OSC Action No. 77

NHS Haringey

NHS Haringey paper for the Overview and Scrutiny Committee on low priority treatments

Introduction

The Overview and Scrutiny Committee have asked for a paper on low priority treatments in Haringey. Low priority treatments are medical treatments where the evidence of clinical and/or cost effectiveness is limited. The term also applies to where funding such treatment is unlikely to have a significantly adverse effect on the patient's physical or mental health or ability to undertake everyday living activities with reasonable independence.

Background

In 2006, Croydon PCT identified a list of 34 procedures of 'limited clinical value', for which strict access criteria were introduced in order to ensure that only patients likely to benefit from these procedures could access them. The exercise also had an economic component as it focussed on cost benefit and cost effectiveness.

London Health Observatory (LHO) took up this work with 'Save to Invest'(i), building on earlier modelling from Croydon PCT and LHO to estimate the minimum and maximum potential savings for each PCT in London (ii).

The findings were that procedures with 'limited clinical benefit' represented three to ten per cent of activity and could have saved £28m-£93m across London for 2005/6. Some of this work has been expanded further by Ernst and Young to identify actual potential cost savings using this model (iii). London's top ten most common procedures from the 'Croydon List' in 2005/6 were minor skin procedures, cataract surgery, cancelled procedures, inguinal, umbilical and femoral hernia, tonsillectomy, knee replacement surgery, wisdom teeth extraction, varicose vein surgery, carpal tunnel surgery, hysterectomy for menorrhagia.

It is important to recognise that the procedures of 'limited clinical benefit' include a mixture of 'cosmetic' procedures and procedures which always need to be carried out to some extent but where strict adherence to clinical guidelines will ensure procedures are only carried out where necessary (e.g. cataract surgery, hip and knee replacement).

The decision to no longer provide low priority treatments is a reflection of the medical view – based on experience – that providing these treatments on a routine basis is not always beneficial to the patient.

New arrangements

A list of treatments is being adopted by all Primary Care Trusts in North Central Sector to reduce (but not discontinue) the commissioning of low priority treatments (Appendix 1). NHS Haringey, together with the other PCTs, has had informal lists of low priority treatments for many years. The change that is being implemented is that the PCTs will all have identical lists and will all monitor and review these lists on a regular basis as a Sector as well as at individual PCT level. London, particularly North London, is well behind many places in the UK in setting up low priorities groups and forum.

Current uptake of services Haringey being decommissioned

The number of procedures that are currently undertaken in Haringey are relatively small as it can be seen in table 1. Table 1 lists some, but not all of the procedures on the NCL low priorities list. The majority of those treatments that are not list in table 1 are performed relatively infrequently.

Table 1 – Frequency of low priority procedures undertaken in 2009/10

Procedure	Number of procedures undertaken
Carpal Tunnel Syndrome	105
Chronic Sinusitis	226
Complementary medicine of all types	11
Dental Implants	9
Dilation and Curettage	88
Grommets Insertion	39
Hysterectomy For Menorrhagia	86
Implantable Cardiac defibrillator(ICDs)	9
Male Circumcision	1
Minor Oral Surgery (Retained Roots)	460
Palmar Fasciectomy for Dupuytren Contracture	9
Reversal Sterilisation	1
Surgery for Ganglions	40
Tonsillectomy	142
Trigger Finger	26
Varicose Vein surgery	18
Wisdom Tooth Removal	442

Spending

NHS Haringey spent roughly £2m in 2009/10 on the treatments on the low priorities list in Haringey. London Health Observatory has calculated minimum and maximum savings for some of the treatments on our NCL low priorities treatment list (Appendix 2). The anticipated savings vary by medical procedure or treatment as it can be seen in Appendix 2. The expected

savings are in the range of £300,000 to £600,000 but caution needs to be applied to using economic models into clinical reality. Savings at NHS Haringey will be monitored as part of the regular review and evaluation process.

Clinical and public engagement

All GPs in Haringey will be informed by a letter sent from NHS Haringey. The information will also be included in the new GP newsletter and placed on NHS Haringey website.

Patients have not been consulted directly as this is a clinical decision to no longer provide treatments where the outcome is questionable. However, all information will be available on NHS Haringey's website, including the rationale for limiting certain procedures. All patients who meet the guidelines will be able to undergo the procedure in question. Those patients who do not meet the guidelines will not have the clinical procedure undertaken. Occasionally patients who do not meet the clinical criteria may have exceptional circumstances which need to be taken into account in the consideration of whether or not to undertake such procedures. For those patients, the patients own GP may refer directly to NHS Haringey's Individual Cases Panel (ICP).

The 'Individual Cases Panel' (ICP) meets once a month to discuss patients who require funding of new or expensive treatments and have 'exceptional' circumstances. Only those cases that are deemed to have 'exceptional circumstances' are considered by the panel.

The process

This new policy will be implemented on 1st June 2010 with information going directly to GPs via letters, GP newsletter and information available on the internet.

GPs will triage all patients, with those meeting the criteria and requiring the treatments referred directly to the hospital for treatment. The only change is that GPs will be required to complete a form for procedures to be undertaken. GPs will refer patients with exceptional circumstance directly to the Individual Cases Panel at the Primary Care Trust. The process may change in the future as the NCL Commissioning Agency further develops.

Secondary Care

Both the Whittington and North Middlesex Hospitals are aware of these plans. They participate in planning meetings with the five PCTs and NCL Commissioning Agency. The five PCTs are now in discussion on the putting into place the appropriate arrangements for the implementation of the Low Priorities Treatments process. Once agreed, both acute trusts need to be clear on how these arrangements will work..

Monitoring and evaluation

We will monitor the process both from NHS Haringey perspective and look at the Sector as a whole at regular intervals. These are yet to be defined but likely to be initially at six month intervals and then moving to yearly intervals.

Future plans

It is likely that more of this work will be taken over by North Central London Commissioning Agency. The process is also likely to become more streamlined with all PCTs working using the same process and forms as well as a common low priorities list. It is also very likely that the list increases in size in line with other PCTs and Commissioning Agencies.

Dr Nicole Klynman
13th April 2010

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[i] London Health Observatory. Save to Invest. Developing criteria-based commissioning for planned health care in London.
[ii] 2009/10 South West London Effective Commissioning Initiative. April 2009
[iii] NHS London. Delivering the Healthcare for London strategy affordably. Back-up materials. June 2009