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Presentation to start 11:30

Housekeeping

Thank you for joining us for the data-focused EBI engagement webinar.
Please note: this session will be recorded and published on the Academy's website for a limited period.

MS Teams

- Please **mute** yourself while on the call
- Use the **chat box** to discuss and ask questions
- Or use the **'raise hand'** feature
- Please respect your fellow attendees and remember, there is no such thing as a silly question

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Evidence-Based Interventions Programme – Wave two

Data

Introduction from Helen Stokes-Lampard, Chair of the Academy of Medical Royal Colleges

Professor Daniel Keenan

Dr Zharain Bawa

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Evidence-based Interventions programme

Launched in 2018, EBI is a clinically led programme which seeks to reduce inappropriate care by publishing guidance for tests, treatments and procedures proven to be inappropriate in some circumstances or which can sometimes do more harm than good.

Context

COVID-19 Recovery

- The NHS needs to re-establish normal activity and manage waiting list backlogs
- High quality evidence-based care is a priority
- Ensure clinicians provide effective care to people who need it

Goals of EBI programme

- Reduce avoidable harm to patients
- Save precious professional time
- Help clinicians maintain their professional practice
- Create headroom for innovation
- Maximise value and avoid waste

Purpose of this engagement:

- Expand the programme by publishing guidance for additional interventions which has been developed using the best available clinical evidence

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Important messages

Patient empowerment and improving shared decision-making

National EBI guidance provides recommendations on gold-standard care, but this should still be tailored to individuals. Each patient should have an individual-level discussion with their doctor and supported in shared decision-making for their own treatment and care.

Prioritisation of care to support COVID-19 recovery and reduce patient harm

EBI guidance is based on NICE and NICE-accredited guidance and makes up to date recommendations based on the best available evidence. Implementation of the EBI guidance can aid national plans for COVID-19 recovery by supporting decision-making.

Access to evidence-based tests, treatments and procedures

Due to the increased pressures on the health and care system following the COVID-19 pandemic access to health and social care may be reduced, including for the interventions we are proposing and their alternatives (for example, physiotherapy and community based care). We are working with NICE, patients and clinicians to ensure the best available evidence is put into practice and patients have the best possible outcomes.

Data analysis

Measuring uptake of guidance is always challenging. We are continuously improving our data analysis and feedback in collaboration with NHS Digital, GIRFT, HQIP and commissioners and CSUs and welcome any suggestions you can share with us.

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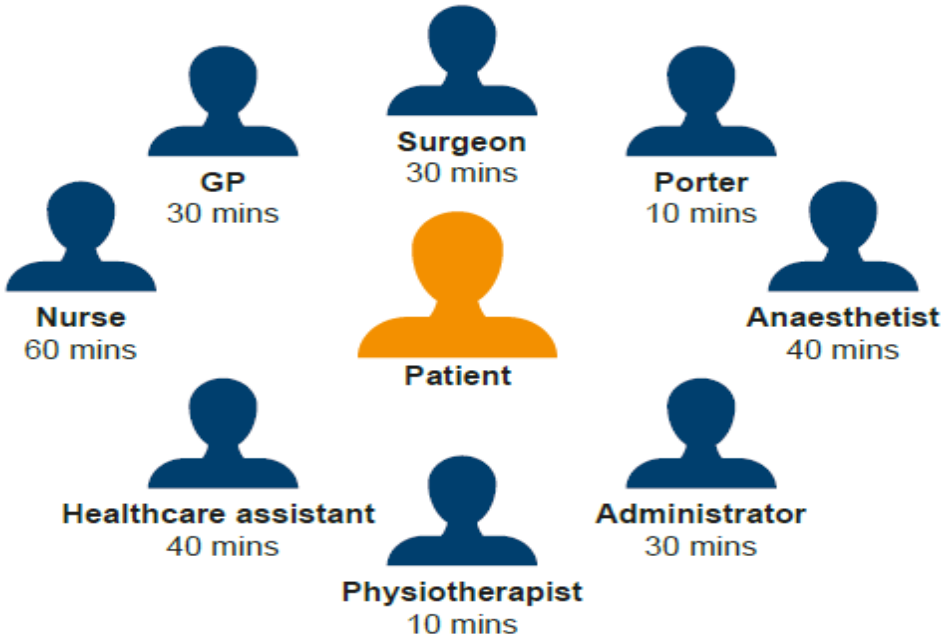
Knee arthroscopy for patients with osteoarthritis

Knee arthroscopy should be not be used as treatment for osteoarthritis because it is clinically ineffective



Average NHS time taken for 1 procedure: **370mins** per patient
In 2017/18 we carried out **3,432** procedures which amounts to **881 days**

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The independent Expert Advisory Committee

A clinically-led Expert Advisory Committee was established in May 2019 to provide independent leadership, advice and guidance to the EBI programme.

Committee membership

Chairs

- Professor Sir Terence Stephenson, Chair of the Health Research Authority
- Professor Martin Marshall, Chair of the Royal College of General Practitioners

Membership includes

- Patient voices
- Senior clinicians
- Experts on public health
- Clinical commissioners
- Experts on value in healthcare
- Guideline producers

Committee mandate

The committee was asked to:

- Recommend a list of interventions proven to be inappropriate based on clinical evidence
- Draft clinical guidance based on rigorous evidence and stakeholder consensus
- Lead engagement programme with relevant Medical Royal Colleges and sub-specialty groups, patient groups and the public
- Maximise implementation of evidence-based guidance

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Selecting interventions

Process for shortlisting

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Stakeholder engagement

Data
Getting It Right First Time (GIRFT)
Commissioning Support Unit
NHS Digital
Data, Analysis & Intelligence Service (NHSE/I)
Demonstrator Community

Medical Royal Colleges
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Paediatrics & Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Radiologists
Royal College of Surgeons of England and Federation of Surgical Societies

Patient organisations
Bladder Health UK
Versus Arthritis
Prostate Cancer UK
GUTS UK
Chartered Society of Physiotherapists
British Heart Foundation

We have worked with many stakeholder groups over the past year and would welcome continued feedback and input as we continue to develop the guidance now.

Sub-speciality groups	Sub-speciality groups
Association of Surgeons of Great Britain & Ireland	British Society of Cardiovascular Imaging and British Society of Cardiac Computed Tomography
Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland	British Society of Gastroenterologists
British Association for Paediatric Otolaryngology	British Society of Gastrointestinal and Abdominal Radiology
British Association of Perinatal Medicine	British Society of Haematology
British Association of Otorhinolaryngology (ENT UK)	British Society of Interventional Radiology
British Association of Urological Surgeons	British Society of Thoracic Imaging
British Blood Transfusion Society	Craniofacial Society of GB&I
British Cardiology Society	Great Britain and Ireland Hepato Pancreato Biliary Association
British Medical Ultrasound Society	Faculty of Pain Medicine
British Orthopaedic Association inc. BASK, BASS, BESS, BHS	Pancreatic Society of GB&I
British Society of Cardiovascular Imaging/ Cardiac Computed Tomography	Society of British Neurological Surgeons

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Participate in the engagement and next steps

There have been several online events so the public can comment on the proposals.

Engagement events

- Today is the data-focussed event looking at all of the wave two interventions

Intervention-focused events that have taken place:

- 4 August, surgery and devices
- 11 August, radiology and cardiology
- 18 August, pathology and other investigative procedures
- Two patient-focussed workshops led by the Patients Association (13 and 18 August)

Additionally there will be

- A further patient-focused workshop led by the Patients Association (20 August)

Please get in touch at ebi@aomrc.org.uk if would like to join any of these events or if you have any comments/ questions on the proposals.

Next steps

- All responses to the engagement will be considered and analysed
- A final recommendation will be submitted to the EBI programme partners by the Committee

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Evidenced-based Interventions:

DATA

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Initial 17 Evidence-based Interventions

EBI intervention	Category
A - Snoring surgery	1
B - Dilatation and curettage	1
C - Knee arthroscopy for patients with osteoarthritis	1
D - Injections for non-specific back pain	1
E - Breast reduction	2
F - Removal of benign skin lesions	2
G - Grommets for Glue Ear in children	2
H - Tonsillectomy for recurrent tonsillitis	2
I - Haemorrhoid surgery	2
J - Hysterectomy for heavy menstrual bleeding	2
K - Chalazia removal	2
L - Arthroscopic shoulder decompression for subacromial pain	2
M - Carpal tunnel syndrome release	2
N - Dupuytren's contracture release in adults	2
O - Ganglion excision	2
P - Trigger finger release	2
Q - Varicose veins	2

- The programme guidance came into effect on 1 April 2019.
- Category 1: should not be routinely commissioned, with patients only able to access such treatments where they successfully make an individual funding request. Therefore target activity goal is zero.
- Category 2: should be commissioned or performed when specific criteria are met. Target activity goal is 25th percentile of the age-sex standardised rate for the baseline year (2017/18).
- Agreed EBI methodology for monitoring activity based on calculating **age-sex standardised activity rate of each intervention performed in secondary care settings per 100,000 population.**
- Monthly reporting from Secondary Uses Services plus (SUS+) returns hosted on National Commissioning Data Repository (NCDR).
- Admitted patient care (APC). Data hosted on NHS Business Services Authority (NHS BSA) ePACT dashboard.
- Coding review performed – diagnosis and procedure codes reviewed for some interventions after general consensus (data updated on BSA dashboard).

