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Betsi Cadwaladr  
University Health Board

**MD17**

## Interventions Not Normally Undertaken (INNU) Policy

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<b>Documents to be read alongside this policy:</b>	<p>All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)  <a href="#">NHS Wales IPFR Policy - June 2017 - Final.pdf</a></p> <p>BCUHB Prioritisation and Decision-Making Framework  <a href="#">BCUHB Prioritisation Framework.pdf (wales.nhs.uk)</a></p> <p>The All Wales Prioritisation Framework  <a href="#">3 18.pdf (wales.nhs.uk)</a></p> <p>NICE Interventional Procedure Guidance  <a href="http://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-guidance/NICE-interventional-procedures-guidance">http://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-guidance/NICE-interventional-procedures-guidance</a></p> <p>WHSSC policies and procedures  <a href="#">WHSSC Policies - Welsh Health Specialised Services Committee (nhs.wales)</a></p>
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**Purpose of Issue/Description of current changes:**

e.g. review / current changes  
 In 2012, BCUHB produced an INNU document, *PL02- Annex A: Interventions Not Normally Undertaken (INNU)* (BCUHB 2012b) as an annex to the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR), policy* (BCUHB 2011); this was updated in 2015, although the Health Board continued to use the 2012 INNU list. In view of updates to the IPFR Policy (2017) and changes in legislation, guidance and the evidence base for INNU's, the 2015 document has been reviewed, updated and replaced by this INNU policy, as well as an updated INNU list formulated as an appendix.

**Summary**

This document describes what INNU's are, the processes and principles followed to develop BCUHB's INNU policy, the values underpinning the policy and how the policy is monitored and implemented across BCUHB. Furthermore, it links to an INNU list - the INNU list describes which interventions have been included, and links to the evidence base, guidance and any embedded clinical criteria regarding each intervention.

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<b>Changes made yes/no:</b>	Yes	Yes	Yes (broken links repaired)	Yes/no	Yes/no

**PROPRIETARY INFORMATION**

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# Acronyms

AWMSG	All Wales Medicines Strategy Group
BCUHB	Betsi Cadwaladr University Health Board
EqIA	Equality Impact Assessment
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
INNU	Interventions Not Normally Undertaken
IPFR	Individual Patient Funding Requests
OPCS	Office of Population Census and Surveys Classification of Surgical Operations and Procedures (OPCS)
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee

# 1. Introduction

## Situation

- 1.1 Continuing advances in technology and medicines, changing demographics, better information and increasing public and professional expectations all mean that NHS Wales has to agree how best to provide high quality healthcare fairly, with the resources available, in order to meet population health need and to provide the best population health outcomes possible.
- 1.2 A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the health boards in Wales, commissions a number of more specialist services at a national level.
- 1.3 NHS Wales has historically identified marginally effective and ineffective interventions/treatments (procedures and medicines) that are deemed to have limited or no clinical value, these healthcare interventions are termed Interventions Not Normally Undertaken (INNUs).
- 1.4 BCUHB has adopted the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)*, which highlights that such healthcare interventions, are not available because (BCUHB 2017):
  - There is currently insufficient evidence of clinical and/or cost effectiveness
  - The intervention/treatment has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG) and/or
  - The intervention is considered to be of relatively low priority for NHS resources
- 1.5 INNU's are therefore interventions where the evidence of clinical benefit in relation to harm and/or cost effectiveness is limited to such a degree that undertaking them may be unjustifiable. These interventions are therefore not routinely available on the NHS in Wales, or are only available if specified criteria are met.
- 1.6 Prudent healthcare puts the delivery of clinical value centre stage and captures the important contribution that individuals have in creating and sustaining their own health and wellbeing. Prudent healthcare aims to place greater value on the outcomes delivered rather than volume (Welsh Government 2014a). *The NHS Wales Planning Framework for 2015* places prudent healthcare as a central organising principle. The planning framework advocates a systematic approach to evaluating current practice and products, addressing unmet needs and discarding approaches that do harm or offer poor value (Welsh Government 2014b). In addition, the Framework states that each health board must demonstrate through their Integrated Medium Term Plan, that purposeful steps are being undertaken to adhere to extant guidelines on INNU's, Clinical Thresholds, and NICE Do Not Do guidance, in line with the Planned Care Programme (Welsh Government 2014b). Therefore, one of the 4 key principles

of prudent healthcare, 'Do no harm - eliminate treatments which provide no clinical benefit or do harm,' is a cornerstone of this INNU policy.

- 1.7 The challenge for all health boards is to strike the right balance between providing services that meet the needs of the majority of the population whilst still being able to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the health board has decided to fund to meet local need within the resource available. To manage this aspect of the health board's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework.
- 1.8 In addition, demand for routine NHS services now exceeds the current available supply and this is not expected to change. This means that not all services can be provided and so prioritisation has become a pressing consideration for health boards (BCUHB 2012a). The *All Wales Prioritisation Framework* was introduced in December 2011 and was adopted by BCUHB in 2012. The *Prioritisation and Decision Making Framework* provides a clear, rational approach and a fair, transparent process to ensure that evidence-based health gain for the local population and value for money is maximised (BCUHB 2012a). The Framework also ensures that there is a robust mechanism in place to agree service specification within available resources (BCUHB 2012a). Reference to this Framework should be made in conjunction with this policy document.

