Procedures of Limited Clinical Value
Royal College of Surgeons Briefing

'Procedures of Limited Clinical Value' (PLCV) is a term NHS managers have applied to a range of elective surgical procedures that they no longer wish to fund – procedures defined in this way have traditionally included complimentary or alternative treatments, aesthetic treatments, or treatments without NICE guidance of cost-effectiveness.

However the concept has been extended because of the current financial restrictions, and many proven operations known to enhance health and improve quality of life have been included in this category, and hence are being denied to patients who need them.

Summary
Certain procedures are being stopped by some Trusts, often drawing up a list of 'procedures to stop commissioning' against clinical advice. To date these policies have been unevenly applied across the health service, thereby opening up unfair health inequalities between geographical regions and have been undertaken without publicity or consultation with the local community. Many of the procedures deemed of low value prevent complications and more serious conditions developing later. Denying them ultimately endangers the lives of patients and the standard of treatment available in the NHS.

The College believes that:

- Procedures which alleviate pain, improve mobility and quality of life, but the benefits of which are not seen immediately, should remain core NHS activity.
- Decisions to recommend surgery should be taken by clinicians who have seen, assessed, counselled and consulted the patient.
- There is a risk of building up a backlog of unmet need that will have to be dealt with at some time in the future, and a legacy of serious long term health problems.

History

- **Spring 2009** – Management consultancy McKinsey are commissioned to produce a report for the NHS on how to make cost savings. The report is secret but leaked to the *Health Service Journal* who report that it suggests staffing cuts and limiting access to procedures – it is swiftly disavowed by the Government.
- **June 2009** – NHS Chief Executive Sir David Nicholson tells NHS senior managers that £20 billion of savings must be made in the NHS by 2014.
- **Summer 2009-10** – Emerging evidence shows that many PCTs issue new or revised guidance on procedures of limited clinical value.

- **March 2010 –** The RCS and six specialty associations raise their concerns on this issue in the national press. ENT surgeons are **the first** to notice as barriers to tonsillectomies are set far in excess of NICE guidance and they are told to stop fitting grommets for glue ear.
- **March 2010** – Norman Lamb MP says: "It's enormously concerning that basic surgical procedures are being withheld as part of desperate efforts to save money. Unfortunately managers in the NHS have a long history of cutting the wrong staff and services when budgets are put under pressure".
- **Spring 2010** - NHS Confederation approaches individual surgical specialty associations to help them identify procedures of limited clinical value.
- **July 2010** – *The Sunday Telegraph* reports that widespread cuts to the NHS are planned by senior health service officials, including restrictions on common surgical procedures. These cuts come without discussions and agreement from clinical experts.
- **Autumn 2010 onwards** – RCS members report examples of surgical services being cut – areas affected include: orthodontics and restorative dentistry, onco-plastic breast cancer surgery, arterial surgery, cochlear implants for the profoundly deaf, hip and knee replacement surgery, cataract surgery, elective hernia surgery.
- **December 2010** – NHS Confederation together with the Academy of Medical Royal Colleges and the British Medical Association publishes *Clinical Responses to the downturn* which is intended as a tool guide for SHAs to inform discussion around cost efficiency and to encourage collaboration between managers and clinicians – clinicians do not suggest cutting procedures and recommend making processes more efficient.
- **January 2011** – *The Guardian* interviews RCS President John Black on the issue. Responding NHS Medical Director Bruce Keogh reiterates that commissioners should not be drawing up lists of PLCV without clinical agreement.
    - The RNIB respond reiterating that cuts to cataract surgery are nationwide and "make no sense morally and economically "
    - The Patients Association state that patients are contacting them saying that their operations are being cancelled and not rescheduled. "We hear day after day on our Helpline from patients and NHS staff who have reported that services are already being withdrawn".

What is the problem?

The current cost-saving measures of the NHS, and the current aim to save £20 billion by 2014, mean that commissioners are under increasing pressure to find appropriate efficiencies. As such, surgical procedures defined as being "procedures of limited clinical value" are under threat from not being commissioned, as being deemed an inappropriate use of resources.

However the Royal College of Surgeons is gravely concerned that the current financial climate is leading to surgical procedures which are **not** of limited clinical value – often procedures which are essential and of substantial clinical value - being stopped in some Trusts or across the NHS; a fundamental lack of transparency in the decision-making process. This is a trend that is extremely detrimental to patients across the NHS, removing equality of access to treatment, creating postcode lotteries, lowering the standard of care provided in the NHS, and potentially reducing the quality of life for some patients. Moreover these decisions show a fundamental

dishonesty to patients who have been misinformed about the reasons for their operations being cancelled.

Decisions being taken without clinical involvement

The mandate from the Department of Health is that Trusts should be working with expert clinicians to identify procedures that are ineffective. However evidence from our members indicate that many Trusts are incorrectly defining procedures as being of limited clinical value and are not involving expert clinicians in the relevant field.

The College believes that these decisions to stop commissioning certain procedures are being taken based on, at best, flawed economic analysis of the efficiency of these procedures. It is concerning that Trusts seemingly have not taken into account the long term impact of denying patients these treatments. Often these treatments are performed to prevent medium or long term problems for patients which end up costing the NHS more money.

It is also concerning that in the short-term patients are having their operations deferred or postponed, and that with this backlog, an increase in waiting times is inevitable.

Next steps

This issue is national and affects all specialties. It will be addressed most effectively by a combined initiative by the College centrally, the College regional networks, and the Specialty Associations.

The College believes that an open and transparent debate should be held between NHS policymakers, the public and clinicians about what is affordable and which treatments need to be commissioned. As it stands, there is "rationing by stealth" in the NHS with decisions being taken contrary to clinical expertise and available health outcome evidence. This clearly is unacceptable, not in the long-term interests of patients and the NHS, and must stop.

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