Agenda Item No. 13

Health and Adult Social Care Scrutiny Committee – 14th November 2011

Report from NHS Dudley Partnerships & Service Development

Procedures of Limited Clinical Value (PLCV) and Aesthetic policies

1.0 Purpose of Report

1.1 To update Members on the programme of work for the management of both Aesthetic policies and Procedures of Limited Clinical Value (PLCV) within Dudley in partnership with colleagues from the Black Country Cluster.

2.0 Background – Procedures of Limited Clinical Value

2.1 Dudley Clinical Commissioning Group (DCCG) and Dudley Primary Care Trust (DPCT) support the delivery of a vast array of health care services. Within the set of procedures that have historically been funded, there is evidence that there are procedures which are of limited clinical value (PLCV). These include procedures for which:

i. There is no evidence the treatment is effective
ii. There is limited evidence that the treatment is effective
iii. There is evidence the treatment is only effective in specific circumstances
iv. The treatment provides no improvement in morbidity or mortality (for example it has cosmetic benefit only)

2.2 DCCG and DPCT have a responsibility to ensure that they use its resources in a way that delivers the maximum health benefit for its responsible population. Undertaking these procedures can cause patients unnecessary harm, result in unmet expectations, and is not an effective use of available funding.

2.3 Some PLCVs represent drift in the usage of procedures into areas where there is no clinical evidence. Others involve patients not being treated with first line or conservative treatments before progressing to a more complex intervention, or delivering treatments that have been historically undertaken, but for which newer evidence suggests there is no clinical need. They can reflect areas where updates in practice have not been adopted into policy, or where clear clinical protocols have not been defined.

3.0 Aesthetics:

3.1 There is a need for equity and fairness across Dudley borough in respect of access to NHS funding, but also a need to ensure that aesthetic surgery

procedures are provided within the context of the needs of the overall population and evidence of clinical and cost effectiveness.

3.2 DCCG and DPCT have developed guidelines in 2010 for a number of aesthetic procedures. It is intended that the guidelines will provide the referring clinician with sufficient guidance when collecting information to support a patient's case for NHS Funding.

4.0 Summary of current position

4.1 The PCT developed policies for both PLCV and Aesthetics which were last updated in 2010. Benchmarking of the policies against many other PCTs across the country revealed that more interventions have been excluded from routine funding in the light emerging evidence of clinical and cost effectiveness.

4.2 When considering the development of such guidelines and policies we aim to ensure that our patients receive high quality care and this is a shared responsibility between primary care, the local hospital and commissioners. As the commissioning organisation, DCCG and DPCT should clearly define procedures that are deemed of limited clinical value, and ensure that subsequent completed activity reflects these adopted policies.

4.3 We also recognise that patients may appeal against the decision of a health economy and the PCT has mechanisms in place to deal with such 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.

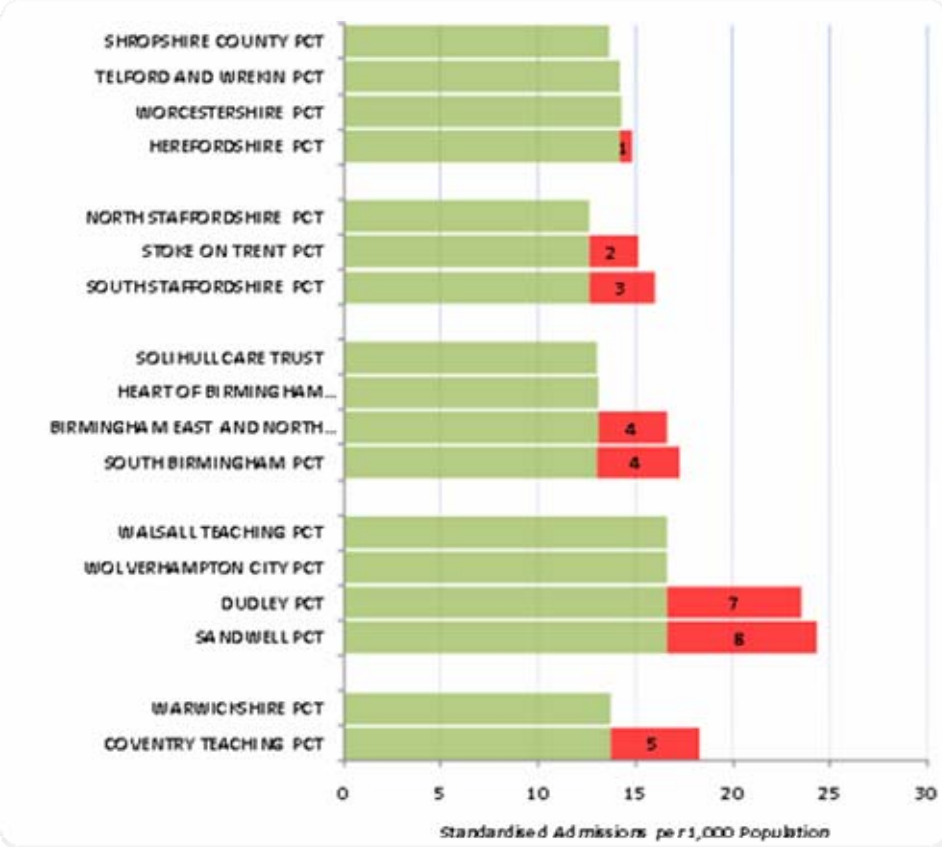
4.4 Within the Black Country Cluster, CCG clinical and commissioning leads have worked together to develop single polices to be adopted in across the patch. This will ensure equity of access for our patients and equity of provision for our local providers. It is our intention to ensure that these polices are adopted by our independent health providers as well. It is these policies that we will aim to introduce and implement in April 2012, or earlier, to ensure that the Dudley health economy is in line with its neighbouring, regional, and national health economies to improve equity of access and respective efficiencies.

