

LIST OF INTERVENTIONS NOT NORMALLY UNDERTAKEN BY CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Executive Lead: Executive Director of Public Health, Cardiff and Vale University Health Board

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Clinical Effectiveness Group (18th January 2016)
Quality, Safety and Experience Committee (18th September 2018)
Quality Safety and Experience Committee (30 August 2022)

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Linked Documents: **Please note** - Embedded documents are available on request

Please read the following documents alongside this list:

- *Cardiff and Vale UHB Policy on Interventions not Normally Undertaken*
- *NHS Wales Policy on Making Decisions on Individual Patient Funding Requests*
- *NHS Wales Patient Guide to Individual Patient Funding Requests (IPFR)*

Version control	Review date	Reviewed by	Completed action	Ratified by	Date ratified	New review date
v02	October 2015 19/09/12 & July & Nov 2015 24/02/12 & July 2015	PCIC and CD & T Clinical Boards Clinical Effectiveness Group & Surgery Clinical Board review National Orthopaedic Innovation & Delivery Board & Surgery Clinical Board review	New policy statements prepared on: <ul style="list-style-type: none"> • Open MRI scans • Spinal injections for spinal surgery • Spinal injections for pain medicine • Hallux valgus 	Clinical Effectiveness Group	18/01/16	List of Interventions Not Normally Undertaken is subject to continuous review.
V02 + minor amendments		Request from Dental Clinical Board for slight amendment to criteria & inclusion of updated evidence.	Slight change to wording of criteria for Dental implants.	Chair's action (Dr Sharon Hopkins).	24/10/16	
V03	August 2018	Consultant in Public Health and Clinical boards	Review of OCPS codes, intervention statements and updating of evidence for of all interventions in the INNU list			

			Addition of nasal surgery for snoring intervention.			
V04	August 2022	Consultant in Public Health and all Clinical Boards review	Rapid review of intervention statements considering additions, removals and changes needed due to revised evidence. Revision of Caesarean Section in line with NICE guidance	Quality Safety and Experience Committee	30 August 2022	This is a live list. Return to formal review of INNU list every three years with updates as needed in between as clinical policies are updated.

PART 1: LIST OF INTERVENTIONS NOT NORMALLY UNDERTAKEN BY THE CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Clinical Board	Office of Population Censuses & Surveys (OPCS) code	Intervention	Criteria for Use without an Individual Patient Funding Request	Links to Further Information or Clinical Evidence Base
Children and Women Obstetrics and Gynaecology	R17.1 R17.2 R17.8 R17.9	Elective Caesarean Section (CS)	<p>Can be undertaken when patients meet one or more of the following:</p> <ul style="list-style-type: none"> • HIV (only if recommended by a HIV consultant) • Both HIV and Hepatitis C (as above, there is no evidence that CS should be performed for Hepatitis C alone) • Primary genital herpes in the third trimester (active genital herpes at the onset of labour) • Grade 3 and 4 placenta previa • Previous upper segment caesarean section / type unknown • Previous significant uterine perforation/surgery breaching cavity • A term singleton breech (if external cephalic version is contraindicated, failed or declined) • A twin pregnancy regardless of chorionicity with breech or smaller first twin • A monochorionic twin pregnancy after appropriate discussion about the risks of acute TTTS • A previous caesarean section if VBAC (Vaginal Birth after Caesarean) has been declined or is felt to be inappropriate • A previous traumatic vaginal delivery if VBAC has been fully explored but declined • A fetus at high risk of fetal distress in labour e.g. known severe placental insufficiency • A woman with tocophobia who has requested caesarean section, providing that her concerns have been fully 	<p>NICE Clinical Guideline 192 Caesarean Section (2021) https://www.nice.org.uk/guidance/ng192</p>

			<p>explored and documented AND support and counselling has been made available AND the patient has attended the Birth Choices Clinic (she should have been offered a referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her fears in a supportive manner. If, after providing such support, a vaginal birth is still not an acceptable option, an elective c-section can be supported).</p> <p>Patient request Where vaginal birth is still not an acceptable option after discussion of the benefits and risks with a senior midwife or obstetrician and offer of support, then a planned Caesarean section should be offered."</p> <p>An IPFR is required for all other circumstances.</p>	
Children and Women Obstetrics and Gynaecology	Q37.- Q29.- N18.1	Sterilisation – Reversal of (male and female)	<p>Can be used:</p> <p>If death of an existing child has occurred</p> <ul style="list-style-type: none"> • If remarried after death of spouse • If loss of unborn child when vasectomy has taken place during the pregnancy. <p>Request for exemption required in all other cases.</p>	<p>Royal College of obstetricians and Gynaecologists. FRSH Clinical Guidance Male and female sterilisation. September 2014: https://www.fsrh.org/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/</p> <p>The evidence suggests that reversal of sterilisation for both females and males appear to be effective methods of restoring fertility. Those seeking sterilisation should be fully advised and counselled in accordance with Royal College of Obstetricians and Gynaecologists guidelines that the procedure is intended to be permanent.</p>

Children and Women Obstetrics and Gynaecology	Q10.3 Q18.-	Heavy Menstrual Bleeding - Dilation and curettage (D&C)/ Hysteroscopy	<p>D&C should NOT be used as a therapeutic treatment or as a diagnostic tool for heavy menstrual bleeding so will not receive prior approval for these conditions.</p> <p>Hysteroscopy can be used when it is carried out:</p> <ul style="list-style-type: none"> As an investigation for structural and histological abnormalities where ultrasound has been used as the first line diagnostic tool and where the outcomes are inconclusive When undertaking endometrial ablation <p>Request for exemption required in all other cases.</p>	<p>NICE Guideline 88 Heavy menstrual bleeding: Assessment and management:</p> <p>https://www.nice.org.uk/guidance/ng88</p>
Children and Women Obstetrics and Gynaecology	Q07.- Q08.-	Heavy Menstrual Bleeding - Hysterectomy	<p>Can be used when other treatment options have failed, are contraindicated or are declined by the woman</p> <p>Request for exemption required in all other cases.</p>	<p>NICE Guideline 88 Heavy menstrual bleeding: Assessment and management:</p> <p>https://www.nice.org.uk/guidance/ng88</p>

