

Monitoring compliance with the Public Health Wales list of procedures and diagnoses entitled 'INNU' Procedure

Guideline Number:	597	Supersedes:		Classification	Clinical
Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
1	31/08/17	Clinical Written Control Documentation Group	23/3/2018	27/3/2018	23/3/2021
		CWCDG – extension whilst review is undertaken	25/11/2021	30/11/2021	25/5/2022

Brief summary of Document:	This Procedure document aims to ensure that patients are treated in accordance with the current best evidence of clinical and cost effectiveness. Items on the 'Interventions Not Normally Undertaken' (INNU) list are considered by Public Health Wales (PHW) as lacking clinical effectiveness, or needing specific assurance that governance procedures are in place for them to be effective. This document details ways in which the Health Board manages items on the INNU list
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Scope	The Procedure applies to all specialties and all areas of practice associated with the PHW INNU list and should be observed by all practising clinicians and managers in primary and secondary care across the Health Board.
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To be read in conjunction with:	012 - Interventional Procedures Policy - Version 2 013 - NICE/AWMSG Guidance Implementation Policy 019 - Referral Management & Prior Approval Policy & Procedure For Services Outside of Hywel Dda University Health Board 263 - Making Decisions On Individual Patient Funding Requests (IPFR) All Wales Policy
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Owning Committee	Effective Clinical Practice Sub-Committee (ECPS-C)
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Reviews and Updates		
Version no:	Summary of Amendments:	Date Approved:
1	Update to former Policy for INNU (380)	23/3/2018

Glossary of Terms:

Term	Definition
AWMSG	All Wales Medicines Strategy Group
ECPS-C	The Effective Clinical Practice Sub-Committee (a sub-committee of the Quality, Safety, Experience and Assurance Committee (QSEAC)).
HFEA	Human Fertilisation and Embryology Authority
INNU	Interventions Not Normally Undertaken
IPFR	Individual Patient Funding Request
NICE	National Institute for Health and Care Excellence
NSF	National Service Framework (for Wales)
OPCS	Office of Population Census and Surveys Classification of Surgical Operations and Procedures: version 4
PHW	Public Health Wales
QS&E S-C	Quality, Safety & Experience Sub-Committee. (three directorate sub-committees of QSEAC) <ul style="list-style-type: none"> • Acute Services • Three Counties, Community & Primary Care • Mental Health and Learning Disabilities).
QSEAC	The Quality, Safety, Experience and Assurance Committee (a Health Board clinical governance committee directly accountable to the Board).
WHSSC	Welsh Health Specialised Services Committee

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1. INTRODUCTION

The INNU list sets out, for the use of all clinicians and managers in primary and secondary care, a number of interventions that should *EITHER* be performed only in accordance with the evidence base *OR* only in exceptional circumstances by following the Health Board's 263 - IPFR Policy and the nationally recognised guidance cited.

The procedure promotes the principle that patients are treated in accordance with the current best evidence of clinical and cost effectiveness, and to ensure that interventions which the NHS does not routinely fund are not routinely undertaken.

INNU is a list of healthcare interventions which:

- Lack evidence of clinical and/or cost effectiveness, and/or
- Lack a review by the National Institute for Health and Care and Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG), and/or
- Are considered to be of relatively low priority for NHS resources, and/or
- require specific governance procedures to be performed effectively.

The interventions listed are not prohibited. They are interventions which should *only be performed under certain circumstances*, or *should not* be undertaken.

The procedure also gives details of the Health Board monitors whether such interventions are being performed and outlines the necessary actions.

2. AIMS

This document aims to:

- Ensure that patients' referrals are managed appropriately
- Meet the requirements of the Health Board's enacted version of the 'All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR)' in relation to 'Interventions not Normally Undertaken' (Para 1.1).

3. OBJECTIVES

The document will achieve these aims by:

- Publishing the guidance of the Public Health Wales list of INNU (also available on the PHW pages of the NHS Intranet) and provide links with the evidence base on which it was compiled
- Raising awareness that the interventions listed in this document should only be performed in accordance with the guidance cited
- Describing the process for monitoring interventions listed
- Describing the governance procedures in place for clinicians and managers to review the INNU listed interventions which are actually performed and take any action they consider necessary
- Delineating responsibilities of staff groups working with the procedure.

