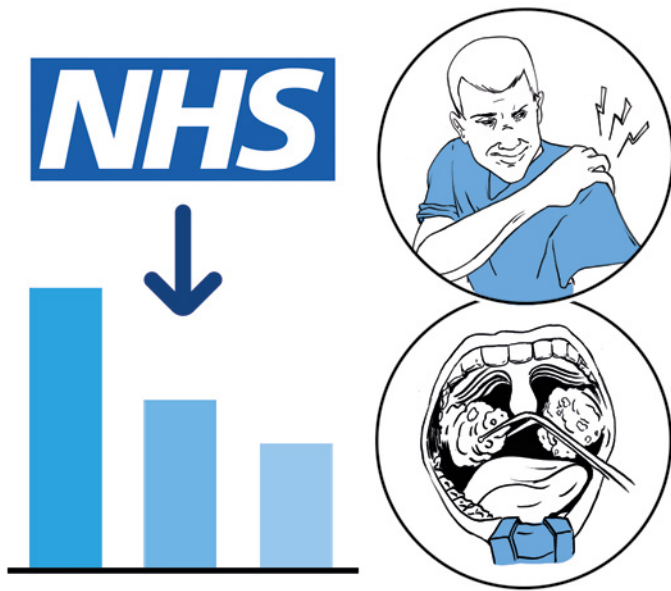
**easy read**

Evidence-Based Interventions: Consultation Document





The NHS is looking to reduce the number of interventions they do that don't always work.



Interventions, in this case, refer to some surgeries or treatments that doctors prescribe, without any special approval.



Up until now, the NHS has used these interventions to treat patients, but there is evidence to show that this is not always the best way of treating some conditions. This means that they can be ineffective.



How to respond to this consultation

1

Online: You can fill in this survey and submit your responses at the end.

2

In writing: You can fill in the paper survey and return it to **england**.
EBinterventions@nhs.net

3

At one of our events: we will be holding two open events for people with learning disabilities to discuss and share feedback.

These will be hosted by the NHS in collaboration with CHANGE
The first event will be held in Leeds and the second one in London.

If you would like to attend any of the two, please contact **england**.
EBinterventions@nhs.net

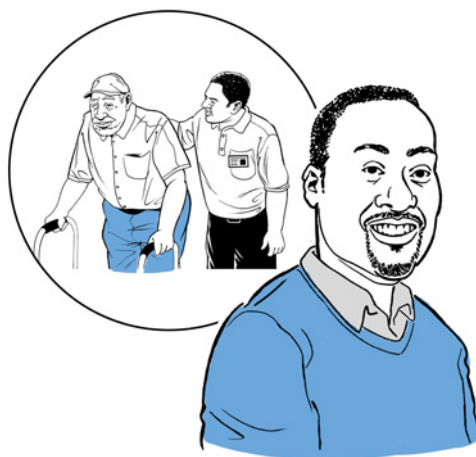
1 – Who are you?



**Patient or
family member**



**Friend or carer
of a patient**



**Voluntary
organisation/charity**

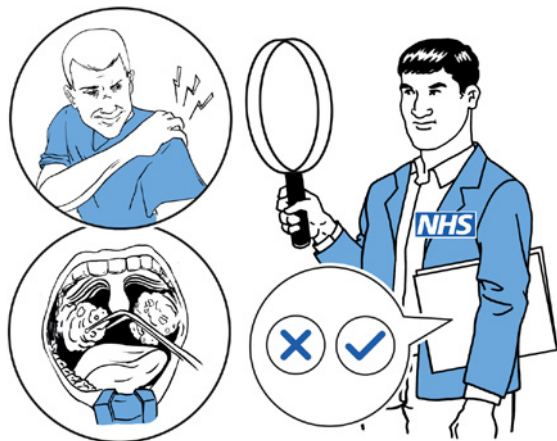


Member of the public



Other, please specify

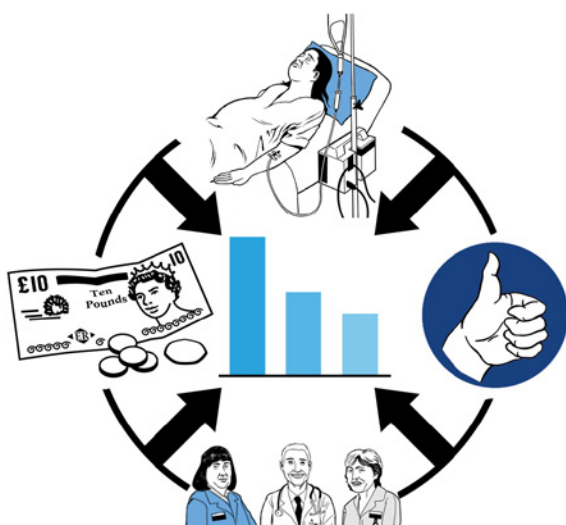




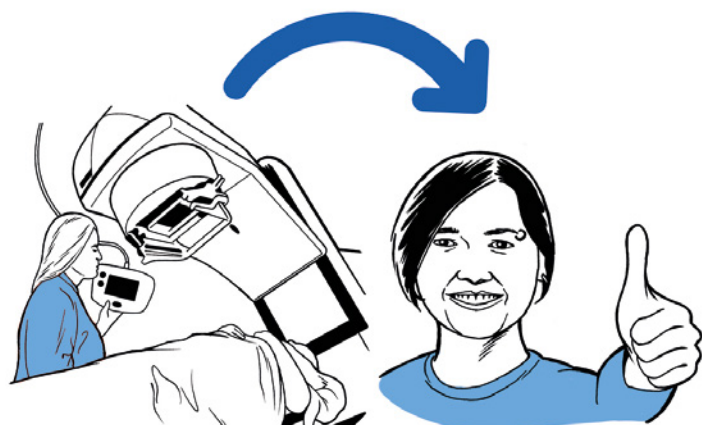
The NHS is looking at ways to evaluate interventions to decide which ones it should keep using and which it should stop using.



We would like to hear your views on the changes we are proposing on prescribing these interventions for 17 conditions.



We are hoping that these changes will avoid harm to patients, free up some of the staff's time that can be used for other things, and save some money.



These changes also mean that we could focus more on using new and better treatments. Health professionals will use in their work the findings from the latest research.

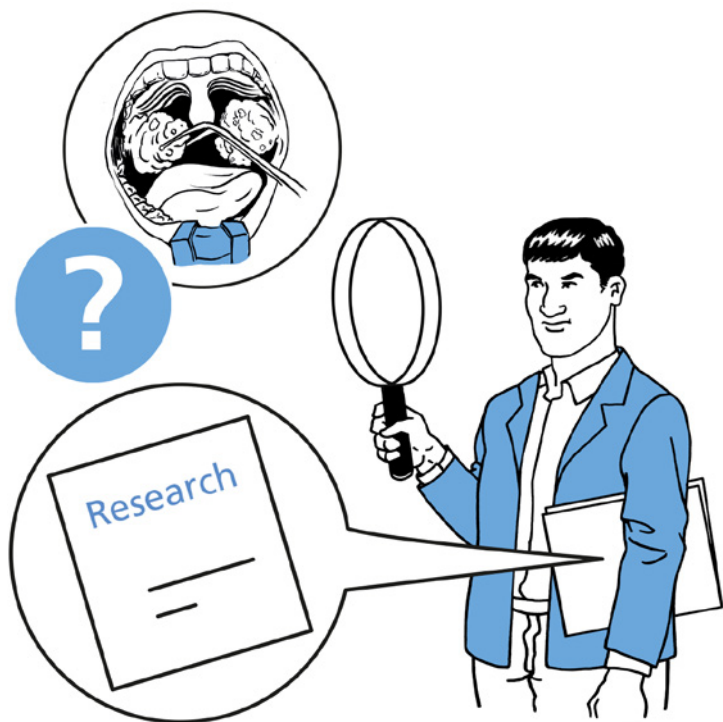


Last year, we spent a lot of money on these interventions.

We plan to work together with doctors, commissioners and the public to find the best solutions and to monitor how progress is going.

4 – Do you think the NHS is doing enough to communicate and consult with others on these proposed changes?

5 – If not, what could they do more?



We have come up with six principles we plan to use in our evaluation. These are:

1

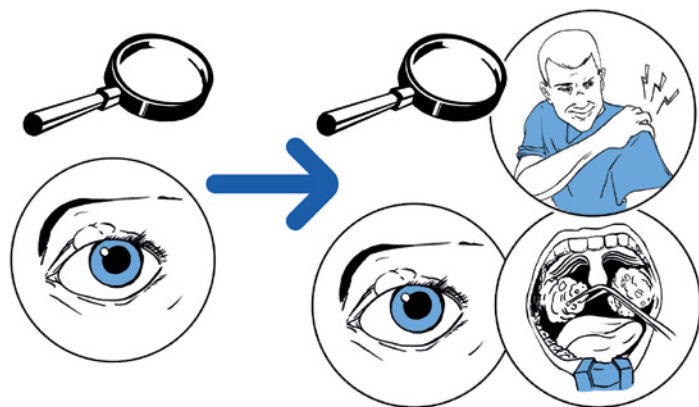
We will look at what the research says when we decide which interventions are effective and which aren't.