#### **Purpose**

- 1.9 In 2012, BCUHB produced an INNU document, *PL02- Annex A: Interventions Not Normally Undertaken (INNU)* (BCUHB 2012b) as an annex to the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR), policy* (BCUHB 2011); this was updated in 2015 although the Health Board continued to use the 2012 INNU list. In view of updates to the IPFR Policy (2017) and changes in legislation, guidance and the evidence base for INNU's, the 2015 document has been reviewed, updated and replaced by this INNU policy, as well as an updated INNU list formulated.
- 1.10 In general, pharmaceutical treatments are excluded from INNU policy, as there is a separate process for looking at these within BCUHB's Drugs and Therapeutics Group (DTG). DTG approves and monitors the introduction of new medicines into the BCUHB health economy, assessing the relative priority such innovations might receive, set against existing expenditure pressures. There are around 30 members of the DTG drawn from secondary care consultants from a range of specialities (such as psychiatry, respiratory medicine, oncology, paediatrics, care of the elderly, obstetrics and gynaecology, nephrology, and rheumatology); primary care; a patients' representative; a representative of the ABPI; pharmacists; clinical, management, and clinical governance; nurse; physiotherapist; dentist; finance department representative and Assistant Medical Directors. The DTG can co-opt members when the need arises.
- 1.11 It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare. Where the referring clinician believes that there is evidence that shows the patient is significantly different to the general

population of patients with the condition, there may be a case for significant clinical benefit expected from the intervention. The clinician can then request the intervention be considered under the *All Wales Policy for Making Decisions on Individual Patient Funding Requests* (BCUHB 2017):

- We will consider each IPFR on its individual merits and we will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.
- The words "significantly different to the general population of patients" means that the patient's condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.
- We understand that it can never be possible to anticipate all unusual or unexpected circumstances and so the *All Wales IPFR Policy* sets out a clear guide to making decisions on IPFR to determine whether evidence of that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable has been presented.

## 2. Scope

### Staff

- 2.1 This INNU policy applies to all clinical and non-clinical staff employed within BCUHB that form part of the request process for any patient requesting treatment as defined in the INNU list. This guidance will also form part of any contractual agreement between BCUHB and its contracted providers.

### Patient

- 2.2 This policy will address the individual needs of those patients for whom an INNU is being considered.
- 2.3 Any treatment defined in the list of INNU Interventions (Appendix A) that is approved under the IPFR process will be funded from current BCUHB revenue and thus represents an in-year financial risk to BCUHB.

## 3. Aims and Objectives

- 3.1 The INNU policy aims to demonstrate how BCUHB is clear and explicit in agreeing service priorities for the application of its financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

- 3.2 The principles underpinning the INNU policy and the decision making processes of the health board are based on NHS core values, ethical considerations, the principles of prudent healthcare, the health board core values, evidence based considerations and economic considerations.

### **Underpinning NHS Values**

- 3.3 The report by the Bevan Commission *NHS Wales: Forging a Better Future* identifies that the defining principles underlying planned provision of healthcare need to be renewed and rearticulated, emphasising that the NHS exists to serve the needs of the people and seeks to redress health inequities (Bevan Commission 2011). To reflect the observations of the Bevan report, the Welsh Government published a set of NHS values.

<b>NHS Values</b>
<ul style="list-style-type: none"> <li>• Putting quality and safety above all else: providing high value evidence based care for our patients at all times;</li> <li>• Integrating improvement into everyday working and eliminating harm, variation and waste;</li> <li>• Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;</li> <li>• Working in true partnerships with partner organisations and with our staff;</li> <li>• Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively</li> </ul>

### **Ethical Principles & Principles of Prudent Healthcare**

- 3.4 Health Boards are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'), while respecting each individual as a person in his or her own right (BCUHB 2012a). The Welsh Government published a set of 6 ethical principles to be observed by NHS organisations when making decisions, these were laid out in the *Welsh Health Circular (2007) 076* and underpin this policy (Welsh Government 2007). In 2013, the Health Minister outlined the need for NHS Wales to adopt the principles of prudent healthcare.

<b>NHS Ethical Principles</b>
<ul style="list-style-type: none"> <li>• Minimising the harm that an illness or health condition could cause;</li> <li>• Treating populations and particular people with respect;</li> <li>• Fairness;</li> <li>• Working together;</li> <li>• Keeping things in proportion;</li> <li>• Flexibility</li> </ul>

<b>Principles of Prudent Healthcare</b>
<ul style="list-style-type: none"> <li>• Public and professionals are equal partners through co-production;</li> <li>• Care for those with the greatest health need first</li> <li>• Do only what is needed and do no harm</li> <li>• Reduce inappropriate variation through evidence based approaches</li> </ul>

### **Decision Making Principles**

- 3.5 The Health Board's decision making principles match the WG Citizen-Centred Principles for Wales. These principles embody what the WG wants public services to be: focused on the needs of citizens, with citizens who are engaged and involved in the development of services and who receive services which are efficient, effective and innovative in their design and implementation (Welsh Assembly Government 2010).