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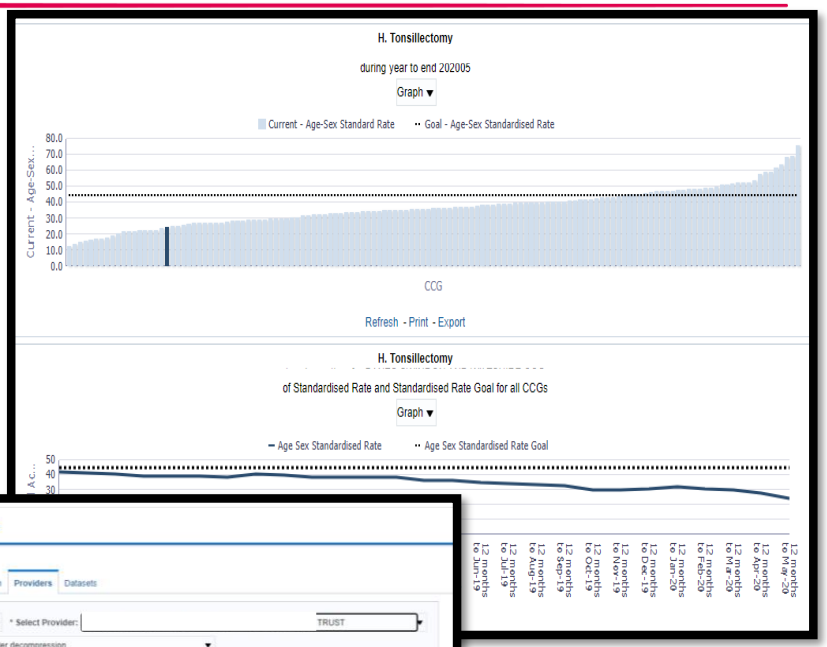
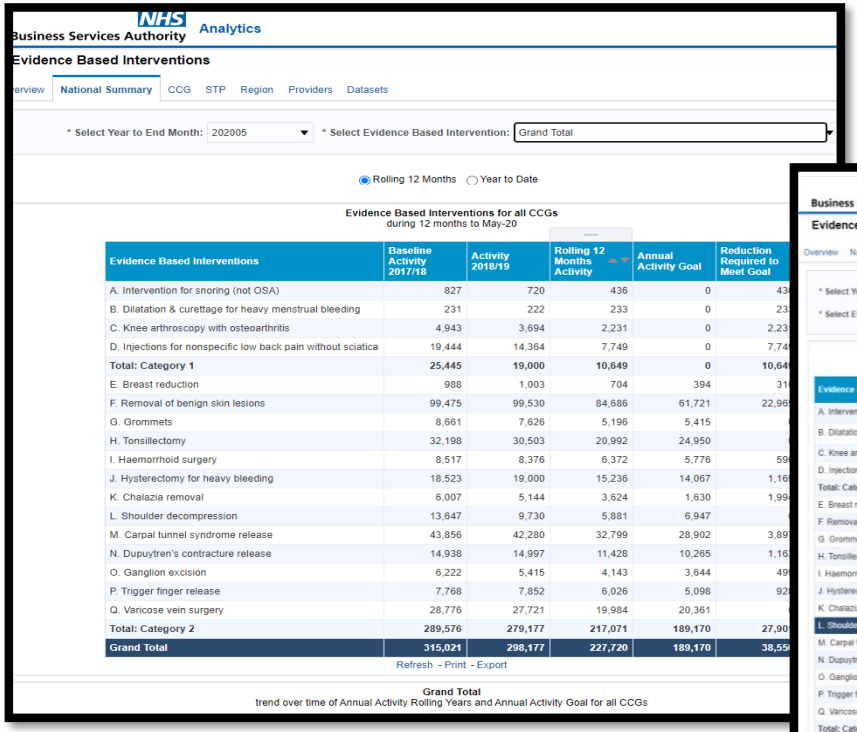
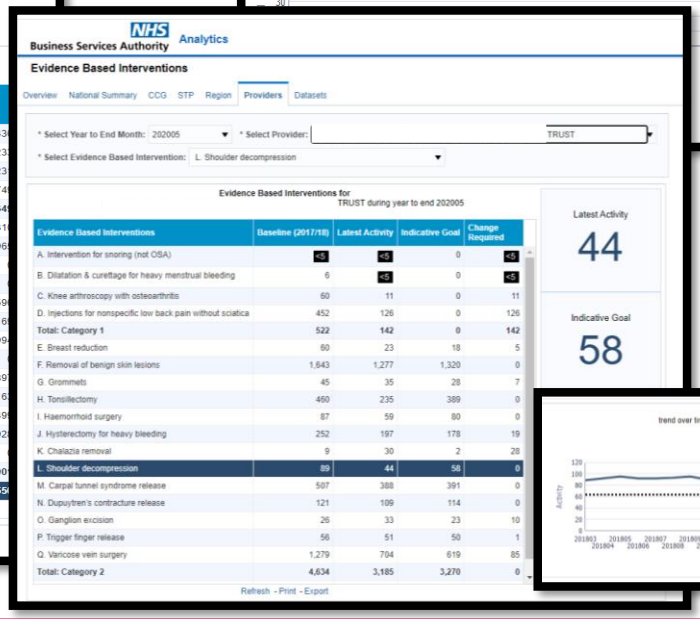
Initial 17 Evidence-based Interventions – EBI Dashboard

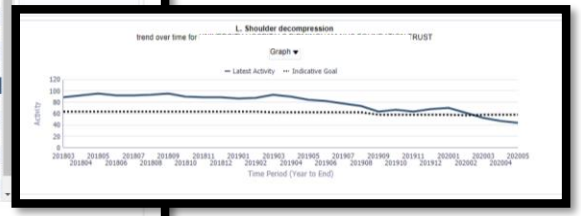
NHS Business Services Authority (NHS BSA) ePACT dashboard:

https://www.nhsbsa.nhs.uk/epact2/dashboards-and-specifications/evidence-based-interventions









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Additional 31 Evidence-based Interventions – Group A

Data group for 31 additional interventions	Definition	Interventions	
Group A	— Data available and sufficient to determine volume and variation — Establish goals using the same methodology as used in the initial list of 17 interventions — 13 interventions in this group	— Diagnostic coronary angiography for low risk, stable chest pain — Repair of minimally symptomatic inguinal hernia — Surgical intervention for chronic sinusitis — Removal of adenoids — Arthroscopic surgery for meniscal tears — Troponin test — Surgical removal of kidney stones	— Surgical removal of kidney stones — Cystoscopy for men with uncomplicated lower urinary tract symptoms — Surgical intervention for benign prostatic hyperplasia — Discectomy — Exercise ECG for screening for coronary heart disease — Upper GI endoscopy

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Additional 31 Evidence-based Interventions – Group B

Data group for 31 additional interventions	Definition	Interventions	
Group B	— Data available to determine volume and variation — But further work required to establish goals e.g. linking with additional datasets such as Diagnostic Imaging Datasets (DIDs) — 12 interventions in this group	— Appropriate colonoscopy — Repeat Colonoscopy — ERCP in acute gallstone pancreatitis without cholangitis — Cholecystectomy — Appendicectomy without confirmation of appendicitis — Low back pain imaging	— Knee MRI when symptoms are suggestive of osteoarthritis — Knee MRI for suspected meniscal tears — Vertebroplasty for painful osteoporotic vertebral fractures — Imaging for shoulder pain — MRI scan of the hip for arthritis — Fusion surgery for mechanical axial low back pain

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Additional 31 Evidence-based Interventions – Group C

Data group for 31 additional interventions	Definition	Interventions
Group C	— Data not currently available — But further datasets being explored to assess their accessibility and quality — 6 interventions in this group	— Helmet therapy for treatment of positional plagiocephaly/ brachycephaly in children — Pre-operative chest x-ray — Pre-operative ECG — Prostate-specific antigen (PSA) test — Liver function, creatinine kinase and lipid level tests – (Lipid lowering therapy) — Blood transfusion

Group A interventions

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Questions to consider GROUP A

Slido poll for GROUP A

- Join by scanning the QR code
- Or visit www.slido.com / download the Slido app and enter **#90935**

Please share your comments or ask us any questions using the MS Teams comments box and we will do our best to answer. We're especially interested to hear about:

- Do you agree with the suggested codes to measure activity?
- Does the volume and variation of activity seem accurate?
- Do you agree with the grouping of the intervention?
- Any impact to access, experience and outcomes for any group protected under the Equality Act 2010 or for individuals who experience health inequalities?

Please share any further views or comments, including suggestions for future guidance by emailing or completing the online survey:
(email) ebi@aomrc.org.uk or (online survey) www.aomrc.org.uk/ebi

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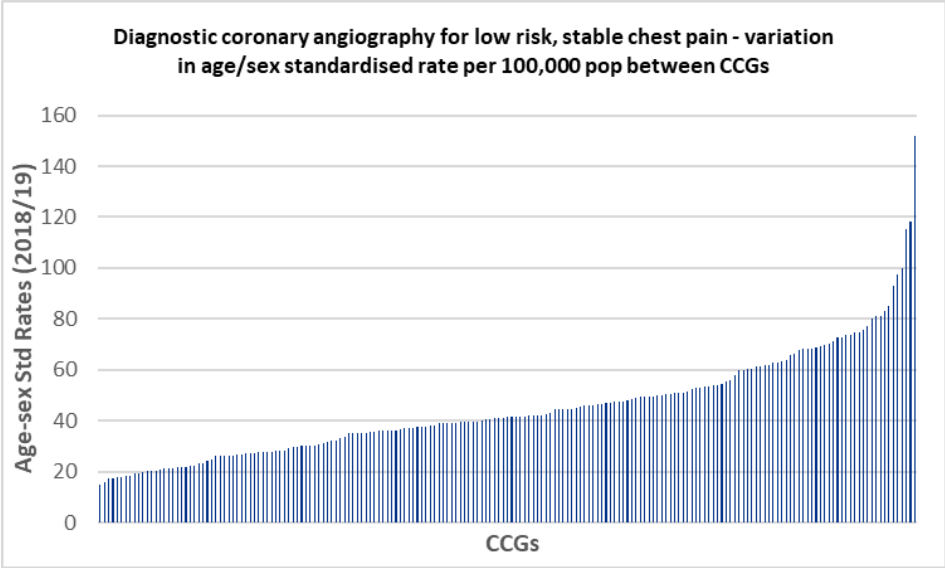
A – Diagnostic coronary angiography for low risk, stable chest pain

(The number of invasive coronary angiographies in patients who did not have Acute Coronary Syndrome)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Low risk stable cardiac pain not codable. Link into DIDs for other cardiac imaging e.g. CT angiography.