<p>Clinical Diagnostic and Therapeutics</p> <p>Radiology</p>	<p>No code</p>	<p>Open MRI scans</p>	<p>Conventional MRI scanning is provided locally by Cardiff and Vale UHB. It is expected that all patients requiring an MRI scan would use this service. Open MRI scanning will usually only be used when patients meet one of the criteria:</p> <p>Category 1 – Claustrophobia</p> <p>In the first instance, the Radiology department can meet with a patient that has concerns regarding claustrophobia and MRI scanning - a member of staff can describe the process to the patient and show them the scanner. If these fears cannot be alleviated by the Radiology Department, there is an option for sedation. <i>If suitable</i>, the patient will be referred to their General Practitioner for a prescription of a sedative which can be used during the scan. In most cases this is sufficient to enable an MRI scan to be performed.</p> <p>The patient must have had a failed attempt at conventional (closed) MRI with oral sedation, where appropriate, prior to acceptance for Open MRI.</p> <p>If the conventional option is not suitable (after review) and the referring clinician still feels that an Open MRI scan is needed, then the patient could be considered for an Open MRI scan.</p> <p>Category 2 - Patient Size</p> <p>The size of a patient and the restriction of the MRI scanner tunnel will vary depending on the patients and the circumstances. Some patients may be large but would still be suitable for a conventional closed MRI. In the first instance, the patient should be invited to attend the radiology department and be formally assessed by MRI radiographer for suitability. The patient can be talked through the procedure, and shown the scanner. The Radiographer will examine the evidence presented, and make judgement on whether to proceed with the MRI scan.</p> <p>If the closed MRI is not suitable (after review) and the referring clinician still feels that an MRI scan is needed, then the patient could be considered for an Open MRI. It should be noted that MRI may not be the imaging modality of choice for patients in this category and referral to a Specialist may be preferable.</p> <p>Request for exemption required in all other cases</p>	<p>A process is in place both for primary and secondary care referrals for open MRI.</p>
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Clinical Diagnostic and Therapeutics Therapies	X61.-	Complementary Therapies	<p>Can be used as treatment as part of a mainstream service care plan (e.g. as part of an integrated multidisciplinary approach to symptom control by a hospital based pain management team) and as such will be used as part of an existing contract.</p> <p>The UHB will not support referral outside of the NHS for these services.</p> <p>Request for exemption required in all other cases.</p>	<p>The evidence suggests that there are large numbers of complementary and alternative therapies that have not been subject to the trials used to establish the effectiveness of conventional clinical treatments. The evidence base is developing and up to date evidence on complementary therapies and alternative treatments can be obtained from the Cochrane library and specialist evidence of NHS Library.</p>

Dental	F11.5 F11.6	Dental Implants	<p>Can be used for patients who need post cancer reconstruction, hypodontia, major trauma with bone loss, or on the advice of NHS specialists as outlined in the Dental Hospital Referral Criteria for Restorative Dentistry:</p> <p>Dental hospital referral guidelines.PDF . Request for exemption required in all other cases.</p>	<p>Royal College of Surgeons Guidelines for selecting appropriate patients to receive treatment with dental implants: Priorities for the NHS (2012): https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines-20121009_final.pdf?la=en Updated 2019 guidance https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines.pdf</p> <p>The evidence suggests that dental implants have been shown to be a successful treatment. However, dental implant treatment should only be provided by appropriately trained dentists in accordance with General Dental guidance</p>
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Dental	F12.1	Apicectomy	<p>Can be used for:</p> <ul style="list-style-type: none"> • Presence of periradicular disease, with or without symptoms in a root filled tooth, where non surgical root canal re-treatment cannot be undertaken or has failed, or where conventional re-treatment may be detrimental to the retention of the tooth • Presence of periradicular disease in a tooth where iatrogenic or developmental anomalies prevent non surgical root canal treatment being undertaken • Where biopsy of periradicular tissue is needed • Where visualisation of the periradicular tissues and tooth root is required when perforation, root crack or fracture is suspected • Where procedures are required that need either tooth sectioning or root amputation • Where it may not be expedient to undertake prolonged non-surgical root canal re-treatment because of patient considerations. <p>Request for exemption required in all other case</p>	<p>Royal College of Surgeons of England. Guidelines for surgical endodontics 2012: https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/surgical_endodontics_2012.pdf?la=en</p> <p>The evidence suggests that the success rate of apical surgery on molar teeth is low.</p>
Dental	F14.- F15.-	Orthodontic treatments of essentially cosmetic nature	<p>Priority will be based on those with high Index of Orthodontic Treatment Need Scores - 5, 4 and 3 where a significant aesthetic component can be demonstrated and those with other major conditions e.g. cancers, craniofacial deformity.</p> <p>Request for exemption required in all other cases.</p>	<p>Evidence based on expert opinion suggests that orthodontic treatment should be directed at those individuals in which the greatest benefit can be achieved.</p>
Dental	F09.3	Wisdom teeth - removal of asymptomatic	<p>Can be used in cases where there is evidence of pathology.</p> <p>Request for exemption required in all other cases</p>	<p>NICE Technology Appraisal 1 Guidance on the extraction of wisdom teeth: http://guidance.nice.org.uk/TA1</p> <p>Impacted wisdom teeth free from disease should not be operated on.</p>

Surgery Ophthalmology	C44.8 C46.4 C46.8 + Y02.1	Corneal implants for the correction of refractive error in the absence of other ocular pathology e.g.keratoconus.	No routine exemption criteria. Request for exemption required in all cases.	<p>NICE Interventional Procedures Guidance 225 Corneal implants for the correction of refractive error: http://guidance.nice.org.uk/IPG225/guidance/pdf/English</p> <p>NICE Do not do recommendation</p> <p>Current evidence on the efficacy of corneal implants for the correction of refractive error shows limited and unpredictable benefit. In addition, there are concerns about the safety of the procedure for patients with refractive error that can be corrected by other means, such as spectacles, contact lenses, or laser refractive surgery.</p>
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Surgery Ophthalmology	C55.4	Scleral expansion surgery for presbyopia	No routine exemption criteria. Request for exemption required in all cases.	<p>NICE Interventional Procedures Guidance 70 Scleral expansion surgery for presbyopia: http://guidance.nice.org.uk/IPG70</p> <p>NICE Do not do recommendation</p> <p>Current evidence on the safety and efficacy of scleral expansion surgery for presbyopia is very limited. There is no evidence of efficacy in the majority of patients. There are also concerns about potential risks of the procedure.</p>
Surgery Ophthalmology	C44 + C45	Laser therapy for short sight	<p>Can be used if the patient has a biometry error following cataract surgery.</p> <p>Request for exemption required in all other cases.</p>	<p>NICE Interventional Procedures Guidance 164 Photorefractive (laser) surgery for the correction of refractive errors: https://www.nice.org.uk/guidance/ipg164</p> <p>Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious for use in appropriately selected patients. However, the safety and effectiveness of this procedure should be considered against the alternative methods of correction: spectacles and contact lenses.</p>

