Talking Therapies

Talking Therapies is a free and confidential NHS service that provides support from an expert team who understand what people are going through, and who work with people to help them feel better. The highly professional team will introduce people to effective, practical techniques specific to their needs that are proven to work. The national programme is based on evidence and all the tools and techniques used are recommended by local GPs.

The programme has already helped thousands of local people to feel better.

To find out more: www.mytalkingtherapies.org.uk or call 0300 300 1554

Equality impact assessment

An equality impact assessment (EIA) is a process to make sure that a policy, project or proposal does not discriminate or disadvantage against the following characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

As part of this work, we will carry out an initial EIA and publish a draft on our websites. We will take into account people's responses to our proposals and this will inform a more detailed final EIA, which will go to our governing bodies to consider before any decision is made about these proposals.

Questionnaire

Please complete this questionnaire on our website:

www.barkingdagenhamccg.nhs.uk/spending-wisely

www.haveringccg.nhs.uk/spending-wisely

www.redbridgeccg.nhs.uk/spending-wisely

Or you can fill it in and post it to **FREEPOST BHR CCGs** (no stamp needed). Please make sure we receive your response before 5pm on 18 May 2017.

Tell us about you

We want to see what sorts of people are responding to our proposals. This helps us to understand if our proposals might have more of an impact on some groups of people than others. **These questions are optional – you don't have to answer them if you don't want to.**

Please tick as appropriate

1. Are you?

- Male
- Female
- Other
- Prefer not to say

2. How old are you?

- Under 18 years
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 years or older
- Prefer not to say

3. Do you consider yourself to have a disability?

- Yes
- No

4. Which borough do you live in?

- Barking and Dagenham
- Havering
- Redbridge
- Other (please tell us which borough)

5. What is your ethnicity?

This is not about place of birth or citizenship. It is about the group you think you belong to in terms of culture, nationality or race.

- Any white background
- Any mixed ethnic background
- Any Asian background
- Any black background
- Any other ethnic group (please tell us what it is)

- Prefer not to say

**6. Are you responding as:
(choose as many as apply)**

- A local resident
- A representative of an organisation or group (please tell us which)

- A clinician, commissioner or other healthcare professional
- Someone who would be personally affected by these proposals
- Other (please tell us why)

What do you think about our proposals?

We want to understand your views on possible changes in these five different areas of healthcare:

- In-vitro fertilisation (IVF)
- Male and female sterilisation
- NHS prescribing
- Cosmetic procedures
- Weight loss surgery

We also want to know what you think about what we're proposing to do more generally.

You don't have to answer the whole questionnaire if you don't want to.

IVF

We are proposing to reduce the number of IVF embryo transfers we fund.

1. How many IVF embryo transfers do you think we should fund for eligible **women aged 23-39**?

- No change to the existing service (fund three IVF embryo transfers)
- Fund two embryo transfers
- Fund one embryo transfer
- Do not fund IVF

2. How many IVF embryo transfers do you think we should fund for eligible **women aged 40-41**?

- No change to the existing service (fund one embryo transfer)
- Do not fund IVF

3. Is there anything else you want to tell us, or think we should consider, before making a decision about funding IVF?

Male and female sterilisation

We are proposing that the local NHS should stop funding male and female sterilisation.

4. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should stop funding male sterilisation (vasectomy)					
The local NHS should stop funding female sterilisation					

5. Is there anything else you want to tell us, or think we should consider, before making a decision about sterilisation?

NHS prescribing

There are a number of areas of local NHS prescribing where we think we should make changes. This is because these products do not have a demonstrable health benefit and are quite expensive for the NHS, when you take into account GP appointment times and pharmacist dispensing fees.

Gluten-free prescribing

We are proposing to stop prescribing gluten-free products.

The NHS began providing gluten-free foods on prescription to patients with coeliac disease because gluten-free food was hard to find and was often very expensive.

Fortunately this is no longer the case and all major supermarkets and many other retailers, commonly stock gluten-free foods as well as other special diet alternatives, at a reasonable price.

6. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should stop prescribing gluten-free products.					

7. Is there anything else you want to tell us, or think we should consider, before making a decision about gluten-free prescribing?

Dental prescribing

We are proposing that GPs don't prescribe medicines for dental conditions.

Involving GPs in prescribing medicines for dental conditions is usually unnecessary, and uses valuable appointments and GPs' time. Dentists can and should prescribe acute and repeat medicines for dental conditions, where appropriate. They can also suggest that a patient can buy a product without needing a prescription.

8. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should stop prescribing medicines for dental conditions					

9. Is there anything else you want to tell us, or think we should consider, before making a decision about prescribing for dental conditions?

Over the counter prescribing

There are a number of treatments that we propose GPs should no longer issue prescriptions for.

At the moment many people visit their GP to get prescriptions for medication that can be cheaply bought over the counter from a pharmacy or supermarket. This is often expensive for the NHS, especially when GP appointment time and pharmacist dispensing fees are taken into account.

10. Please tell us what you think about our proposal to no longer prescribe certain types of medication by ticking the statement that best matches your views for each:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Head lice medication (for nits and scabies)					
Rubefacient creams and gels such as 'Deep Heat' and 'Tiger Balm'					
Omega-3 and other fish oil supplements					
Multivitamin supplements					
Eye vitamin supplements					
Colic treatments for babies					
Cough and cold remedies					
Painkillers such as paracetamol and ibuprofen					

11. Is there anything else you want to tell us, or think we should consider, before making a decision about prescribing certain types of medication?

Soya-based formula milk for babies and small children

We are proposing that GPs should no longer prescribe soya-based formula milk.

Formula should only be prescribed by the NHS where there is a medical need. In the past it was difficult to buy alternative infant formula for babies. This is no longer the case and soya-based formula is available at most major pharmacies and supermarkets and online. The cost is similar to standard infant formula.

12. Please tell us what you think by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should stop prescribing soya-based formula milk					

13. Is there anything else you want to tell us, or think we should consider, before making a decision about stopping prescribing soya-based formula milk?

Travel vaccinations

We are proposing that the NHS should no longer fund some travel vaccinations.

We think that travellers should include the cost of vaccinations in their holiday budgeting, just like they have to include the cost of flights, accommodation and insurance.

14. Please tell us what you think by ticking the box that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should stop paying for some travel vaccinations					

15. Is there anything else you want to tell us, or think we should consider, before making a decision about stopping funding some travel vaccinations?

Cosmetic procedures

We don't think that the NHS should pay for surgery or treatment that is needed only for cosmetic reasons (this means to improve someone's appearance). Locally the NHS does not do this very often, but it does pay for some of these kinds of procedures **if** the patient meets some other specific criteria. This means it doesn't happen very often.

We are proposing that we stop funding these altogether unless there are exceptional circumstances. This might be that the patient has suffered major trauma, cancer or severe burns.

16. Please tell us what you think about our proposal to no longer fund the cosmetic procedures we've identified by ticking the statement that best matches your views for each:

The local NHS should stop funding:	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Surgery to the outside of the ear					
Facelift/browlift					
Removal of skin and under the skin lesions					
Vascular lesions					
Hair removal					
Breast enlargement					
Redoing breast enlargement					
Breast reduction					
Surgery for 'man boobs'					
Surgery for excessive sweating					
Tummy tuck					
Trigger finger					
Swelling in the testicles					
Surgery to alter the labia					
Varicose vein surgery					

17. Is there anything else you want to tell us, or think we should consider, before making a decision about stopping funding cosmetic procedures except in exceptional circumstances?

Weight loss surgery

We are proposing to allow only people with a BMI of 35 or over and type 2 diabetes to receive NHS-funded weight loss surgery.

18. Please tell us what you think about our proposal by ticking the statement that best matches your views:

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
The local NHS should only allow people with a BMI of 35 or over and type 2 diabetes to receive NHS-funded weight loss surgery					

19. Is there anything else you want to tell us, or think we should consider, before making a decision about introducing criteria for weight loss surgery?

General comments

20. If we made these changes, would you be affected by any of them? Please tell us which.

	Yes	No
IVF		
Sterilisation		
Gluten-free food prescriptions		
Dental prescriptions		
Over the counter prescriptions		
Soya-based formula milk prescriptions		
Travel vaccinations		
Cosmetic procedures		
Weight loss surgery		

21. Is there anything you would like to tell us about the impact it might have on you?

22. Do you have any other comments about our proposals that you'd like to make?

23. Are there any other services or treatments you think the NHS should stop funding?
If so, please tell us what they are.

24. Do you have any suggestions about how the local NHS can save money?

25. If you would like us to tell you what decisions we reach regarding these proposals, please write your name and email address in the box below. We will keep your details safe and won't share them.

Thank you for taking the time to let us know what you think.

If you're not completing this questionnaire online, please make sure you send it back to **FREEPOST BHR CCGs**.

All comments must be received by 5pm on 18 May 2017.