Activity

- 26,629 episodes during 2018/19
- Age/sex std rate per 100,000 – 44.8
- Reduction opportunity: 9,529 (36%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 3.2
  - 10th percentile – 22.0
  - 25th percentile – 30.1
  - 50th percentile – 41.4
  - 90th percentile – 71.3

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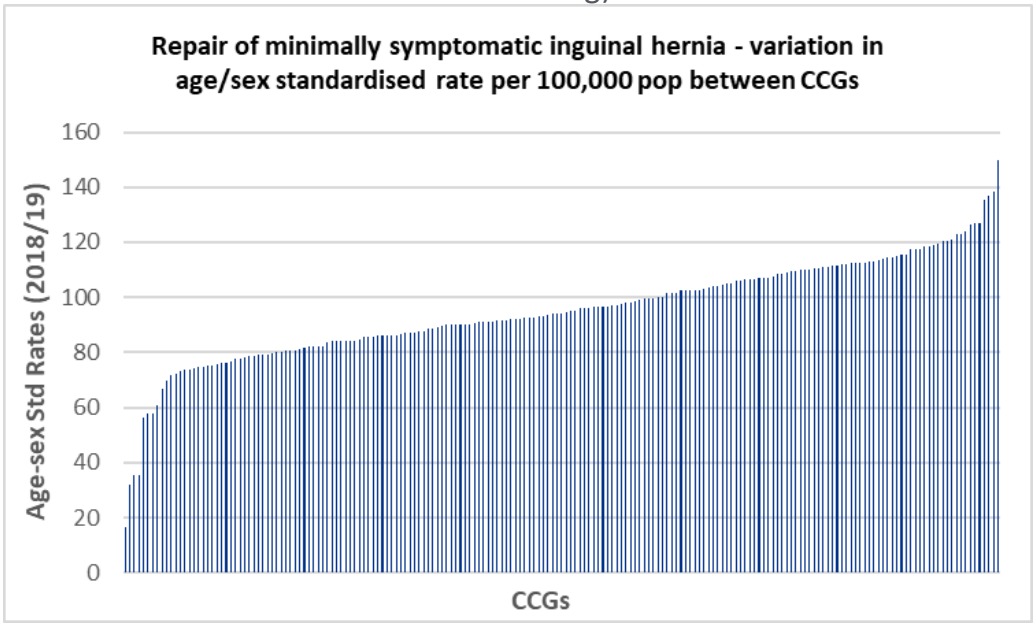
B – Repair of minimally symptomatic inguinal hernia

(The number of patients with primary inguinal hernia repair in people who had unilateral or bilateral inguinal hernia without obstruction or gangrene, irrespective of whether there was any period of watchful waiting)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Not possible to code previous periods of watchful waiting and its duration.

Activity

- 56,457 episodes during 2018/19
- Age/sex std rate per 100,000: 95.0
- Reduction opportunity: 7,891 (14%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 1.6
  - 10th percentile – 75.2
  - 25th percentile – 84.1
  - 50th percentile – 94.3
  - 90th percentile – 117.2

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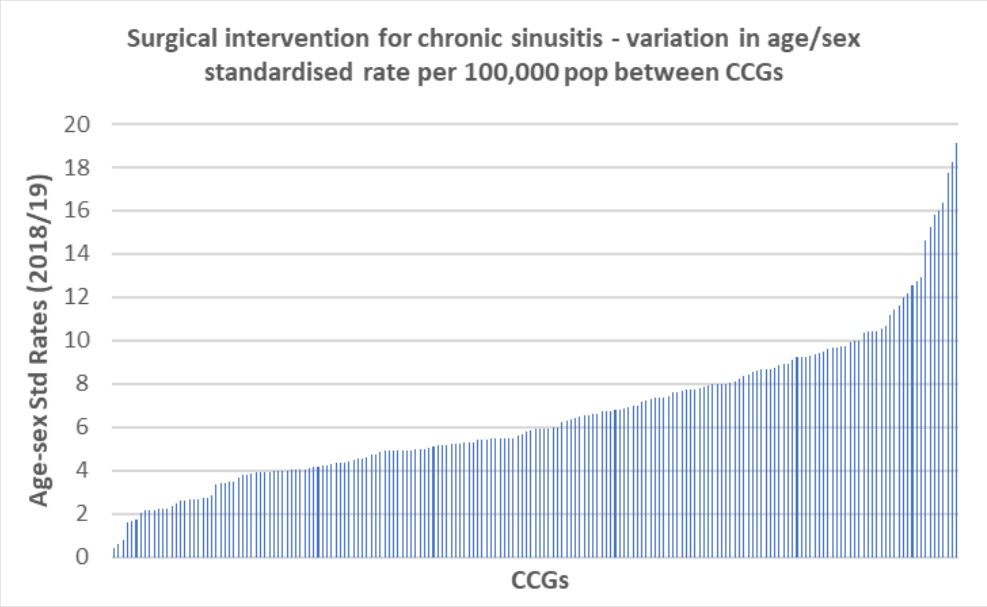
C – Surgical intervention for chronic sinusitis

(The number of endoscopic sinus surgeries in patients diagnosed with chronic sinusitis)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Partial indication codes available

Activity

- 3,914 episodes during 2018/19
- Age/sex std rate per 100,000 – 6.6
- Reduction opportunity: 1,568 (40%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 3.9
  - 10th percentile – 2.7
  - 25th percentile – 4.2
  - 50th percentile – 5.9
  - 90th percentile – 10.4

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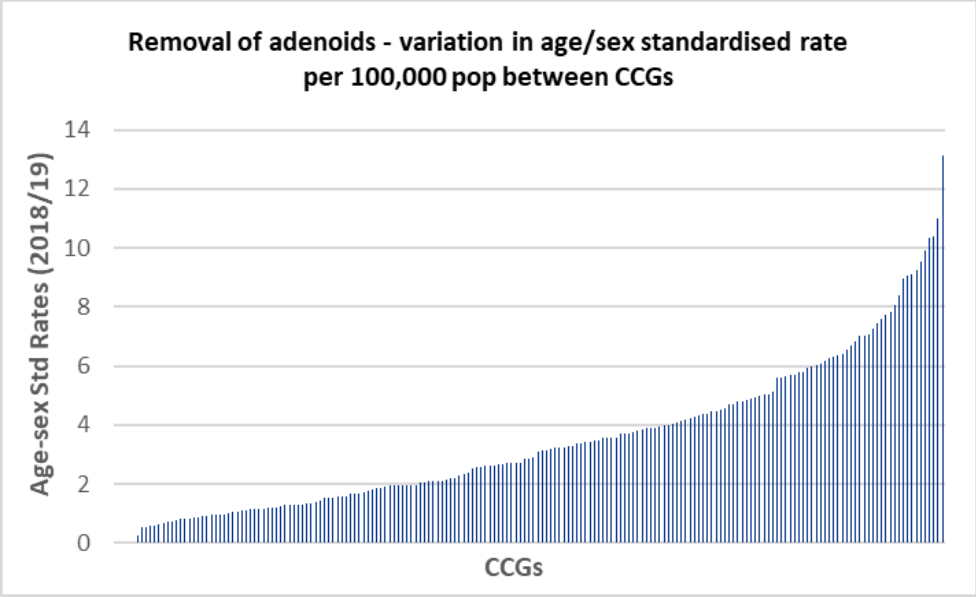
D – Removal of adenoids

(Adenoidectomies carried out in the same spells as insertion of grommets in children (age<19 years) with chronic otitis media with effusion and without another condition (e.g. cleft lip) where adenoidectomy may be appropriate)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Chronic mucoid otitis media can be coded but not specific indication for adjuvant adenoidectomy.

Activity

- 1,921 episodes during 2018/19
- Age/sex std rate per 100,000 – 3.2
- Reduction opportunity: 1,131 (59%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 8.0
  - 10th percentile – 0.9
  - 25th percentile – 1.5
  - 50th percentile – 2.9
  - 90th percentile – 7.0

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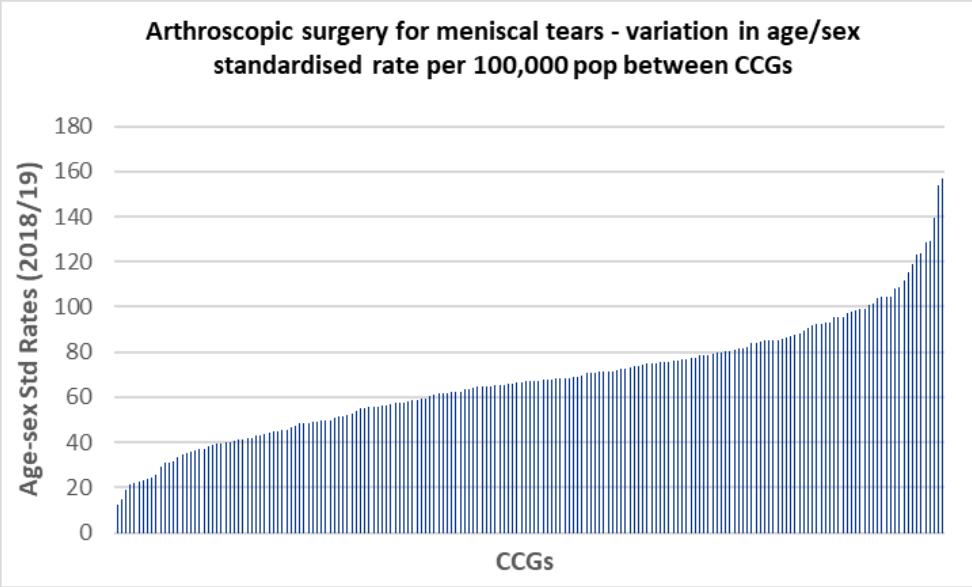
E – Arthroscopic surgery for meniscal tears

(The number of patients who have arthroscopic meniscal surgery for a meniscal tear or other derangement)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Coding is available for meniscal tear but not for all the specific indications (e.g. 3 months of non-operative treatment, or the presence of locking).

