Health Scrutiny and Performance Panel **Agenda Item No. 12**

24 October 2011

Framework for the Management of Procedures of Limited Clinical Value

Ward(s) All

Portfolios: Cllr B. McCracken – Social Care and Health

Report:
Many Primary Care Trust's are currently working on processes to manage Procedures of Limited Clinical Value (POLCV) NHS Walsall is also looking at this issue in response to the Strategic Health Authority's request for PCT's to include this within the contractual framework for 2012-13.

Ensuring that patients receive high quality care is a shared responsibility between primary care, the local hospital and commissioners. As the commissioning organisation, NHS Walsall should clearly define procedures that are deemed of limited clinical value, and ensure that subsequent completed activity reflects these adopted policies.

Detail
The term POLCV is in fact a misnomer. Most procedures that a PCT or Clinical Consortium may wish to restrict are in fact procedures of no clinical value. It is suggested that there are three different types of procedure which fit under the heading of 'Procedures of Limited Clinical Value'. These are identified below:

<u>Don't do procedures</u>
These are procedures which should not be done and the PCT will require a policy to ensure that providers do not do them or if they do, are not paid to do them. Examples include:

- Procedures where National Institute Clinical Evidence (NICE) have stated they should not be done
- Procedures where there is sufficient evidence of either no effect or negative effect but have not been subjected to NICE consultation. Examples may be where other bodies have looked at this (e.g. Scottish Intercollegiate Guidelines Network or SIGN). The PCT in the past has commissioned evidence reviews from appropriate bodies and indeed has a contract through specialised services with the University of Birmingham.
- Procedures where there is not enough evidence to say yes. These may be procedures subject to NICE review e.g. NICE interventional procedures or other new procedures which do not have a sufficient body of evidence to show safety, effectiveness or cost effectiveness.

<u>Choose not to do procedures</u>

The group of procedures are those where the PCT feels that it is not appropriate to spend Healthcare resource. A good example is the Aesthetic policy. These procedures may have some evidence of positive benefits for some individuals but the PCT has taken the decision that it is not a good use of Health Service resources.

Procedures that have limited evidence

This group is divided into two types. The first type is where there is evidence but only for well defined reasons. An example may be insertion of grommets for surgical glue ear where there is clear evidence that for a small group of patients there is benefit, but not for every child with a glue ear.

The second group is where there is less evidence for a specific group or it is harder to apply that evidence. However, at a population level comparative evidence may come from external benchmarks.

Providers may be asked to limit procedures to be in line with benchmarks where the evidence is less precise. An example here is hysterectomy for Menorrhagia. Whilst there is a clear NICE guideline on the management of Menorrhagia there is considerable variation in the use of hysterectomy across the country. It is unlikely that all this variation is due to clinical reasons and although the usage of hysterectomy can be partly limited by the use of the guideline, there is a lack of evidence to be totally precise in its usage.

Health economies are therefore using a mixture of clinical guideline and benchmark comparative data to limit their procedures.

Summary

It can be seen from above that most procedures will be in the ‘don’t do’ category with further in the ‘choosing not to do’. Undoubtedly we will need to get into the third category in the future but this group will be more difficult to both define and monitor.

The first and the second category can be easily monitored by reviewing operation codes. The third category will require a matching of intervention with clinical history and adherence to clinical policy. This will need to be done at a GP level (where the initial referral to hospital is made).

It is also recognised that any patient may appeal against the decision of a health economy and the PCT has mechanisms in place to deal with those types of appeals. It is understood that individual patients may have specific clinical reasons why the PCT or successor bodies should review their case on an individual basis.

Recommendations:

That, subject to any comments Members may wish to make, the framework for procedures of limited clinical value be supported.

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Framework for Procedures of Limited Clinical Value (POLCV)

Presentation by

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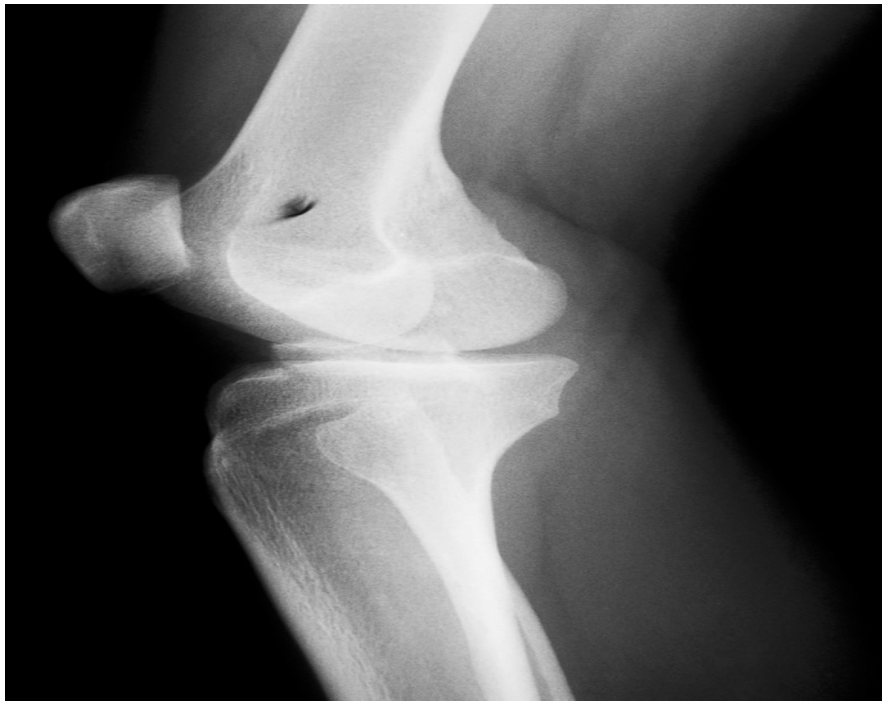
NHS Walsall