Surgery Ophthalmology	C88.2	Photodynamic Therapy (PDT) for late Age-related Macular Degeneration (AMD) (wet active)	Only to be offered as an adjunct to anti-VEGF as second- line treatment for late AMD (wet active) in the context of a randomised controlled trial. Request for exemption required in all other cases.	NICE Guideline 82 Age-related macular degeneration: https://www.nice.org.uk/guidance/ng82/resources/agerelated-macular-degeneration-pdf-1837691334853 NICE Do not do recommendations: Do not offer photodynamic therapy alone for late AMD (wet active). Do not offer photodynamic therapy as an adjunct to anti- VEGF as first-line treatment for late AMD (wet active).
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Surgery Cardiac/vascular	K23.4 + Y08.5	Percutaneous laser revascularisation for refractory angina pectoris	No routine exemption criteria. Request for exemption required in all cases.	<p>NICE Interventional Procedures Guidance 302 Percutaneous laser revascularisation for refractory angina pectoris : http://www.nice.org.uk/nicemedia/pdf/IPG302Guidance.pdf</p> <p>NICE Do not do recommendation</p> <p>Current evidence on percutaneous laser revascularisation (PLR) for refractory angina pectoris shows no efficacy and suggests that the procedure may pose unacceptable safety risks.</p>
Surgery Cardiac	K23.4 + Y08.5	Transmyocardial laser revascularisation (TMLR) for refractory angina pectoris	No routine exemption criteria. Request for exemption required in all cases.	<p>NICE Interventional Procedures Guidance 301 Transmyocardial laser revascularisation for refractory angina pectoris: http://www.nice.org.uk/nicemedia/pdf/IPG301FullGuidance.pdf</p> <p>NICE Do not do recommendation</p> <p>Current evidence on TMLR for refractory angina pectoris shows no efficacy, based on objective measurements of myocardial function and survival. Current</p>

				evidence on safety suggests that the procedure may pose unacceptable risks.
Surgery Orthopaedics	U13.2 + Z84.3 + Z84.6	Therapeutic use of ultrasound in hip and knee osteoarthritis	No routine exemption criteria. Request for exemption required in all cases.	
Surgery Orthopaedics	T59.- T60.-	Ganglia – Surgical Removal	Can be used if the ganglion is very painful and restricts work and hobbies (subject to specialist surgical assessment and advice). Request for exemption required in all other cases.	The evidence suggests that there is a high rate of spontaneous resolution for ganglia and that reassurance should be the first therapeutic intervention for most patients and all children

Surgery Orthopaedics	W71.4 W85.3	Autologous Chondrocyte implantation for knee/ ankle problems caused by damaged articular cartilage	<p>Can be used in line with NICE guidance.</p> <p>As of 2 August 2022 NICE guidance states: Autologous chondrocyte implantation (ACI) is recommended as an option for treating symptomatic articular cartilage defects of the knee, only if:</p> <ul style="list-style-type: none"> • the person has not had previous surgery to repair articular cartilage defects • there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) • the defect is over 2 cm² and • the procedure is done at a tertiary referral centre. <p>Request for exemption required in all other cases.</p>	<p>NICE Technology Appraisal 477: Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee: https://www.nice.org.uk/guidance/ ta477</p>
Surgery Orthopaedics	NO CODE	Electrical & electromagnetic field treatments bone non-union	No routine exemption criteria. Request for exemption required in all cases.	
Surgery Orthopaedics	NO CODE	Abrasion arthroplasty	No routine exemption criteria. Request for exemption required in all cases.	

Surgery Orthopaedics Clinical Diagnostic and Therapeutics Radiology	U21.1 + Z66.5	Low Back Pain (Non-specific) – Plain X-rays of lumbar spine & MRI scans	MRI scans can be used in the context of a referral for an opinion on spinal fusion or if one of the following diagnoses are suspected: <ul style="list-style-type: none"> • Spinal malignancy • Infection • Fracture • Cauda Equina Syndrome • Ankylosing Spondylitis or another Inflammatory Disorder. Request for exemption required in all other cases.	NICE Guideline 59 Low back pain and sciatica in over 16s: assessment and management: https://www.nice.org.uk/guidance/ NG59
Surgery Orthopaedics / anaesthetics Clinical Diagnostic and Therapeutics Therapies	M45.59 (ICD10 code)	Low Back Pain (Non-specific) - Management	Do not offer the following for the management of low back pain with or without sciatica: <ul style="list-style-type: none"> • Belts or corsets • Foot orthotics • Rocker sole shoes • Traction • Acupuncture • Ultrasound • Percutaneous electrical nerve stimulation (PENS) • Transcutaneous electrical nerve stimulation(TENS) • Interferential therapy The following referrals should NOT be offered for the early management of persistent non-specific low back pain: <ul style="list-style-type: none"> • Radiofrequency facet joint denervation • Percutaneous electrothermal treatment of the intervertebral disc annulus • Percutaneous intradiscal radiofrequency treatment (PIRFT) 	NICE Guideline 59 Low back pain and sciatica in over 16s: assessment and management: https://www.nice.org.uk/guidance/ NG59 NICE IPG 544 Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica https://www.nice.org.uk/guidance/ ipg544 NICE IPG 545 Percutaneous intradiscal radiofrequency treatment of the intervertebral disc nucleus for low back pain https://www.nice.org.uk/guidance/ ipg545

