Low health gain – NICE 'do not do' recommendations

The database of over 600 NICE 'do not do' recommendations seems at first glance, a straightforward way to save lots of money within the Board.

However, only on further reading does one realise that each recommendation can't be taken at face value and is meaningless without considering the guideline it is taken from. For example, the intervention – '*magnetic resonance imaging (MRI) should not be used as a first line diagnostic tool'* would appear to have a huge potential for savings if implemented. However, as this recommendation is taken from clinical guideline CG44 - heavy menstrual bleeding, the number of MRIs carried out in that context as a first line diagnostic tool would be small (if not nil) and hence the savings would be negligible.

In addition, one needs to consider the whole clinical guideline and not just the 'do not do' recommendations. The alternative procedure or medication as recommended by the guideline may be less expensive than the 'do not do' and hence there will be some net savings. However, this may not necessarily be the case - the alternative procedure or drug may be more costly. For example, the number of D&C's has fallen considerably in NHS GGC over the last decade – from nearly 3000 in 1998 to less than 500 in 2010. (CG44 - heavy menstrual bleeding – *'dilation and curettage should not be used as a therapeutic treatment'*) Women attending gynaecologists are now offered other procedures and treatments including biopsy, coils or endometrial ablation instead of D&C.

Analysis

The complete list of 'do not do' recommendations was examined by specialty and in the context of the guideline each recommendation relates to. The impression was that most, if not all, of the 'do not do's' either: -

- Were **not** part of current practice, i.e. the recommendation had been taken on board,
- Involved small numbers as to be acceptable and/or difficult to count or
- Would be difficult to demonstrate without extensive clinical audit (case note audit verifying the clinical indication for procedure).

Following the initial study of the list, NHSGGC guidelines, the BNF and NHSGGC prescribing formulary were checked for a number of 'potential' items that may be either significant in terms of cost or numbers or would be simple to quantify.

Here are some examples: -

1. TA160 – Primary prevention of osteoporosis. *'Raloxifene is not recommended as a treatment option for the primary prevention of osteoporotic fragility fractures in post menopausal women.'*
   The BNF (p448) states this drug is clinically indicated for primary prevention in post menopausal women. However, the NHSGGC prescribing formulary states its use is restricted for patients in whom biphosphonates are contraindicated of not appropriate.

2. CG88 – Low back pain. '*Do not offer X-ray of the lumbar spine for the management of non-specific low back pain'.*
   As part of the Glasgow Pain Guidelines, lumbar X-rays are not perfumed for back pain. As part of the protocol, the radiologist writes to both the patient and their GP when such patients are referred stating why the x-ray will not be done and advising referral to a physiotherapist.

3. TA141 - Rheumatoid arthritis. '*Abatacept is not recommended for the treatment of people with rheumatoid arthritis'.*
   The BNF (p638) clearly states, within a highlighted section, that this drug should not be prescribed for rheumatoid arthritis.

4. CG68 – Stroke. '*Anticoagulant therapy should not be used routinely for the treatment of acute stroke'.*
   This advice in contained within GGC hospital handbooks available on Staffnet.

5. CG108 – chronic heart failure. '*Routine monitoring of serum digoxin concentrations is not recommended'.*
   This recommendation is contained within the hospital lab handbook available on Staffnet.

It is encouraging to note that that all of the recommendations that were checked had been incorporated within current local clinical guidelines or prescribing information. However, without audit, one cannot demonstrate that these local guidelines are adhered to at all times.

Conclusion

Examining the extensive NICE list indicates no individual 'do not do' recommendations would merit in depth analysis or further investigation.

However, the work by Ann Lees on the trends within NHS GGC of tonsillectomy, grommets, D&C and varicose vein surgery may merit further analysis. For example, the number of procedures by hospital in GGC by year, and by surgeon (anonymised) to look at variation in practice. This is particularly relevant for tonsillectomy and grommets as the numbers of these procedures having initially fallen 10 years ago and levelled off, have risen again in recent years.

Gillian Penrice
1st March 2011