4. SCOPE

The procedure applies to all areas of practice within all specialties and must be observed by all practising clinicians and associated managers in primary and secondary care at Hywel Dda University Health Board (the Health Board). The Health Board has an expectation that contractors

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responsible for the management of patients intended for referral for any of the interventional procedures described in this document will observe the guidance in this document.

The procedure applies to governance committees accountable to the Quality, Safety, Experience and Assurance Committee; to the Individual Patient Funding Review Panel; and to the Clinical Coding Department.

5. Interventions Normally Not Undertaken (INNU) list

This section details specific conditions and interventions on the INNU list and the governance systems in place to give assurance that these items are either being performed according to recommendations, or require IPFR consideration of approval.

The complete list is presented in appendix 1 of this procedure document.

Complete list: <http://howis.wales.nhs.uk/sitesplus/888/page/48736> [Last updated November 2015; last accessed December 2016].

PHW evidence summaries: <http://howis.wales.nhs.uk/sitesplus/922/page/62304> [Last updated October 2015; last accessed December 2016].

The INNU list, as presented, contains a mix of interventions and conditions. For clarity, these will be considered separately.

Conditions

For each of these conditions, the Health Board will be expected to perform only to NICE or WHSCC recommended standards or specific interventions. Any other interventions will require an IPFR referral:

- Varicose Veins (Surgery)
- Skin Condition – Benign lesions; Hypopigmentation (Dermatology)
- Fibromyalgia (Pain service)
- Chronic Fatigue Syndrome (Pain service)
- Back Pain Lower (Pain service)

The governance mechanism for assurance that the NICE and WHSCC recommendations are being followed is by letter from the ECP to the service specialty, indicated in brackets above, requesting the assurance.

Interventions

The following interventions are not recommended by NICE. If a clinician or patient wishes to have these performed, an IPFR referral should be made:

- Abrasion Arthroplasty - for Knees (Orthopaedics)
- Computer Based Cognitive Behaviour Therapy - specifically OCFighter (Psychiatry)
- Corneal Implants - for the Correction of refractive error in the absence of other Ocular Pathology such as Keratoconus (Ophthalmology)
- Hair Depilation – management of Hirsutism with plastic surgery (Dermatology)
- Dilation and Curettage/Hysteroscopy for heavy menstrual bleeding– as a sole procedure (Gynaecology)
- Hysterectomy - as a first line procedure for heavy menstrual bleeding (Gynaecology)
- Laparoscopic Uterine Nerve Ablation - for Chronic Pelvic Pain (Pain Service)
- Mirror Therapy – post CVA (Medicine)

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- Rhinoplasty – for cosmetic reasons (ENT)
- Open Magnetic Resonance Imaging
- Grommet insertion in combination with adenoidectomy – for otitis media with effusion (ENT)
- Percutaneous Laser Revascularisation for Refractory Angina Pectoris (Cardiology)
- Photodynamic Therapy for Wet Age Related Macular Degeneration (Ophthalmology)
- Soft Palate Implants for Obstructive Sleep Apnoea (Respiratory Medicine)
- Transmyocardial Laser Revascularisation for Refractory Angina Pectoris (Cardiology)

The governance mechanism for assurance that the NICE and WHSCC recommendations are being followed is by letter from the ECPS-C to the leads of the service specialties, indicated in brackets above, requesting the assurance.

Assurance mechanisms for specific interventions on the INNU list

Elective Caesarean Section

Performance of Elective Caesarean Section is already audited and monitored effectively within the Women and Children's Directorate. IPFR consideration is not needed. The governance mechanism for assurance that the NICE and WHSCC recommendations are being followed is by letter from the ECPS-C to the Women's' and Children's Directorate Lead requesting confirmation that the Directorate is adhering to recommended practice.

Electro-Convulsive Therapy

Performance of Electro-Convulsive Therapy is already audited and monitored effectively within the Mental Health & Learning Disabilities Directorate. IPFR consideration is not needed. The governance mechanism for assurance that the NICE and WHSCC recommendations are being followed is by letter from the ECPS-C to the Mental Health & Learning Disabilities Directorate Lead requesting confirmation that the Directorate is adhering to recommended practice.

Assurance mechanism for specific interventions on the INNU list

All other interventions on the INNU list require specific criteria or pathways to be in place for them to be performed. The clinical management team of the relevant speciality is responsible for *drawing up* the criteria and development of pathways for these items.

Any clinician wishing to refer a patient for an intervention which is not recommended must use the IPFR pathway for referral.