Surgery Orthopaedics Specialist Services Neurosurgery	A52.1 A52.2 A52.8 A52.9 A54.9 A57.7 V54.4	Spinal Injections for Spinal Surgery	<p>Before the use of spinal injections is considered, all patients must have been treated using conservative management techniques, as described in the UHB back pain pathway, and failed to achieve sufficient pain control.</p> <p>Spinal injections serve both a therapeutic and diagnostic role. The specific indications for which each of the three types of spinal injection may routinely be used are:</p> <ol style="list-style-type: none"> 1. Lumbar and sacral epidural injections (A52.1, A52.2, A52.8) should only be used for therapeutic reasons where the diagnosis of spinal stenosis has been made and for post spinal stabilisation radicular pain where a nerve block might be difficult due to anatomical reasons. 2. Facet joint and sacro-iliac injections (V54.4) should be used for diagnostic purposes only. This may need to be repeated to ascertain consistency. 3. Spinal Nerve root blocks (A577) may be used for radicular pain. <p>Injections should not be used more than twice in the same individual for the same episode of pain. If pain persists beyond this and no significant surgical target has been identified, the patient may require referral to the Pain Team to be assessed for management of chronic pain.</p> <p>Request for exemption required for the use of spinal injections in all other circumstances.</p>	
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<p>Surgery</p> <p>Anaesthetics: Pain Medicine</p>	<p>A52.1 A52.2 A52.8 A52.9 A54.9 A57.7 V54.4 W90.3</p>	<p>Spinal Injections for Pain Medicine</p>	<p>Before the use of spinal injections is considered, all patients must have been treated using appropriate conservative management techniques, as described in the UHB back pain pathway, and failed to achieve sufficient pain control.</p> <p>The specific indications for which each of the three types of spinal injection may routinely be used are:</p> <ol style="list-style-type: none"> 1. Lumbar and sacral epidural injections (A52.1, A52.2, A52.8) may be used for the following therapeutic reasons: <ol style="list-style-type: none"> a. Where the diagnosis of spinal stenosis has been made. b. For post spinal stabilisation radicular pain, where a nerve block might be difficult due to anatomical reasons. c. In patients with leg pain, either before or after back surgery, presenting with stenotic or radicular leg pain. 2. Facet joint and sacro-iliac injections (V54.4, W90.3) may be used for diagnostic and therapeutic purposes in patients suffering from chronic low back pain for greater than one year, as detailed below. <ol style="list-style-type: none"> a. Diagnostic facet joint injections may be used in order to identify patients that benefit from therapeutic Radiofrequency ablation of nerve to the facet joint in specific facet joint related back pain identified as such. b. Therapeutic facet and sacroiliac injections may be used in patients with specific facet or sacroiliac related back pain and/or referred leg pain <p>Spinal Nerve root blocks (A57.7) may be used for radicular pain. Repeat spinal nerve root block may be required if pain persists and no significant surgical target has been identified.</p> 3. Repeated therapeutic injections may be required in patients unable to tolerate oral medications, the independent elderly intolerant of analgesics, patients with drug dependence issues, young patients trying to avoid medication related side effects for example to retain their job, care for a family or continue study, and patients with concomitant worsening mental illness due to chronic pain uncontrolled despite optimal medical management. <p>Spinal injections should not be used more than twice in the same individual for the same episode of pain. Such repeated injections should only be carried out if the patient reports ongoing pain relief (measured at first follow up) of greater than 50%, with improved physical functioning as demonstrated utilising suitable standardised outcome measures, 3 months or more post procedure. Request for exemption is required for the use of spinal injections in all other circumstances.</p> 	<p>In the pain clinic, spinal injections serve both a therapeutic and diagnostic role. All spinal injections will be performed following a thorough bio psychosocial assessment and discussion with a consultant in pain medicine. They will always be performed as a part of a comprehensive pain management plan with the intention of improving patients' physical functioning and enabling participation in rehabilitative physiotherapy and/ or psychotherapy as appropriate within individualised pain management plans. The goal of spinal injections will be facilitation of pain management via reduction of the intensity of physical symptoms in order to promote patient engagement with self-management strategies in the long term.</p>
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Surgery Orthopaedics	W15.1 W15.2 W15.3 W15.6 W15.8 W16.4 W57.1 W59.3 W71.2 W79.1 W79.2	Hallux valgus (bunion): Surgical correction	Only patients identified with the following criteria should be listed for treatment: <ul style="list-style-type: none"> • Osteoarthritis affecting the 1st metatarsal phalangeal joint • Impending or actual skin compromise • Evidence of transfer metatarsalgia with mechanical changes requiring intervention e.g. claw toe 	
Surgery Orthopaedics	W58.1 + Z84.3	Hip Resurfacing Techniques apart from in-line with published NICE guidance	Can be used in line with NICE guidance. As of 2 August 2022 NICE guidance states: Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years. Request for exemption required in all other cases.	NICE Technology Appraisal 304 Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip: https://www.nice.org.uk/guidance/ta304
Surgery Orthopaedics	V25.- + Y08.- Y76.3	Endoscopic Lumbar Decompression and Laser Disc Decompression	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: https://www.nice.org.uk/guidance/ipg570
Surgery Orthopaedics	V33.7 + Y08.-	Laser Lumbar Micro-Discectomy	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: https://www.nice.org.uk/guidance/ipg570

Surgery Orthopaedics	W86.8	Hip Arthroscopy & Debridement	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 408 Arthroscopic femoro–acetabular surgery for hip impingement syndrome: https://www.nice.org.uk/guidance/ipg408
Surgery Orthopaedics	W37.- W38.- W39.- W93.- W94.- W95.-	Hip Prostheses	Can be used in line with NICE guidance. As of 2 August 2022 NICE guidance states: Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years. Request for exemption required in all other cases.	NICE Technology Appraisal 304 Total hip replacement and resurfacing arthroplasty for end- stage arthritis of the hip: https://www.nice.org.uk/guidance/ta304
Surgery ENT	F34.-	Tonsillectomy – children & adults	Can be used if patients meet ALL of the following criteria prior to referral: <ul style="list-style-type: none"> • Sore throat is due to tonsillitis • Five or more episodes of sore throat per year • Symptoms for at least one year • Episodes of sore throat are disabling and prevent normal function Request for exemption required in all other cases.	A six-month period of watchful waiting is recommended prior to tonsillectomy to establish firmly the patterns of symptoms and allow the patient to consider fully the implications of the operation. Once a decision is made for tonsillectomy, this should be performed as soon as possible, to maximise the period of benefit before natural resolution of symptoms might occur.