Activity

- 38,106 episodes during 2018/19
- Age/sex std rate per 100,000 – 64.1
- Reduction opportunity: 10,597 (28%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 2.7
  - 10th percentile – 36.8
  - 25th percentile – 49.7
  - 50th percentile – 67.0
  - 90th percentile – 99.0

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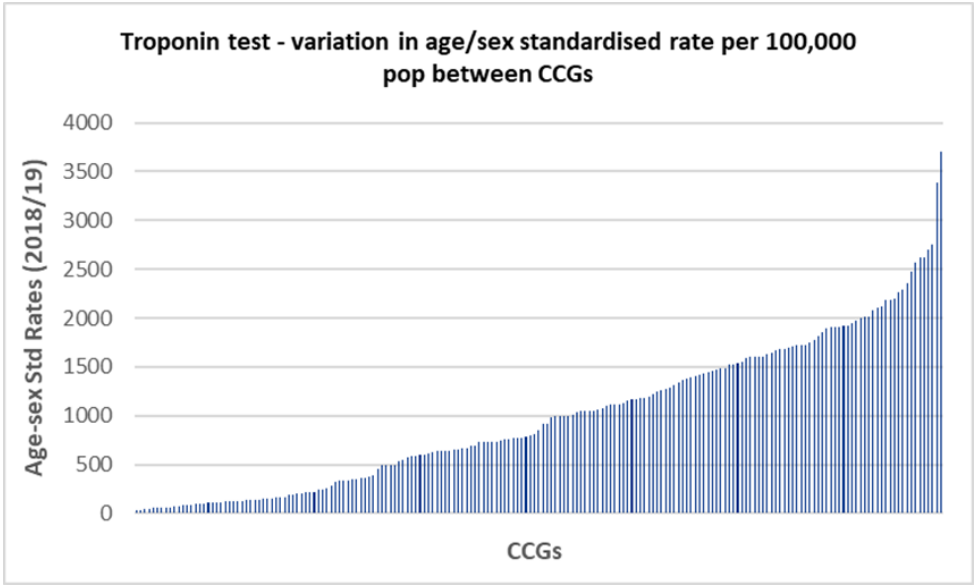
F – Troponin test

(The number of troponin tests carried out in emergency care)



Data group type	A
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Partial
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Emergency Care Data Set (ECDS)
Comments	ECDS reporting may be better at some sites than others and outputs may be skewed by incomplete reporting. Codes do not identify high-sensitivity troponin assays.

Activity

- 577,538 attendances during 2018/19
- Age/sex std rate per 100,000 – 972.1
- Reduction opportunity: 229,114 (45%) based on 25th percentile of activity across CCGs. *

Variation

Variation (age/sex std rates):

- N-fold – 2.3
  - 10th percentile – 357.5
  - 25th percentile – 733.0
  - 50th percentile – 1,178.9
  - 90th percentile – 2,161.5

- N.B. This analysis is based on excluding CCGs served by providers with very poor coding.

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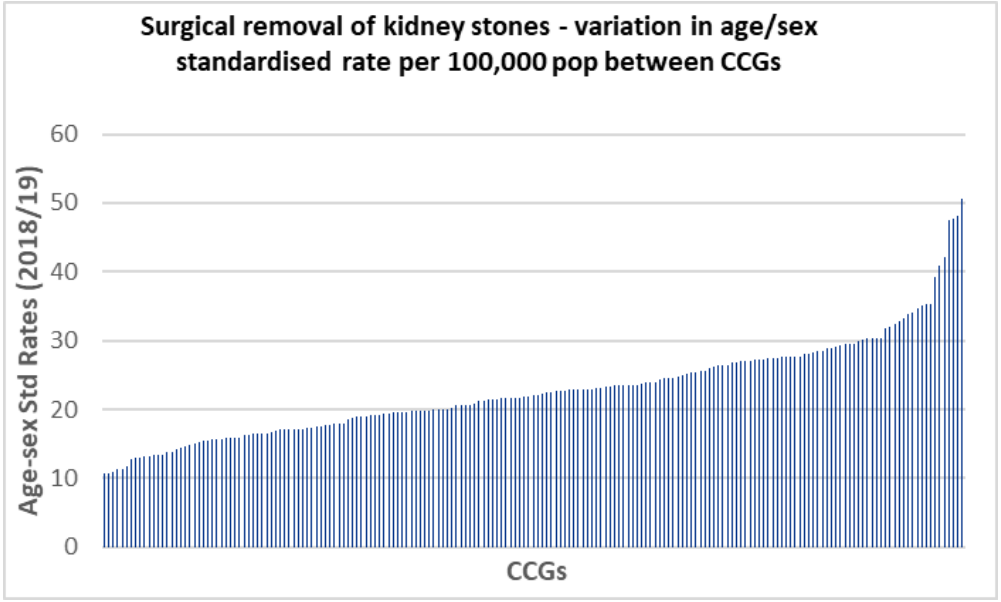
G – Surgical removal of kidney stones

(The number of procedures for surgical removal of urinary tract stones (all sizes) in adults, not including ESWL)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Codes cannot indicate appropriateness of intervention e.g. size of calculus

Activity

- 14,457 episodes during 2018/19
- Age/sex std rate per 100,000 – 24.3
- Reduction opportunity: 3,220 (22%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 2.1
  - 10th percentile – 14.8
  - 25th percentile – 17.6
  - 50th percentile – 22.0
  - 90th percentile – 30.4

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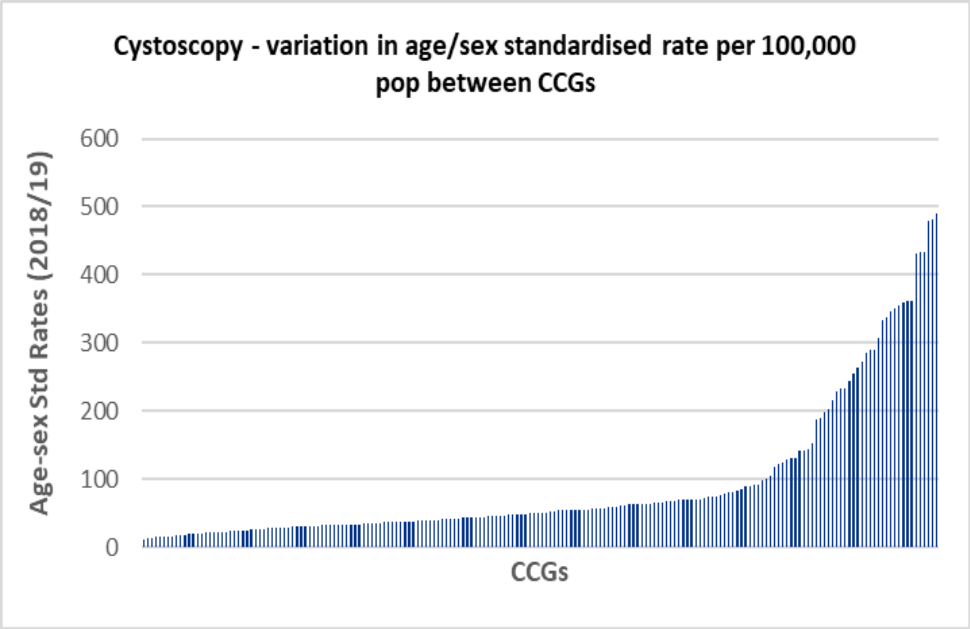
H – Cystoscopy for men with uncomplicated lower urinary tract symptoms

(The number of cystoscopy procedures in men)



Data group type	A
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Partial
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	High rate at 90th percentile, therefore 25th percentile-based reduction opportunity may be inappropriately high

Activity

- 50,685 episodes during 2018/19
- Age/sex std rate per 100,000 – 85.3
- Reduction opportunity: 31,687 (63%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 11.7
  - 10th percentile – 22.6
  - 25th percentile – 33.6
  - 50th percentile – 50.8
  - 90th percentile – 264.5

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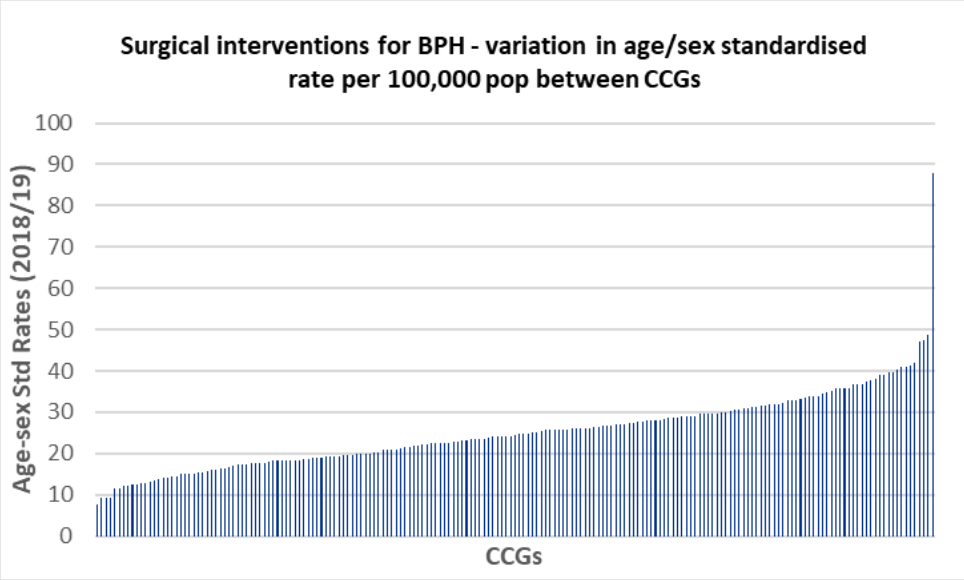
I – Surgical intervention for Benign Prostatic Hyperplasia (BPH)

(The number of surgical interventions to remove all or part of the prostate in men with hyperplasia of the prostate without malignant neoplasm of the prostate)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Due to emerging procedures, not guaranteed all procedures coded for

Activity

- 14,562 episodes during 2018/19
- Age/sex std rate per 100,000 – 24.5
- Reduction opportunity: 4,096 (28%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 2.4
  - 10th percentile – 15.0
  - 25th percentile – 18.7
  - 50th percentile – 24.4
  - 90th percentile – 36.0