2

We will only look at interventions that most people agree are a priority. We will consult with medical professionals and with the public on these decisions.

3

At first, we will look at a small number of interventions to make sure we don't take on too much at a time. We will then look at what the research says and pick more interventions to look into.





NHS



4

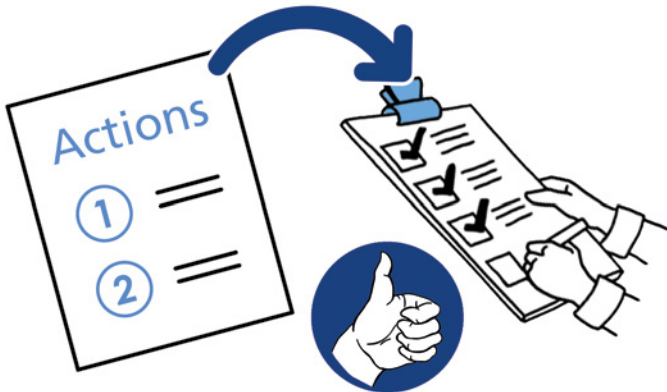
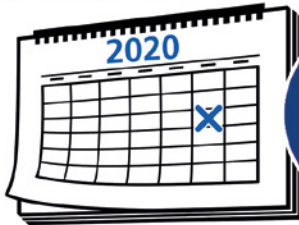
We will set some goals that we can measure; we will let everyone in the NHS know what these goals are, so everyone involved can work towards meeting them.

5

We will develop a programme that will focus on making progress fast so that we meet these goals by 2020.

6

We will set up a set of actions that will help us meet these goals.



6 – What do you think about our six principles?

Changes to the referral process

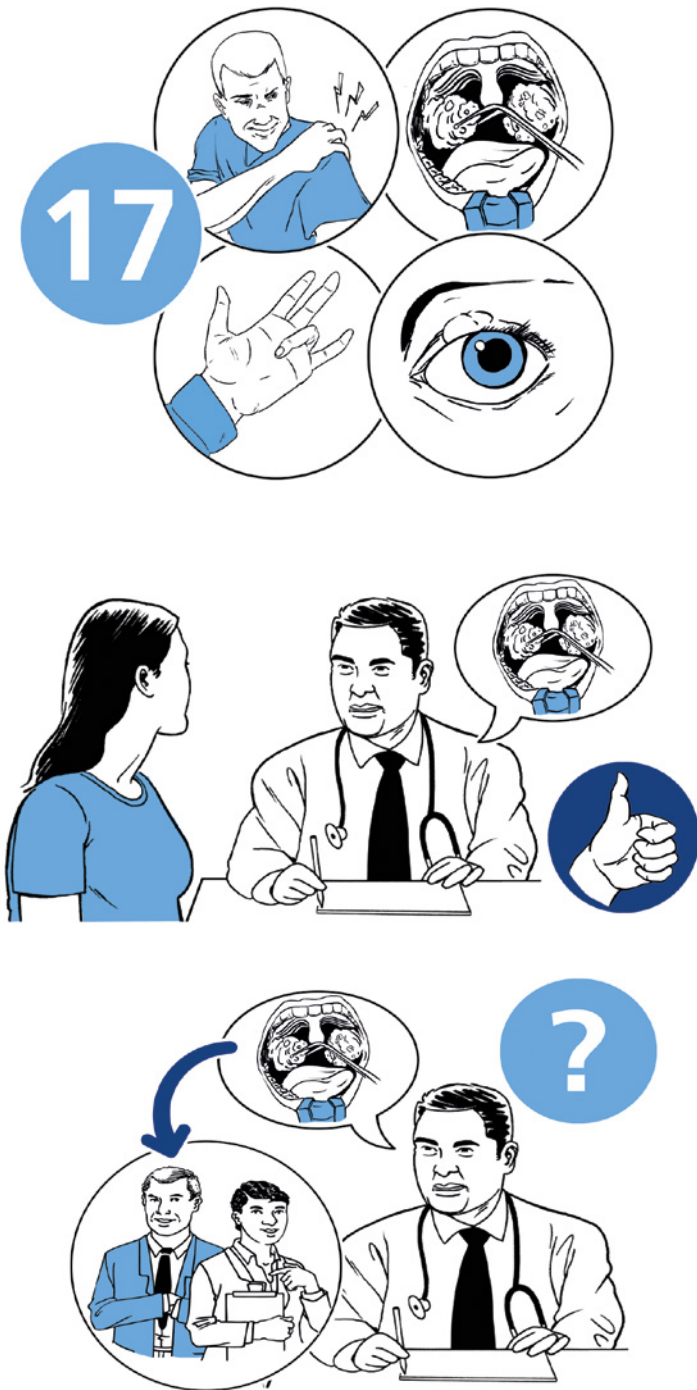
We will initially look at 17 interventions. We have grouped these into 2 categories:

Category 1 - interventions the NHS thinks are completely ineffective

Category 2 - Interventions that should be done only in very specific cases

At present, these 17 interventions are routinely prescribed. This means the interventions are prescribed regularly and without any special approval.

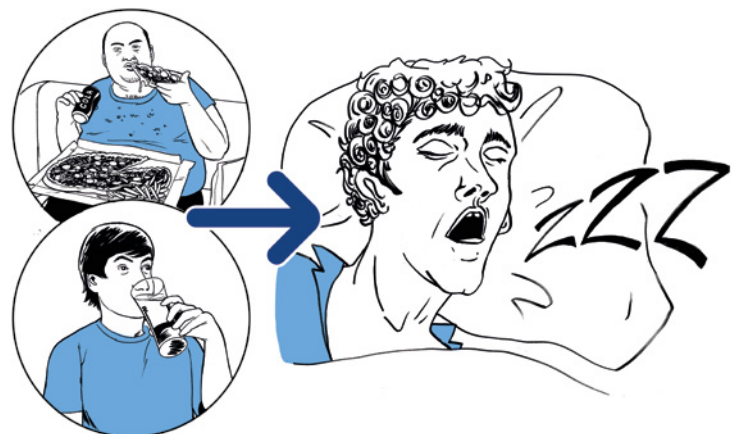
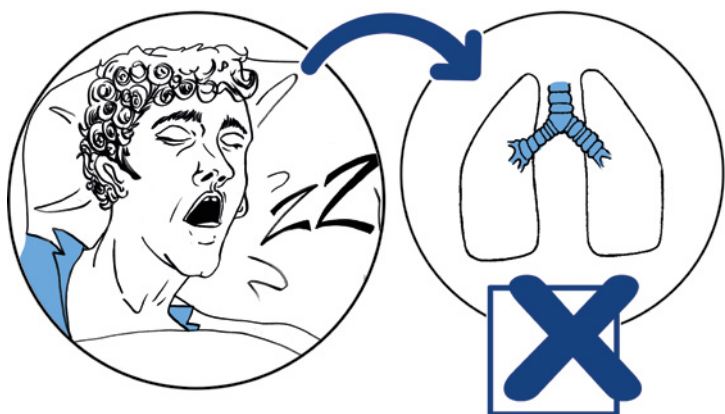
We are proposing to introduce an extra step, to make sure that doctors seek approval before prescribing these interventions.



7 – Do you think that starting with 17 interventions is good or bad? Are they enough or not?

Category

1



The 17 interventions we are looking at.

Interventions in category 1

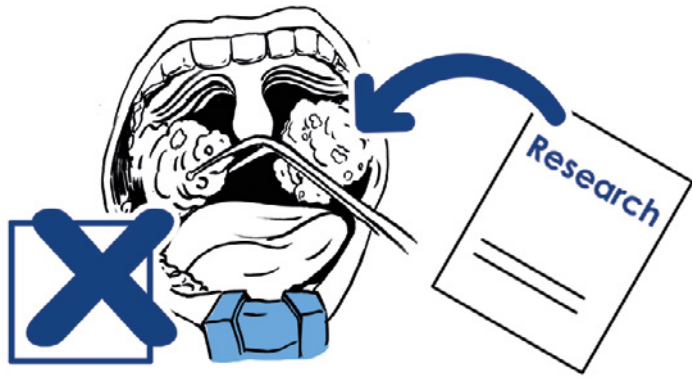
A Snoring Surgery

One in four people suffer from snoring. Snoring is not harmful for your health unless you also have apnoea.

Apnoea is a condition when you stop breathing for short periods of time in your sleep.

Snoring can be caused by many things, like being overweight, smoking, drinking alcohol, having a blocked nose or tonsillitis.

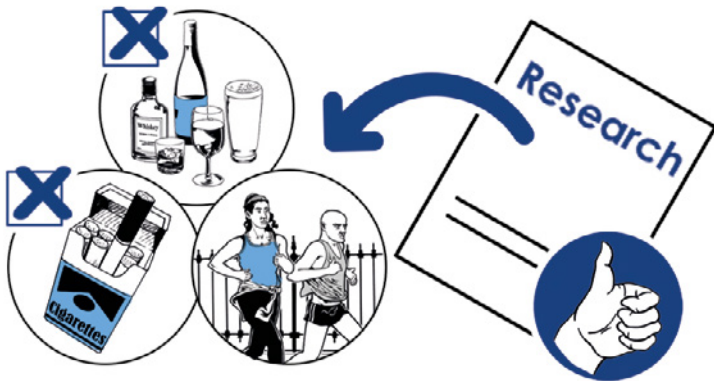
This guidance refers to some interventions in which some of the soft tissue at the back of your mouth, or your tonsils is removed to clear up some space and help you with your snoring.