Surgery ENT	F32.8	Soft-palate implants for obstructive sleep apnoea	<p>No routine exemption criteria. As of 2 August 2022 NICE Guidance states: Current evidence on soft-palate implants for obstructive sleep apnoea raises no major safety concerns, but there is inadequate evidence that the procedure is efficacious in the treatment of this potentially serious condition for which other treatments exist. Therefore, soft-palate implants should not be used in the treatment of this condition.</p> <p>Request for exemption required in all cases.</p>	<p>NICE Interventional Procedures Guidance 241 Soft-palate implants for obstructive sleep apnoea: http://www.nice.org.uk/nicemedia/pdf/IPG241Guidance.pdf</p> <p>NICE Do not do recom mendat ion</p>
Surgery ENT		Nasal surgery for snoring	No routine exemption criteria. Request for exemption required in all cases.	Included on National Do Not Do list
Surgery ENT	D15.1	Grommets - Drainage of middle ear in otitis media with effusion (OME)	<p>Can be used where there has been a period of at least three months watchful waiting from the date of the first appointment with an audiologist or GP with special interest in ENT AND the child is placed on a waiting list for the procedure at the end of this period; AND otitis media with effusion persists after three months AND the child (who must be over three years of age) suffers from at least one of the following:</p> <ul style="list-style-type: none"> • At least 3-5 recurrences of acute otitis media in a year • Evidence of delay in speech development • Educational or behavioural problems attributable to persistent hearing impairment, with a hearing loss of at least 25dB particularly in the lower tones (low frequency loss) • A significant second disability such as Down's syndrome. <p>Request for exemption required in all other cases.</p>	<p>NICE Clinical Guideline 60 Otitis media with effusion in under 12s surgery: http://www.nice.org.uk/nicemedia/pdf/CG60fullguideline.pdf</p>

Surgery Vascular	L84.- L85.- L86.- L87.- L88.-	Varicose Veins – asymptomatic & mild/moderate cases	<p>Can be used in the following circumstances:</p> <ul style="list-style-type: none"> • ulcers/history of ulcers secondary to superficial venous disease • liposclerosis • varicose eczema • history of phlebitis. <p>Request for exemption required in all other cases.</p>	<p>NICE Guidance CG168 <u>Varicose veins: diagnosis and management (nice.org.uk)</u></p> <p>In some people varicose veins are asymptomatic or cause only mild symptoms, but in others they cause pain, aching or itching and can have a significant effect on their quality of life. This policy relates to asymptomatic and mild/ moderate cases.</p> <p>Most varicose veins require no treatment. The most common complaint about varicose veins is their appearance. When bleeding or ulceration occurs referral may be appropriate and of that number some may benefit from surgical intervention.</p>
Surgery Gynaecology	A79.8 + Y08.-	Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain	<p>No routine exemption criteria.</p> <p>As of 2 August 2022 the NICE guidance states: The evidence on laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain suggests that it is not efficacious and therefore should not be used.</p> <p>Request for exemption required in all cases.</p>	<p>NICE Interventional Procedures Guidance 234 Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain: <u>http://guidance.nice.org.uk/IPG2 34</u></p>

Surgery Gastroenterology	G80.2	Capsule Endoscopy/ Pillcam	Can be used for disease of the small bowel for: <ul style="list-style-type: none"> • Overt or transfusion dependant bleeding from GI tract, when source not identified on OGD/ Colonoscopy • Crohns Disease in whom strictures are not suspected • Hereditary GI polyposis syndromes Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 101: Wireless capsule endoscopy for investigation of the small bowel: http://guidance.nice.org.uk/IPG1_01
Surgery Gastroenterology	J18.1 J18.2 J18.3 J18.4 J18.5 J18.8 J18.9	Cholecystectomy (for asymptomatic gall stones)	Can be used in patients who are at increased risk of developing gallbladder carcinoma or gallstone complications. Request for exemption required in all other cases.	There is insufficient evidence of clinical effectiveness of cholecystectomy (for asymptomatic gallstones). <u>Gallstone disease: diagnosis and management</u> (nice.org.uk)
Surgery Gastroenterology	H51.-	Haemorrhoidectomy	Can be used in cases of: <ul style="list-style-type: none"> • Recurrent haemorrhoids • Persistent bleeding • Failed conservative treatment Request for exemption required in all other cases.	https://www.rcseng.ac.uk/-/media/files/rcs/library-and-publications/non-journal-publications/rectal-bleeding--commissioning-guide.pdf The evidence suggests that first and second degree haemorrhoids are classically treated with some form of non-surgical ablative/ fixative intervention, third degree treated with rubber band ligation or haemorrhoidectomy, and fourth degree with haemorrhoidectomy.
Surgery Neurosurgery	No code	Subthalamic nucleotomy for Parkinson's disease	Can be used in line with NICE guidance. As of 2 August 2022 the NICE guidance states: Current evidence on the safety and efficacy of subthalamotomy for Parkinson's disease does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 65 Subthalamotomy for Parkinson's disease: https://www.nice.org.uk/guidance/ipg65

Surgery Urology	N29.1	Treatment for Erectile Dysfunction (ED)	<p>Can be used in accordance with the agreed service specification of:</p> <ul style="list-style-type: none"> a. Assessment by specialist ED providers for patients with ED referred by GPs. b. Treatment (drug or mechanical device) for ED in line with WHC (1999) 06 i.e. for patients suffering from ED who fall into the eligible groups for NHS prescriptions from GPs. c. Treatment (drug or mechanical device) by specialist ED providers for patients categorised as suffering with ED and severe distress who do not fall into 1(b). <p>Request for exemption required in all other cases.</p>	<p>Cardiff and Vale Formulary and Erectile Dysfunction Care Pathway</p> <p>http://cardiffandvaleuhb.inform.wales.nhs.uk/favicon.ico</p>
Medicine Gastroenterology	No code	pH/Manometry Impedance Studies	No routine exemption criteria for adults. Request for exemption required in all adult cases.	
Medicine Rheumatology	M79.09 (ICD10 code)	Fibromyalgia in adults: In patient pain management/ specialised fibromyalgia programmes	There is no cure for fibromyalgia syndrome and treatment is aimed at alleviation of symptoms. There are no agreed criteria for referral to inpatient pain management or specialised fibromyalgia programmes without an Individual Patient Funding Request (IPFR).	
Medicine Respiratory Children & Women CAMHS	No code	Melatonin for delayed sleep phase disorder	<p>No routine exemption criteria for use in adults. Request for exemption required in all adult cases.</p> <p>Use in children and adolescents should be specialist initiated and in line with Shared Care Protocol CV54</p> <p>Please refer to Cardiff and Vale formulary http://cardiffandvaleuhb.inform.wales.nhs.uk/favicon.ic o</p>	<p>Shared care protocol CV54: Melatonin for children and adolescents (up to and including 18 years) with significant sleep onset difficulties</p> <p>https://www.wmic.wales.nhs.uk/ cv54-melatonin/</p>

Medicine Stroke services Clinical Diagnostic and Therapeutics General rehabilitation	No code	Slings and Pulleys	No routine exemption criteria. Request for exemption required in all cases.	National Clinical Guidelines for Stroke 2016 https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx
Mental health	X66.-	Computer Based Cognitive Behavioural Therapy	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Clinical Guideline Depression in adults: treatment and management https://www.nice.org.uk/guidance/ng222 NICE Clinical Guideline 91 Depression in adults with a chronic physical health problem: recognition and management: www.nice.org.uk/guidance/cg91 NICE Clinical Guideline 159 Social anxiety disorder: recognition, assessment and treatment www.nice.org.uk/guidance/cg159