A Misnomer!

- **Three Types of Procedure**

1. Don’t do Procedures
2. Choose Not to Do
3. Limited evidence to do

Don’t Do Procedures



Limited /sufficient evidence to state they should **NOT** be done e.g. National Institute for Clinical Effectiveness (NICE), Cochrane, Professional Bodies, commissioned evidence

Choose Not to Do Procedures

Limited evidence of positive benefit for the minority

Appropriate use of National Health Service (NHS) resources

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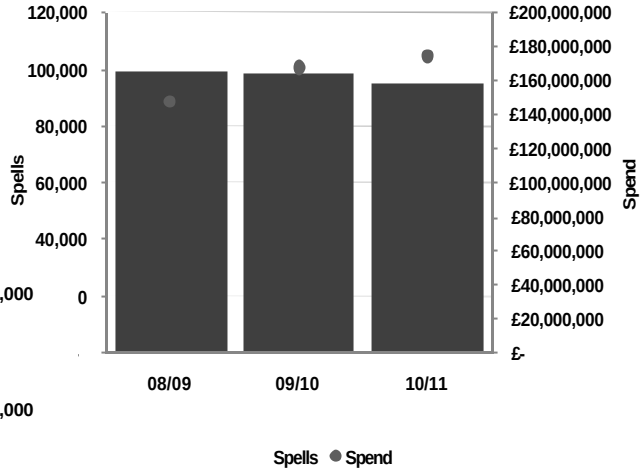
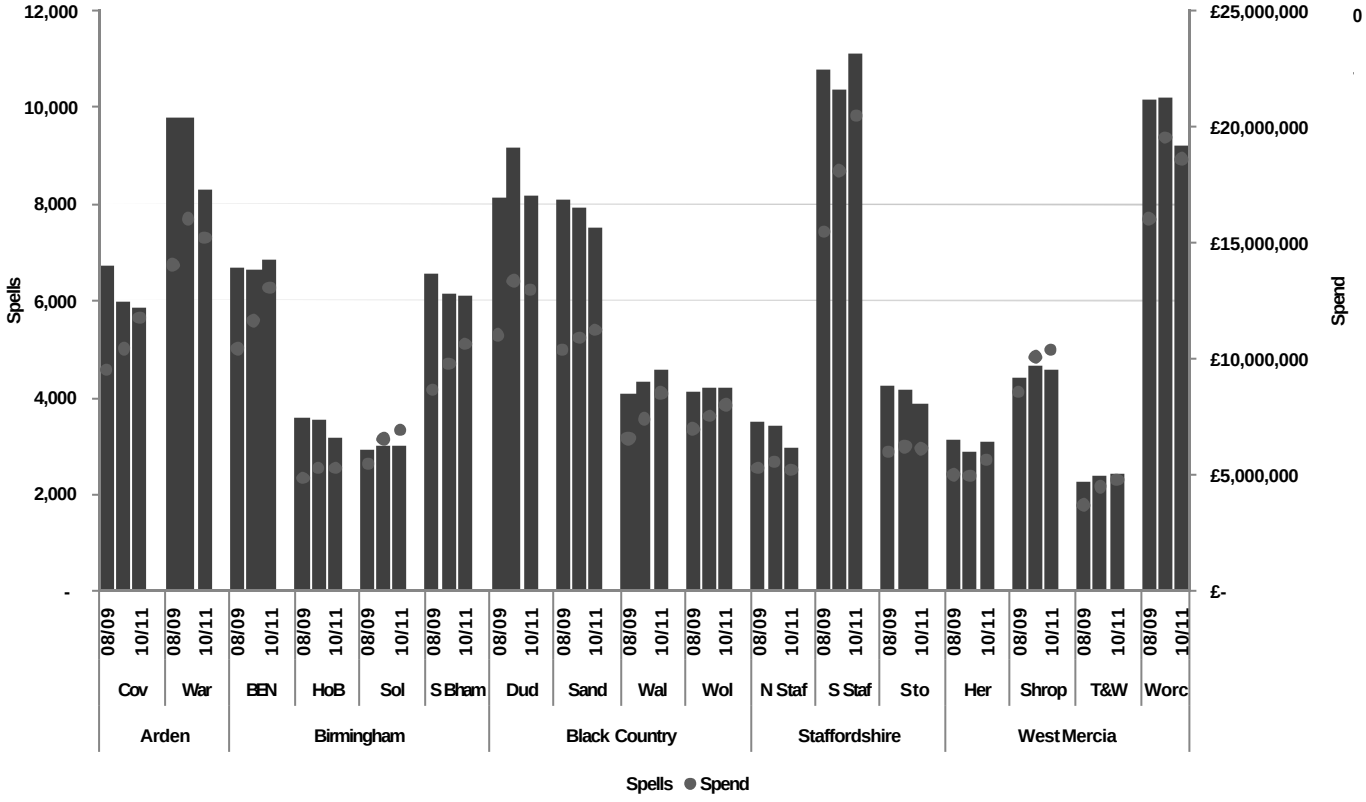
Procedures that have limited evidence