<b>Decision Making Principles</b>
<ul style="list-style-type: none"><li>• Value for Money: Looking after taxpayers' resources properly and using them;</li><li>• Putting the Citizen First: Putting the citizen at the heart of everything and focusing on their needs and experiences; making the organisation's purpose the delivery of a high quality service;</li><li>• Living Public Service Values: Being a value-driven organisation, rooted in the principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership;</li><li>• Engaging with Others: Working well together to deliver the best services possible;</li><li>• Knowing Who Does What and Why: Making sure that everyone involved in the delivery chain understands each others' roles and responsibilities and how together they can deliver the best possible service;</li><li>• Fostering Innovative Delivery: Being creative and innovative in the delivery of public services – working from evidence and taking managed risks to achieve better services;</li><li>• Being a Learning Organisation: Always learning and improving service delivery.</li></ul>

### **Evidence based and Economic considerations**

- 3.6 Evidence based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence. The purpose of taking an evidence-based approach is to ensure that the best possible care is available and to provide interventions that are effective at reasonable cost and to move away from interventions which are not.

<b>Evidence based considerations</b>
<ul style="list-style-type: none"><li>• The National Institute for Health and Clinical Excellence (NICE) issue Technology Appraisals and the All Wales Medicines Strategy Group issue guidance which Health Boards are required to follow. Public Health Wales has traditionally done evidence reviews on an ad-hoc basis.</li><li>• It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached. This decision is a compromise based on a balance between different value judgments and scientific (evidence-based) input;</li><li>• Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.</li></ul>

### **Economic considerations**

- BCUHB can no longer consider investing in any new developments unless they are clearly more effective, improve patient experience and health outcomes, and are at least equal in value for money to existing services or interventions. Choosing one intervention or service means that BCUHB cannot provide another – that is, there are opportunity costs to everything that BCUHB does. BCUHB has to make these choices explicit, transparent and fair;
- BCUHB has agreed a Prioritisation and Decision-Making Framework which sets out a transparent process for taking resources from one service to invest in another so as to make the best use of the Health Board's overall resource allocation.

## **4. Methodology and Rationale**

- 4.1 The policy describes what INNU's are, the processes and principles followed to develop BCUHB's INNU policy, how the policy is monitored and implemented across BCUHB, and the procedure which clinicians should follow.
- 4.2 The BCUHB INNU list available in the appendix to the policy describes which interventions have been included, and links to the evidence base, guidance and any embedded clinical criteria regarding each intervention.
- 4.3 The list is based on a rapid review of existing guidance from NICE and Public Health Wales, as well as a review of existing UK-wide policies including WHSSC Policies.