Mental health	A83.8 A83.9	Electroconvulsive Therapy (ECT)	Can be used in line with NICE guidance. Request for exemption required in all other cases.	<p>NICE Technology Appraisal 59 Guidance on the use of electroconvulsive therapy: www.nice.org.uk/Guidance/TA59</p> <p>NICE Clinical Guideline 222 Depression in adults: recognition and management: https://www.nice.org.uk/guidance/ng222</p>
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Please refer to the Cardiff and Vale Prescribing Formulary for a list of medicines and their indications approved for use within Cardiff and Vale UHB. The formulary can be found at: <http://cardiffandvaleuhb.inform.wales.nhs.uk>

Technology appraisal decisions produced by the National Institute of Health and Care Excellence (NICE) and medicines appraisal decisions from All Wales Medicines Strategy Group can be found at: <https://www.nice.org.uk/guidance/published?type=ta>
<http://www.awmsg.org/awmsgonline/app/report;jsessionid=4f4bcc7791af5daa9bfd99212284?execution=e1s1>

PART 2: SERVICES COMMISSIONED BY WELSH HEALTH SPECIALISED SERVICES (WHSSC)

LIST OF SPECIALISED SERVICES COMMISSIONING POLICIES AND SERVICE SPECIFICATIONS

The policies and commissioned services are available to view on the WHSSC website¹ [All Policy Documents - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.welshhealthspecialisedservices.com)

As of 2 August 2022 the list is as follows, but since this is subject to change please see the website for the latest version:

[Abdominoplasty/Apronectomy following Significant Weight Loss, Policy Position Statement \(PP45\), July 2013 \(PDF, 578Kb\)](#)

[Adult Congenital Heart Disease Services \(Levels 1 and 2\) for people aged 16 and over, Service Specification \(CP214\). June 2022 \(PDF, 423Kb\)](#)

[All Wales Posture and Mobility, Service Specification \(CP59\). April 2017 \(PDF, 1.5Mb\)](#)

[Allogeneic Haematopoietic Stem Cell Transplant \(HSCT\) for people of all ages with Sickle Cell Disease \(SCD\), Commissioning Policy \(CP224\). November 2021 \(PDF, 443Kb\)](#)

[Alternative and Augmentative Communication \(AAC\), Commissioning Policy \(CP93a\), May 2019 \(PDF, 570Kb\)](#)

[Asfotase Alfa for Treating Paediatric Onset Hypophosphatasia \(PP156\).pdf \(PDF, 284Kb\)](#)

[Ataluren for Treating Duchenne Muscular Dystrophy with a Nonsense Mutation in the Dystrophin Gene \(CP118\) \(PDF, 247Kb\)](#)

[Balloon Pulmonary Angioplasty \(PP162\).pdf \(PDF, 207Kb\)](#)

[Bariatric Surgery Commissioning Policy \(CP29a\).pdf \(PDF, 337Kb\)](#)

[Bariatric Surgery Service Specification \(CP29b\). \(PDF, 444Kb\)](#)

[Bleeding Disorders \(All Ages\), Service Specification \(CP77\), June 2022 \(PDF, 343Kb\)](#)

[Body Contouring, Commissioning Policy \(CP44\). July 2013 \(PDF, 691Kb\)](#)

[Brachytherapy in the Treatment of Localised Prostate Cancer, Commissioning Policy \(CP01\). October 2021 \(PDF, 388Kb\)](#)

[Breast Surgery Procedures, Commissioning Policy \(CP69\). March 2013 \(PDF, 342Kb\)](#)

[Burosumab for Treating X-linked Hypophosphataemia in Children and Young People, Policy Position \(PP177\), May 2019.pdf \(PDF, 557Kb\)](#)

[Canakinumab for treating periodic fever syndromes: TRAPS, HIDS/MKD and FMF \(ages 2 and older\), Policy Position Statement, \(PP228\). January 2022. \(PDF, 324Kb\)](#)

[Cannabidiol with clobazam for treating seizures associated with Dravet syndrome or Lennox–Gastaut syndrome in people aged 2 years and older \(PP203\), February 2021 \(PDF, 545Kb\)](#)

[Chimeric Antigen Receptor T Cell \(CAR T\) Therapy, Gilead Axicabtagene Ciloleucel \(Yescarta®\) Service Specification \(CP175\). March 2019 \(PDF, 433Kb\)](#)

[Chimeric Antigen Receptor T Cell \(CAR T\) Therapy, Novartis Tisagenlecleucel \(Kymriah®\) Service Specification. \(CP176\). March 2019 \(PDF, 463Kb\)](#)

[Chimeric Antigen Receptor T Cell \(CAR T\) Therapy, Policy Position Statement, \(PP185\). October 2021 \(PDF, 369Kb\)](#)

[Circumcision for Children, Commissioning Policy \(CP34\). March 2019 \(PDF, 632Kb\)](#)

[Cleft Lip and or Palate including Non-Cleft Velopharyngeal Dysfunction All Ages \(CP186\) \(PDF, 680Kb\)](#)

[Clinical Trials \(CP164\) \(PDF, 194Kb\)](#)

[Cochlear implant for children and adults with severe to profound deafness \(CP35\) \(PDF, 259Kb\)](#)

[Complex Devices Implantable Cardioverter Defibrillators and Cardiac](#)

[Resynchronisation Therapy for arrhythmias and heart failure \(PP151\).pdf \(PDF, 240Kb\)](#)

[Cystic Fibrosis Modulator therapies Policy Position Statement, \(PP198\). March 2022 \(PDF, 354Kb\)](#)

[Cystic Fibrosis: Adults and Young People \(CP193\), Service Specification. Jan 2021 \(PDF, 658Kb\)](#)

[Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy for Peritoneal Carcinomatosis and Pseudomyxoma Peritonei, Policy Position Statement, \(PP90\). September 2015 \(PDF, 591Kb\)](#)

[Deep Brain Stimulation \(CP28\) \(PDF, 421Kb\)](#)

[Eating Disorder Specialised Services Tier 4, Commissioning Policy \(CP20\). November 2011 \(PDF, 762Kb\)](#)

[Ecilizimab for Atypical Haemolytic Uraemic Syndrome \(aHUS\) \(CP98\) \(PDF, 319Kb\)](#)