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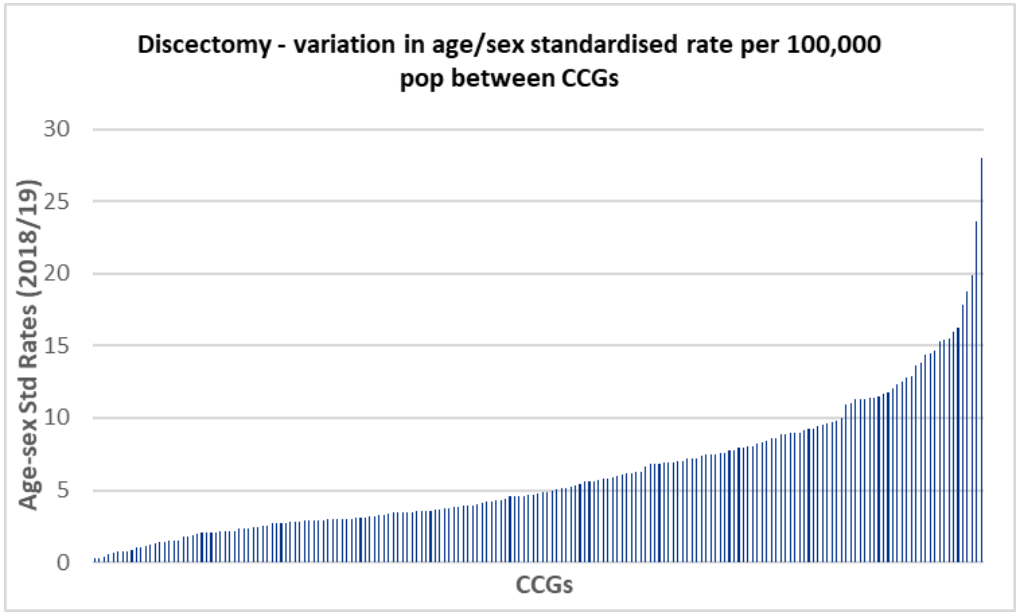
J – Discectomy

(The number of first (i.e. not revisional) surgical interventions to remove intervertebral disc material in people aged >= 19 years with compressive nerve root symptoms)



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Codes available for compressive nerve root symptoms and MRI but not for results of MRI or duration of symptoms

Activity

- 3,488 episodes during 2018/19
- Age/sex std rate per 100,000 – 5.9
- Reduction opportunity: 1,942 (56%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 6.7
  - 10th percentile – 1.8
  - 25th percentile – 2.9
  - 50th percentile – 4.8
  - 90th percentile – 12.1

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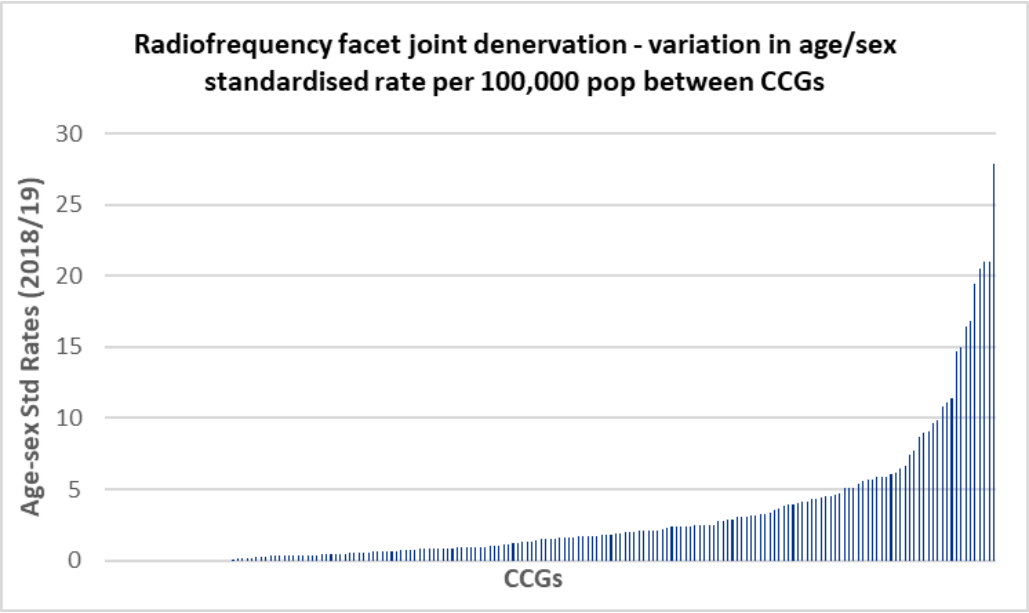
K – Radiofrequency facet joint denervation

(The number of patients who had radiofrequency facet joint denervation (RFD))



Data group type	A
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Codes for specific indications not available (e.g. response to non-invasive treatment). Possible to link into DIDs?

Activity

- 1,618 episodes during 2018/19
- Age/sex std rate per 100,000 – 2.7
- Reduction opportunity: 1,247 (77%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 21.6
  - 10th percentile – 0.4
  - 25th percentile – 0.8
  - 50th percentile – 1.9
  - 90th percentile – 8.4

N.B. CCGs with zero activity were excluded in the n-fold calculation for this intervention

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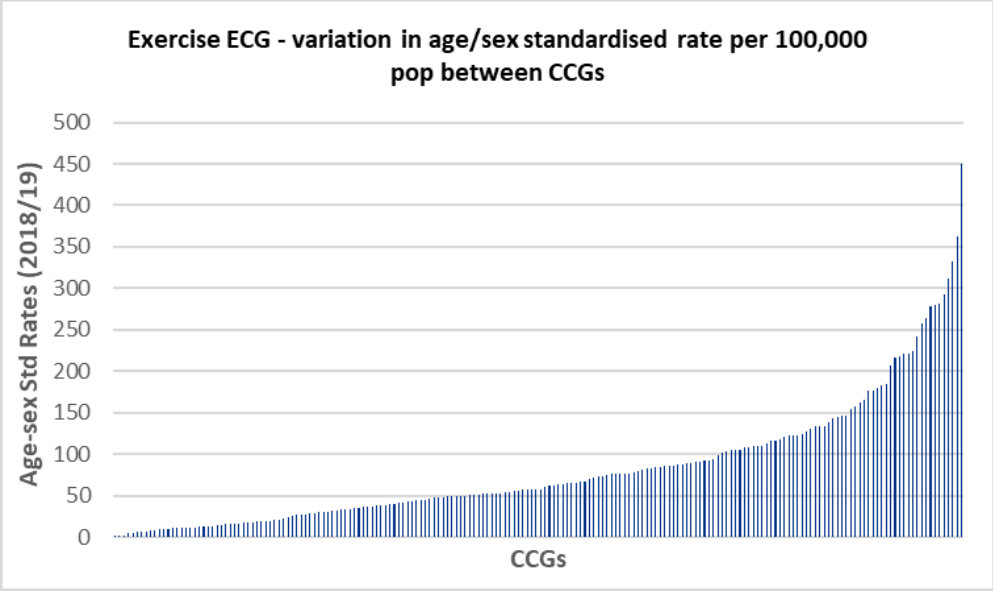
L – Exercise ECG for screening for coronary heart disease

(The number of exercise ECG performed in outpatients for screening for coronary heart disease)



Data group type	A
Category	1
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Outpatient (OPA)
Comments	No coding available for asymptomatic or low risk patients. Outpatient data not sufficiently robust to code diagnoses/indications, therefore reduction goal maybe inappropriately high.

Activity

- 49,095 outpatient attendances during 2018/19
- Age/sex std rate per 100,000 – 82.6
- Reduction opportunity – 49,095 (100%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 14.5
  - 10th percentile – 12.4
  - 25th percentile – 30.6
  - 50th percentile – 57.6
  - 90th percentile – 179.2

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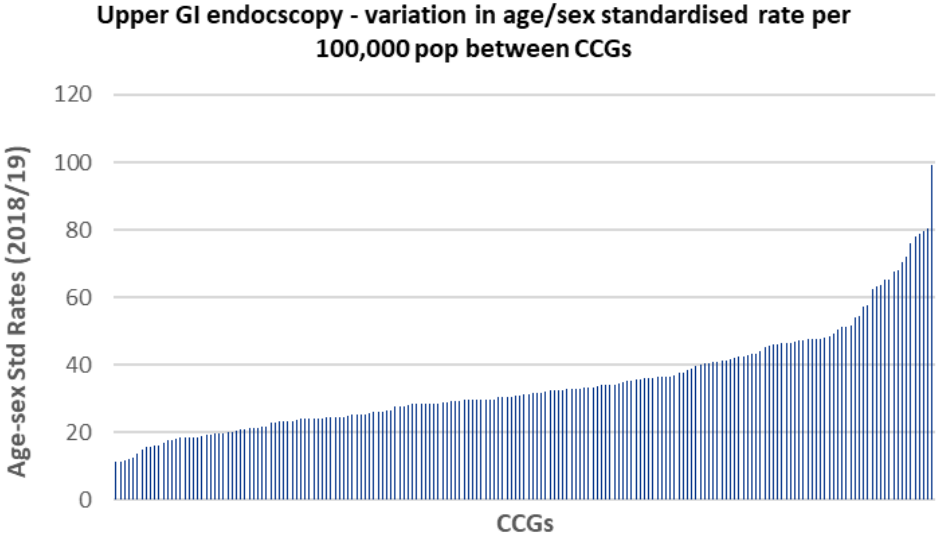
M – Upper GI endoscopy

(The number of upper GI endoscopies performed for any indication)



Data group type	A
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC) & Outpatient (OPA)
Comments	Outpatient data not sufficiently robust to code diagnoses/indications. Potential link to DIDs?

Activity

- 20,772 episodes during 2018/19
- Age/sex std rate per 100,000 – 35.0
- Reduction opportunity: 6,966 (34%) based on 25th percentile of activity across CCGs.

Variation

Variation (age/sex std rates):

- N-fold – 2.7
  - 10th percentile – 19.4
  - 25th percentile – 24.7
  - 50th percentile – 31.6
  - 90th percentile – 52.3

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Questions to consider GROUP A

We're especially interested to hear about:

- Do you agree with the suggested codes to measure activity?
- Does the volume and variation of activity seem accurate?
- Do you agree with the grouping of the intervention?
- Any impact to access, experience and outcomes for any group protected under the Equality Act 2010 or for individuals who experience health inequalities?

Please share any further views or comments, including suggestions for future guidance by emailing or completing the online survey:
(email) ebi@aomrc.org.uk or (online survey) www.aomrc.org.uk/ebi

Group B interventions

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Questions to consider GROUP B

Slido poll for GROUP B

- Join by scanning the QR code
- Or visit www.slido.com / download the Slido app and enter **#90935**

Please share your comments or ask us any questions using the MS Teams comments box and we will do our best to answer. We're especially interested to hear about:

- Do you agree with the suggested codes to measure activity?
- Does the volume and variation of activity seem accurate?
- Do you agree with the grouping of the intervention?
- Any impact to access, experience and outcomes for any group protected under the Equality Act 2010 or for individuals who experience health inequalities?