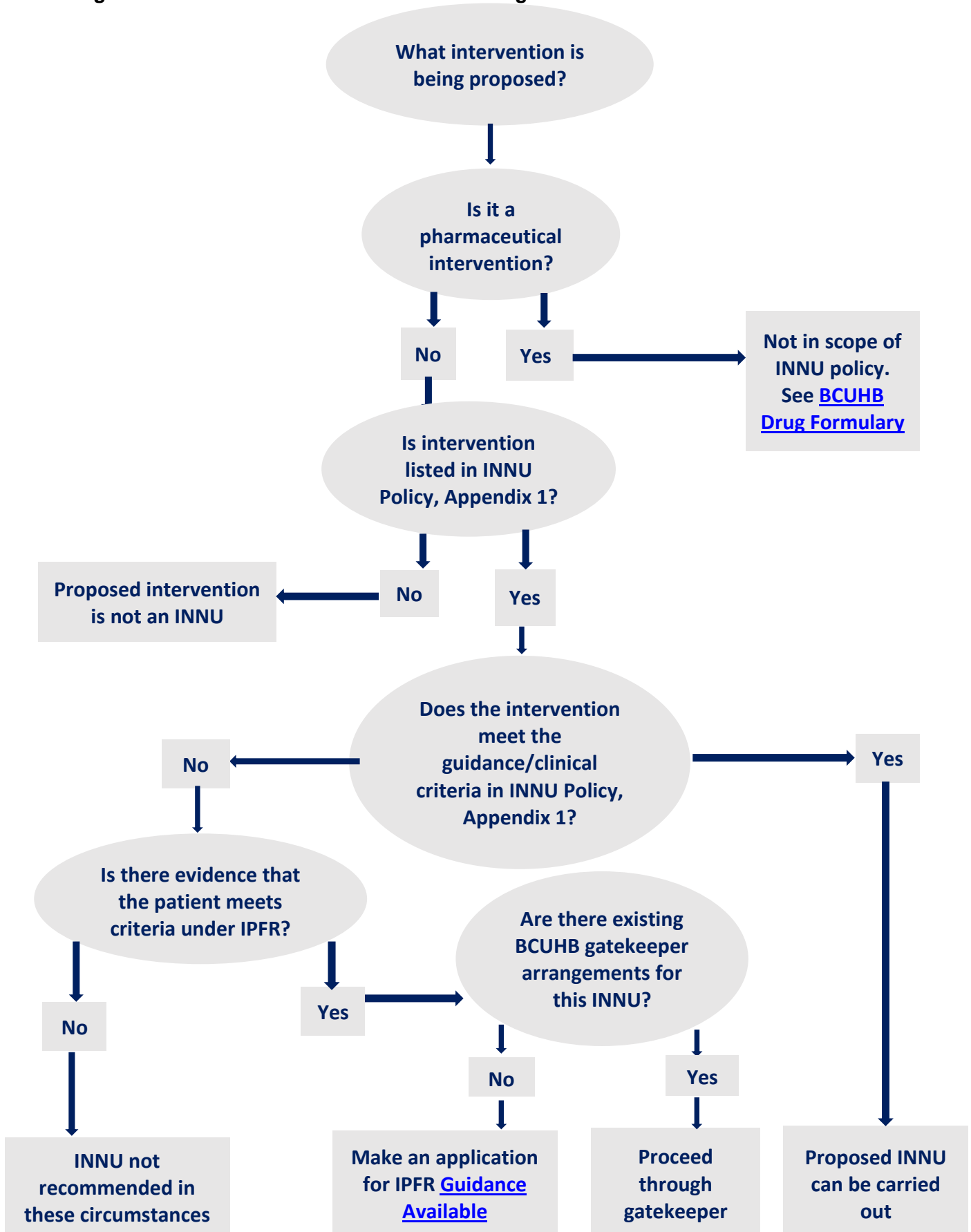
## **5. Responsibilities**

- 5.1 All clinical staff have a responsibility to be aware of and comply with the INNU policy and that patients are treated in accordance with the policy.
- 5.2 Site and Area Directors are responsible for ensuring that their sphere of responsibility is compliant with the revised INNU policy.

## 6. Procedure to follow for INNUs

6.1 A decision tree for clinicians has been provided (Figure 1) to assist in identifying appropriate information and actions when considering interventions.

Figure 1. Clinical decision tool for considering INNUs



## 7. Monitoring, Escalation & Implementation

- 7.1 Monitoring of INNUs being undertaken within BCUHB will be determined jointly between the relevant Clinical Specialities and the Chief Operating Officer's department.
- 7.2 Depending on the intervention being monitored, different methods of monitoring at varying intervals will be utilised:
- All INNUs will be monitored on a quarterly basis by BCUHB Information Team;
  - Individual Clinical Divisions will monitor certain procedures and check compliance with exceptionality criteria;
  - Periodic audit should be undertaken of patient referrals against clinical criteria for INNUs
- 7.3 The data produced will be shared with appropriate Clinicians and Directors as required.
- 7.4 If elevated INNU activity is identified, relevant information will be shared with BCUHB Integrated Governance Committee and Area Performance Executive Review meetings.
- 7.5 This policy will be cascaded to all clinical and non-clinical staff employed within or contracting with BCUHB that form part of the request process for any patient requesting treatment as defined in the INNU list

## 8. Equality Impact Assessment

- 8.1 EqiA provides the statutory framework to ensure that all functions of the health board consider the effects of their decisions, policies or services on different communities, individuals or groups during service change /transformation. The health boards arrangements for equality impact assessments are set out in WP7 Procedure for Equality Impact Assessment, a link to which can be found on the BCUHB intranet page that provides guidance on Service Change <http://howis.wales.nhs.uk/sitesplus/861/page/63804>
- 8.2 An EqiA screening was carried out on this policy and a decision was made that it was not necessary to proceed to a full EqiA. This is available in a separate document.

## 9. Acknowledgements

Thanks to the following: BCUHB: Gillian Milne, Martin Williams, Paul Carter, Cheryl Bennett, Dafydd Ap Gwyn; Public Health Wales: Kate Heneghan.

## 10. References

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Welsh Government (2014b) NHS Wales Planning Framework 2015/2016. Welsh Government: Cardiff. Available at <http://wales.gov.uk/docs/dhss/publications/141031frameworken.pdf>

## 11. Appendix One: List of INNUs

<a href="#"><u>Dermatology</u></a>	<a href="#"><u>Ear, Nose &amp; Throat</u></a>	<a href="#"><u>General &amp; Vascular Surgery</u></a>
<a href="#"><u>Gynaecology</u></a>	<a href="#"><u>Ophthalmology</u></a>	<a href="#"><u>Oral and Maxillofacial</u></a>
<a href="#"><u>Orthopaedics &amp; Musculoskeletal &amp; Pain Management</u></a>	<a href="#"><u>Plastics</u></a>	<a href="#"><u>Podiatry</u></a>
<a href="#"><u>Psychiatry</u></a>	<a href="#"><u>Radiology</u></a>	<a href="#"><u>Rheumatology</u></a>
<a href="#"><u>Therapies</u></a>	<a href="#"><u>Urology</u></a>	<a href="#"><u>Other</u></a>

### **IMPORTANT**

**ALL THE INTERVENTIONS BELOW *SHOULD NOT* BE UNDERTAKEN UNLESS THEY ARE IN ACCORDANCE WITH THE EVIDENCE/GUIDANCE & ANY EMBEDDED CLINICAL CRITERIA GIVEN BELOW.**