[Ecilizumab in the treatment of Paroxysmal Nocturnal Hemoglobinuria \(PNH\), Commissioning Policy \(CP152\). February 2019 \(PDF, 404Kb\)](#)

[Electrophysiology and Ablation Services \(16 years and older\), Commissioning policy \(CP197a\). January 2021 \(PDF, 713Kb\)](#)

[Electrophysiology and Ablation Services \(16 years and older\), Service Specification \(CP197b\) January 2021 \(PDF, 619Kb\)](#)

[Emicizumab as prophylaxis in people with congenital haemophilia A with Factor VIII inhibitors \(all ages\), Policy Position Statement \(PP167\). November 2018 \(PDF, 316Kb\)](#)

[Emicizumab as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors, Policy Position Statement, \(PP189\). August 2019 \(PDF, 311Kb\)](#)

[Enhanced Image Guided Brachytherapy \(IGBT\) Service for the Treatment of Gynaecological Malignancies, Commissioning Policy \(CP75\). May 2017 \(PDF, 723Kb\)](#)

[Extra corporeal membrane oxygenation \(ECMO\) service for adults with cardiac failure, Policy Position Statement, \(PP102\). July 2019 \(PDF, 116Kb\)](#)

[Extracorporeal Photophoresis \(ECP\) for treatment of Chronic Graft Versus Host Disease GVHD in Adults Commissioning Policy, \(CP91\). November 2015 \(PDF, 321Kb\)](#)

[Extracorporeal Photophoresis \(ECP\) for T Cell lymphoma, Commissioning Policy \(CP92\). November 2015 \(PDF, 281Kb\)](#)

[Facial Surgery procedures, Commissioning Policy \(CP43\). July 2013 \(PDF, 329Kb\)](#)

[Facial Surgery procedures: Referral proforma Blepharoplasty \(CP43\) \(Word, 92Kb\)](#)

[Facial Surgery procedures: Referral proforma Face lift/brow lift \(CP43\) \(Word, 92Kb\)](#)

[Facial Surgery procedures: Referral proforma Miscellaneous \(CP43\) \(Word, 91Kb\)](#)

[Facial Surgery procedures: Referral proforma Pinnaplasty \(CP43\) \(Word, 91Kb\)](#)

[Facial Surgery procedures: Referral proforma Rhinoplasty \(CP43\) \(Word, 92Kb\)](#)

[Gatekeeping, Placement and Case Management for Specialised Mental Health Services, CP232, June 2022 \(PDF, 399Kb\)](#)

[Gender Identity Service for Adults \(non surgical\) Commissioning Policy \(CP182a\) \(PDF, 437Kb\)](#)

[Gender Identity Service for Adults \(non surgical\) Service Specification \(CP182b\) \(PDF, 468Kb\)](#)

[Genomics Service Specification \(CP99\). June 2022 \(PDF, 572Kb\)](#)

[Genomic Testing, Policy Position Statement, \(PP184\). June 2020 \(PDF, 239Kb\)](#)

[Haematopoietic stem cell transplantation for adults, Service Specification \(CP79\). January 2020 \(PDF, 216Kb\)](#)

[Haematopoietic stem cell transplantation, Policy Position Statement, \(PP142\). January 2020 \(PDF, 397Kb\)](#)

[Hepatobiliary Surgery, Service Specification \(CP73\). November 2021 \(PDF, 344Kb\)](#)

[Home administered Parenteral Nutrition \(HPN\), Commissioning Policy \(CP24\). August](#)

[2014 \(PDF, 732Kb\)](#)

[Hyperbaric Oxygen Therapy Policy, Commissioning Policy \(CP07\). June 2021 \(PDF, 387Kb\)](#)

[Hyperthermic Intraperitoneal Chemotherapy \(HIPEC\) and Cytoreductive Surgery for treatment of Pseudomyxoma Peritonei, Commissioning Policy \(CP02\). September 2015 \(PDF, 301Kb\)](#)

[In-patient Child and Adolescent Mental Health Services \(CAMHS\): General Adolescent Unit \(GAU\) and High-Dependency Unit \(HDU\), Service Specification CP150. July 2021 \(PDF, 557Kb\)](#)

[Live Donor Expenses \(CP30\) \(PDF, 293Kb\)](#)

[Lutetium \(177Lu\) oxodotreotide for people with neuroendocrine tumours \(NETs\), Policy Position Statement, \(PP195\). September 2020 \(PDF, 367Kb\)](#)

[Lymphovenous Anastomosis \(LVA\) microsurgery for Primary and Secondary Lymphoedema, Commissioning Policy \(CP87b\). August 2015 \(PDF, 908Kb\)](#)

[Lymphovenous Anastomosis \(LVA\) microsurgery for Primary and Secondary Lymphoedema, Service Specification \(CP87a\). August 2015 \(PDF, 814Kb\)](#)

[Major Trauma Centre, Service Specification \(CP188\), February 2021 \(PDF, 665Kb\)](#)

[Mechanical Thrombectomy for the treatment of acute Ischaemic Stroke, Commissioning Policy \(CP168\). March 2022 \(PDF, 816Kb\)](#)

[Microprocessor controlled prosthetic knees, Commissioning Policy \(CP218\). December 2021 \(PDF, 388Kb\)](#)

[National Acute Porphyria, Service Specification \(CP166\). February 2019 \(PDF, 305Kb\)](#)

[National Alternative and Augmentative Communication \(AAC\) Specialised Aids \(CP93\). May 2019 \(PDF, 264Kb\)](#)

[Neuropsychiatric Rehabilitation \(Specialised\), \(CP128\).pdf \(PDF, 428Kb\)](#)

[New Treatment Fund \(CP159\) \(PDF, 367Kb\)](#)

[Nusinersen for treating spinal muscular atrophy, Policy Position Statement, \(PP191\). January 2022 \(PDF, 399Kb\)](#)

[Paediatric Endocrinology \(CP163\) \(PDF, 221Kb\)](#)

[Paediatric Nephrology Service Specification, CP169 \(March 2021\) \(PDF, 443Kb\)](#)

[Paediatric Neurological Rehabilitation \(Specialised\) \(CP160\) \(PDF, 469Kb\)](#)

[Peptide Receptor Radionuclide Therapy \(PRRT\) for the treatment of Neuroendocrine Tumours \(NETs\) \(CP67\) \(PDF, 267Kb\)](#)

[Percutaneous Mitral Valve Leaflet repair for primary degenerative mitral regurgitation in adults, Policy Position Statement \(PP206\). June 2021 \(PDF, 476Kb\)](#)

