



NHS proposes to stop funding 17 “unnecessary” procedures

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The NHS in England has proposed to stop funding 17 procedures it considers unnecessary, to save money and eliminate unwarranted clinical variation across the country.

Under the plans tabled by NHS England four procedures will be funded only in exceptional circumstances, because of a lack of evidence for their effectiveness: injections for non-specific low back pain without sciatica; knee arthroscopy for patients with osteoarthritis; dilatation and curettage for heavy menstrual bleeding in women; and surgery for snoring.

A further 13 procedures (see box), including breast reduction, varicose vein surgery, removal of benign skin lesions, and tonsillectomy, will be performed on the NHS only when specific clinical criteria are met.

The 17 routine procedures are carried out about 350 000 times a year in total and cost over £400m (€450m; \$530m) a year. The NHS is aiming for what it termed a “moderate” reduction of around 170 000 procedures a year, which would save £200m.

NHS England said that the policy would reduce avoidable harm and follow best clinical evidence, including guidelines of the National Institute for Care and Health Excellence (NICE), recommendations of the Academy of Medical Royal Colleges’ Choosing Wisely initiative (choosingwisely.co.uk), academic studies, and local clinical commissioning groups’ work on procedures of limited clinical effectiveness, collated by NHS Clinical Commissioners.

NHS England’s national medical director, Stephen Powis, told the *Times*, “We have to spend taxpayers’ money wisely. Therefore, if we are spending money on procedures that are not effective, that is money we could spend on new treatments that are clinically effective and would provide benefits to patients. It’s absolutely correct that, in getting more efficient, one component of that is to make sure we are not undertaking unnecessary procedures.”¹

Although several CCGs across England already restrict access to the procedures and treatments in question, NHS England said it wanted to achieve consistency across the country as quickly as possible and “significant impact” by the end of 2019-20.

The initiative follows a similar approach to a programme earlier this year from NHS England and NHS Clinical Commissioners that focused on reducing GPs’ prescribing of low value drugs.²

NHS England has launched a 12 week consultation on the plans, which will close on 28 September.³ It said it wanted to achieve consensus from clinicians, patients, and NHS organisations on the proposals.

The consultation document said, “We will ensure that the programme is rooted in research, and evidence based guidance, on what is, and is not, clinically and cost effective for patients and local communities.

“We know that CCGs are already making efforts to reduce these interventions and we expect to see further, faster progress in 2018-19 in light of this programme.”

The BMA’s chair of council, Chaand Nagpaul, said, “Doctors welcomed news of a long term funding settlement for the NHS, but this latest development will seem a tough pill to swallow.

“While it’s correct some surgical procedures are now shown to be clinically ineffective, the prime minister’s investment should allow patients to get the care they expect from the NHS and allow doctors to provide the care they need, not ration it.”

The 17 treatments that will be restricted

Procedures that should no longer be routinely commissioned unless a successful individual funding request (IFR) is made:

- Snoring surgery (in the absence of obstructive sleep apnoea)
- Dilatation and curettage for heavy menstrual bleeding
- Knee arthroscopy for patients with osteoarthritis
- Injections for non-specific low back pain without sciatica

Procedures that should be commissioned or performed only when specific clinical criteria are met:

- Breast reduction
- **Removal of benign skin lesions**
- Grommets for glue ear in children
- Tonsillectomy for recurrent tonsillitis
- Haemorrhoid surgery
- Hysterectomy for heavy menstrual bleeding
- **Chalazia removal**
- Arthroscopic shoulder decompression for subacromial shoulder pain
- Carpal tunnel syndrome release
- Dupuytren’s contracture release
- Ganglion excision
- Trigger finger release
- Varicose vein surgery

1 Smyth C. NHS chiefs to cut host of routine operations. www.thetimes.co.uk/article/nhs-chiefs-to-cut-host-of-routine-operations-9k9sn3zpm.
 2 Iacobucci G. NHS advises GPs not to prescribe “low value” drugs. *BMJ* 2017;359:j5599. doi:10.1136/bmj.j5599 29191944
 3 NHS England. Evidence-based interventions: consultation document. <https://www.england.nhs.uk/wp-content/uploads/2018/06/04-b-pb-04-07-2018-ebi-consultation-document.pdf>.

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