How commissioners can work more effectively with clinicians to ensure access to the highest quality surgical care for local populations

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Consultant Urologist, Leeds Teaching Hospital Trust
Outline

• **Current “issues”**
  • Compliance with guidance
  • Regional variation

• **Potential solutions**
  • Dealing with variability
  • Are there procedures of limited value?
  • Ensuring optimal pathways
Smokers and overweight patients: Soft targets for NHS savings?

- November 2015
- FOIs requests to all CCGs in England
- Commissioning policies for referral thresholds for patients who smoke and are overweight
- Policies compared with published NICE guidance

RCS England April 2016
Smokers and overweight patients: Soft targets for NHS savings?

96% response rate (200/209 CCGs)

<table>
<thead>
<tr>
<th></th>
<th>CCGs with at least one mandatory policy</th>
<th>CCGs with at least one voluntary policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight management</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>12%</td>
<td>15%</td>
</tr>
</tbody>
</table>

3 CCGs had mandatory policy on BMI level before any referral for any surgical procedure except urgent treatments for cancer.
Smokers and overweight patients: Soft targets for NHS savings?

Kirklees CCG

- ** Restricted access to elective care pathway 
  - Attend weight-loss classes for 1 year if they have a BMI over 30 and lose at least 10% of their weight
  - Attend stop-smoking classes for 6 months if they smoke and stop-smoking for at least four weeks prior to surgery

- ** The CCG estimates it will affect around 30% of the population. 

- ** Exceptions 
  - If the patient has worsening, severe persistent pain 
  - If there are any safety concerns 
  - If there is the potential for significant functional impairment defined as a loss or absence of an individual's capacity to meet personal, social or occupational demands
Hip and Knee surgery

- **NICE guidance**
  - “patient specific factors such as age, gender, obesity and co-morbidity should not be barriers to hip and knee surgery for osteoarthritis”

- 44 CCGs (22%) had mandatory policies on BMI levels for hip and knee surgery
  - 6 CCG policy BMI < 30
  - 21 CCG policy BMI < 35
  - 15 CCG policy BMI < 40
Compliance with NICE Guidance
Commissioning of Bariatric Surgery

<table>
<thead>
<tr>
<th>Region</th>
<th>NICE eligibility criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BMI 35-40 in presence of serious comorbidity</td>
</tr>
<tr>
<td>East Midlands</td>
<td>No</td>
</tr>
<tr>
<td>London</td>
<td>No regional guidance</td>
</tr>
<tr>
<td>North East</td>
<td>Yes</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>Yes/ No**</td>
</tr>
<tr>
<td>South East Coast</td>
<td>Yes</td>
</tr>
<tr>
<td>West Midlands</td>
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</tr>
<tr>
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<td>Yes</td>
</tr>
<tr>
<td>East of England</td>
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</tr>
<tr>
<td>South Central</td>
<td>No</td>
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*Must have co-morbidity and BMI greater than or equal to 45
**Half of CCGs in the Yorkshire and Humber area were operating to NICE criteria and half stipulated patients must have BMI greater than or equal to 45 and serious co-morbidity to be eligible
***Must have type 2 diabetes and sleep apnoea.
Potential Solutions
## Commissioning to Reduce Variability

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<tr>
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<th>Total ops</th>
<th>Average ops per surgeon</th>
<th>% doing 5 or fewer</th>
<th>% doing 10 or fewer</th>
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<tbody>
<tr>
<td>Primary hip</td>
<td>74,193</td>
<td>51.6</td>
<td>16%</td>
<td>23.7%</td>
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<tr>
<td>Primary knee</td>
<td>10,078</td>
<td>12.9</td>
<td>46%</td>
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GIRFT Orthopaedics, 2015
### Commissioning to Reduce Variability

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Substantial evidence that surgeons undertaking low volumes of specific activities may well result in less favourable outcomes as well as increased costs.

Evidence that for hips, 35 cases or more per annum is the volume above which complication rates reduce.
Laparoscopic surgery for reflux

- Role of day surgery is controversial
- British Association of Day Surgery guidelines suggest that 20% should be possible as a daycase
- Most Trusts do not offer this
- Some Trusts do 50% as daycase
- One Trust conducts 80% as daycase

Potential Commissioning Levers

- Best practice tariff
- CQUIN
Radiotherapy for Colorectal Cancer

- There are vast differences between trusts in the use of pre-operative radiotherapy
- In some trusts, no patients received radiotherapy; in others, over 80%
Commissioning to Reduce Variability

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Where not already described, define optimal care pathways in national guidance so they can be implemented locally with minimal, if any, variation

GIRFT General Surgery, 2017
BMI and Urinary Incontinence

- **BMI and Urinary incontinence**
  - Obesity is a risk factor for urinary incontinence in women [1b]
  - Non-surgical weight loss in obese women improves urinary incontinence [1a]
  - Surgical weight loss improves urinary incontinence in obese women [1b]

EAU Guidelines, 2017
Weltz et al, Int J Urogynae, 2015, 26: 641-648
BMI and Urinary Incontinence

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- **Surgery in Stress urinary incontinence**
  - Systematic review identified no difference in cure rate between obese and non obese women
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PERSONAL VIEW

Is arthroscopy of the knee completely useless?

META-ANALYSIS - A REVIEWER’S NIGHTMARE

I have personally always thought of meta-analyses as a poor man’s research – no original thinking or idea, no designing and validating a study, no need to obtain ethics committee approval or funding, no chasing of patients for long-term evaluation – just sitting in an office, in front of a computer screen, judging the value of other people’s work.

As a reviewer, being asked to judge the value of this type of research is a nightmare, as the conclusions of such studies are often used to justify or the paper by Thorlund et al and although anecdotal, in my immediate peer group we have performed over 60,000 arthroscopies without a death.

So, is Thorlund et al’s paper all it seems, and can these conclusions and statements be justified from the evidence presented? The reviewer’s problem is the size of the analysis, with apparently over 4000 papers considered. Clearly, they cannot all be listed, and so it is impossible to say if valid pieces of work have
Other Potential Solutions

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Summary

- Commissioners and Clinicians must work together to
  - Ensure that commissioning policies are in line with clinical evidence
  - Carefully assess (develop) agreed treatment pathways to ensure best practice and minimise variation
  - Avoid both under and over commissioning for procedures