



## Position Statement: Procedures of Limited Clinical Value / 25 September 2017

Further to the information sent out to practices last week, we would like to update our members regarding the recently released Procedures of Limited Clinical Value document.

Although we understand the reasons for the document, we have refused to endorse it and are writing to inform you of our recommendation **not to engage in the process**.

Despite reassurances that the PLCV would be revised, and improved, we feel it is still not fit for purpose. We were asked to comment on the information pack that has been sent out to practices. As a consequence of our input, information that was sent out highlighted the fact that GPs remain free to refer for an **opinion**. However, we do not agree that **requests for opinions** should be sent on the PLCV template letters. We also have concerns that the process of referral for prior approval will be burdensome to general practice, which is already at breaking point.

The LMC appreciates the need for some form of rationing of healthcare in the cash-strapped NHS. We also fully support the use of evidence-based medicine and the need to utilise that evidence to determine whether or not procedures are in the best interests of patients. We do not, however, think transferring responsibility to GPs and cumbersome referral management processes are the answer.

GPs rarely refer patients for specific procedures; they refer for a *specialist opinion*, which may, or may not, include a decision on a procedure. The specialist, and not the GP has the expertise to decide whether or not to perform the procedure.

A GP's duty is to act according to the GMC's [Good Medical Practice \(GMP\)](#), which includes the onward referral of patients:

*“15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:*  
*c. refer a patient to another practitioner when this serves the patient's needs”.*

Any process which rations healthcare and counters this GMC requirement, requires a fundamental change in legislation. Although we sympathise with the financial pressures on CCGs, GPs are ultimately answerable to the GMC.



**We are therefore recommending that practices inform all clinicians to do the following:**

- As ever, to be aware of the PLCV criteria for various interventions.
- To refer for an opinion, not for a procedure. This means clinicians meet their duty to refer, and do not fall foul of the PLCV guidance.
- Not to use the new forms, but make sure salient information is included in referrals.
- To respond to any referrals rejected by secondary care, (which constitutes inappropriate workload transfer) by sending back a [BMA Quality First Template letter](#) explaining that GPs are not commissioned to provide this service.

Please contact the LMC Office with any queries regarding this.

**Dr Susie Bayley  
Head of Communications  
Derby and Derbyshire Local Medical Committee**