

Service Restriction Policy

This leaflet contains information about the local NHS's Service Restriction Policy (SRP), and what it means for you if you do not qualify for the treatment or procedure you have requested.

What is the Service Restriction Policy (SRP)?

The SRP sets out a range of treatments and procedures that are not clinically effective for everyone and can only be offered when specific clinical criteria are met. The SRP is based on best clinical practice, and balances the benefits and the risks of treatment options for patients.

You can see the full Service Restriction Policy on your local Clinical Commissioning Group's website – details are at the bottom of this leaflet.

What happens if I do not meet the clinical criteria for the treatment or procedure I want?

Your local NHS Clinical Commissioning Group (CCG) will not normally pay for treatments that fall outside the criteria as set out in the SRP. If your condition does not currently meet the clinical criteria for the treatment or procedure you have requested, your condition may continue to be managed and reviewed if appropriate by your GP or lead clinician.

Decisions are based on strict clinical criteria and so are usually clear-cut. If you are not happy with the decision you can ask your GP to apply again with more clinical information. The decision is based on clinical evidence, so if you submit new evidence we will re-examine your case.

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