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Additional 31 Evidence-based Interventions – Group B

EBI intervention	Cat.	Diagnostic codes available?	Procedure codes available?	Inpatient (APC)?	Outpatient (OPA)?	Comments
N – Unnecessary colonoscopy	2	✗	✓	✓	✓	Outpatient data not sufficiently robust to code diagnoses/indications. Potential link to DIDs?
O – Repeat colonoscopy	2	✗	✓	✓	✓	
P – ERCP in acute gallstone pancreatitis without cholangitis	2	Partial	✓	✓	✗	Does not code for risk level.
Q – Interval cholecystectomy	2	✓	✓	✓	✗	May not represent all elective cases following acute admission.
R – Appendicectomy without confirmation of appendicitis	2	✗	✓	✓	✗	No diagnosis codes (? appendicitis). Potential to link to DIDs?
S – Low back pain imaging	2	✗	✓	✗	✓	Outpatient data not sufficiently robust to code diagnoses/indications.

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Additional 31 Evidence-based Interventions – Group B continued

EBI intervention	Cat.	Diagnostic codes available?	Procedure codes available?	Inpatient (APC)?	Outpatient (OPA)?	Comments
T – Knee MRI when symptoms are suggestive of osteoarthritis	2	×	✓	×	✓	Outpatient data not sufficiently robust to code diagnoses/indications.
U – Suspected degenerative meniscal tears	2	×	✓	×	✓	
V – Vertebroplasty for painful osteoporotic vertebral fractures	2	Partial	✓	✓	×	Coding not available for severe pain or other treatment. Very low numbers.
W – Imaging for shoulder pain	2	×	✓	×	✓	Outpatient data not sufficiently robust to code diagnoses/indications.
X – MRI scan of the hip for arthritis	2	Partial	✓	×	✓	Outpatient data not sufficiently robust to code diagnoses/indications.
Y – Fusion surgery for mechanical axial low back pain	2	✓	✓	✓	×	Codes available but low activity numbers.

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Questions to consider GROUP B

- We're especially interested to hear about:
    - Do you agree with the suggested codes to measure activity?
    - Does the volume and variation of activity seem accurate?
    - Do you agree with the grouping of the intervention?
    - Any impact to access, experience and outcomes for any group protected under the Equality Act 2010 or for individuals who experience health inequalities?

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(email) ebi@aomrc.org.uk or (online survey) www.aomrc.org.uk/ebi

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Questions to consider GROUP C

Please share your comments or ask us any questions using the MS Teams comments box and we will do our best to answer. We're especially interested to hear about:

- Do you agree with the grouping of the intervention?
- Any impact to access, experience and outcomes for any group protected under the Equality Act 2010 or for individuals who experience health inequalities?

Please share any further views or comments, including suggestions for future guidance by emailing or completing the online survey:
(email) ebi@aomrc.org.uk or (online survey) www.aomrc.org.uk/ebi

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Data group type C

GROUP C	Comments
Z - Helmet therapy for treatment of positional plagiocephaly/ brachycephaly in children	—Number of <2 year olds with positional plagiocephaly/ brachycephaly in children who received helmet therapy for reshaping of the cranium —<10 episodes during 2018/19 —Procedure codes available; partial diagnosis codes —Outpatient procedure
AA - Pre-operative chest x-ray	—Routine chest x-ray before elective surgery for adults —Unable to identify accurate diagnosis and procedure codes for any measurement —Exploring DIDs
BB - Pre-operative ECG	—Routine ECG before elective surgery for adults —Unable to identify accurate diagnosis and procedure codes for any measurement —Exploring DIDs
CC - Prostate-specific antigen (PSA) test	—Number of PSA blood tests —Unable to identify accurate diagnosis and procedure codes for any measurement
DD - Liver function, creatinine kinase and lipid level tests – (Lipid lowering therapy)	—Number of blood tests for monitoring lipid lowering therapy —Unable to identify accurate diagnosis and procedure codes for any measurement
EE - Blood transfusion	—Number of red blood cell transfusions —Unable to identify accurate diagnosis and procedure codes for any measurement

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Questions to consider GROUP C

We're especially interested to hear about:

- Do you agree with the grouping of the intervention?
- Any impact to access, experience and outcomes for any group protected under the Equality Act 2010 or for individuals who experience health inequalities?

Please share any further views or comments, including suggestions for future guidance by emailing or completing the online survey:
(email) ebi@aomrc.org.uk or (online survey) www.aomrc.org.uk/ebi

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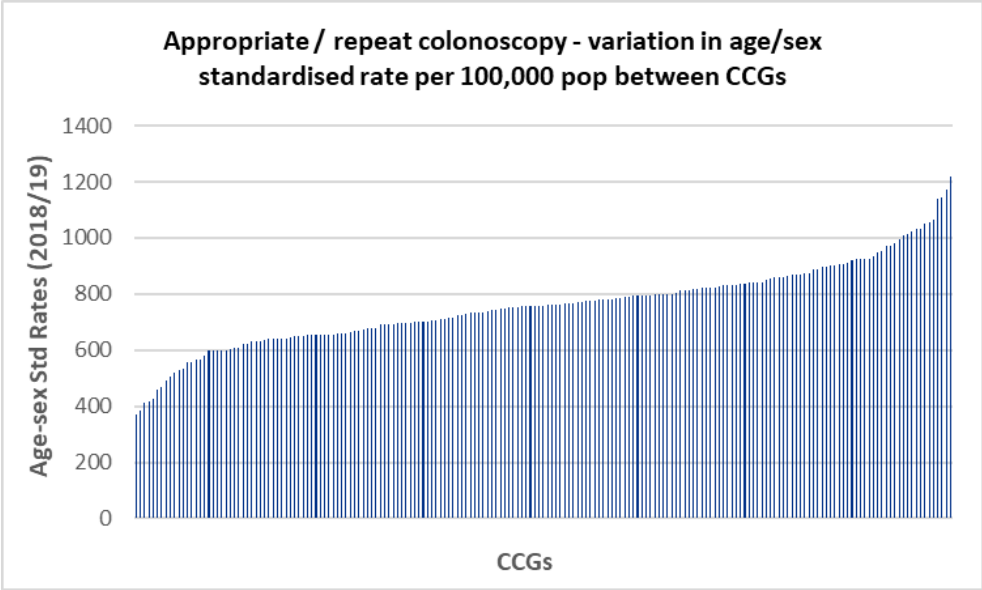
Thank you for your time, we would appreciate your feedback on the webinar
https://www.surveymonkey.co.uk/r/857YN5G

Please share any further views or comments, including suggestions for future guidance

Email us ebi@aomrc.org.uk or complete the online survey available at www.aomrc.org.uk/ebi

N – Unnecessary colonoscopy & O – Repeat colonoscopy

(The number of colonoscopies for all indications, including those with risk factors and/or symptoms)



Data group type	B
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC) & Outpatient (OPA)
Comments	Outpatient data not sufficiently robust to code diagnoses/indications. Potential link to DIDs?

Activity

- 445,981* episodes during 2018/19
- Age/sex std rate per 100,000 – 750.7
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated

Variation

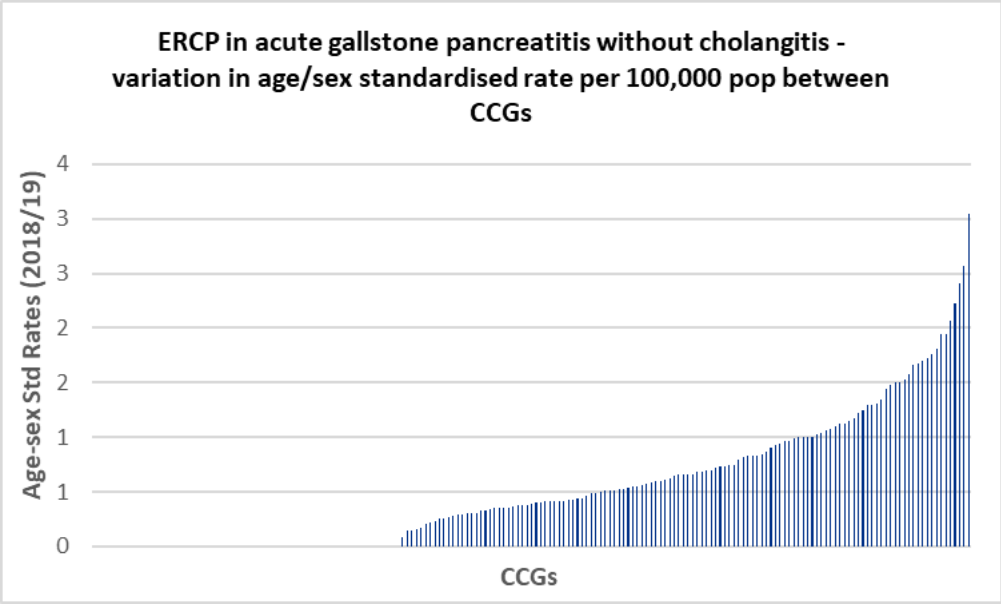
Variation (age/sex std rates):

- N-fold – 1.5
  - 10th percentile – 598.3
  - 25th percentile – 657.5
  - 50th percentile – 758.2
  - 90th percentile – 927.1

* This number represents colonoscopies for all indications, including those with symptoms and/or risk factors. This is an estimate of colonoscopies for at risk patients and an estimate of colonoscopies for surveillance, both of which this guidance relates to.

P – ERCP in acute gallstone pancreatitis without cholangitis

(The number of patients admitted with a diagnosis of acute gallstone pancreatitis without cholangitis who had an ERCP within 72 hours of admission)



Data group type	B
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Does not code for risk level.

Activity

- 310 episodes during 2018/19
- Age/sex std rate per 100,000 – 0.5
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated.

