



What is prioritisation?

The NHS in Staffordshire is facing increasing demand for services due to well recognised pressures such as our ageing population and the fact more people are living with complex long-term conditions.

The NHS clinical commissioning groups (CCGs) within Staffordshire have fixed budgets to meet this demand and have to face difficult decisions about how to spend it.

The CCGs currently commission more than 700 different healthcare services and treatments across the county, and it is important to understand which should be given the highest priority when working out how best to meet patient needs with the resources available.

There will be consensus about where many of these priorities should lie. Effective treatment for life threatening conditions such as cancer will always be a leading priority, and maternity services is a clear area of focus. There is also broad agreement that early interventions to tackle conditions before they become more serious are increasingly important and that mental health deserves a “parity of esteem” that means it is not treated as less important than physical ill health.

Any kind of prioritisation process however will inevitably mean some treatments need to be restricted or excluded and may not be routinely available in the future.

Similar reviews to this are taking place nationwide.

How do we decide?

It is important that this process is carried out in a manner that is reasonable, rational, transparent and comprehensive. Decisions are based on the benefit to patients and services are commissioned using the best evidence available.

Each case is considered by the CCGs’ Clinical Priorities Advisory Group (CPAG) which meets monthly and follows a rigorous process of considering the evidence and scoring the service using guidelines established at national level. The group includes clinicians, academics and patients.

CPAG makes recommendations rather than final decisions based on:

Clinical effectiveness – how well and how often does the treatment achieve the required outcome?

Benefit for patients – does the treatment lead to significant and long-lasting improvements to the lives of patient?

Value-for-money – can similar results be achieved for less cost?

Final decisions are made by the CCGs’ Governing Body. In some cases there is engagement with the public about any changes proposed and a quality and equality impact assessment checks that patient safety is not compromised and that no group is discriminated against:

Some facts and figures

The CCGs commission over 700 different healthcare services and treatments.

Some treatments are not routinely commissioned: eg tattoo removal, hair loss correction

Some treatments which used to be common are now known to have limited clinical effectiveness: eg tonsil removal

Procedures are scored and ranked using a system in use across the NHS. More information www.england.nhs.uk/commissioning/cpag

What do we decide?

The aim is to safeguard investment for those treatments that offer the most benefit to the largest number of patients. It also ensures a process that is fair to the whole population of Staffordshire and that public money is spent wisely.

GPs will have with a clearer guide to caring for patients with certain conditions, taking into account the severity of the condition. All GPs will have quick access to up-to-date information to help them make the right decisions at the right time to benefit the individual patient.

Patients who feel they should be considered for a treatment which has been excluded or restricted can make an Individual Funding Request which will be used to consider their exceptional needs.