

## Evidence-Based Interventions Consultation

### Healthwatch Worcestershire Response - September 2018

#### Capacity of response

Healthwatch Worcestershire is an independent champion for people who use local health and care services. We gather feedback from people who use services, to enable us to represent their views at a local and national level and work to ensure that the people who use services and their views are at the heart of service design and development. We therefore welcome the consultation and opportunity to comment on the proposals to reduce the delivery of clinically ineffective interventions.

The aim of the Evidence Based Intervention Programme is to implement changes to practice that would stop some interventions being routinely performed and further procedures to only be routinely performed when they meet a specific criteria. Therefore, this will have implications for future treatment for people in Worcestershire.

#### Q1 - Agreement with design principles

We feel that it is beneficial introducing a more robust and consistent approach to treatment options, reducing potential inequalities of treatment across the Country. This will therefore ensure people in Worcestershire have the same access to treatment options as those in other areas.

We support the principle that the programme is rooted in research and evidence - based guidance and what is clinically cost effective. However, we do have concerns that this may in practice mean that decisions are made based on savings, rather than having a more explicit focus on patient wellbeing. We would like to see more emphasis on the needs of the individual patient and their wellbeing, especially within a prevention and early intervention agenda.

The design principles state that the programme will aim to achieve highly effective engagement with the public, which we support. We feel however that the current consultation and the intention to make these changes may not be widely known amongst the public. We would welcome further information about the scope of the consultation with members of the public and how feedback has been gathered from those who have previously undergone the specific procedures.

We also feel there needs to be a comprehensive communication plan to ensure that changes are effectively communicated with the public as the programme progresses. Due to the nature of the procedures involved, it is likely that those who will be affected by the changes may not yet be aware of their potential

requirement for the procedures and therefore that these changes will impact on them.

#### **Q5 - Potential impact of changes to improving access, experience and outcomes to patients, in particular those who experience health inequalities**

We have concerns that the introduction of a criteria that needs to be followed before certain procedures are offered to patients may mean that cost saving and meeting the objectives of the programme may be prioritised over the individual's specific case when decisions are made.

Patients have reported to us that the introduction of the new pathway for hip replacements has increased their waiting time for the procedure, as they have had to undergo physiotherapy prior to referral, despite agreement that a replacement would be needed, as this is the required pathway. We have also received patient feedback about the benefits of undergoing a timely procedure for Carpal tunnel syndrome release. We would therefore like further information and reassurance that introducing new criteria for the procedures included in this programme would not result in longer waits or delays for required procedures, resulting in unnecessary ongoing pain or illness for patients.

We are concerned that those in vulnerable groups who experience health inequalities may be less likely to articulate their need for a specific procedure or have the support available to help them to communicate this or understand the process that is required to access the treatment they require. Vulnerable groups, such as homeless people and traveller groups may be less likely to engage in treatment if additional steps and processes are required.

We welcome the publication of the Equality Impact Assessment and hope that this will provide more detailed consideration about the impact of the proposals on vulnerable groups and the support that will be available to them.

#### **Q7 - Communication and engagement to support implementation**

It will be important that there is wide spread promotion and communication to patients and the public about the programme and changes as they are introduced. Communication will need to take a variety of formats, including written information, such as leaflets and posters in health settings, online promotion on websites, social media and via email, such as GP practice newsletters. It will be important to ensure that information is accessible and available to all, for example in Easy Read, larger font and braille and different languages.

In addition to this it will be important that both clinicians and patients are made aware of the Individual Funding Requests, which would enable clinicians to make an application for the patients to access the procedure without meeting the new criteria. This will be important to ensure that the new criteria and pathways do

not lead to unnecessary delays in treatment and that individual patient needs are taken into consideration.

We often receive feedback from patients that they are unsure how to raise a concern or complaint about their healthcare or treatment. It will be important that patients are given clear information about what they can do if they are unhappy about a decision that has been made about their treatment.

### **Q12 - Performance management**

We agree that there will be a need for a range of performance management measures. We would like to see very close monitoring of the implementation of the programme and assurance that the monitoring will include gathering feedback from patients.

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