

Healthwatch Birmingham's response Evidence-Based Interventions– List 3 clinical guidance proposals

Healthwatch Birmingham welcomes the opportunity to respond to the Evidence-based Intervention Programme Board consultation on 'List 3 clinical guidance proposals'. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement.
- Whether the proposals are responsive to the needs of those accessing services, ensuring that they do not lead to health inequality.

We are pleased to see that in addition to optimising the use of finite NHS resources, the focus of the proposals under consultation is also to reduce harm to patients, minimise unwarranted variation in service provision, and to encourage reflection on treatment recommendations by patients and clinicians.

However, through our work we know that implementation quality is the single most important factor influencing outcomes. Key for Healthwatch Birmingham is that the evidence presented to support the proposals is robust and matches the views and insights of services users including their preferences. We are keen to see that the implementation of proposals does not present additional barriers for people to access much needed services. The feedback we hear in Birmingham is that referrals or lack of referral to specialists' treatment is an issue already facing various groups or communities in Birmingham (e.g. ethnic minority groups) and people with a disability. In our [report](#) into health inequalities in Birmingham, we found that people from minority ethnic groups face considerable challenges and difficulties getting a diagnosis and referral to specialist treatment.

These challenges are compounded by varying levels of health literacy, thus poor knowledge and information about how the healthcare system works and people's rights within the system. Healthwatch Birmingham therefore believes that there needs to be clarity around the criteria for access and communication with patients, so they do not face unnecessary hurdles. For instance, referral for bariatric surgery includes the proposal for access through Individual Funding Requests (IFR). People in Birmingham have told of being refused IFR's even in circumstances where NICE evidence suggests such treatment. There needs to be a clear criterion for access to IFR's that is communicated to patients. Otherwise, those able to fight their corner and having a level of health literacy and knowledge of the system are likely to get support - increasing the likelihood of inequality/ inconsistencies across the UK.

We are pleased to see that shared decision-making is important and we welcome that this is a key consideration in the cataract surgery proposal. We particularly welcome the key questions that must be discussed with the patients as part of the referral process for cataract surgery. Again, implementation is key and variable experiences in Birmingham of access to healthcare show that we need clarity on the following questions:



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- How do we know that shared decision-making has taken place?
- How do we know that the patient has been given adequate information to make an informed decision?

One of the main issues people tell us about is that they do not get adequate time with GPs and consultants to discuss their condition and get a clear diagnosis.

We believe that there needs to be a strategy for engaging with people on how well these proposals are being implemented, effectiveness in meeting their needs and the impact on health outcomes. It is important that engagement has as one of its objectives 'to use patient and public insight, experience and involvement to identify, understand and address the potential consequences of the proposals under discussion on health inequalities and barriers to improvements in health outcomes. We note that the questions in the survey do ask what people think the barriers for certain groups of individuals are if these proposals are implemented. However, unless these proposals have been discussed widely with various people under the equality act and they have been communicated in a way that they can understand, these questions will not yield the results needed. Otherwise, if the engagement was wide enough, and yields the responses that are useful to understanding the challenges some people will face, then we hope to see these inform the implementation of these proposals.

Healthwatch Birmingham believes that these proposals need to be based on robust evidence, that matches people's experiences, views and insights. There needs to be an understanding of the barriers and challenges different groups face and consideration of whether these proposals address these barriers and improve outcomes for people. In addition, consider how proposals reduce inequalities and improve access by focusing on index of multiple disparity, ethnicity, and protected characteristics.

Healthwatch Birmingham believes that there should be a clear plan to review these proposals post implementation through feedback from patients, the public, service users and carers.

Yours Sincerely,



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