Procedures of Limited Clinical Effectiveness (PoLCE)

Commissioning clinically effective healthcare interventions in Lewisham

Across London based upon national and international clinical evidence and best practice a list of 41 potentially ‘avoidable’ procedures known as Procedures of Limited Clinical Effectiveness (PoLCE) have been identified within 5 categories A to E:

A. Relatively Ineffective Procedures – delivering very limited if any health benefit
B. Potentially Cosmetic Interventions – not of health but cosmetic / aesthetic benefit
C. Effective Interventions with a close Benefit / Risk balance – where the risks of the procedure and benefit from it are nearly equal
D. Effective Interventions where cost effective alternatives are tried first – with equal or similar less expensive treatments used first
E. Cancelled Procedures – cancelled by the hospital when they were planned but not carried out

Procedures were chosen using the London Public Health Observatory’s (LHO) Save to Invest analysis and the list initially established around 2004 in Croydon, with a synthesis from other PCTs and various health organisations across the country.

1. Analysis of PoLCE Spend Across London

In 2009/10 £214m activity pan London was spent in these PoLCE categories A-E above. More than 50% of this was spent on procedures within category C - Effective Interventions with a close Benefit / Risk balance in mild cases. This is a significant area for focus and targeting work in Lewisham and SE London Sector as a whole.

The top 4 procedures, which account for the largest spend within Category C, are:
- Knee Arthroplasty,
- Knee Washout
- Cataract Surgery
- Hip Arthroplasty.

QIPP savings are divided into 3 groups:
(i) ‘Potential’ Savings

Potential savings are the amount saved if admissions were at the average national level. The total pan London potential saving is £28m. Three procedures account for more than 50% of this potential saving:

1. Cataract Surgery (for which the level of potential savings is more than twice that of any other procedure)
2. Minor Skin Surgery (removal of lumps and bumps)

(ii) ‘Stretch’ Savings

Stretch savings are the amount saved if admissions were at the top quartile (top 25%) nationally. The total stretch saving is £36m. Four procedures account for 50% of the total stretch saving:

1. Cataract Surgery,
2. Minor Skin Surgery,
3. Knee Washouts

As part of SE London Sector, Bromley PCT has the largest opportunity for stretch savings in London,

(iii) ‘Third Stage’ Savings

Third stage savings are the amount saved if:

(a) All PoLCE were decommissioned within categories A, B and E (Relatively Ineffective Procedures, Potentially Cosmetic Interventions, Cancelled Procedures)

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(b) Performance is achieved within the top quartile (25%) level for categories C and D (Effective Interventions with a close Benefit / Risk balance in mild cases, Effective Interventions where cost effective alternatives are tried first). For the financial year 2009/10, the total potential ‘third stage saving’ pan London on potentially avoidable PoLCE was £107m.

2. Trends Over Time

At commissioner and provider levels there are remarkably few patterns. There is also very little difference observed due to deprivation.
The overall trend of admissions for potentially avoidable PoLCE admissions is on the increase. Despite high-profile work such as the Croydon list, the rate of increase has been consistent over the last three years. The upward trend is not isolated geographically or to a particular procedure category. Increases are evident in each category A-E.

3. Drilling Down Into Relatively Ineffective Procedures

Evidence from PoLCE category A (Relatively Ineffective Procedures) suggests these procedures are generally ineffective in the majority of cases. As such, they should be areas where the opportunity to effect change should ideally be embraced and adopted as part of good clinical practice. Local work has been ongoing in this area since 2006.

South East London plans have selected PoLCE for more in-depth granular analysis as they represent a significant opportunity to reduce activity volume. Three procedures account for the greatest spend in category A, potentially yielding savings and health benefits. These are:

- Knee Washout
- Lumbar Disc Prolapse
- Tonsillectomy

**Knee Washout**
Activity levels are on the increase. The trend over time shows more knee washouts being carried out year on year between 2004/05 and 2009/10. South London Healthcare NHS Trust carried out 1,123 knee washouts in 2009/10; the most across London. There is wide variation with 7 of the 28 Trusts performing over 50% of these procedures.

**Lumbar Disc Prolapse**
Activity levels are on the increase. More than twice as many procedures were carried out in 2009/10 as in 1999/2000. King’s College Hospital NHS Foundation Trust carried out 227 procedures in 2009/10 compared with 13 out of 28 Trusts who carried out none.

**Tonsillectomy**
Since 2005/06, the trend for tonsillectomies has been downwards, although there was an increase in the last year 2009/10. Only three London Trusts have rates within the expected ‘national average’ range for tonsillectomy. Five London Trusts carry out more than twice the national average number of tonsillectomies and this includes Lewisham Hospital NHS Trust.
4. Conclusions for Best Practice Commissioning

a. Analysis has identified areas where the potential for savings is greatest. In the first instance, action should be focused upon quick wins within Category A (Relatively ineffective Procedures). In Lewisham and South East London sector this work has been ongoing since 2006.

b. Further savings identified have been calculated within the South East London Sector QIPP by applying levels of performance already achieved elsewhere nationally with a wholesale reduction in the commissioning of PoLCE matching best national practice. For Lewisham in 2001/12 this is estimated between £700k and £1.4m, dependent upon the level of ambition and clinical appetite for change.

c. Clinical engagement is pivotal to creating detailed plans necessary for successful implementation of PoLCE delivery.

d. Further analysis to support achievement of additional opportunities for savings may be carried out on the number of admissions and/or outpatient appointments by GP to determine the influence of GPs on patient flows for potentially avoidable procedures.

e. LHO analysis shows the South East London sector has the highest potential for third stage savings in London. With this in mind it is important that third sector savings for Lewisham as part of SEL sector should focus and target efforts to maximise clinically effective commissioning and cost effective care. In particular this will require targeted work in Categories C and D which will require sensitive and specific work to achieve optimal health benefits for a diverse population and a range of cost effective alternatives to be tried first.

f. A key to success will depend upon active robust and meaningful public and patient engagement and effective communication messages demonstrating the health benefits of clinically effective commissioning for PoLCE; as they contribute to the mission vision values and goals of the best possible health and wellbeing for people in Lewisham.

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