6. PROCEDURE FOR MONITORING

Monitoring

The Information and Clinical Coding departments produce report based on the INNU list and OPCS codes (where they exist). The reports are distributed to the relevant specialties quarterly.

When an intervention on the INNU list is recorded as having been performed, the ECPS-C requests assurance from specialty leads that interventions are performed to NICE and WHSCC standards or they report exceptions to the standards to ECPS-C.

If a specialty cannot give assurance that an intervention which is coded is being performed according to standards, then the Chair of ECPS-C will report this to QSEAC at the next available meeting.

If interventions identified as "Do not Do" are recorded, ECPS-C requests specialty service delivery managers to account for the record, and copies the response to the Acute Services Quality, Safety and Experience sub-committee.

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- 6. Monitoring (second paragraph). Sentence to read 'when an intervention on the INNU list is recorded as having been performed, the ECP requests *assurance from* the speciality leads that interventions are performed to NICE and WHSCC standards or *they* report exceptions...'

Interventions of high volume

Interventions which appear to be being performed frequently are formally audited on a continual basis to ascertain whether NICE or WHSCC recommendations are being followed.

7. REFERENCES

- Public Health Wales
 - INNU homepage: <http://howis.wales.nhs.uk/sitesplus/888/page/48736>
 - Introduction to INNUs: <http://howis.wales.nhs.uk/sitesplus/888/page/48741>
 - Evidence summaries to support interventions not normally undertaken (INNU): <http://howis.wales.nhs.uk/sitesplus/922/page/62304>
 - Healthcare Prioritisation: <http://www.wales.nhs.uk/sitesplus/888/page/69849>
- National Institute for Health and Care Excellence (NICE): <http://www.nice.org.uk/>
- Welsh Health Specialised Services Committee (WHSSC): <http://www.whssc.wales.nhs.uk/home>
- National Service Frameworks for Wales (NSFs): <http://www.wales.nhs.uk/sites3/home.cfm?orgid=334>
- All Wales Prioritisation Framework 2011: [http://www2.nphs.wales.nhs.uk:8080/HealthTopicLeads.nsf/85c50756737f79ac80256f2700534ea3/c997185d64441b3980257bb80049f48d/\\$FILE/Prioritisation%20Framework Final%2021-12-11.pdf](http://www2.nphs.wales.nhs.uk:8080/HealthTopicLeads.nsf/85c50756737f79ac80256f2700534ea3/c997185d64441b3980257bb80049f48d/$FILE/Prioritisation%20Framework%20Final%2021-12-11.pdf)

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8. APPENDIX 1 - The PHW INNU list, 2016

The following interventions should not be undertaken except in accordance with the accompanying guidance, or with the approval of the IPFR Panel. The table below, linking to the evidence base and details of circumstances in which they may be undertaken, is taken from the Public Health Wales website.

Interventions which NICE classifies as “Do Not Do” are indicated D

Interventions which require Specific criteria to allow them to be referred are indicated S

Interventions which require specific clinical Pathways to be in place for referral are indicated P

Interventions for which there is no OPCS code, or where the coding is ambiguous are indicated Q

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Intervention	Evidence Source http://howis.wales.nhs.uk/sit/esplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
Abrasion Arthroplasty for Knees D	PHW Observatory evidence summary No evidence of effect NICE guidance does not include abrasion arthroplasty as a recommended intervention.	IPFR	Ortho	2018
Assisted Conception Techniques S	WHSSC CP38 HFEA registered procedures only	IPFR	Gynae	Sep 2016
Autologous Chondrocyte Implantation for Knee/Ankle Problems Caused by Damaged Articular Cartilage P	NICE TA89 Only as part of a clinical study	R&D	Ortho	No review date available
Back Pain, Lower S, D	NICE CG88 Multiple approved and "Do not do" procedures – examine Guideline and Pathway	Health Board referral pathway for Chronic Pain	Pain Service	Update in Progress
Bariatric Surgery S	WHSSC CP29 [remains under review at March 2016] Specific criteria in place	WHSSC referral pathway in CP29	Surgery	Apr 2015
Body Contouring: Abdominoplasty and Apronectomy (Tummy Tuck) S	WHSSC CP44 and PP45 Specific criteria in place	IPFR	Surgery	Jul 2016
Body Contouring: Other S	WHSSC CP44 and PP45 Specific criteria in place	IPFR	Surgery	Jul 2016
Breast Prosthesis Removal or Replacement S, Q	WHSSC CP69 NHS implant removal is approved; Private implant removal has restricted approval	WHSSC referral pathway in CP69	Breast Surgery	Dec 2015
Capsule Endoscopy S	NICE IPG101 NICE considers the technique adequate but recommend that other investigations should be considered prior to wireless capsule endoscopy.	IPFR	Gastro	No review date available
Cholecystectomy for Asymptomatic Gallstones S	PHW Observatory evidence summary NICE CG88 • Asymptomatic gallbladder stones found	Service provision in place for symptomatic gallstones	Surgery	Jun 2018