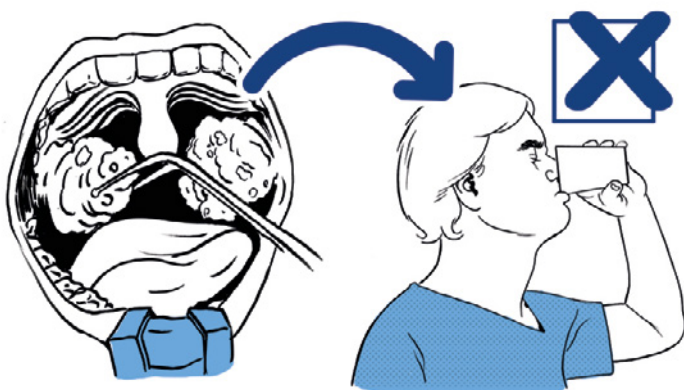
There is limited evidence from research to show that any of these interventions works well and solve the problem.



We recommend that doctors prescribe other things to treat your snoring, like losing weight, stopping smoking, drinking less alcohol, or treating your blocked nose.



Research shows that these work as well as the medical interventions.

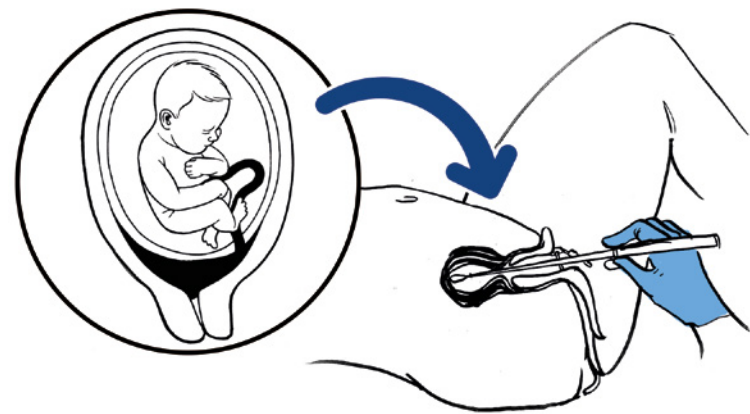


Plus these medical interventions come with their own risks, like problems when swallowing or changes in your voice.

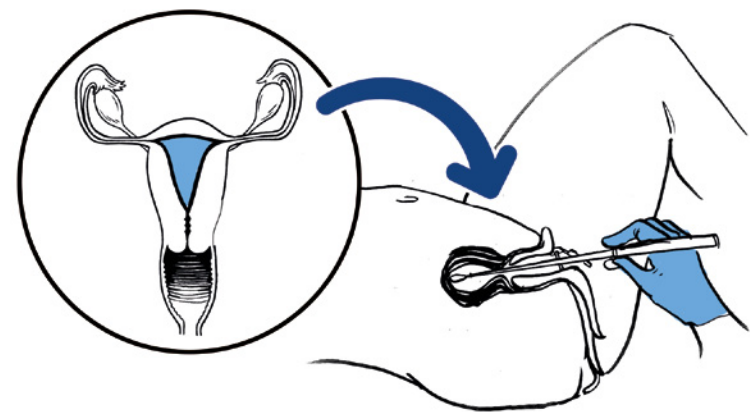


B Dilation and curettage
for heavy menstrual
bleeding in women
over 40

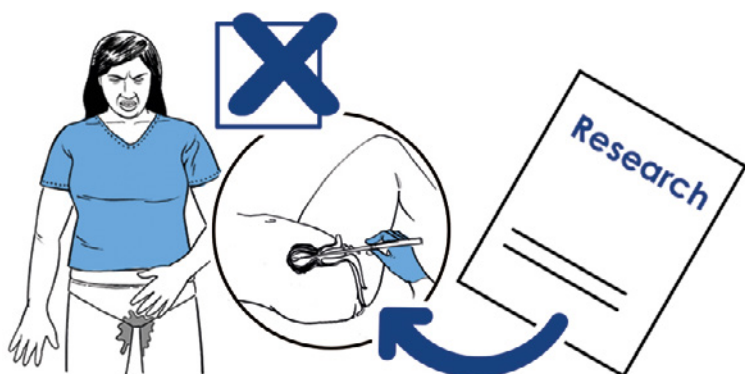
Some women over 40 bleed very much when they have their periods.



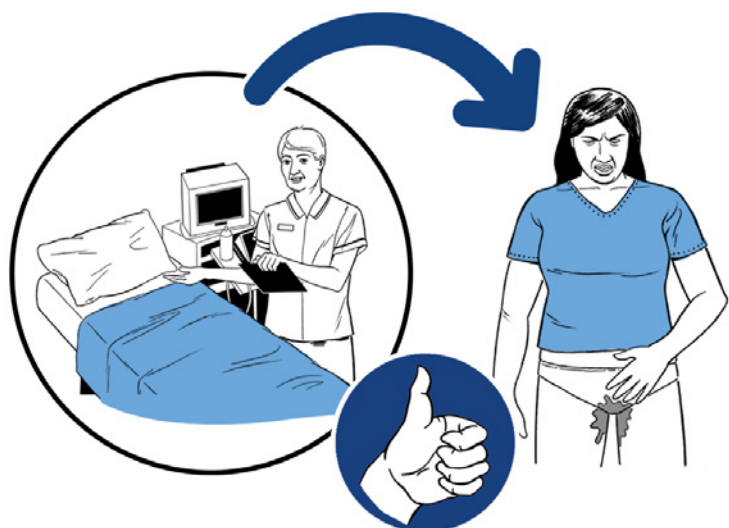
Dilation and curettage is a medical intervention of the womb. The womb is the part of a woman's body where the baby grows.



In this intervention, the opening of the womb is widened and the tissue that lines it is scraped out.



Research shown that this medical intervention is not effective in diagnosing and treating heavy menstrual bleeding.



To investigate heavy periods, doctors can use other things, like ultrasounds and taking samples of this tissue that lines the womb.



To treat heavy periods, doctors can use medication or small plastic devices that are inserted into the womb (intrauterine systems).

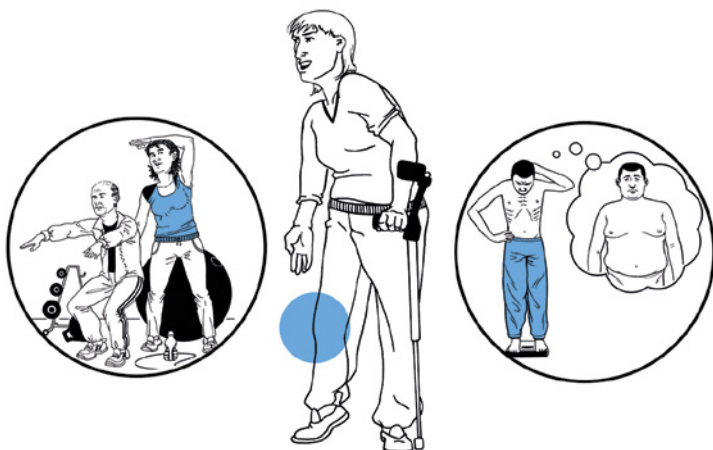
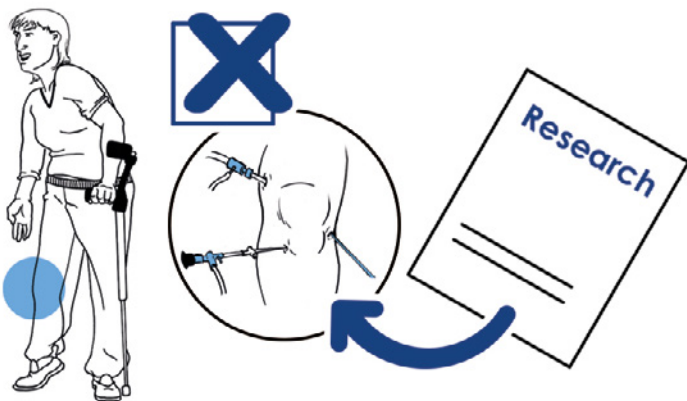
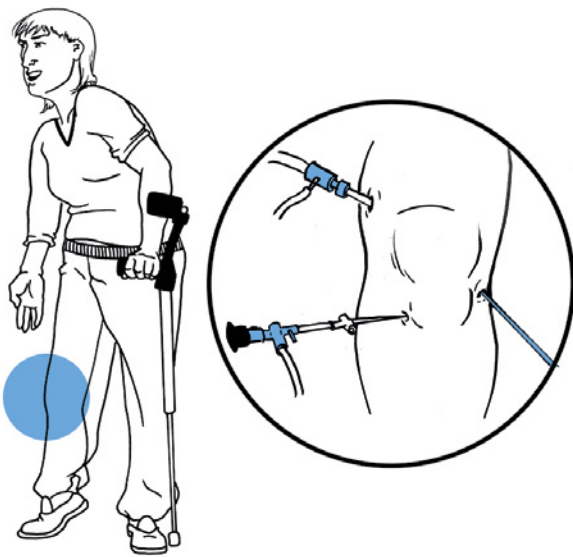
C Knee arthroscopy for patients with osteoarthritis

Osteoarthritis is a condition that causes joints to become stiff and painful.