5.0 Finance

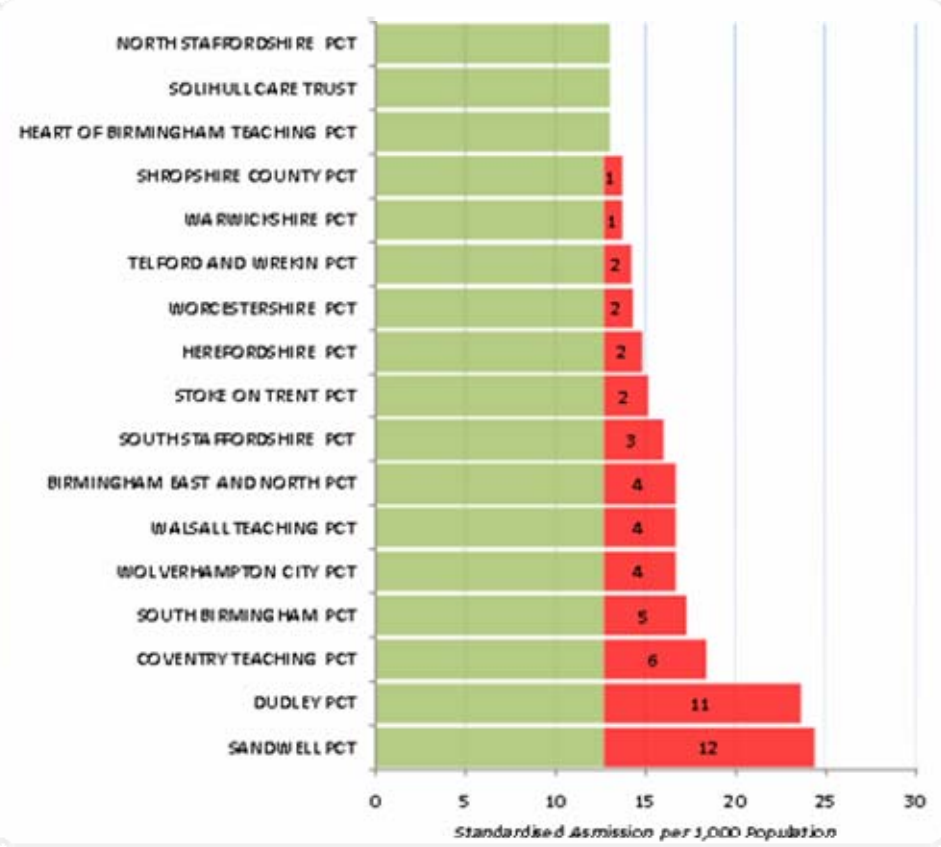
5.1 The graphs below highlight Dudley as an outlier within the Black Country Cluster for the majority of procedures of low priority (LPP) carried out for both PLCV and aesthetics and the potential savings to be made. However it is important to note that there may be areas that are higher in activity that are clinical appropriate where cost-efficiencies cannot be realised either because the provider is already carrying out procedure in line with the new clinical guidelines or where the patient population different.

Standardised Admissions per 1,000 population by cluster and PCT (2010/11)

The chart below illustrates shows the number off admissions per 1000 population after standardisation. The red areas represent the number of admissions to be reduced in order to be in line with the lowest rates in each **cluster**.



The chart below illustrates shows the number off admissions per 1000 population after standardisation. The red areas represent the number of admissions to be reduced in order to be in line with the lowest rates in the **West Midlands**.



4.0

Although these rates adjust for need in terms of age and gender there may be other factors that may need accounting for. Therefore these rates must be interpreted with caution. However, where there is large variation e.g. Dudley and Sandwell, this may warrant further detailed investigation.