Glossary

Term	Meaning
Abdominoplasty	Tummy tuck surgery
Acute	In need of urgent care
Augmentation mammoplasty	Breast enlargement
Autoimmune disease	This refers to problems with the way the immune system reacts to things
Bariatric surgery	Weight loss surgery
BMI	Body Mass Index - a measure of body fat based on height and weight that applies to adult men and women
Carbohydrate	Starchy foods such as potatoes, bread, rice, pasta and cereals
CCG	Clinical commissioning group
Chronic	Ongoing
Coeliac	Relating to the abdomen (stomach)
Colic	Excessive, frequent crying in a baby who appears to be otherwise healthy
Congenital	A condition existing at or before birth
Continuing healthcare	A package of care that is arranged and funded solely by the NHS for people who are not in hospital and have been assessed as having a 'primary health need'
Corticosteroid	Medicine used to reduce inflammation and suppress the immune system
Eligible	Whether someone qualifies. In this case, the minimum criteria to access a procedure
Exceptional circumstances	A patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients, with the same medical condition and at the same stage of progression as the patient.

GP	General practitioner
Gluten	A protein found in wheat, rye and barley
Gynaecomastia	A common condition that causes boys' and men's breasts to swell and become larger than normal
Hyperhidrosis	A condition in which a person sweats excessively
Individual Funding Request (IFR)	A request received from a provider or a patient with clear support from a clinician, which seeks funding for a single identified patient for a specific treatment.
IVF	In-vitro fertilisation
Labia	The folds of skin that surround the vulva
Labioplasty	A procedure for altering the labia
Lesions	An area of abnormal tissue change
Musculoskeletal	The nerves, tendons, muscles and supporting structures, such as the discs in your back
NICE	National Institute for Health and Care Excellence
Omega-3	A type of fatty acids that are good for you
Orifice	An opening in the body such as a nostril or the anus
Pharmacist dispensing fee	Pharmacists receive a professional fee for every item dispensed. This fee is currently 90p per item.
Recurrent	Occurring often or repeatedly
Rubefacient	Cream or gel used to treat minor aches and muscle pains
Rhytidectomy	Facelift or browlift
Scabies	A contagious skin condition caused by tiny mites that burrow into the skin
Stoma	An opening on the surface of the stomach surgically created to divert the flow of faeces or urine

Subcutaneous	Under the skin
Varicocele	Non-harmful swellings within the scrotum caused by swollen and enlarged veins
Vascular	Relating to blood vessels
Vasectomy	Procedure to sterilise a man, where the tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed.
Venous	Relating to the veins

Other formats

This document is about changes we want to make to some health services in Barking and Dagenham, Havering and Redbridge. We want to know what you think about this.

If you would like to know more, please email haveyoursay.bhr@nhs.net or call 020 3688 1615 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

Bengali

বার্‌কিং ও দাগেনহামে, হ্যাভেরিং ও রেডব্রিজি কচিছু স্বাস্থ্য পরষিবোয় আমরা যাে পরবিত্তনগুনো করত। চাই এই ডকুমেন্টটি সো সম্পর্কিত। আপনি এ সম্পর্কে কী ভাবছনে আমরা সোে বষিয়াে জানত। চাই। যদি আপনি আরো জানত। চান, তাহলে অনুগ্রহ করে haveyoursay.bhr@nhs.net ইমেইল ঠিকানায় বা 020 3688 1615 নম্বরে আমাদরে সাথে যোগাযোগ করুন এবং আপনার কী সাহায্য প্রয়োজন তা আমাদরেকে জানান। যদি আপনি এটি বড় ছাপার অক্ষরে, সহজে পাঠযোগ্যভাবে বা ভিন্ন কোনো ফরম্যাটে বা ভাষায় পতে চান তাহলে আমাদরেকে জানান।

Lithuanian

Šis dokumentas yra apie pokyčius, kuriuos norime įgyvendinti sveikatos priežiūros srityje Barking ir Dagenham, Havering ir Redbridge vietovėse. Norėtume sužinoti jūsų nuomonę apie tai. Jei turite klausimų ar norite sužinoti apie tai daugiau, kreipkitės į mus haveyoursay.bhr@nhs.net arba tel. 020 3688 1615. Praneškite, jei šią informaciją norėtumėte gauti stambiu šriftu, lengviau įskaitomą, kita forma ar kalba.