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Intervention	Evidence Source http://howis.wales.nhs.uk/sit/esplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
	<p>in a normal gallbladder and normal biliary tree do not need treatment</p> <ul style="list-style-type: none"> Offer bile duct clearance and laparoscopic cholecystectomy to people with symptomatic or asymptomatic common bile duct stones 			
Chronic Fatigue Syndrome D, S, Q	NICE CG53 Multiple specific 'Do not Do' interventions	IPFR if NICE 'Do not do' recommendations are considered	Psych	No review date available
Circumcision S	WHSSC CP34 0-16 years only, specific indications	WHSSC referral pathway in CP34 IPFR if criteria not met Service provision in place	Surgery	Apr 2017
Cochlear Implants S	WHSSC CP35 NICE TA166	WHSSC referral pathway in CP35	ENT	Aug 2017
Complementary Medicine and Alternative Therapies S, D, Q	<p>PHW Observatory evidence summary</p> <p>This link accesses a list of therapies approved and not approved</p> <p>Requests for single therapies isolated from a formal treatment pathway need referral to a specialty</p>	<p>Service provision in place for some therapies</p> <p>IPFR for therapies which are not recommended</p>	Multi	Jul 2018
Computer Based Cognitive Behaviour Therapy S, D	NICE TA97 Specific 'Do not do' for OCFighter	IPFR	Psych	No review date available
Corneal Implants for the Correction of Refractive Error in the Absence of other Ocular Pathology such as Keratoconus D	NICE IPG225 Only perform if other pathology present	IPFR	Ophth	No review date available
Ear: Correction of Prominent Ears (Pinnaplasty/Otoplasty) S	WHSSC CP43	IPFR Service provision in place	ENT	Jul 2016

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
Ear: Remodelling of Lobe of External Ear S	WHSSC CP43	IPFR	ENT	Jul 2016
Elective Caesarean Section S, D, Q	NICE CG132 Routine clinical indications for LSCS apply. However, there are multiple 'Do not Do' for specific indications for LSCS and associated therapies https://www.nice.org.uk/savingsAndProductivity/collection?page=1&pageSize=2000&type=&published=&impact=&filter=cg132	Specialty governance in place Service provision in place	Obstet	Sept 2016
Electrical and Electronic Field Treatments of Non-Union of Bones I	PHW Observatory evidence summary Evidence is inconclusive: R&D only.	R&D	Ortho	Jul 2018
Electro-Convulsive Therapy S	NICE TA59 Specific criteria to be followed	Specialty governance in place Service provision in place	Psych	No review date available
Endoscopic Lumbar Decompression and Laser Disc Decompression S	NICE IPG31, IPG141, IPG300 NICE 'special arrangements': Only if risks explained and audit and case review in place	IPFR	Ortho	No review date available
Eyelid: Blepharoplasty S, Q	WHSSC CP43 Pathological processes in eyelid only	Service provision in place	Ophth	Jul 2016
Face: Face or Brow Lift (Rhytidectomy) S	WHSSC CP43	IPFR	Surgery	Jul 2016
Face: Xanthelasma Palpebrum S	WHSSC CP42 Subject to specialist clinical assessment, larger lesions or those that have not responded to other treatments may benefit from surgery if the lesion is disfiguring. Supporting clinical evidence detailing previous attempts at treatment must be provided with the referral.	Service provision in place	Ophth	Jul 2016
Facial Atrophy: New Fill Procedures S	WHSSC CP43	IPFR	Surgery	Jul 2016
Female Breast Enlargement S	WHSSC CP69		Surgery	Dec 2015