**REQUEST FOR EXEMPTION FROM GUIDANCE/CRITERIA IN LIST BELOW REQUIRED THROUGH THE HEALTH BOARD'S IPFR PANEL.**

**HOWEVER, FOR A SMALL NUMBER OF HIGH VOLUME INNUs, THE HEALTH BOARD MAY, IN SOME CASES, ESTABLISH A SPECIFIC GATEKEEPER ARRANGEMENT WITH THE AGREEMENT OF THE IPFR PANEL.**

**SEE FLOWCHART (FIGURE 1) ON PAGE 11 OF THIS POLICY.**

**PLEASE NOTE THAT WHSSC CHECKLISTS/ REFERRAL PROFORMAS GIVEN IN APPENDICES OF LINKED WHSSC POLICIES SHOULD NOT BE USED WHERE INTERVENTIONS ARE PROVIDED WITHIN BCUHB.**

<b>Dermatology</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Guidance &amp; Criteria</b>
<b>Chalazia (lesions on eyelids)</b>		NICE CKS <a href="#">Meibomian cyst (chalazion)</a>
<b>Hyperhidrosis treatment e.g. surgery</b>	S041 S042 S043 S532  ICD-10 Code R61	NICE CKS <a href="#">Hyperhidrosis</a>  NICE <a href="#">IPG487</a>
<b>Rhinophyma</b>	S04- S05- S06- S09- S10- S11- S60.1>4 Y06.4	WHSSC <a href="#">CP42</a>
<b>Scar Revision</b>	S06.5 or S06.9+ Y06.4 S23.1>4 S60.4	WHSSC <a href="#">CP42</a>
<b>Skin Conditions (Benign) Lipomata</b>	S04.1>3 S04.8 S05.1>5	WHSSC <a href="#">CP42</a>

<p>Diagnosis codes D17.0&gt;9 for lipoma</p> <p><b>Viral Warts</b> (Diagnosis codes B07 A63.0 A44.1 A18.4 L82 for viral warts)</p> <p><b>Acne Vulgaris</b></p> <p><b>Other Benign Skin Conditions</b> (Diagnosis codes for benign skin lesions D23.0&gt;9) <b>including:</b>  <b>Sebaceous cyst (pillar and epidermoid)</b>  <b>Skin tags</b>  <b>Milia</b>  <b>Molluscum contagiosum</b>  <b>Seborrhoeic keratoses (basal cell papillomata)</b>  <b>Spider naevus (telangiectasia)</b>  <b>Dermatofibromas</b>  <b>Benign pigmented moles (naevi)</b></p>	<p>S05.8&gt;9  S06.1&gt;5  S06.8&gt;9  S09.1&gt;5  S09.8&gt;9  S10.1&gt;5  S10.8&gt;9  S11.1&gt;5  S11.9&gt;9</p>	
<b>Skin Hypo Pigmentation</b>	ICD 10 Code L81.9	WHSSC <a href="#">CP42</a>
<b>Skin Resurfacing Techniques</b>	S60.1>2 S09- S10.3 S11.3	WHSSC <a href="#">CP42</a>

<b>Tattoo removal</b> Diagnosis code L81.8 for tattoo pigmentation	S09.1>2 S60.1 S60.2 S60.3	WHSSC <a href="#">CP42</a>
<b>Vascular skin lesions/ Port wine stains</b>  Diagnosis code Q825	S04- S05- S06- S09- S10- S11-	WHSSC <a href="#">CP42</a>
<b>Xanthelasma Palpebrum (fatty deposits on eyelids)</b>	C12.1>3 S04- S05- S06- S09- S10- S11	WHSSC <a href="#">CP42</a>

<b>Ear, Nose &amp; Throat</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Otitis Media with Effusion (Grommets)</b>	D15.1	NICE <a href="#">CG60</a>
<b>Sinus x-ray use (for chronic sinus problems)</b>	U06.1 CT of sinus (No code for x-ray)	See NICE accredited RCS, Commissioning Guide: <a href="#">Chronic Rhinosinusitis,2016</a>
<b>Surgery for snoring  Snoring (radiofrequency ablation of the soft palate)</b>	F32.8  Y11.4	NICE <a href="#">IPG476</a>
<b>Soft Palate Implants for Obstructive Sleep Apnoea</b> Diagnosis code G47.3 for sleep apnoea	F32.8	NICE <a href="#">IPG241</a>
<b>Tonsillectomy</b>	F34.1>5 F34.7>9	<a href="#">Public Health Wales Evidence Summary</a> *

\*Awaiting new All Wales INNU policy

<b>General &amp; Vascular Surgery</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Anal skin tag removal</b>	H48.2	WHSSC <a href="#">CP42</a> (benign skin tags)
<b>Bariatric surgery (for morbid obesity)</b>  Diagnosis code E66.8 for morbid obesity	G28.2 G28.3 G28.4 G28.8 G28.9 G30.1>2 G30.3 G30.4 G30.8>9 G32.1 G32.8 G32.9 G61.1 G61.2 G61.3 G61.8 G61.9 G71.6	WHSSC <a href="#">CP29a</a> WHSSC <a href="#">CP29b</a>
<b>Breast Surgery Procedures</b>	B27.5 B30.- B31.2 B31.3 B31.1 B31.4 B35.6	WHSSC <a href="#">CP69</a>

