

NHS England can stuff its plan to cut 17 vital treatments

As hospital beds and services are being axed across the country, NHS England is [“consulting”](#) on its plans to stop routine funding of 17 vital elective surgical procedures from April 2019 - except in extreme exceptional circumstances. This is the list.

Snoring surgery (absence of obstructive sleep apnoea)
Dilation & curettage
Knee arthroscopy for patient with osteoarthritis
Injections for “nonspecific “ back pain (without sciatica)
Breast reduction
Removal of benign skin lesions
Grommets for glue ear in children
Tonsillectomy for recurrent tonsillitis
Haemorrhoid surgery
Hysterectomy for heavy menstrual bleeding
Chalazia removal
Arthroscopic shoulder decompression for subacromial shoulder pain
Carpal tunnel release
Dupuytren’s contracture release
Ganglion excision
Trigger finger release
Varicose vein surgery

NHS England say the 17 procedures are ineffective. They are not.

These treatments are already rationed these treatments only available to the most essential cases that meet clear clinical criteria - where more serious conditions could develop if not treated.

NHS England say that clinicians are making inappropriate referrals.

It does not provide any evidence to back this up. It is making a mockery of our GPs and specialists.

What this is really about ... is a [2009 McKinsey report](#) commissioned by the Dept of Health to identify how to cut more NHS spending. Their 2009 report proposed around £13-20bn (over 3-5 years) of “efficiency cuts” and one way was to stop “low value added healthcare interventions”. Nearly all the “low value” treatments in McKinsey’s report are in the list that you see above.

The proposals are all about money and control.

How can they do this?

By making the NHS work like a private health insurance scheme. In two ways...

Firstly they want to prevent the commissioners (your CCG) paying hospitals for providing these treatments to NHS patients – unless exceptions have been approved. The first four of the treatments list - there will be an exceptions target of 1-5% of all patients.

Secondly, NHS England wants to transfer the current referral and decision making process from the hands of informed, well-trained NHS clinicians to a standardised one size fits all algorithm & data

based electronic referral system. This rules out any consideration of patients' individual circumstances, it removes all considerations of complexities and dangers that may develop. It reduces clinicians to merely technicians and wastes their hard earned skills and knowledge.

This change to the referral process is already happening, through the introduction of GPs' electronic referrals. So is this consultation a whitewash?

What you can do about it

You can tell NHS England this is not on. Thanks for doing this. We hope this document is helpful.

Write to our MPs. LINK: <https://www.parliament.uk/get-involved/contact-your-mp/>

Our local papers. NORTHERN : <http://www.wrx.zen.co.uk/norpress.htm>

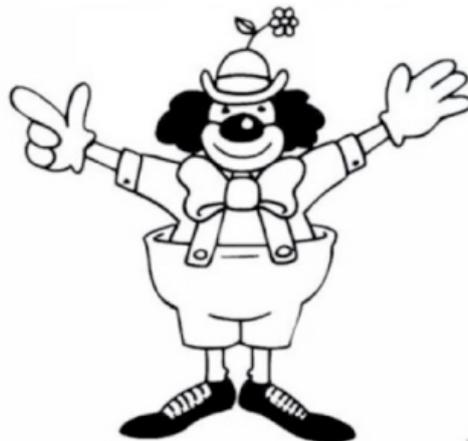
SOUTHERN: <http://www.wrx.zen.co.uk/soupress.htm>

Tell your friends, family and neighbours what is going on. Every little helps.

Thanks for helping.

All this information was put together by the team at <https://calderdaleandkirklees999callforthenhs.wordpress.com/> which is regularly updated by local campaigners and their local perspective is extremely useful.

TELL NHS ENGLAND



**ONLY CLOWNS WOULD CUT OUR
ELECTIVE SURGERY**