Knee arthroscopy is a medical intervention in which the doctor makes small cuts and inserts a small camera to see inside your knee. The doctor then inserts some liquid to flush out any bits of joint or bone that may be loose in your knee.

Research shows that this intervention is not an effective treatment in reducing pain or in helping your knees work better if you have osteoarthritis.

Better treatments are following special exercise programmes, losing weight if you are overweight, and managing your pain.





D Injections for low back pain if no sciatica

Patients with low back pain without sciatica are sometimes prescribed injections with anaesthetic or steroids to manage their pain.

Sciatica is pain in your leg, sometimes with tingling, numbness and weakness that starts in your lower back and travels down your buttock into your legs.

Research shows that treatment with these injections does not work for people with nonspecific back pain without sciatica.

We recommend instead other treatments, like special exercise programmes or going to specialised pain clinics.

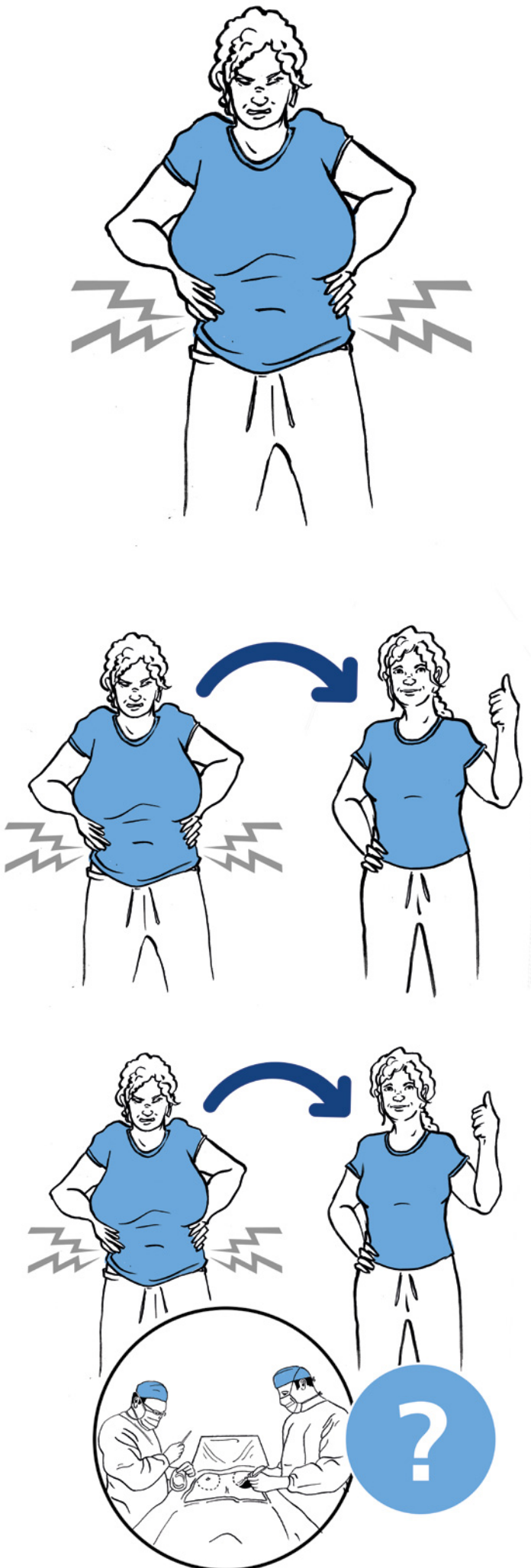
Interventions in category 2

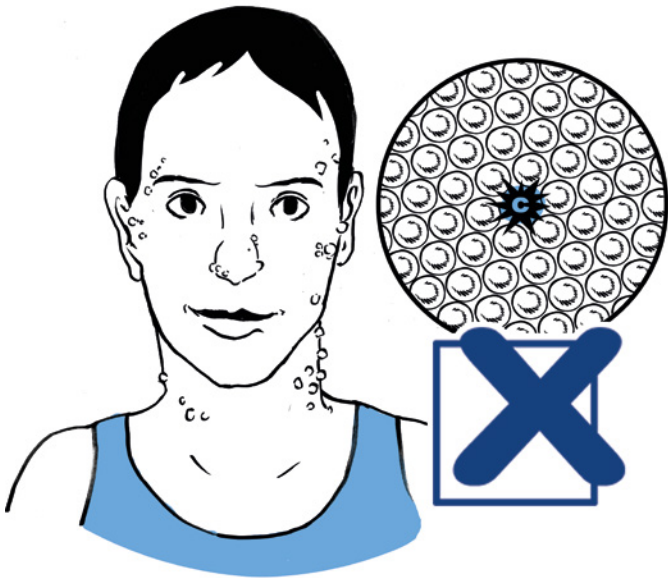
E Breast Reduction

Some women have breasts large enough to causes them problems, like infection and pain.

They can get surgery to make their breasts smaller. It is called breast reduction.

We propose that women can have breast surgery only if the meet several conditions, like trying other treatment for their symptoms without any success, how large their breasts are, or if they plan to have babies in the future.



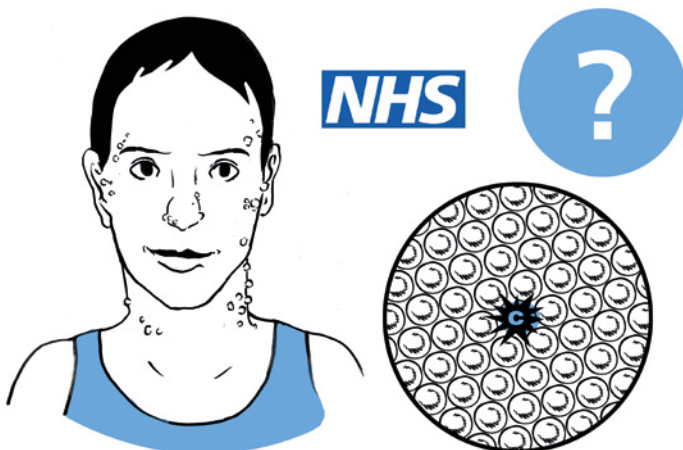


F Removal of benign skin lesions

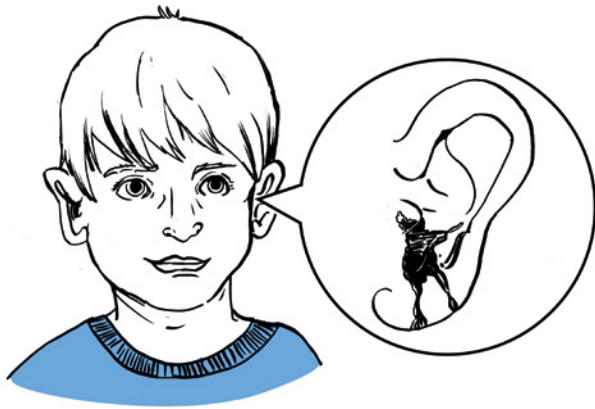
Benign skin lesions are lumps, bumps or tags on the skin that are not suspicious of being cancer.



There is very little risk or bleeding, infection or scars when removing these. The NHS doesn't cover for removing them if there is no medical reason for doing so.

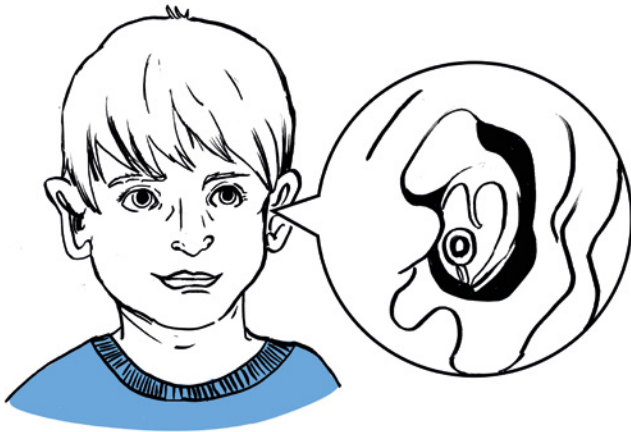


We recommend that benign skin lesions are removed only in some specific cases, like when it gets in the way of you living a normal life, or if it is suspicious or cancer.

