

# NHS savings plan led to cuts in some 'ineffective' treatments

March 2 2015

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The drive to reduce NHS spending led to a drop in some treatments considered 'low-value', according to new research.

However, in the absence of clear national guidance about which procedures to perform less, the cuts were applied inconsistently by commissioning groups.

From April 2011, England's NHS was challenged to find £20 billion of efficiency savings over four years, in part by reducing the use of ineffective, overused or inappropriate procedures.

Researchers at Imperial College London found that the first year of savings coincided with a significant drop in three procedures considered potentially 'low value': removal of cataracts, hysterectomy for heavy menstrual bleeding, and myringotomy to relieve eardrum pressure. There was no significant change in three other 'low-value' procedures: spinal surgery for lower back pain, inguinal hernia repair, and primary hip replacement, or in two 'benchmark' procedures. (See notes to editors.)

The findings are reported in the March issue of the journal *Health Affairs*.

Sophie Coronini-Cronberg, from the School of Public Health at Imperial College London, who led the study, said: "During this period of austerity, each pound spent needs to be squeezed to deliver the maximum health value. The data suggest the NHS may indeed be

managing costs in a rational way by reducing some procedures that have limited or low clinical value. However, we cannot be sure that it is those patients who would not benefit from surgery that are being excluded.

"Our research revealed a lack of consistency between commissioning organisations regarding which procedures were cut. With little national guidance about which procedures to remove or restrict funding for and under which circumstances, commissioners may be turning to locally developed, unofficial lists and criteria of low value treatments. This urgently needs to be addressed to avoid local variations. Arbitrary decision-making needs to be replaced with objective, consistent, evidence-based policies."

The Imperial researchers looked at hospital statistics for six procedures that appear on such lists to see which had been affected and whether cuts were applied consistently across primary care trusts in the first year of the savings programme.

Myringotomy, a procedure to relieve pressure in the ear which is considered relatively ineffective, declined by 11.4 per cent overall. The number of procedures fell in 25 per cent of trusts, but increased in six per cent.

Two procedures considered only effective in certain circumstances also fell overall. Hysterectomy for heavy menstrual bleeding declined by 10.7 per cent overall, but while 13 per cent of trusts recorded a fall, four per cent saw an increase. Cataract removal declined by 4.8 per cent, with procedures falling in 31 per cent of trusts and rising in 13 per cent.

**More information:** S. Coronini-Cronberg et al. 'English National Health Service's Savings Plan May Have Helped Reduce The Use Of Three 'Low-Value' Procedures.' *Health Affairs* 34, NO. 3 (2015) [DOI: 10.1377/hlthaff.2014.0773](https://doi.org/10.1377/hlthaff.2014.0773)

Provided by Imperial College London

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