	B37.5	
<b>Cholecystectomy for asymptomatic gallstones</b>	J18	<a href="#">Public Health Wales Evidence Summary*</a>
<b>Haemorrhoidectomy</b>	H51.1>3 H51.8>9 H52.1>4 H52.8>9	<a href="#">Public Health Wales Evidence Summary*</a>
<b>In-growing toenail surgery</b>  Diagnosis code L60.0	S64.1>9 S68.1>9 S70.1	NICE accredited Finnish Medical Society has EBM Guidelines on ingrowing toenail (2017) Available <a href="#">here</a>
<b>Percutaneous Laser Revascularisation for Refractory Angina Pectoris</b>  Diagnosis code I20.9 for angina  <b>Transmyocardial Laser Revascularisation for Refractory Angina Pectoris</b>	K23.4 Y53.- Y08.-	NICE <a href="#">IPG302</a>  NICE <a href="#">IPG301</a>
<b>Repair of minimally symptomatic inguinal hernia</b>	T20 T21	<a href="#">Malik et al (2017)</a> Minimally symptomatic inguinal hernia can be managed safely with watchful waiting for up to 2 years after assessment, with an incidence of hernia accident (the traditional reason for hernia repair) at a rate of 0.11% in patients aged over 65 years. Thus,

		conservative management should be considered in appropriately selected patients.
<b>Varicose Veins</b>	L84.1>6 L84.8>9 L85.1>3 L85.8>9 L86.1>2 L86.8>9 L87.1>9 L88.1>3 L88.8>9	NICE: <a href="#">CG168</a> <a href="#">IPG8</a> <a href="#">IPG37</a> <a href="#">IPG52</a> <a href="#">IPG557</a> <a href="#">IPG440</a> <a href="#">IPG670</a>

\*Awaiting new All Wales INNU policy

<b>Gynaecology</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Botulin Toxin</b>	X85.1	NICE <a href="#">NG123</a> – Urinary Incontinence in women: management
<b>Female Surgical Interval Tubal Sterilisation</b>	Q27 Q28 Q35 Q36	NICE CKS <a href="#">Contraception-sterilization</a>
<b>Heavy Menstrual Bleeding: Dilation and Curettage/Hysteroscopy</b>  Diagnosis code N92.0 for heavy menstrual bleeding	Q10.3 Q10.8>9	NICE <a href="#">NG88</a>
<b>Heavy Menstrual Bleeding: Hysterectomy</b>  Diagnosis code N92.0 for heavy menstrual bleeding	Q07.1>6 Q07.8>9 Q08.1>3 Q08.8>9	NICE <a href="#">NG88</a>
<b>Hymenorrhaphy</b>	P15.3 (repair of hymen)	<a href="#">Public Health Wales Evidence Summary*</a>

<b>Body contouring including labiaplasty, labial trimming and cosmetic genital procedures</b>	P05.5 P05.6 P05.7 P21.3 S02.1 S02.2 S03- S62.1 S62.2	WHSSC <a href="#">CP44</a>
<b>Laparoscopic Uterine Nerve Ablation for Chronic Pelvic Pain</b>	A78.8 Y08.9 A79.8 Y08.9	NICE <a href="#">IPG234</a>
<b>Reversal of sterilisation (male and female)</b>	N18.1 Q29.1>2 Q29.8>9 Q37.1 Q37.8>9	<a href="#">Public Health Wales Evidence Summary*</a>
<b>Specialist Fertility Services</b>	N34.1 N34.2 N34.4>6 Q131>9 Q21 Q21.1 Q21.8 Q21.9 Q38.3	WHSSC <a href="#">CP38</a>

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<b>Ophthalmology</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Corneal implants for the correction of refractive error in the absence of other ocular pathology such as keratoconus</b>	C40.4 C44.1>2 C46.1 C46.7 C47.6	NICE <a href="#">IPG225</a>
<b>Laser Therapy for Short Sight</b>	C46.1	NICE <a href="#">IPG164</a>
<b>Photodynamic Therapy for Age Related Macular Degeneration</b>	C88.2	NICE <a href="#">NG82</a>
<b>Scleral Expansion Surgery for Presbyopia</b>	C55.4	NICE <a href="#">IPG70</a>

<b>Oral and Maxillofacial</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Apicetomy</b>	F12.1	<a href="#">Royal College of Surgeons of England. Guidelines for surgical endodontics</a>  N.B. Under Review
<b>Dental implants</b>	F11.5>6	<a href="#">Royal College of Surgeons of England. Guidelines for selecting appropriate patients to receive treatment with dental implants: Priorities for the NHS (2012).</a>
<b>Orthodontic treatment</b>	F14.1>3 F14.8 >9 F15.1>4 F15.9	Should NOT be used for cases categorised as 1, 2 or 3 using the Index of Orthodontic Treatment Need (IOTN) EXCEPT for those cases in group 3 where the aesthetic component (AC) has been classified as 6 or higher.
<b>Wisdom teeth</b>	F09.3 F09.1 (impacted)	NICE <a href="#">TA1</a>  N.B. <a href="#">NICE Third molars (impacted) - prophylactic removal [ID898] [In Progress] Update of NICE TA1</a>