Variation

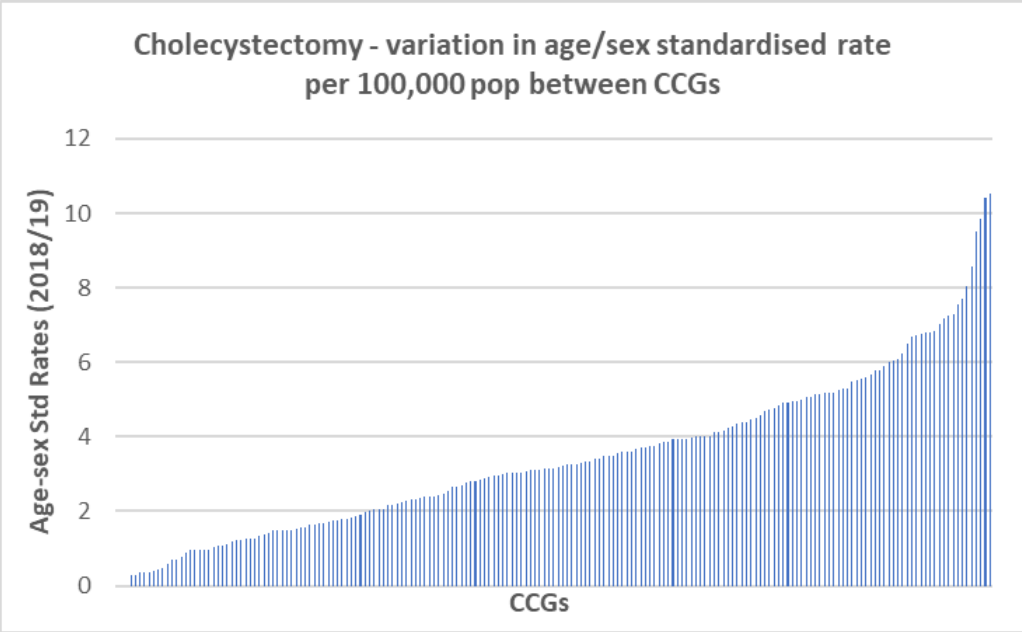
Variation (age/sex std rates):

- N-fold – not calculated
  - 10th percentile – 0.0
  - 25th percentile – 0.0
  - 50th percentile – 0.4
  - 90th percentile – 1.3

- For interventions where the age-sex standardised rate in the 10th percentile is zero, the n-fold variation was not calculated.

Q – Interval cholecystectomy

(The number of patients with a diagnosis of gallstone pancreatitis undergoing cholecystectomy as an elective admission)



Data group type	B
Category	2
Diagnostic Codes Available?	Yes
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	May not represent all elective cases following acute admission.

Activity

- 2,085 episodes during 2018/19
- Age/sex std rate per 100,000 – 3.5
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated.

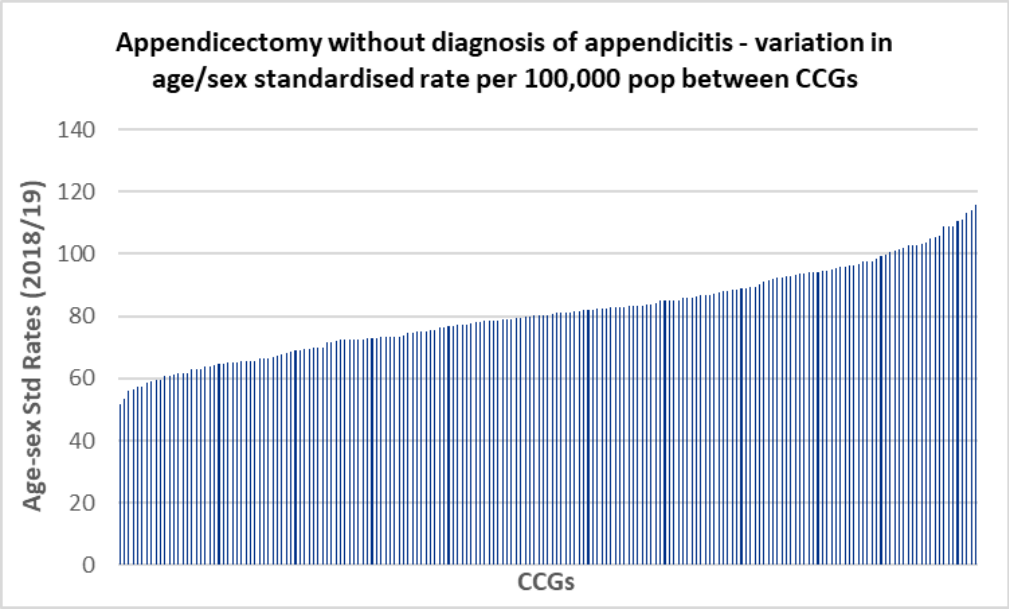
Variation

Variation (age/sex std rates):

- N-fold – 6.4
  - 10th percentile – 1.0
  - 25th percentile – 1.8
  - 50th percentile – 3.2
  - 90th percentile – 6.2

R – Appendicectomy without confirmation of appendicitis

(The number of appendicectomies performed)



Data group type	B
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	No diagnosis codes (? appendicitis). Potential to link to DIDs?

Activity

- 47,605 episodes during 2018/19
- Age/sex std rate per 100,000 – 80.1
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated.

Variation

Variation (age/sex std rates):

- N-fold – 1.6
  - 10th percentile – 63.7
  - 25th percentile – 71.7
  - 50th percentile – 80.4
  - 90th percentile – 100.7

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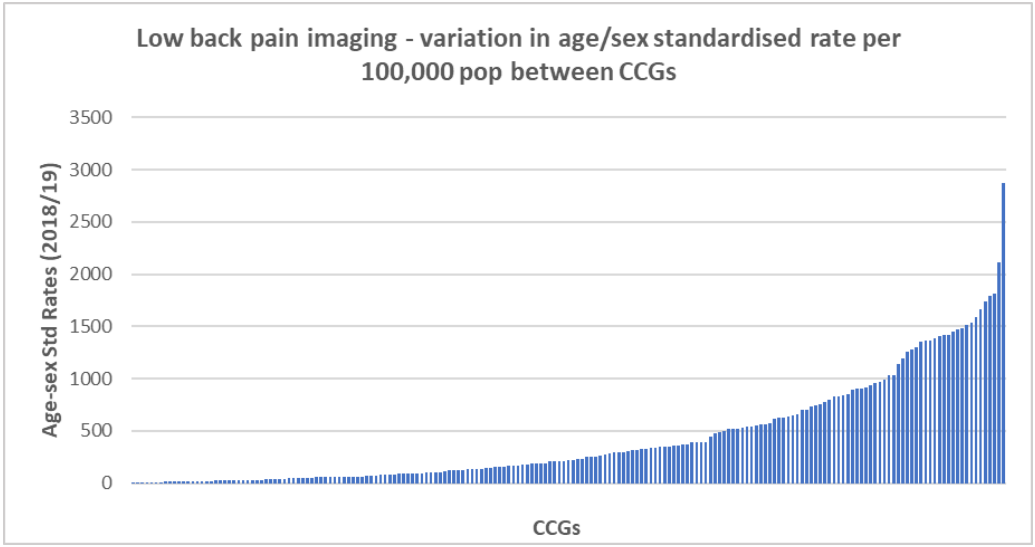
S – Low back pain imaging

(The number of scans performed for low back pain)



Data group type	B
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Outpatient (OPA)
Comments	Outpatient data not sufficiently robust to code diagnoses/indications.

Activity

- 253,957 episodes during 2018/19
- Age/sex std rate per 100,000 – 427.5
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated

Variation

Variation (age/sex std rates):

- N-fold – 59.8
  - 10th percentile – 21.8
  - 25th percentile – 62.3
  - 50th percentile – 215.3
  - 90th percentile – 1,302.8

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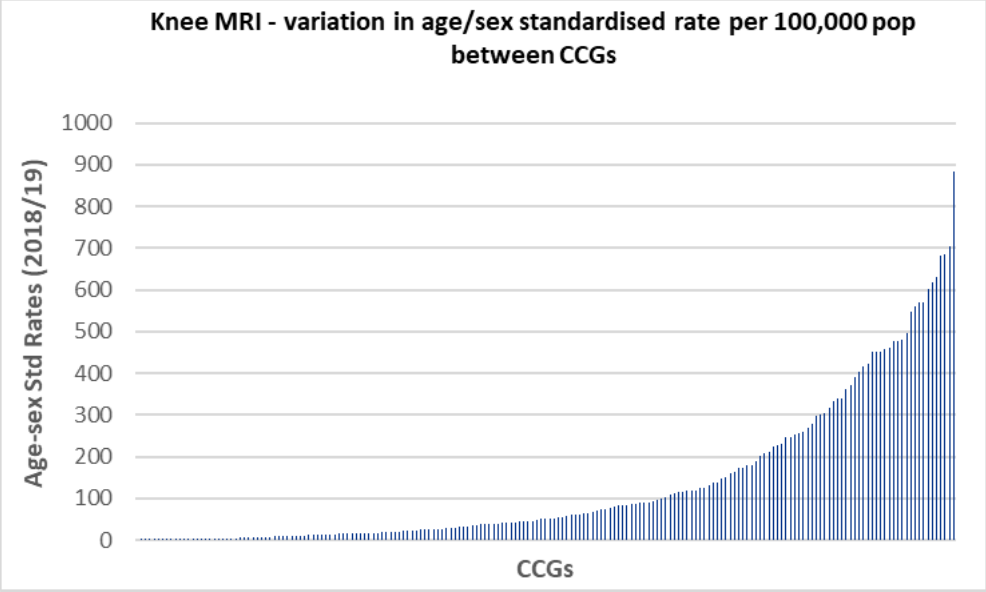
T – Knee MRI when symptoms are suggestive of osteoarthritis & U – Suspected degenerative meniscal tears

(The number knee MRIs performed for suspected osteoarthritis and/or meniscal tear)



Data group type	B
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Outpatient (OPA)
Comments	Outpatient data not sufficiently robust to code diagnoses/indications.

