

Controversy over calls to reduce spending on 'low value' treatments

A health briefing from the Audit Commission, *Reducing spending on low clinical value treatments*, has caused controversy in some circles.

The briefing suggests that the NHS could save up to £500 million a year by carrying out fewer ineffective or inefficient treatments. This money could then be spent on more clinically effective treatments that have better outcomes for patients.

A single approach to defining these low value treatments could help to reduce the duplication of effort between primary care trusts (PCTs) and help to ensure consistency across the country, the Audit Commission claims.

The Audit Commission did not specify which treatments it felt should be excluded, but the types of low value treatments identified included:

- Those considered to be relatively ineffective, e.g. tonsillectomy

- Those where more cost-effective alternatives are available, e.g. not performing a hysterectomy in cases of heavy menstrual bleeding

- Those with a close benefit and risk balance in mild cases, e.g. wisdom teeth extraction

- Potentially cosmetic procedures, e.g. orthodontics.

Andy McKeon, MD Health at the Audit Commission, said: 'PCTs were keen that the Commission looked into how best to tackle this sensitive issue as they have all been developing their own approaches. We were surprised at the variety of lists used. PCTs across the country are currently paying for treatments that cost the taxpayer money, and according to clinical

experts have little or no real value to patients. This needs to change.'

He continued: 'Some PCTs have successfully addressed the issue and are now able to spend the money they have saved on more effective treatments. Many others are seeking to do something similar. Our report provides practical

advice on how best to do this. A single national evidence base would also reduce variation in the treatments available and duplication of effort.'

However, the Medical Technology Group, a coalition of research charities, patient

groups and medical device companies, has expressed concern that the briefing has ignored the best available evidence regarding both clinical and cost effectiveness.

Barbara Harpham, Chairman of the Medical Technology Group and Director at Heart Research UK said: 'This is an un-evidenced, and damaging study which will do nothing for patient care, nor NHS finances.'

The Medical Technology Group argues that the content of the briefing runs counter to efforts to put decision-making into the hands of local clinicians and patients based on evidence of clinical and cost effectiveness.

It also fears that the short-term savings that come from eliminating procedures such as knee joint replacement may lead to greater costs for patients and taxpayers in the long-term.



Better control of cardiovascular risk factors is needed across Europe

Results of a large pan-European study suggest that up to 135 000 deaths from cardiovascular disease could be prevented in Europe each year through better control of risk factors including hyperlipidaemia, hypertension, smoking and diabetes. This equates to one preventable death every 4 minutes. The results from the European Study on Cardiovascular Risk Prevention and Management in Daily Practice (EURIKA) were presented at this year's EuroPrevent conference in Geneva, Switzerland.

Of the twelve countries included in the analysis, the UK population had one of the highest rates of individuals

being at risk of having a cardiovascular event within 10 years, at 9.9%. In addition, the study found that only 57% of UK physicians are satisfied with patients' control of cardiovascular risk factors in the UK.

Using the European Society of Cardiology's SCORE (Systematic COronary Risk Evaluation) criteria, hypertension, hyperlipidaemia, smoking and diabetes accounted for 57.7% of the risk of cardiovascular disease death. This means that of the 4.3 million deaths from cardiovascular disease in Europe each year, an estimated 5.66% are directly linked to the presence of hypertension, hyperlipidaemia, smoking and diabetes.

Results also suggest that poor management of these risk factors accounts for 29.2% of the risk of cardiovascular disease death, which equates to a 3.12% excess risk of death – or up to 135 000 preventable deaths every year.

Professor Julian Halcox, Professor of Cardiology in the Cardiff University School of Medicine, and a member of the EURIKA Steering Committee, said: 'These data highlight the staggering number of lives that could be saved each year by managing risk factors for heart disease and stroke more effectively. Having calculated this link, we must now focus on providing the best preventative care to

patients in the UK. Hypertension, hyperlipidaemia, smoking and diabetes can all be managed effectively through lifestyle changes, appropriate drug treatments or a combination of the two. Based on these data we are urging doctors and patients to work even more closely together to control these risk factors and reduce the long-term risk of cardiovascular death.'

The EURIKA study was funded by AstraZeneca as part of its commitment to improving the management of cardiovascular disease and its risk factors. The study was designed, executed and analysed by an independent steering committee from across Europe.