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
		Service provision in place		
Female Breast Lift (Mastopexy) S	WHSSC CP69	IPFR	Surgery	Dec 2015
Female Breast Reduction S	WHSSC CP69	Service provision in place	Surgery	Dec 2015
Female Breast: Correction of Nipple Inversion S	WHSSC CP69	IPFR	Surgery	Dec 2015
Fibromyalgia in Adults S	PHW Observatory evidence summary This link accesses a list of Recommended and Not Recommended interventions	IPFR for the interventions not recommended	Pain	Aug 2018
Ganglia Surgical Removal S	PHW Observatory evidence summary "...active clinical treatment should only be considered if the ganglion is symptomatic and that in view of the complication rates associated with surgical intervention this should be used as a last resort only."	Service provision in place as of 2016. May be reviewed.	Ortho	Aug 2018
Gender Reassignment S	WHSSC CP21	IPFR	Gyn	Sep 2015
Haemorrhoidectomy S	PHW Observatory evidence summary NICE TA128; IPG34; IPG410; IPG525; IPG342 NICE guidance on the treatment of haemorrhoids recommends stapled haemorrhoidopexy as a possible treatment for people with prolapsed internal haemorrhoids if: · It is carried out with a circular stapler designed for treating haemorrhoids in this way · Surgery is considered a suitable treatment for this condition. NICE interventional procedure guidance states that haemorrhoidal artery ligation is an efficacious alternative to conventional	Service provision in place	Surgery	Mar 2018

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
	haemorrhoidectomy or stapled haemorrhoidopexy in the short and medium term, and that there are no major safety concerns with this procedure. The procedure may be used provided that normal arrangements are in place for clinical governance, consent and audit.			
Hair Depilation – Hirsutism D	WHSSC PP51 Referrals to plastic surgery for treatment of this condition will not be routinely funded.	IPFR	Surgery	Apr 2017
Hallux Valgus (Bunion) Surgery S	PHW Observatory evidence summary The NICE Clinical Knowledge Summary (2012) recommends that referral for bunion surgery is indicated only for pain and is not routinely performed for cosmetic purposes	Service provision in place	Ortho	Mar 2018
Heavy Menstrual Bleeding: Dilation and Curettage/ Hysteroscopy D	NICE CG44 D&C as sole therapy is not recommended	Service provision in place	Gynae	Mar 2018
Heavy Menstrual Bleeding: Hysterectomy D	NICE CG44 Multiple recommendations	Service provision in place	Gynae	No review date available
Hip Arthroscopy Debridement S	NICE IPG408 NICE recommends standard governance arrangements.	Service provision in place IPFR for exceptions	Ortho	No review date available
Hip Prosthesis & Hip Resurfacing Technique S	NICE TA304 Only prostheses with a projected failure rate of less than 5% over 10 years should be used	Service provision in place	Ortho	Feb 2017
Hyperbaric Oxygen Therapy S	WHSSC CP07	IPFR, except for emergency management of diving injury	Med	Feb 2014
Labiaplasty S	WHSSC CP44	IPFR	Gyn	Jul 2016
Laparoscopic Uterine Nerve Ablation for Chronic Pelvic Pain D	NICE IPG234 NICE recommends that the procedure should not be used	IPFR	Pain	No review date available

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
Laser Therapy for Short Sight S	NICE IPG164 Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious for use in appropriately selected patients	Service provision in place	Ophth	No review date available
Liposuction S	WHSSC CP44	IPFR	Surgery	Jul 2016
Lumbar Laser Micro Discectomy S	NICE IPG300 NICE stipulates 'special arrangements'	IPFR	Ortho	No review date available
Male Breast Reduction for Gynaecomastia S	WHSSC CP69	WHSSC referral pathway in CP69 Service provision in place	Surgery	Dec 2015
Manometry and 24 Hour pH Monitoring S	PHW Observatory evidence summary NICE IPG187 on catheterless oesophageal pH monitoring states that: Current evidence on the safety and efficacy of catheterless oesophageal pH monitoring appears adequate to support the use of this technique provided that normal arrangements are in place for consent, audit and clinical governance.	IPFR	Gastro	Apr 2018
Mirror Therapy D	PHW Observatory evidence summary NICE CG162 Long term rehabilitation after stroke does not include mirror therapy in its recommendations	IPFR	Stroke	2015
Nose: Rhinoplasty D	WHSSC CP43 Not for cosmetic reasons	Service provision in place	ENT	Jul 2016
Open Magnetic Resonance Imaging (MRI) D	PHW Observatory evidence summary No high level evidence (guidelines or systematic reviews) was found that considered the effectiveness of open MRI as an intervention compared to closed scanners.	IPFR	Radiol	May 2018
Otitis Media with Effusion: Grommets	NICE CG60	Service provision in place	ENT	Feb 2014