<b>Orthopaedics &amp; Musculoskeletal &amp; Pain Management</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Abrasion Arthroplasty for Knees</b>	W83.4	<a href="#">Public Health Wales Evidence summary*</a>
<b>Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis</b>	W85.2 ICD-10 code M17.9	NICE <a href="#">IPG230</a>
<b>Autologous Chondrocyte Implantation for Knee/Ankle Problems Caused by Damaged Articular Cartilage</b>	W71.4 W85.3	NICE <a href="#">TA477</a>
<b>Back Pain and Sciatica Management</b> (Diagnosis code M545 back pain - lower) <b>including:</b> <ul style="list-style-type: none"> <li>• <b>Plain X-rays of lumbar spine &amp; MRI scans</b></li> <li>• <b>Epidural injections for sciatica</b></li> <li>• <b>Facet joint injections for axial (non-radicular) back pain of suspected facet joint origin</b></li> <li>• <b>Radiofrequency denervation</b></li> </ul>	U21.1 or U21.7 U05.5 + Y98.2 + Z66.3>5 Z66.8 Z67.-	NICE <a href="#">NG59</a>

<ul style="list-style-type: none"> <li>• <b>Spinal fusion Therapies (including laser, interferential, ultrasound and TENS)</b></li> </ul>		
<b>Carpal Tunnel Syndrome</b> Diagnosis code G56.0		NICE CKS <a href="#">Carpal tunnel syndrome</a>
<b>Dupuytren's disease</b> Diagnosis code M72.0		NICE CKS <a href="#">Dupuytren's disease</a> NICE <a href="#">IPG573</a> NICE <a href="#">TA459</a>
<b>Electrical and electronic field treatments in non-union of bones</b> Diagnosis code M84.1 for non union of bones		<a href="#">Public Health Wales Evidence Summary*</a>
<b>Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica</b> Diagnosis code for sciatica M54.3 M51.1 M54.4	V33 & Y76.8	NICE <a href="#">IPG570</a>
<b>Extracorporeal Shock Wave Therapy for refractory plantar fasciitis</b>	T578 Y11.5  ICD-10 Code plantar fasciitis M72.2	NICE <a href="#">IPG311</a>

<b>Ganglia surgical removal</b>	T59.1>4 T59.8>9 T60.0>4- T60.8>9	<a href="#">Public Health Wales Evidence Summary*</a>
<b>Halux valgus (Bunion surgery)</b>	W79.1	Should NOT be used EXCEPT for patients who have: <ul style="list-style-type: none"> <li>• Significant osteoarthritis and/ or pain, which is impairing mobility, affecting the first metatarsal phalangeal joint</li> <li>• Impending or actual skin compromise</li> <li>• Evidence of transfer metatarsalgia with mechanical changes requiring intervention e.g. claw toe</li> </ul> Any other referral should explicitly state reasons (e.g. hallux rigidis, or specialised shoes). (Criteria agreed on All Wales basis)  NICE <a href="#">IPG332</a>
<b>Joint injections-site of procedure</b>	W90.4 injection into joint	NICE CKS <a href="#">Osteoarthritis</a> NICE CKS <a href="#">Shoulder-pain</a> NICE CKS - <a href="#">Gout</a>
<b>Lumbar Laser Micro Discectomy</b>	V33.7 Y08.9	NICE <a href="#">IPG570</a>
<b>Percutaneous intradiscal laser ablation in the lumbar spine</b>	V62.3	NICE <a href="#">IPG357</a>

<b>Peripheral Nerve-field Stimulation for chronic low back pain</b>	A70.1 A70.4 A70.7 A70.8 A70.9	NICE <a href="#">IPG451</a>
<b>Prosthetic intervertebral disc replacement in the lumbar spine</b>	V36.3	NICE <a href="#">IPG306</a>
<b>Subacromial Shoulder Pain</b>  <b>Shoulder arthroscopy</b>  <b>Subacromial Decompression and/or excision of acromioclavicular joint</b>	W88.9 Z81.4  Subacromial decompression O29.1  Excision of acromioclavicular joint W84.4 & Z81.2 W57.2 & Z81.2	NICE accredited RSC Commissioning Guide: <a href="#">Subacromial Shoulder Pain</a>  NICE has accredited the process used by Surgical Speciality Associations and Royal College of Surgeons to produce its Commissioning guidance. Accreditation is valid for 5 years from September 2012. More information on accreditation can be viewed at <a href="http://www.nice.org.uk/accreditation">www.nice.org.uk/accreditation</a>
<b>Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin</b>	A48.3 A48.7	NICE <a href="#">TA159</a>
<b>Spinal surgery for non acute lumbar conditions</b>		<a href="#">Public Health Wales Evidence Summary</a> *
<b>Surgical treatment of plantar fasciitis</b>	T523	NICE <a href="#">CKS Plantar-fasciitis</a>

Diagnosis code M72.2 for plantar fasciitis		
<b>Therapeutic endoscopic division of epidural adhesions</b>		NICE <a href="#">IPG333</a>
<b>Therapeutic use of ultrasound in hip and knee osteoarthritis</b>		<a href="#">Public Health Wales Evidence Summary*</a>
<b>Transaxial interbody lumbosacral fusion</b>	V38.6	NICE <a href="#">IPG620</a>
<b>Trigger finger (surgery)</b>	T72.3	<a href="#">British Society for Surgery of the Hand</a>

