

## **Elective admissions for procedures of low clinical value**

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### **Introduction**

Low clinical value treatments are those that are deemed to be clinically ineffective or not cost effective, and as such treatments are also termed low value procedures, procedures of limited value or low priority treatments.

### **Local evidence**

NHS Wirral has policies relating to decision making about procedures of low clinical priority (PLCP) and procedures requiring prior approval. These aim to ensure that services commissioned are clinically effective, cost effective and equitable. NHS Wirral also has procedures to allow individuals to be considered as an exception to commissioning policies, where evidence is available to suggest that an intervention not routinely funded may be of particular benefit to them.

These policies are contained on the NHS Wirral website, along with a list of procedures designated as of low clinical priority:

[http://nww.wirral.nhs.uk/plans\\_policies\\_and\\_publications/policies/commissioning.html](http://nww.wirral.nhs.uk/plans_policies_and_publications/policies/commissioning.html)

Commissioning policy:

[http://www.wirral.nhs.uk/document\\_uploads/Policies\\_Commissioning/WirralPLCPPolicy.pdf](http://www.wirral.nhs.uk/document_uploads/Policies_Commissioning/WirralPLCPPolicy.pdf)

### **Map of Medicine**

[Map of Medicine](#) offers evidence-based patient care journeys, providing clinicians with guidelines, references and clinical information. There are currently over 390 NICE compliant, regularly reviewed national pathways. There are also a number of 'localised' pathways which have been approved for use across the Wirral local health community.

### **National Policy Guidance**

When considering decommissioning procedures or determining treatments that may be of limited value, current good practice suggests consulting the [National Institute for Health and Clinical excellence \(NICE\) 'Do not do' database](#). This database contains recommendations on clinical practices that should be discontinued or not used routinely in the NHS, due to evidence that the practice is not beneficial or there is a lack of evidence to support its continued use. Each record contains the 'do not do' recommendation, along with

additional information, including the intervention, health topic, the guidance it comes from and the other 'do not do' recommendations from the same guidance. Each recommendation also includes the health care setting that describes the main clinical environments in which the intervention or investigation may be initiated.

<http://www.nice.org.uk/usingguidance/donotdorecommendations/index.jsp>

**'How to get better value by doing the right things'** by the Public Health Commissioning Network (March 2010), describes types of low value treatments and explores how value is defined. It discusses making decisions that maximise value, specifically by decommissioning interventions of low or negative value and releasing cash to improve quality, and commission high value interventions, without adversely affecting the health of the population.

<http://www.sph.nhs.uk/ebc/bhph/>

The **NHS Atlas of Variation in Healthcare** was published by the Department of Health in November 2010 to help remove unwarranted variation, increase value and improve quality. The *Atlas* refers to low clinical value treatments and highlights that there is an opportunity cost to providing low clinical value treatments and PCT's should free up their money spent on such procedures and use it to invest in services or other types of treatment, with better clinical outcomes, for example, either for the people with the same condition or to meet unmet needs in another group of patients.

[http://www.rightcare.nhs.uk/atlas/qipp\\_nhsAtlas-LOW\\_261110c.pdf](http://www.rightcare.nhs.uk/atlas/qipp_nhsAtlas-LOW_261110c.pdf)

In April 2011, the **Audit Commission** produced a health briefing, **'Reducing Spending on low Clinical Value Treatments'** which suggested that carrying out fewer ineffective or inefficient treatments, and so reducing spending in this area, could result in a saving for the NHS of up to £500 million a year. The briefing considers some PCTs' efforts to decommission treatments of low clinical value, the approaches they took and the list of (varied) treatments they targeted, including some helpful links to sources of evidence used. It admits that decisions to decommission treatments can be controversial but maintains that strong leadership from commissioners, as well as good communication between commissioners, providers and public are crucial to success.

[http://www.audit-](http://www.audit-commission.gov.uk/SiteCollectionDocuments/Downloads/20110414reducingexpenditure.pdf)

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### **Further advice**

For further information about evidence based methods, evaluation and research, please visit the Wirral Council Performance & Intelligence team evidence fact sheets on the JSNA website:

<http://info.wirral.nhs.uk/intelligencehub/howtofact-sheetsonevidence&research.html>.

These fact sheets will be particularly useful if you are considering carrying out an evaluation of your current practice.

For more information on Wirral JSNA please contact John Highton at [johnhighton@wirral.gov.uk](mailto:johnhighton@wirral.gov.uk) or 0151 666 5151.