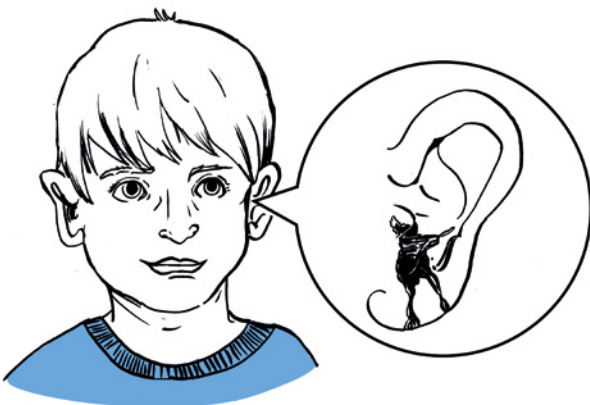


G Grommets for glue ear in children

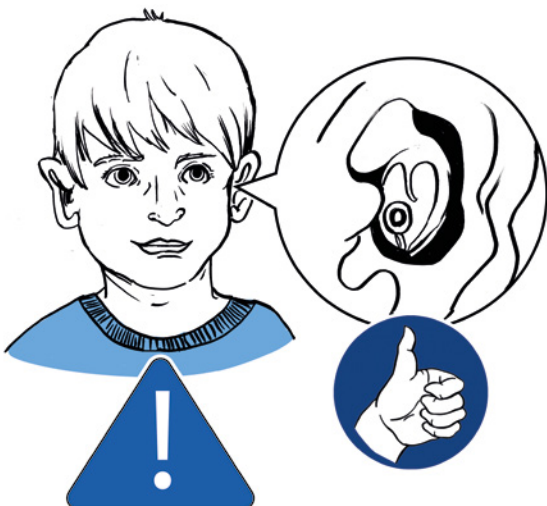
This is a surgery for children who cannot hear well because of a build up of fluid called glue ear in their ears.



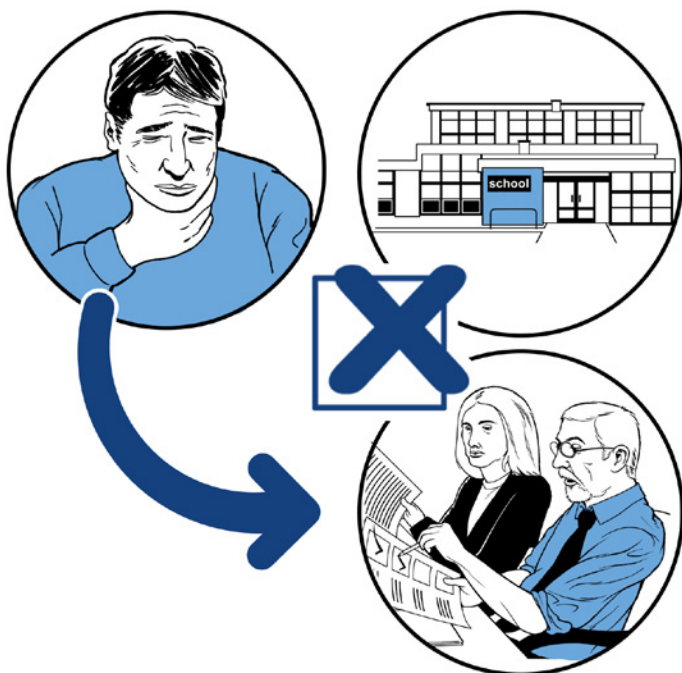
During the surgery, a tiny tube is inserted in the ear to drain this fluid.



4 out of 5 children suffer at one point from glue ear, but the condition goes away on its own, without treatment.

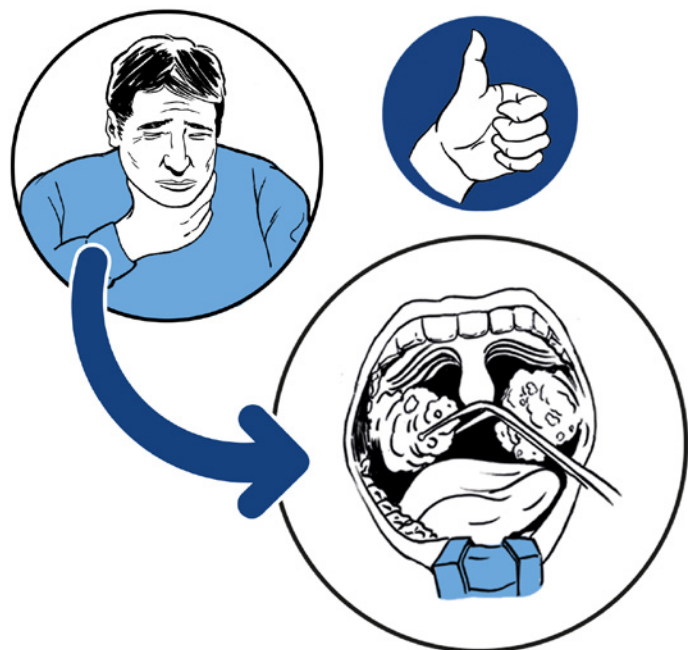


We recommend that doctors only prescribe this surgery in special cases, when several different conditions are met, like very acute loss of hearing that impacts their development.

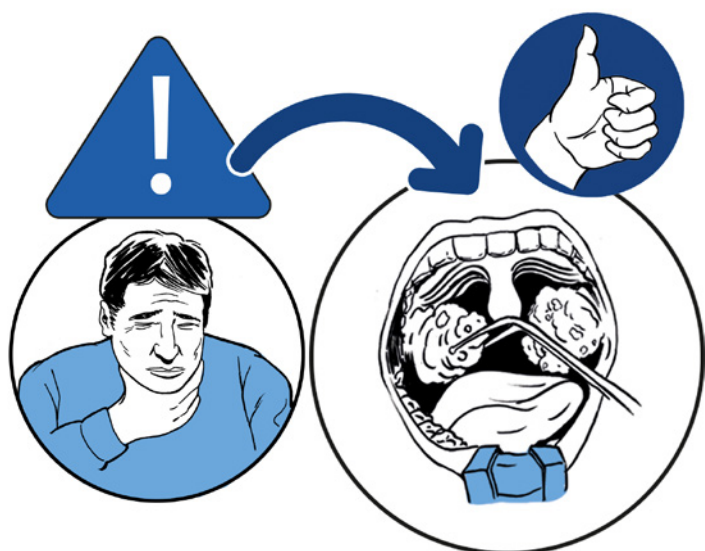


H Tonsillectomy for recurrent tonsillitis

Some adults and children have very bad sore throats that keep coming back again and again. This may stop them from going to work or school.



Taking out their tonsils helps. This medical procedure is called tonsillectomy.



We propose that doctors only prescribe this intervention in very severe cases.

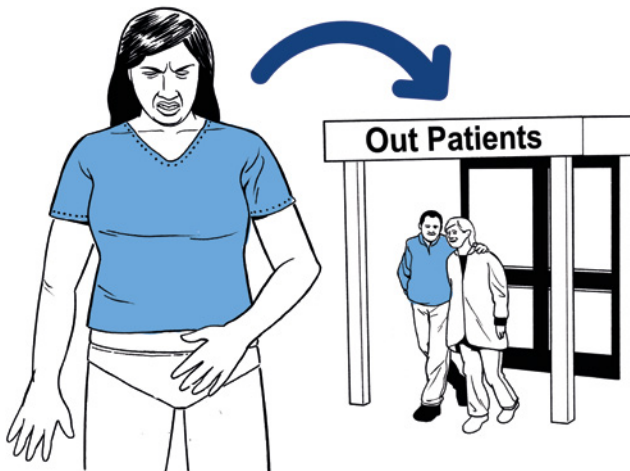
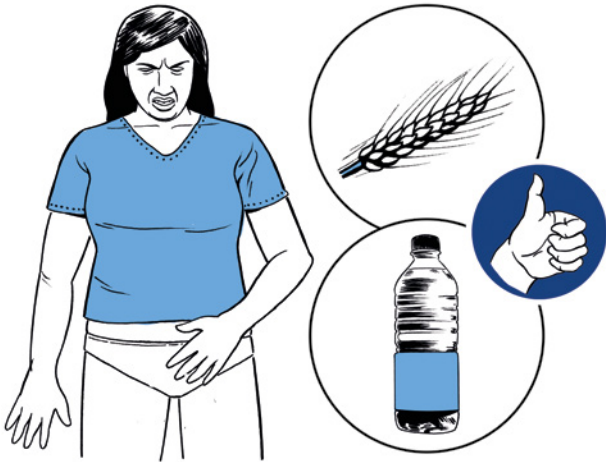
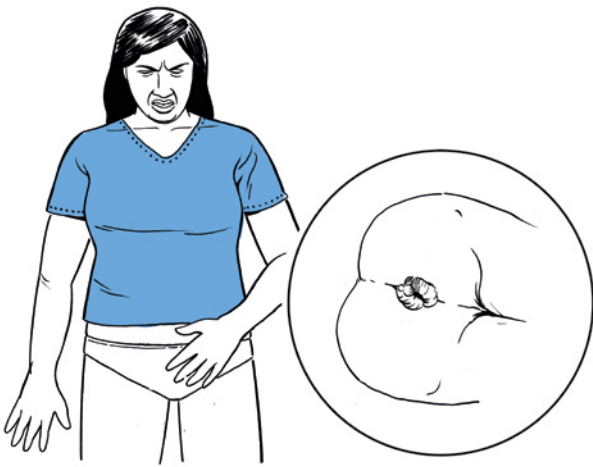
I Haemorrhoid surgery

Haemorrhoids or piles are swellings in or around your bum with blood vessels in them.

In less severe cases, you can treat haemorrhoids by eating more fibre and drinking more water.

In other cases, you can get treatment in an outpatient clinic.

