

# Meeting of Governing Body

**Date:** Tuesday 5<sup>th</sup> March 2019

**Time:** 1.30pm

**Location:** Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ

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## **Agenda number: 9.1**

### **Report title: Receipt of Petition**

**Report Author:** Sarah Carr, Corporate Secretary,

**Report Sponsor:** Julia Ross, Chief Executive

#### **1. Purpose**

This paper brings to the attention of the Governing body the receipt of a petition by the CCG.

#### **2. Recommendations**

The Governing Body is asked to note the receipt of the petition in line with the CCG's Constitution

#### **3. Executive Summary**

The CCG received a petition on the 12<sup>th</sup> February 2019. The petition, in the form of post cards signed by 64 members of the public, was as follows:

“Dear Julia Ross

I strongly object to the Bristol, North Somerset and South Gloucestershire CCG restricting access to 104 treatments as listed on your website. I demand that I - and my GP – have full access to NHS specialist assessment and care. The restrictions on cost effective treatments such as hip replacements and hernia repair mean that people are forced to live in pain, left to suffer worsening health and disability, and rendered at risk of serious medical consequences. There has been no public consultation about these changes.

Please provide me with an explanation, backed by evidence, to support your unsafe and deeply worrying commissioning policies.”

The CCG response is below

We acknowledge receipt of the petition sent to BNSSG CCG. BNSSG CCG is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning

treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option. For example, the National Institute for Health and Care Excellence recommend hip surgery only for people with end stage arthritis in whom non-surgical management has failed. Where treatments, drugs or operations provide a limited benefit, or are unusual or uncommon, they are not routinely commissioned and appear on the CCG's Interventions Not Normally Funded (INNF) list. All commissioning policies are regularly reviewed in line with NHS England guidelines and NICE Technology Appraisal Guidance. The CCG is currently reviewing all commissioning policies in order to pay due regard to NHS England's recent guidance regarding evidence based interventions.

The CCG will place a statement on the public website confirming receipt of the petition and our response following the Governing Body meeting.

#### **4. Financial resource implications**

Not applicable

#### **5. Legal implications**

Not applicable.

#### **6. Risk implications**

Not applicable .

#### **7. Implications for health inequalities**

Not applicable.

#### **8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

Not applicable.

#### **9. Consultation and Communication including Public Involvement**

Not applicable.