



# De-implementation: Has the NHS programme to reduce lower-value treatments been successful?

2025



Research shows that some common NHS treatments don't work as well as previously thought. These treatments are sometimes called 'lower value', meaning the benefits don't justify the risks or costs in some patients.

Stopping lower-value treatments can reduce unnecessary harm to patients and free up money for higher-value care. This is called 'de-implementation'.

In 2019, NHS England launched the **Evidence-Based Interventions (EBI) programme**. This named 17 surgical procedures to stop, or only perform for patients thought to benefit most.

We wanted to understand how well the EBI programme is working.

## What did we do?

- We looked at **how many** of the EBI-targeted operations were performed, **before** and **after** the programme was introduced, and what other operations were performed **instead**.
- We explored how referrals, GP appointments, prescriptions and time spent waiting for hand and tonsil surgery **changed** when the EBI policies were issued.
- We compared national **EBI** criteria for accessing operations with criteria in 306 **local** NHS policies.
- We interviewed 21 NHS commissioners, 43 healthcare professionals and 37 patients and carers, to find out their **views** and **experiences** of the EBI programme.



## What did we learn?

### Reductions in lower-value operations

We found that the numbers of most EBI-targeted operations were **already decreasing** before the programme was introduced. These **decreases continued** after it was introduced.

Variations in access to the operations in different areas of the country **didn't change** after the programme was introduced.

Based on our findings, the EBI programme **didn't appear to be successful** in reducing the number of lower-value operations.

### Healthcare commissioners' responses

We found that **less than half** of local NHS commissioning policies matched EBI recommendations.

Although commissioners were **supportive** of the programme's aims, they didn't always feel able to adopt EBI policies due to concerns about **cost implications** and the **practicalities** of changing existing local policies.

Based on our findings, we recommend national de-adoption programmes **provide guidance** around how local policymakers

should reconcile national recommendations with local policymaking processes.

### Case study: hand surgery

Hand surgery patients found de-implementation acceptable when healthcare professionals provided:

- **Reasons** for withholding surgery
- **Clear instructions** about when to consult them again
- Consistent and comprehensive **information** at all stages of their care

Healthcare professionals generally **agreed** with the EBI recommendations. But there were concerns that a **lack of flexibility** in implementing them could impact individualised care.

Our findings show de-implementation policies can be **acceptable** to patients. But it is important to consider how they are implemented.



## What next?

We discussed our findings in a **workshop** with NHS commissioners, healthcare professionals and public contributors. From this, we produced **10 recommendations** to improve future de-implementation efforts.

We are running a follow-on study examining how **Integrated Care Systems** are developing and delivering de-implementation plans.

## Find out more

Read our project summary  
[arc-w.nihr.ac.uk/de-implementation/](http://arc-w.nihr.ac.uk/de-implementation/)

Read our published papers  
[pubmed.ncbi.nlm.nih.gov/37656701/](https://pubmed.ncbi.nlm.nih.gov/37656701/)  
[pubmed.ncbi.nlm.nih.gov/40269905/](https://pubmed.ncbi.nlm.nih.gov/40269905/)

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