Evidence but for defined reasons or where a benchmark has been driven locally or regionally

Context- The Regional Picture





Activity and Spend on POLCV between 2008/09 to 2010/11 by Primary Care Trust

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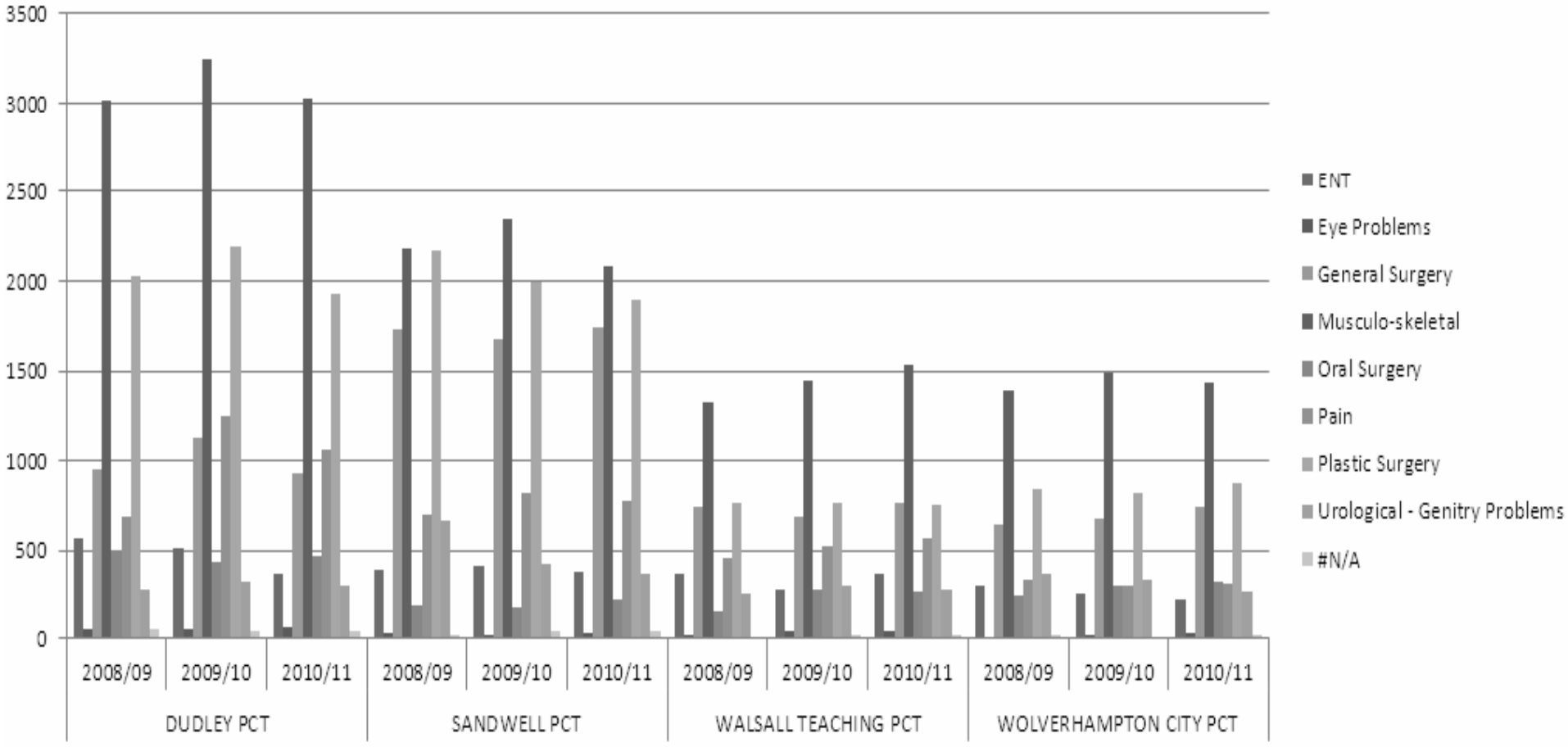
The Black Country Cluster Picture



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Next Steps

- Statement of commissioning intentions submitted to providers
- More detailed analysis of the data
- Estimated reductions in referrals and financial implications
- Implementation of policy within primary and secondary care