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
S, D	Adenoidectomy with grommet insertion not indicated			
Percutaneous Laser Revascularisation for Refractory Angina Pectoris D	NICE IPG302 The procedure should not be used	IPFR	Cardiol	No review date available
Photodynamic Therapy for Wet Age-Related Macular Degeneration D	NICE TA68 Not indicated for classic subfoveal choroidal neovascularisation	IPFR	Ophth	No review date available
Reversal of Sterilisation (Male and Female) S	PHW Observatory evidence summary Reversal of vasectomy <ul style="list-style-type: none"> The NHS rarely provides reversal operations. Reversal or tubal occlusion <ul style="list-style-type: none"> The NHS rarely provides reversal operations. 	IPFR	Surgery	May 2018
Rhinophyma Surgery or Laser Treatment S	WHSSC CP43	IPFR	ENT	Jul 2016
Scleral Expansion Surgery for Presbyopia D	NICE IPG70 The procedure should not be used	IPFR	Ophth	No review date available
Skin Conditions (Benign) Q	WHSSC CP42	IPFR	Derm	Jul 2016
Skin Conditions: Scar Revision Q	WHSSC CP42	Service provision in place IPFR	Surgery	Jul 2016
Skin Hypopigmentation Q	WHSSC CP42	IPFR	Derm	Jul 2016
Skin Resurfacing Techniques Q	WHSSC CP42	IPFR	Derm	Jul 2016
Soft Palate Implants for Obstructive Sleep Apnoea D	NICE IPG241 The procedure should not be used	IPFR	ENT	No review date available
Subthalamotomy for Parkinson's Disease S	NICE IPG65 NICE stipulates 'special arrangements'	IPFR	Med	No review date available
Tattoo Removal S	WHSSC CP42	IPFR	Derm	Jul 2016
Therapeutic Use of Ultrasound in Hip & Knee Osteoarthritis	PHW Observatory evidence summary	IPFR	Ortho	Sep 2018

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
S	Current NICE Clinical Knowledge Summary (CKS) on osteoarthritis: any joint (2015) ³ and NICE Guidance on osteoarthritis: Care and Treatment in adults (2014) ² do not include <i>therapeutic use of ultrasound</i> as a recommended intervention for the management of hip and knee osteoarthritis neither do they include this intervention amongst <i>treatments not recommended</i> .			
Tonsillectomy S	<p>PHW Observatory evidence summary</p> <p>The following are recommended as indications for consideration of tonsillectomy for recurrent acute sore throat in both children and adults</p> <ul style="list-style-type: none"> • sore throats are due to acute tonsillitis • the episodes of sore throat are disabling and prevent normal functioning • seven or more well documented, clinically significant, adequately treated sore throats in the preceding year or • five or more such episodes in each of the preceding two years or • three or more such episodes in each of the preceding three years 	Service provision in place	ENT	June 2018
Transmyocardial Laser Revascularisation for Refractory Angina Pectoris D	<p>NICE IPG301</p> <p>The procedure should not be used.</p>	IPFR	Cardio	No review date available
Treatment for Erectile Dysfunction S	<p>PHW Observatory evidence summary</p> <p>A NICE clinical knowledge summary on erectile dysfunction states that first line treatment for erectile dysfunction is normally oral PDE-5 inhibitors (sildenafil, tadalafil and vardenafil) irrespective of the cause</p>	IPFR	Surg	Sep 2018

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Intervention	Evidence Source http://howis.wales.nhs.uk/sitesplus/888/page/48736	Referral procedure, or approval required to perform	Service Delivery	Review Date
Treatment for Sleep Apnoea S	NICE TA139 Pathway for managing Obstructive Sleep apnoea	Service provision in place	Resp Med	No review date available
Varicose Veins S	NICE IPG526; CG168; IPG435; IPG440; IPG137; IPG8; IPG52 NICE CG168 recommends: For people with confirmed varicose veins and truncal reflux Offer endothermal ablation. If endothermal ablation is unsuitable, offer ultrasound-guided foam sclerotherapy. Multiple specific managements are recommended	Service provision in place	Surgery	No review date available
Vascular Skin Lesions S	WHSSC CP42	IPFR	Derm	Jul 2016