You should get surgery for haemorrhoids only in very severe cases, when all other treatments have failed.





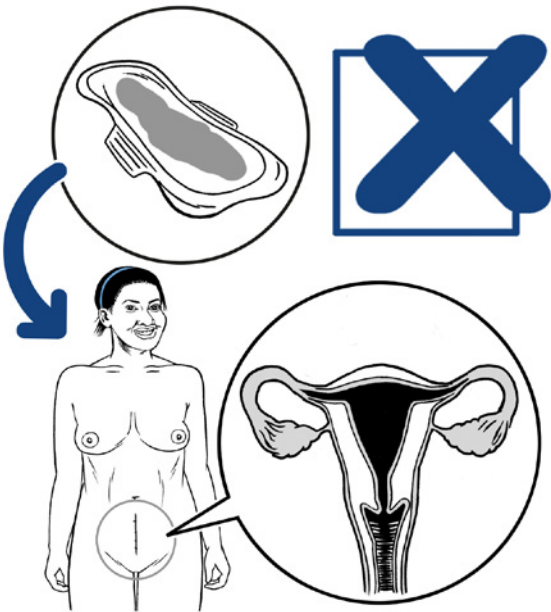
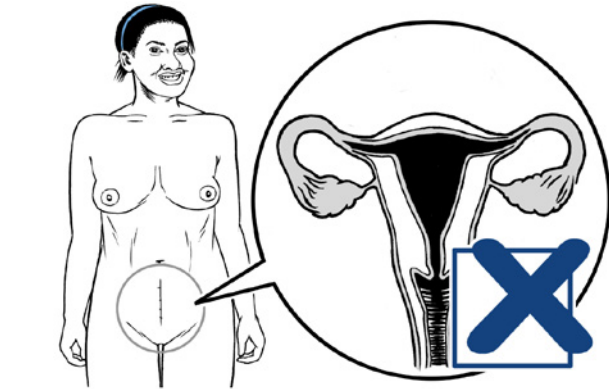
Risks of this surgery include complications like bleeding and infection.

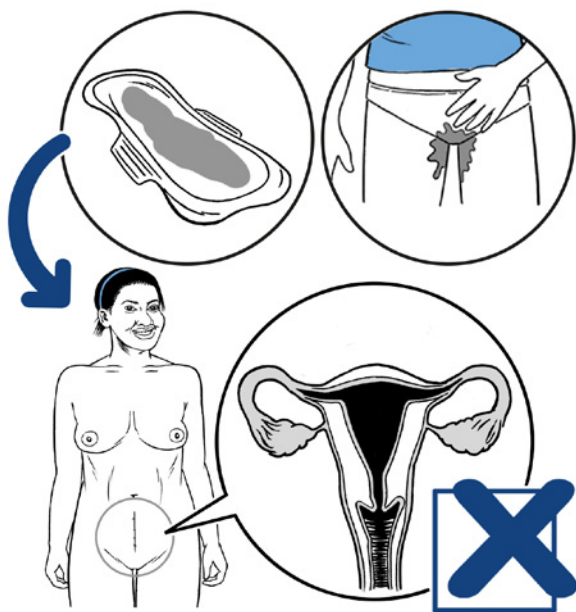
J Hysterectomy for heavy menstrual bleeding

A hysterectomy is the surgery where your womb (or uterus) is removed.

We recommend that hysterectomies are not used as treatment just for heavy menstrual bleeding.

It is important that doctors understand what is important to each woman and support her priorities and choices.

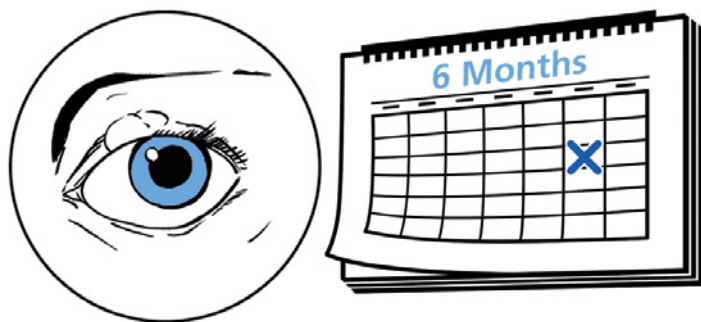
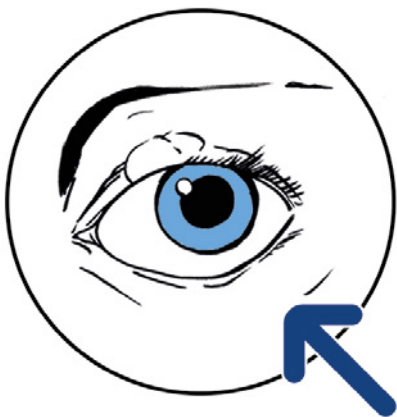




A hysterectomy should be considered in some specific cases like when other treatment for heavy period bleeding has failed or can't be used.

K Chalazia removal

Chalazia are skin tags on the eyelids. Your skin produces oil through small groups of cells called glands. When one of these blocks or swells up, it forms one of these skin tags.



Chalazia usually change size in a few weeks and heal on their own in up to 6 months by massaging the area and using heat packs.



There are special cases when surgery should be used to remove them. These special cases include when all other treatment fails to resolve them, if they get infected badly or if they stop you from seeing well.



Risks of this surgery include discomfort, swelling, infection and scarring.



L Arthroscopic shoulder decompression for subacromial shoulder pain

Subacromial shoulder pain is a pain in the top or the side of your shoulder.



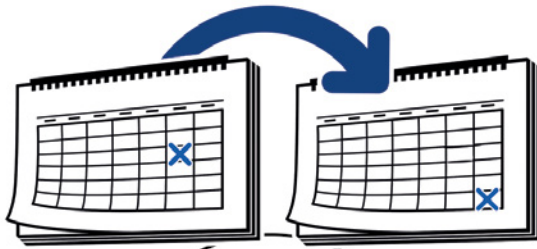
In an arthroscopic shoulder decompression procedure, the doctor takes the pressure away from this part of your shoulder by removing extra bits of bone or soft tissue that grew there.



They do this through a very small cut, using special tools.



We don't recommend offering this intervention because there are better and less dangerous way of treating the pain, like special exercises called physiotherapy.



The risks of this intervention can be chronic shoulder pain and stiffness. This means that the pain and stiffness will keep coming back and last for a long time.

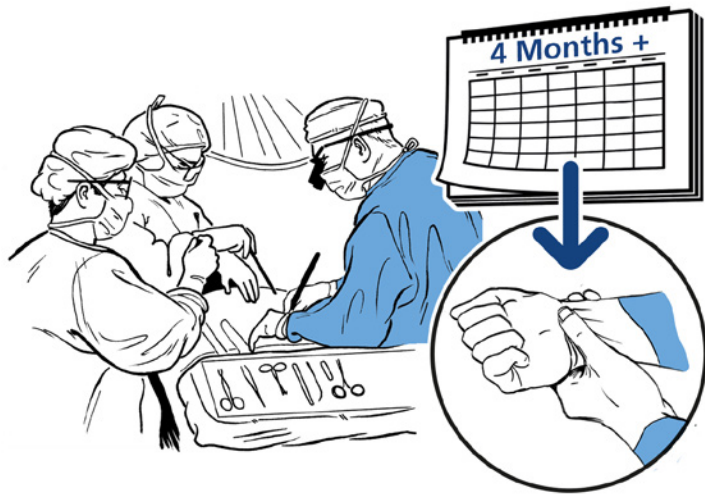


M Carpal tunnel syndrome release

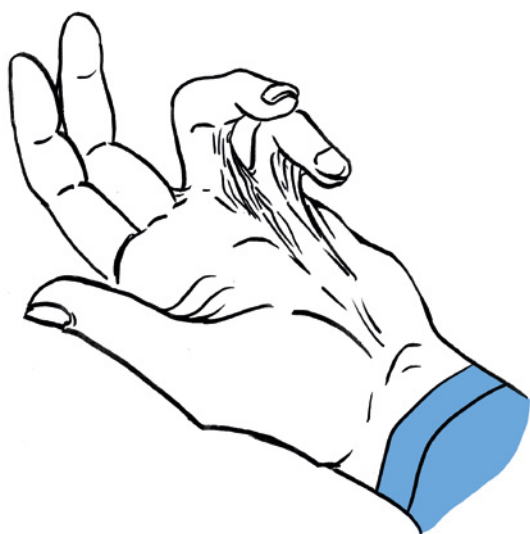
Carpal tunnel syndrome is pressure on a nerve in your wrist. It causes tingling, numbness, and pain in your hand and fingers.



You can get surgery to release the pressure on the nerve that is causing these symptoms.

