Scottish Atlas of Healthcare Variation

NHS Grampian Case Study

ISD Atlas Team
Background

In 2008, NHS Grampian began initial investigation after ISD published data indicating that NHS Grampian was an outlier for rates of tonsillectomy.

NHS Grampian reviewed data locally and presented findings to the ENT Scotland group in 2009. Initial review indicated that NHS Grampian conformed to SIGN guidelines (SIGN 117, updated 2010).

There was no clear reason as to why NHS Grampian had high rates of tonsillectomy.
NHS Grampian were keen to understand how they could address this high rate of tonsillectomy. Were they performing too many Tonsillectomy procedures or were other NHS Boards performing too few?
"Initial thoughts were that perhaps demographics had an impact. However subsequent review failed to show a clear association with deprivation scored and tonsillectomy rates. Was the vetting process and GP awareness of SIGN 117 a factor?"

ENT Department, NHS Grampian
After further review of ISD Data and SIGN 117 guidelines, NHS Grampian introduced a range of measures to address this variation.

They revised referral guidelines based on SIGN 117.

They produced a "return to referrer" letter if the patient did not conform to SIGN 117. This letter was shared with the local GP subcommittee for approval and dissemination.

They allocated one consultant to vet and triage all tonsillectomy referrals (for adults).

In parallel they have also, since 2016, participated in the National randomised controlled trial of tonsillectomy versus conservative treatment (NATTINA).

Currently trialling a 'Patient Decision Aid' tool as part of a shared decision making process.

They investigated a more robust vetting process of GP referrals for tonsillectomy.
Summary of Results

In summary, after implementing these actions to address variation, NHS Grampian:

- has more robust standardised referral process, including single clinician vetting appears to have had an impact.
- increased awareness of SIGN 117 within the NHS Grampian Primary and Secondary care community, which may have also helped decision making.
- now has one of the lowest rates of tonsillectomy in Scotland.

The tonsillectomy data published by ISD in 2008 was precursor to initial work on the Atlas of Variation that was published in January 2019.
Atlas maps on elective tonsillectomies, published in January 2019, have sparked a debate amongst clinicians about how to improve tonsillectomy guidance to reduce harm and waste.

Following discussion, the ENT surgical community in Scotland, in consultation with the office of the Chief Medical Officer in Scotland, have concluded that tonsillectomy should not be offered on the NHS in Scotland for the treatment of tonsil stones alone.

There is a lack of evidence that supports the use of tonsillectomy in the management of tonsil stones alone, therefore unnecessary tonsillectomies in these cases does not represent best use of NHS resources.

Stopping this particular tonsillectomy procedure could create resource savings and free up clinical time and theatre slots for additional ENT procedures.

This is an excellent example of proactive clinicians using Atlas data to seek out and tackle unwarranted variation, and through the review of evidence, reduce unwarranted variation and reduce harm and waste.

Following the new guidance around tonsil stones, ENT Scotland are currently reviewing the guidance for tonsillectomy surgery for snoring to standardise this approach across Scotland.
Atlas maps on elective tonsillectomies released in January 2019 highlight that some areas have low rates of same day surgery for this procedure. The overall Scotland rate for adult (>16) tonsillectomy performed as same day surgery was 43.9% (2017/18).

The aspirational goal recommended by the British Association of Day Surgery (BADS) is 90% of patients should be discharged on the same day as their surgery.

This creates an opportunity for NHS Boards to review current policy and practices to identify opportunities to deliver better value treatment.
Please contact us for further information

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