Law

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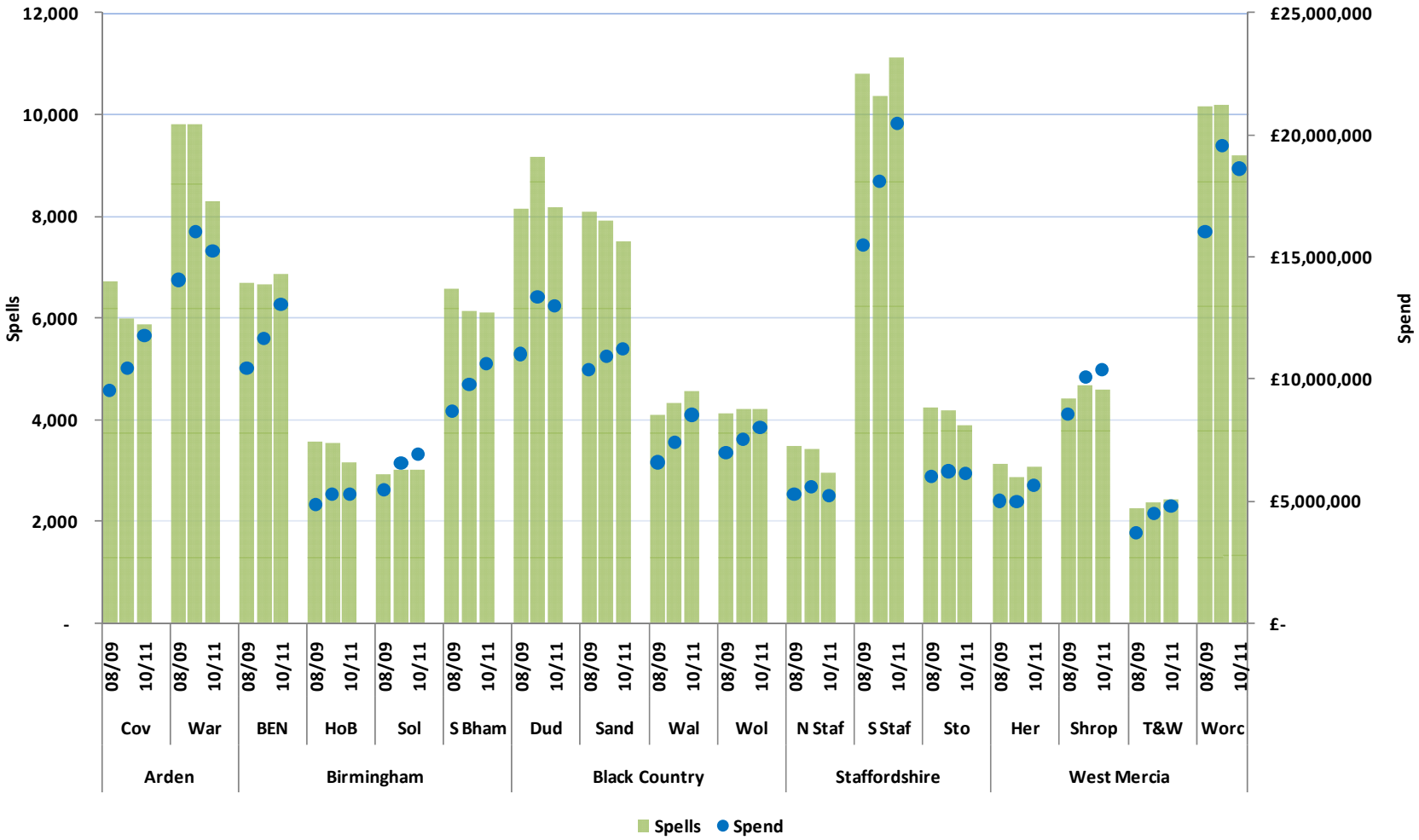
Activity and Spend on LPP between 2008/09 to 2010/11 by PCT



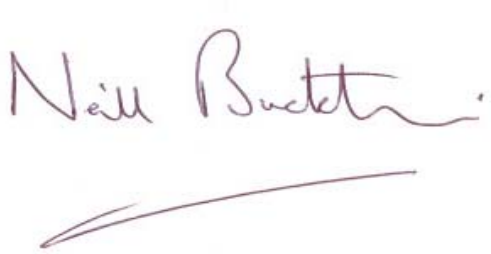
The chart above illustrates LPP spend and activity commissioned by West Midlands PCT's between 2008/09 and 2010/11 within the West Midlands and outside the region. Approximately £175m was spent on LPP's across the West Midlands during 2010/11. Expenditure has increased for many PCT's over the past three years for many PCT's. Activity has remained at a consistent level for many PCT's

6.0 Equality Impact

6.1 The polices are being finalised on the 2nd November 2011 and Equality impact will follow this. However it is important to note other areas that have adopted similar policies and have robustly implemented them in partnership with their local provider with no adverse impact to date.

7.0 Recommendation

71 That the OSC supports this framework to implement the Black Country Cluster policies for both PLCV and Aesthetics in Dudley borough.



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