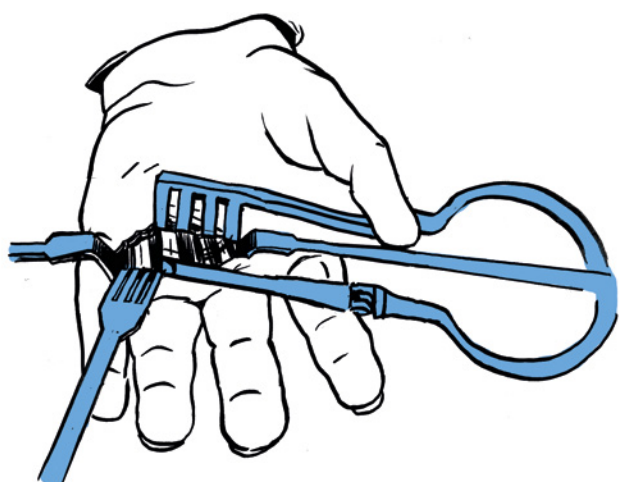


We recommend this surgery is prescribed only in some special cases, like if the symptoms are very bad, last for more than 4 months despite getting special treatment with injections; and if your symptoms interrupt your daily activities or your sleep.

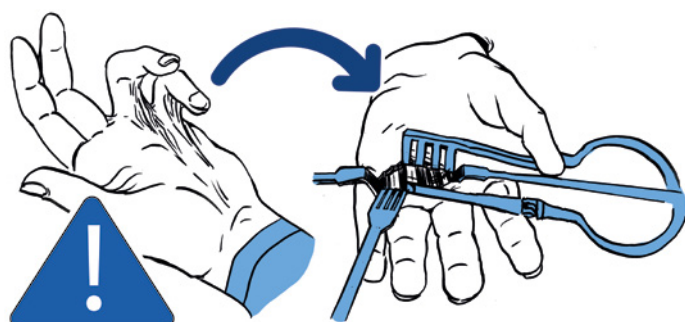


N Dupuytren's contracture release

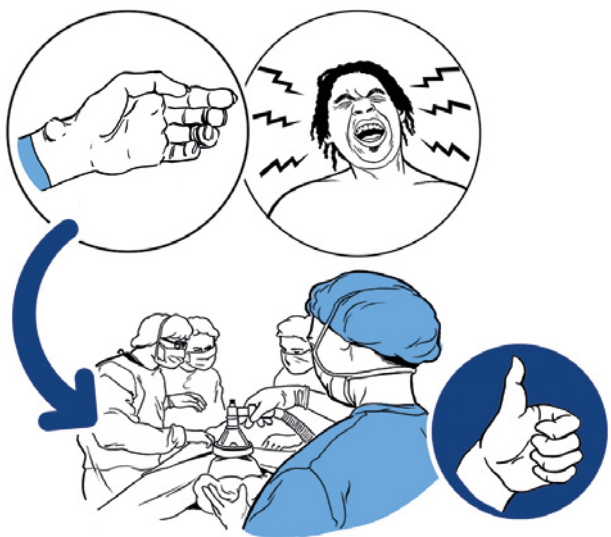
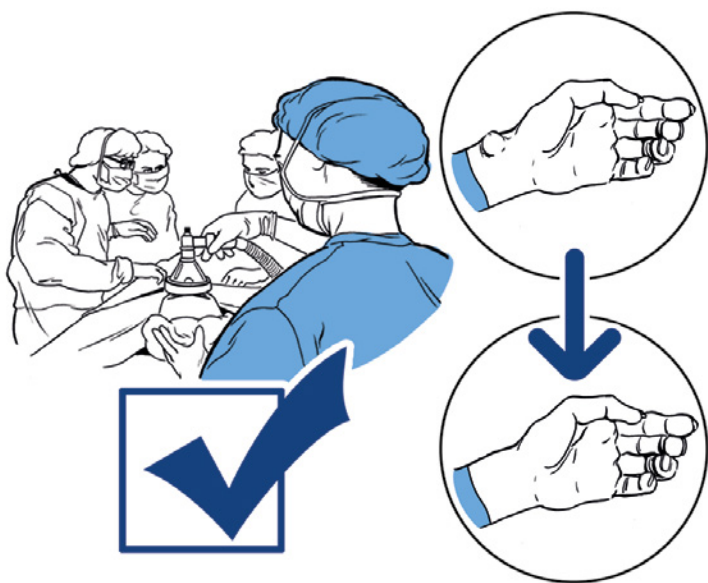
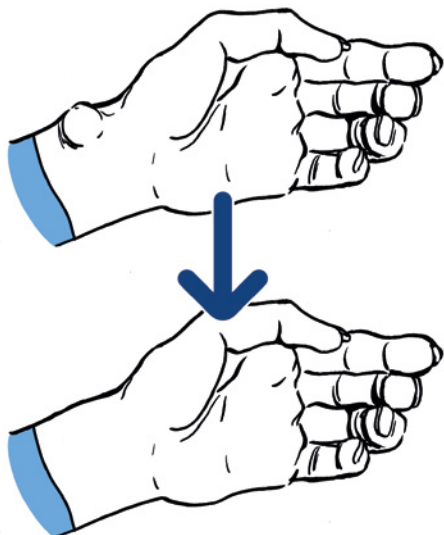
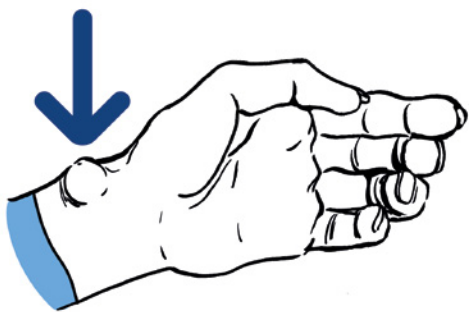
Dupuytren's syndrome is when one or more of your fingers become permanently bent inwards.



There is a surgery that can help with this called fasciectomy. This involves making a cut along your palm and finger so the surgeon can straighten it.



We recommend that this surgery is prescribed only if all other treatment options have failed; and if the bend is severe enough in one or more fingers.



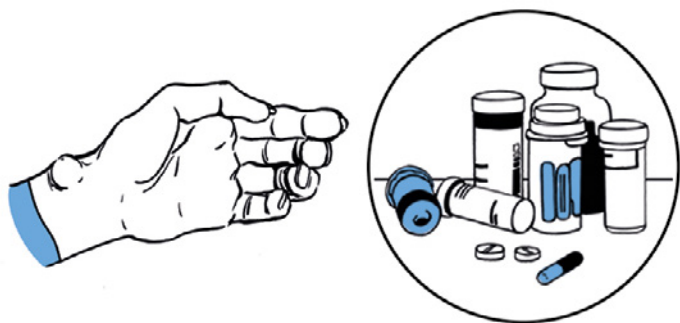
Ganglion excision

Ganglia are small lumps on the tendon of their wrists and arms. They are not cancer.

Many people have them, and they never bother them. Ganglia can disappear all of a sudden over time. They usually do not hurt, but sometimes can tingle and may cause some pain if pressed.

You can get them removed with surgery. This intervention is called ganglion excision.

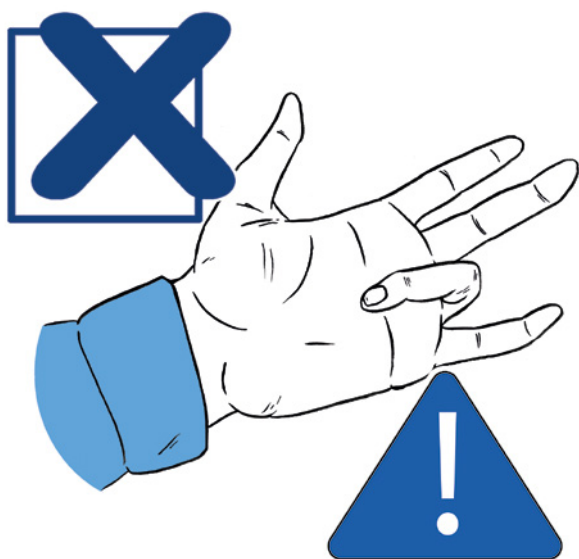
We recommend that ganglion excision is prescribed in some cases, like if it is painful, if the doctor isn't sure about its nature, or if it causing more severe problems.



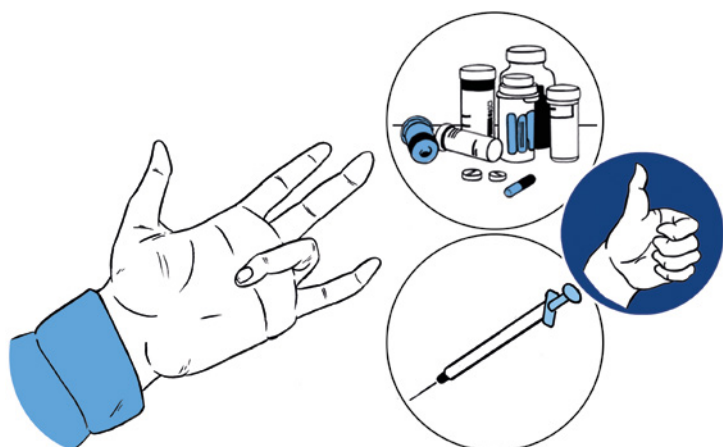
There are other available ways of treating ganglia, such as pain relief or having it sucked out with a needle.

