

NHS**Executive****Headquarters**Department of
Health

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To: District General Managers
NHS Trust Chief Executives
FHSA General Managers

Copy: Trust Medical Directors
Directors of Nursing
Chairs of Audit Committees
District Directors of Public Health
Regional Office Directors
Regional Directors of Research and Development
Regional Directors of Public Health
Regional Directors of Performance Management
CHC Chief Officers
Patient and professional contacts

7 December 1995

EL(95)105

Dear Colleague

*Improving the effectiveness of clinical services***Introduction**

1. The purpose of the NHS is to secure through the resources available, the greatest possible improvement to the health of the people of England. In order to achieve this, we must continue to improve the clinical and cost effectiveness of services throughout the NHS by formulating decisions on the basis of appropriate evidence about clinical effectiveness. This is one of the medium term priorities in the NHS Priorities and Planning Guidance (PPG) for 1996/97 (EL(95)68).
2. Regional Offices of the NHS Executive will agree specific targets, drawn from the PPG to evaluate progress on clinical effectiveness and cost effectiveness. Before then, Health Authorities will wish to work with managers, clinicians and patients to develop strategies for sustained improvements in the effectiveness of clinical care provided in NHS Trusts and in primary care settings. Shifts in investment are expected - away from ineffective and less-effective interventions and towards interventions which have been shown to be more effective.
3. The information in this EL is targeted at Health Authorities, NHS Trusts and people working in primary care who need to develop and implement a strategy for improving clinical effectiveness.

Promoting clinical effectiveness

4. The NHS Executive will shortly issue a booklet, *Promoting Clinical Effectiveness*, which will describe the steps that are being taken to bridge the gap between research-based knowledge and routine clinical practice. The booklet is also targeted at Chief Executives of Health Authorities and NHS Trusts, but will be relevant to the work of anyone reviewing effective clinical services.
5. A quick-reference card is attached to this EL and lists, by disease, those areas where national work has already provided sound advice in the form of clinical guidelines, effective health care bulletins or other material to support local action.

Clinical guidelines

6. The NHS Executive is working with national professional bodies through the Clinical Outcomes Group (COG) to improve the ways in which clinical guidelines are developed for use by the NHS. The NHS needs access to good quality guidelines that are supported by sound evidence of effectiveness, which contain sensible clinical recommendations, and which provide information on likely resource consequences.
7. The majority of clinical guidelines will continue to be developed and published for clinicians by their professional bodies. The Clinical Outcomes Group will help to select, develop and appraise a few of these for the NHS Executive so that they may be commended to the NHS. In doing so, COG will show whether the evidence used in the guidelines is based on:
 - randomised controlled trials
 - other robust experimental or observational studies or
 - more limited evidence but the advice relies on expert opinion and has the endorsement of respected authorities

New health technologies

8. Sometimes new health technologies become available before we have a complete picture of their application and cost effectiveness. Annex 1 provides information on services that are subject to a major assessment of clinical cost effectiveness. **Any further investment on these services should be in the context of such recognised assessments, and not as part of routine care.**
9. In 1993, the NHS Executive set up the NHS Health Technology Assessment (HTA) programme to increase the research-based information on the effectiveness of interventions in the NHS. This is one of the programmes identified within Annex 1. Programme priorities were identified after consulting widely in the NHS.



Conclusion

10. Enough good quality information is available now to support local strategies to promote clinical effectiveness. Managers and clinicians in primary and secondary care can do this in a way which focuses on patient care and involves patients in decisions about services. These local strategies should demonstrate:
- * the use of clinical outcomes and clinical audit to influence changes in services;
 - * the sources and use of information to judge the effectiveness of services;
 - * how patients are being informed about effectiveness related to their treatment.
11. Purchasers can then begin to demonstrate a significant change in the level of investment in an agreed range of primary, secondary and continuing care services, from less effective interventions towards investment in interventions shown to be more effective.

A handwritten signature in black ink, appearing to read 'Alan Langlands', with a stylized flourish at the end.

Alan Langlands
Chief Executive

Further details about this Executive Letter and the clinical effectiveness programme may be obtained from Sean King, Health Care Directorate, Public Health Division, NHS Executive, Room 3W52 Quarry House, Quarry Hill, Leeds, LS2 7UE. Tel: 0113 2545971.

Further copies of the leaflet and EL may be obtained from:

Department of Health
Storage and Despatch
PO Box 410
Wetherby
LS23 7LN

ANNEX 1

Health Technology Assessment**Ongoing assessment**

The following interventions are currently under assessment (or studies will start in the next 12 months). Purchasers are advised to invest in these interventions in the context of the assessment but not as part of routine care. It is important that sufficient numbers of patients are recruited to these clinical studies to reduce areas of uncertainty. Purchasers should therefore play an active role and encourage providers to participate fully in recognised assessments.

The following assessments include major clinical trials and systematic reviews. These studies are supported by the Medical Research Council, the Department of Health, charities and the NHS (including the NHS Health Technology Assessment Programme). These have been grouped together in broad service categories, for convenience.

Briefing sheets for each of the interventions listed are available from the contact given at the end of this annex. This should place the assessment in context and better inform purchasing practice.

Population screening

Screening for colorectal cancer by once only flexible sigmoidoscopy

Antenatal screening for HIV

Screening for Down's syndrome, using ultrasound measurement of nuchal translucency

Screening for fragile X

Neonatal screening for inborn errors of metabolism, including use of tandem mass-spectrometry and DNA analysis

Screening for abdominal aortic aneurysm

Screening for ovarian cancer

Breast cancer screening from age 40

Yearly breast screening

Identifying and monitoring osteoporosis, featuring use of:

- dual-energy X-ray absorptiometry
- low frequency ultrasound
- biochemical markers

Cancer services

Laparoscopic surgery for colorectal cancer

Specialist genetic assessment service for familial breast cancer

Cardiovascular services

Transmyocardial revascularisation (TMR) as treatment for intractable angina

Trial of bezafibrate for lower extremity arterial disease

Carotid artery surgery for asymptomatic patients with carotid artery stenosis

Diagnostic and imaging services

Evaluation of Picture Archiving and Communication Systems (PACS)

Digital imaging techniques for screening for diabetic retinopathy

PET scanning: particularly for epilepsy and lung cancer

Other services

New treatments for low back pain surgery, including laser disc surgery and ligament procedures

New and unevaluated treatments for benign prostatic hyperplasia, such as dilators, microwaves or lasers

Use of lithotripsy to treat small asymptomatic renal calculi

Radiotherapy for age-related macular degeneration of the eye

Results expected

Results from the following assessments, some of which featured in previous ELs, will shortly be available:

Use of neonatal extracorporeal membrane oxygenation (ECMO)

Trial of Continuous Hyperfractionated Accelerated Radiotherapy Trial (CHART) versus conventional radiotherapy for:

- non-small cell carcinoma of the bronchus
- head and neck cancer

UKCCCR trial of two view mammography for screening

Trial of faecal occult blood screening for colorectal cancer

The use of PSA to screen for prostatic carcinoma

Evaluations of interactive videos for informing patients on therapies

Contact

Queries on any of the assessments identified in this annex and on the work of the NHS Health Technology Assessment Programme should be directed to:

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