Portuguese

Este documento é sobre as alterações que pretendemos implementar em alguns serviços de Saúde em Barking e Dagenham, Havering e Redbridge. Gostaríamos de saber a sua opinião. Caso pretenda obter mais informações, contacte-nos através do e-mail haveyoursay.bhr@nhs.net ou do número de telefone 020 3688 1615 e diga-nos que tipo de ajuda precisa. Indique-nos se precisa deste texto em letra grande, leitura fácil ou num formato ou idioma diferentes.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਉਨ੍ਹਾਂ ਬਦਲਾਵਾਂ ਬਾਰੇ ਹੈ ਜੋ ਅਸੀਂ ਬਾਰਕਿੰਗ ਐਂਡ ਡੈਗਨਹੈਮ, ਹੈਵਰਿੰਗ ਐਂਡ ਰੇਡਬ੍ਰਿਜ਼ ਦੀਆਂ ਕੁਝ ਸਿਹਤ ਸੇਵਾਵਾਂ ਵਿੱਚ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹਾਂ। ਅਸੀਂ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹਾਂ ਕਿ ਤੁਹਾਡੇ ਇਸ ਬਾਰੇ ਕੀ ਵਿਚਾਰ ਹਨ। ਜੇ ਤੁਸੀਂ ਹੋਰ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ haveyoursay.bhr@nhs.net ਜਾਂ 020 3688 1615 ਤੇ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਸਾਨੂੰ ਦੱਸੋ ਕਿ ਤੁਹਾਨੂੰ ਕਿਸ ਤਰ੍ਹਾਂ ਦੀ ਮਦਦ ਦਾ ਲੋੜ ਹੈ। ਸਾਨੂੰ ਦੱਸੋ ਜੇ ਤੁਸੀਂ ਇਸਨੂੰ ਵੱਡੇ ਛਪੇ, ਆਸਾਨੀ ਨਾਲ ਪੜ੍ਹੇ ਜਾਣ ਵਾਲੇ ਜਾਂ ਕਿਸੇ ਵੱਖਰੇ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ।

Romanian

Acest document se referă la schimbările pe care dorim să le facem în cadrul unor servicii medicale din Barking și Dagenham, Havering și Redbridge. Am dori să aflăm care este părerea dvs. despre acest lucru. Dacă doriți mai multe informații, vă rugăm să ne contactați la haveyoursay.bhr@nhs.net sau la 020 3688 1615 și să ne spuneți cu ce vă putem ajuta. Spuneți-ne dacă aveți nevoie de aceste informații scrise cu caractere mari, ușor de citit sau într-un alt format ori într-o altă limbă.

Tamil

Barking மற்றும் Dagenham, Havering மற்றும் Redbridge-இல் உள்ள சில சுகாதாரச் சேவைகளில் நாங்கள் மேற்கொள்ள விரும்பும் மாற்றங்கள் குறித்து இந்த ஆவணம் விளக்குகிறது. இது குறித்து நீங்கள் என்ன கருதுகிறீர்கள் என்பதை நாங்கள் தெரிந்துகொள்ள விரும்புகிறோம். நீங்கள் மேலும் தகவல்கள் பெற விரும்பினால், haveyoursay.bhr@nhs.net என்ற மின்னஞ்சல் அல்லது 020 3688 1615 என்ற எண்ணில் எங்களைத் தொடர்புகொண்டு, உங்களுக்கு எந்த விதமான உதவி தேவை என்பதை எங்களிடம் கூறுங்கள். இந்த ஆவணத்தின் பெரிய அச்சு, எளிதில் வாசிக்கக்கூடிய பிரதி அல்லது வேறொரு வடிவம் அல்லது மொழியில் உங்களுக்குத் தேவைப்பட்டால், எங்களுக்கு தெரியப்படுத்துங்கள்.

Urdu

یہ دستاویز ان تبدیلیوں کے متعلق ہے جو ہم بارکنگ اور ڈیگنہم، ہیورنگ اور ریڈبریج (Barking اور Dagenham، Havering اور Redbridge) میں خدمات صحت میں ہم کرنا چاہتے ہیں۔ ہم جاننا چاہتے ہیں کہ اس کے متعلق آپ کیا سوچتے ہیں۔ اگر آپ مزید جاننا چاہیں گے، تو براہ کرم ہم سے haveyoursay.bhr@nhs.net یا 020 3688 1615 پر رابطہ کریں اور ہمیں بتائیں کہ آپ کو کس مدد کی ضرورت ہے۔ ہمیں بتائیں اگر آپ کو بڑے پرنٹ، آسان پڑھائی یا کسی مختلف شکل یا زبان میں اس کی ضرورت ہے۔