P Trigger finger release

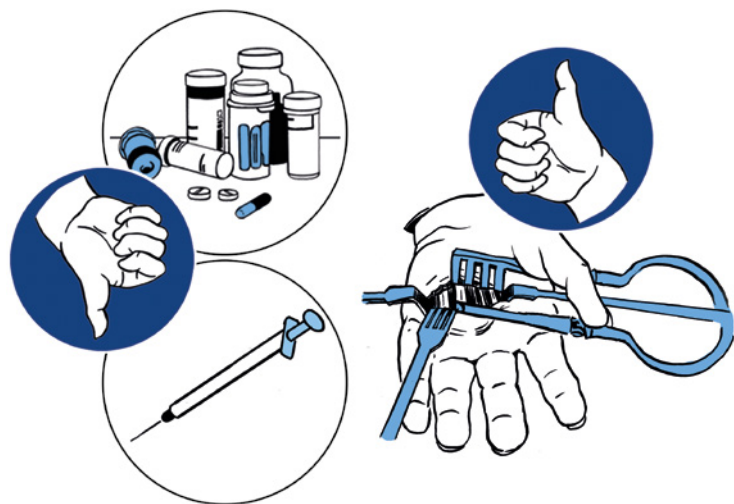
Trigger finger is a condition of the tendons in your hand where it is difficult to bend one or more of your fingers.



In most cases this is not a serious health condition, but more of a nuisance.



There are other treatments you can try before choosing surgery. These include getting some rest, a steroid injection or anti-inflammatory drugs.



Only if all these fail you should consider for surgery. Recovery from it can take weeks and there is always a risk of infection, pain or nerve damage.

Q Varicose vein surgery

Varicose veins are swollen in your legs and feet. They are dark in colour, lumpy and twisted.

They can make your legs and feet hurt, feel uncomfortable or swollen; give you muscle cramps; make your skin itch.

There are many ways of treating varicose veins, these should be tried before considering surgery.



8 – Are there any interventions you think we should add? If so, which ones? And why?

9 – Are there any interventions we should remove? If so, which ones? And why?

10 – What do you think of the reasons why we chose these 17 interventions?

11 – Do you think these proposed changes will have a negative impact on some people more than others? Think of people of different ages, disabilities, genders, races, people from disadvantaged groups (homeless people, gypsy travellers) etc

12 – Do you think these proposed changes will have a positive impact on some people more than others? Think of people of different ages, disabilities, genders, races, people from disadvantaged groups (homeless people, gypsy travellers) etc.

13 – Do you think that, if looking at these 17 interventions has good results, we should make this kind of work part of an on-going programme?

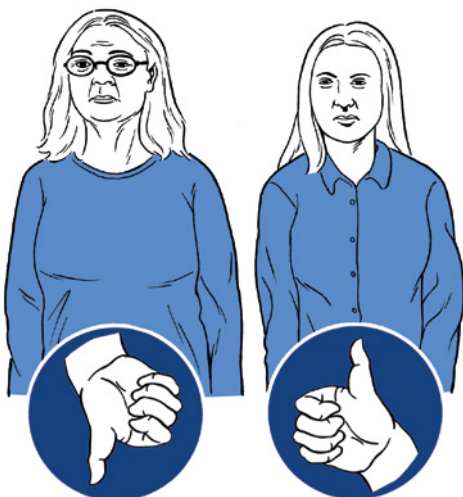
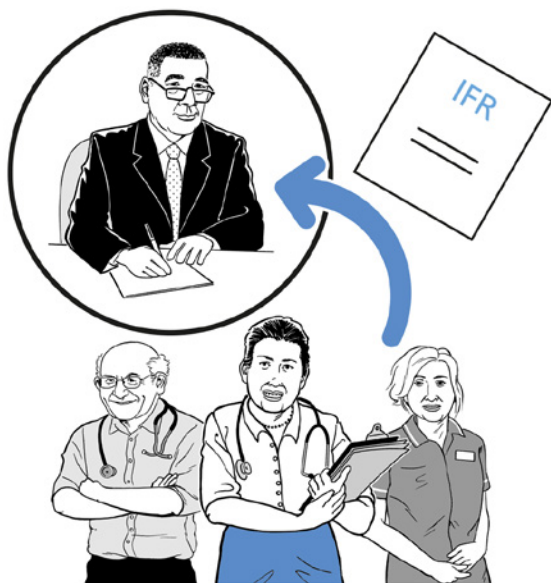
Funding for the 17 interventions

Doctors would have to use Individual Funding Requests (IFR) for the interventions in Category 1, and prior approval for interventions in Category 2.

Individual Funding Requests (IFR) are already used in the NHS. Medical professionals use them to apply to their local commissioner for funding for treatments that are not usually prescribed.

For example, an intervention that is normally for people over a certain age may be needed for someone much younger.

To prescribe it to that young person, the doctor would have to apply for funding using an IFR.





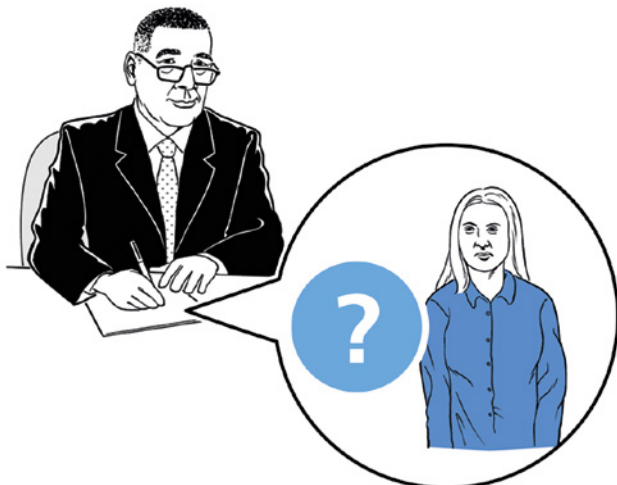
A team of commissioners and medical professionals would then look at the case and the evidence of why the treatment is needed, and then decided if it should go ahead or not.



Prior approvals are similar to IFRs, but they are not as complex of a process.



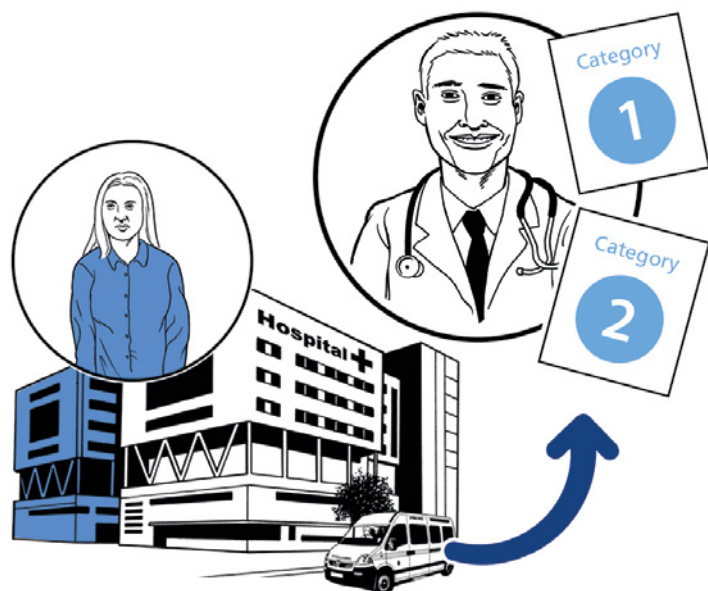
The GP needs to demonstrate to the CCG that the patient meets the criteria for being referred for the intervention.



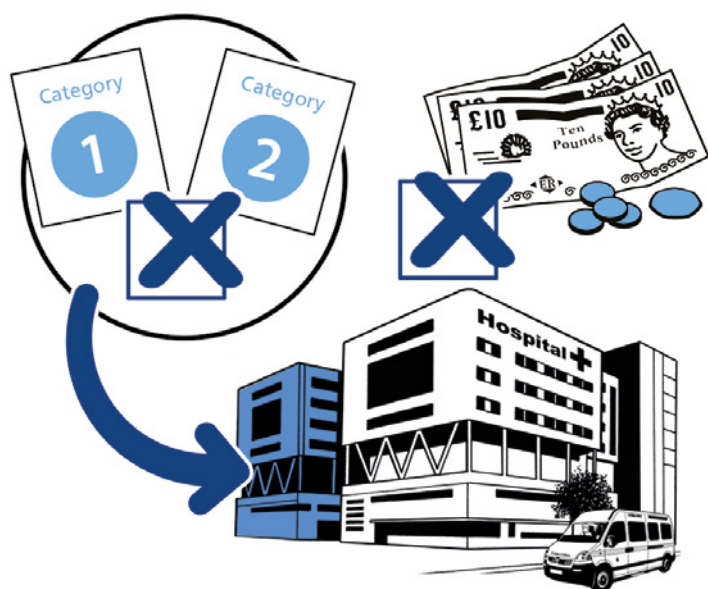
The commissioner still needs to look at the case and the evidence, and make a decision.



We think that it will be best if the GPs start the right referral process when they see the patient, before they go to hospital.



If the patient goes directly to hospital or to A&E, then the doctor there who is looking after the patient must start the right referral process.



If the hospital carries out one of these interventions without getting the right approval, they will not get paid for it.

14 – What do you think about using IFR for the interventions in category 1?

15 – What do you think about using prior approval for interventions in category 2?

16 – What do you think about not paying hospitals for the interventions in category 1 if they do not prove they have made an IFR for them?



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