Activity

- 80,808 episodes during 2018/19
- Age/sex std rate per 100,000 – 136.0
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated

Variation

Variation (age/sex std rates):

- N-fold – 105.9
  - 10th percentile – 4.3
  - 25th percentile – 15.3
  - 50th percentile – 50.3
  - 90th percentile – 451.0

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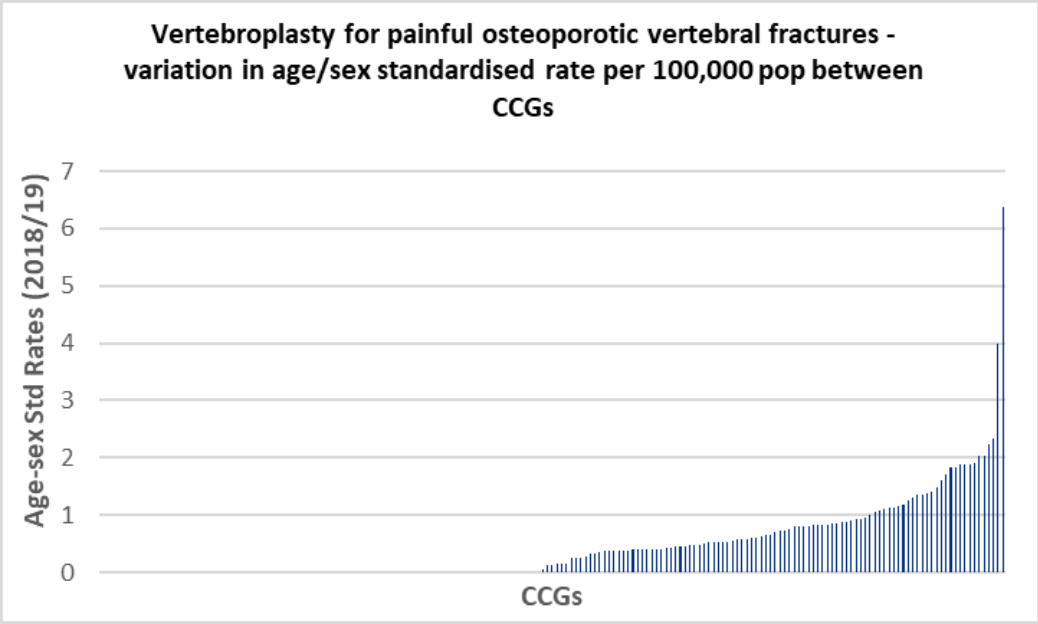
V – Vertebroplasty for painful osteoporotic vertebral fractures

(The number of vertebroplasty procedures for patients with osteoporotic fractures)



Data group type	B
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Coding not available for severe pain or other treatment. Very low numbers.

Activity

- 304 episodes during 2018/19
- Age/sex std rate per 100,000 – 0.5
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated.

Variation

Variation (age/sex std rates):

- N-fold – not calculated for interventions where the age-sex standardised rate in the 10th percentile is zero.

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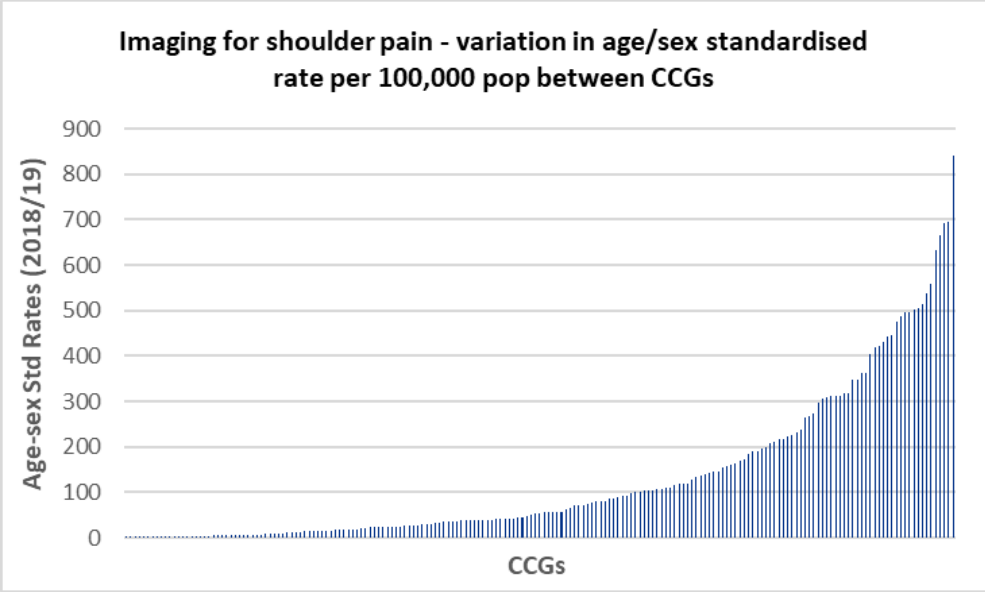
W – Imaging for shoulder pain

(The number of scans for imaging shoulder pain)



Data group type	B
Category	2
Diagnostic Codes Available?	No
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Outpatient (OPA)
Comments	Outpatient data not sufficiently robust to code diagnoses/indications.

Activity

- 75,388 attendances during 2018/19
- Age/sex std rate per 100,000 – 126.9
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated.

Variation

Variation (age/sex std rates):

- N-fold – 84.2
  - 10th percentile – 4.8
  - 25th percentile – 16.5
  - 50th percentile – 52.6
  - 90th percentile – 405.3

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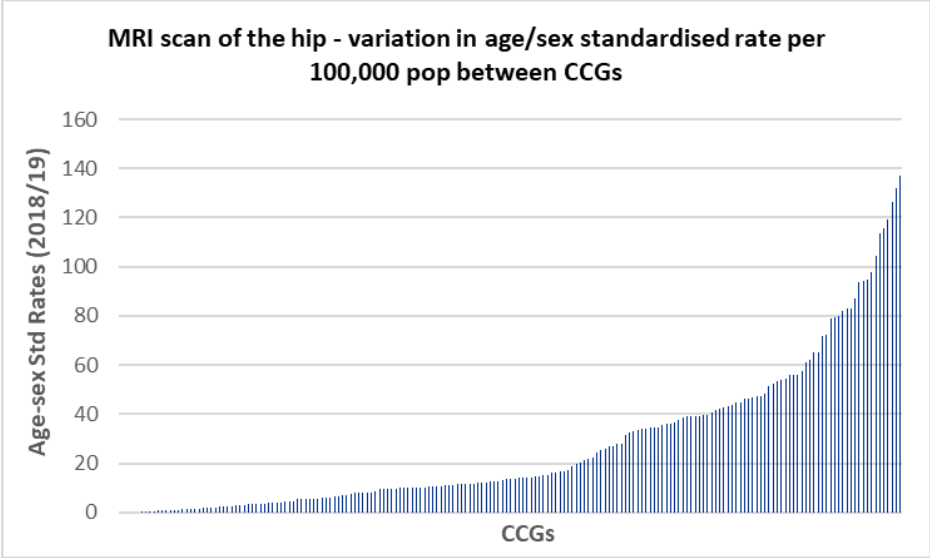
X – MRI scan of the hip for arthritis

(The number of hip MRI scans which are carried out in outpatients)



Data group type	B
Category	2
Diagnostic Codes Available?	Partial
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Outpatient (OPA)
Comments	Outpatient data not sufficiently robust to code diagnoses/indications.

Activity

- 15,286 attendances during 2018/19
- Age/sex std rate per 100,000 – 25.7
- Reduction opportunity based on 25th percentile of activity across CCGs: not calculated.

Variation

Variation (age/sex std rates):

- N-fold – 46.1
  - 10th percentile – 1.6
  - 25th percentile – 5.6
  - 50th percentile – 13.7
  - 90th percentile – 71.6

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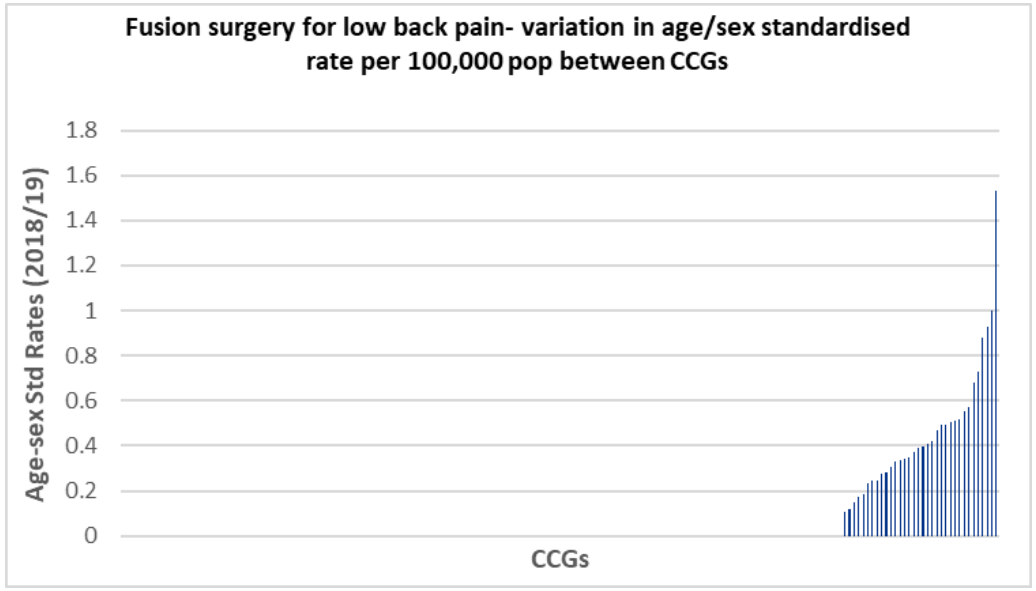
Y – Fusion surgery for mechanical axial low back pain

(The number of first lumbar spine fusion surgery (without spinal decompression), in people aged >= 19 years with low back pain who did not have other conditions such as spinal deformity or spinal instability)



Data group type	B
Category	2
Diagnostic Codes Available?	Yes
Procedure Codes Available?	Yes
Coded as Inpatient (APC) or Outpatient (OPA) procedure in SUS+?	Inpatient (APC)
Comments	Codes available but low activity numbers

Activity

- 41 episodes during 2018/19
- Reduction opportunity (if activity reduced to 25th percentile) – NA
- Age/sex std rate per 100,000 – 0.1

Variation

Variation (age/sex std rates):

- N-fold – not calculated