[Personalised External Aortic Root Support \(PEARS\) for surgical management of enlarged aortic root \(adults\), Policy Position Statement, \(PP104\). March 2019 \(PDF, 252Kb\)](#)

[Pipeline Embolisation Devices used for the treatment of Intracranial Aneurysms \(Complex Giant or Large Intracranial Aneurysms\), Commissioning Policy \(CP101\). July 2015 \(PDF, 619Kb\)](#)

[Plerixafor Stem Cell Mobilisation, Policy Position Statement \(PP154\). July 2019 \(PDF, 167Kb\)](#)

[Positron Emission Tomography \(PET\) Commissioning Policy \(CP50a\), July 2022 \(PDF, 353Kb\)](#)

[Positron Emission Tomography \(PET\), Service Specification \(CP50b\). September 2020 \(PDF, 514Kb\)](#)

[PP103 Everolimus for the prevention of organ rejection following heart transplantation.pdf \(PDF, 119Kb\)](#)

[PP155 Pasireotide for Cushing's Disease.pdf \(PDF, 199Kb\)](#)

[PP187 Treatment Options for Transthyretin Amyloidosis in Adults.pdf \(PDF, 389Kb\)](#)

[PP196 Voretigene Neparvovec for Treating Inherited Retinal Dystrophies Caused by RPE65 Gene Mutations.pdf \(PDF, 448Kb\)](#)

[Preimplantation Genetic Diagnosis \(PGD\), Commissioning Policy \(CP37\). August 2014 \(PDF, 796Kb\)](#)

[Prosthetic Provision, Service Specification \(CP89\). March 2022 \(PDF, 465Kb\)](#)

[Proton Beam Therapy for adults with cancer, Commissioning Policy \(CP147\). January 2018 \(PDF, 321Kb\)](#)

[Proton Beam Therapy for children, teenagers and young adults \(TYA\) with cancer, Commissioning Policy \(CP148\). January 2018 \(PDF, 303Kb\)](#)

[Proton Beam Therapy, Service Specification \(CP146\). January 2018 \(PDF, 360Kb\)](#)

[Radiofrequency Ablation \(RFA\) for the Management of Barrett's Oesophagus, Commissioning Policy \(CP183a\). May 2020 \(PDF, 369Kb\)](#)

[Radiofrequency Ablation \(RFA\) for the Management of Barrett's Oesophagus, Service Specification \(CP183b\). May 2020 \(PDF, 399Kb\)](#)

[Recreational and Sport Prosthetics for a Child or Young Adult up to the age of 25, Commissioning Policy \(CP221\). November 2021 \(PDF, 402Kb\)](#)

[Salvage Cryotherapy for Prostate Cancer, Policy Position Statement, \(PP173\). June 2020 \(PDF, 178Kb\)](#)

[Selective internal radiation therapies \(SIRT\) for treating adults with hepatocellular carcinoma, Policy Position Statement, \(PP227\). November 2021 \(PDF, 303Kb\)](#)

[Selexipag for the Treatment of Pulmonary Arterial Hypertension \(Adults\), Policy Position \(PP105\), March 2019.pdf \(PDF, 366Kb\)](#)

[Services for Children with Cancer \(CP86\) \(PDF, 585Kb\)](#)

[Sickle Cell Disorders, Thalassaemia Disorders and other Rare Hereditary Anaemias, Service Specification \(CP179\). December 2020 \(PDF, 530Kb\)](#)

[Soft Tissue Sarcoma, Service Specification \(CP149\). June 2020 \(PDF, 446Kb\)](#)

[Specialised Immunology, Service Specification \(CP78\). April 2014 \(PDF, 1.2Mb\)](#)

[Specialised Paediatric Rheumatology Service Specification \(CP172\). November 2021 \(PDF, 475Kb\)](#)

[Specialist Fertility Services, Commissioning Policy \(CP37\). July 2018 \(PDF, 382Kb\)](#)

[Specialist Perinatal Mental Health Inpatient Service \(Mother and Baby Unit\) CP201, Service Specification. April 2021 \(PDF, 474Kb\)](#)

[Specialist Spinal Cord Injury Rehabilitation, Commissioning Policy \(CP141\). March 2018 \(PDF, 406Kb\)](#)

[Specialist Neurological Rehabilitation, Commissioning Policy \(CP140\). March 2018 \(PDF, 473Kb\)](#)

[Spinal Services Operational Delivery Network \(CP241\) June 2022 \(PDF, 381Kb\)](#)

[Stereotactic Ablative Body Radiotherapy \(SABR\) for the management of surgically inoperable Non-Small Cell Lung Cancer in Adults, Commissioning Policy \(CP76\). May 2014 \(PDF, 312Kb\)](#)

[Stereotactic Ablative Body Radiotherapy \(SABR\) Service Specification \(CP219\) June 2021 \(PDF, 356Kb\)](#)

[Stereotactic ablative radiotherapy \(SABR\) for patients with hepatocellular carcinoma \(HCC\) \(Adults\), Commissioning Policy \(CP124\), December 2021 \(PDF, 398Kb\)](#)

[Stereotactic Ablative Radiotherapy \(SABR\) in the treatment of Oligometastatic disease, Commissioning Policy \(CP121\). October 2021 \(PDF, 387Kb\)](#)

[Stereotactic Radiosurgery for Adults, Teenagers and Young Adults \(TYA\) \(CP22\) \(PDF, 389Kb\)](#)

[Temporary Dialysis Away From Base \(DAFB\) Holiday Dialysis \(CP33\).pdf \(PDF, 272Kb\)](#)

[Thoracic Surgery, Service Specification \(CP144\). September 2020 \(PDF, 448Kb\)](#)

Trans-catheter Aortic Valve Implantation (TAVI) for Severe Symptomatic Aortic Stenosis (SSAS) (CP58) (PDF, 360Kb)

Trauma Operational Delivery Network, Service Specification (CP199). February 2021 (PDF, 663Kb)

Treatment of Benign Skin Conditions, Referral Proforma Resurfacing (CP42) (Word, 91Kb)

Vagal Nerve Stimulation, Commissioning Policy (CP23). August 2014 (PDF, 683Kb)

Volanesorsen for treating familial chylomicronaemia syndrome, Policy Position Statement, (PP217). October 2021 (PDF, 285Kb)

Vonicog alfa for the treatment and prevention of bleeding in adults with von Willebrand disease, Policy Position Statement (PP215), May 2021 (PDF, 329Kb)

War Veterans - Enhanced Prosthetic Provision, Commissioning Policy (CP49). October 2020 (PDF, 415Kb)