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<b>Plastics</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Abdominoplasty and Apronectomy following significant weight loss</b>	S02.1>2 S02.8>9	WHSSC <a href="#">PP45</a>
<b>Body Contouring</b>	S02.1>2 S02.8>9 S03- S62.1 S62.2	WHSSC <a href="#">CP44</a>
<b>Correction of Prominent Ears (Pinnaplasty/ Otoplasty)</b>	D03.3	WHSSC <a href="#">CP43</a>
<b>Eyelid: blepharoplasty</b>	C12.1>6 C12.8>9 C13- C15.1>5 C15.8>9	WHSSC <a href="#">CP43</a>
<b>Face or Brow Lift (Rhytidectomy)</b>	S01.-	WHSSC <a href="#">CP43</a>
<b>Facial Atrophy: New Fill Procedures</b>	ICD-10 Code Facial Atrophy L909	WHSSC <a href="#">CP43</a>

<b>Repair of external ear lobes (lobules)</b>	D03.1>2 D06.2	WHSSC <a href="#">CP43</a>
<b>Hair – Hair depilation/hirsutism</b>	S60.6>7	WHSSC <a href="#">PP51</a> WHSSC <a href="#">CP43</a>
<b>Hair - transplantation</b>	C10.3 S33.- S34.1>2 S34.8>9	WHSSC <a href="#">CP43</a>
<b>Labiaplasty, labial trimming and cosmetic genital procedures</b>	P05.5 P05.6 P05.7 P21.3	WHSSC <a href="#">CP44</a>
<b>Liposuction</b>	S62.1>2	WHSSC <a href="#">CP44</a>
<b>Nose: Rhinoplasty</b>	E02.3 E02.4 E02.5 E02.6 E07.3	WHSSC <a href="#">CP43</a>
<b>Skin Conditions: Scar Revision</b>	S06.5 or S06.9+ Y06.4 S23.1>4 S60.4	WHSSC <a href="#">CP42</a>
<b>Thigh lift, buttock lift and arm lift, excision of redundant skin or fat</b>	S03- S03.1>3 S03.8>9	WHSSC <a href="#">CP44</a>

<b>Podiatry</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>In-growing toenail surgery</b>	S64.1>9 S68.1>9 S70.1	NICE accredited Finnish Medical Society has EBM Guidelines on Paronychia and ingrown toenail (2017) Available <a href="#">here</a>
<b>Paronychia</b>		NICE accredited Finnish Medical Society has EBM Guidelines on Paronychia and ingrown toenail (2017) Available <a href="#">here</a>

<b>Psychiatry</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Computer Based Cognitive Behavioural Therapy</b>	X66	NICE <a href="#">NG134</a>

<b>Radiology</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Sinus x-ray use (for chronic sinus problems)</b>	U06.1 CT of sinus  (No code for x-ray)	See NICE accredited <a href="#">RCS,Commissioning Guide: Chronic Rhinosinusitis,2016</a>

<b>Rheumatology</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Chronic Fatigue Syndrome</b> Diagnosis code G93.3		NICE <a href="#">NG206</a>
<b>Fibromyalgia in adults</b> Diagnosis code M79.7		<a href="#">Public Health Wales Evidence Summary</a> *

<b>Therapies</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Bobath therapy</b>		<a href="#">Bobarth Therapy for Patients with Neurological Conditions</a> *
<b>Hyperbaric Oxygen Therapy</b>	X52.1	WHSSC <a href="#">CP07</a>

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<b>Urology</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Circumcision</b>	N30.3	WHSSC <a href="#">CP34</a>
<b>Penile implant: surgical procedure to implant device into the penis</b>	N29.1	NICE CKS <a href="#">Erectile-dysfunction</a>
<b>Reversal of sterilisation (male and female)</b>	N18.1 Q29.1>2 Q29.8>9 Q37.1 Q37.8>9	<a href="#">Public Health Wales Evidence Summary*</a>

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<b>Other</b>		
<b>Intervention</b>	<b>OPCS Code</b>	<b>Criteria &amp; Guidance</b>
<b>Complimentary medicine and alternative therapies</b> e.g. <b>Acupuncture</b> <b>Alexander technique</b> <b>Aromatherapy</b> <b>Herbal medicine</b> <b>Hypnosis</b> <b>Homeopathy</b> <b>Massage</b> <b>Manual Therapy</b> <b>Nutritional therapy</b> <b>Reflexology</b> <b>Other alternative therapies</b>	A70.6 X61.1>4 X61.8>9	<a href="#">Public Health Wales Evidence Summary*</a>
<b>Gender Identity Service for Adults (non-surgical)</b>	X15.1>2 X15.8>9	WHSSC <a href="#">CP182a</a> WHSSC <a href="#">CP182b</a>
<b>General Practice – screening tests</b>		The position is that various private screening tests, employment medicals, paternity tests, X-rays for immigration purposes etc are not normally commissioned as they are low priority. Patient requests for screening tests outside the national screening programmes should only be done when clinically indicated on the NHS.

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