Policy for Interventions Not Normally Undertaken (INNU)

Equality Impact Assessment Screening Tool undertaken on the policy confirmed that there has been no adverse effect or discrimination made on any particular individual or group.

Policy Owner: Director of Strategy
Approved by: *Planned Care Commissioning Board*
Date Endorsed: *17th March 2017*
Next Review Date: ***31st March 2019***
Document No: 884

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1 POLICY STATEMENT

1.1 As defined in the All Wales Policy for Individual Patient Funding Requests (IPFR), each health board in Wales has a separate policy setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because;

- there is currently insufficient evidence of clinical and/or cost effectiveness; and/or
- the intervention has not been reviewed by the National Institute for Healthcare and Clinical Effectiveness (NICE) or the All Wales Medicines Strategy Group (AWMSG); and/or
- the intervention is considered to be of relatively low priority for NHS resources.

1.2 The All Wales Policy for Individual Patient Funding Requests (IPFR) should be read together with this document when making decisions as the two policies are clearly linked and cross-reference each other. Appendix 1 of this document sets out the list of Interventions Not Normally Undertaken (INNU) and this policy outlines how the INNU list will be reviewed and how compliance will be monitored.

1.3 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their 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.

1.4 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. Each year, requests are received for healthcare that fall outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

1.5 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. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a health board will have to make.

2 SCOPE OF POLICY

2.1 This policy applies to all ABMU Health Board staff or those that deliver healthcare services to ABMU patients. Particular areas of responsibility are listed in the section setting out responsibility.

2.2 Pharmaceutical treatments are excluded from this list, as there is a separate process for looking at these via the Health Board's Medicines Management Group. Details of medicines that can be routinely prescribed along with the associated indications and criteria are detailed in the ABMU Prescribing Formulary.

3 AIMS AND OBJECTIVES

3.1 The principles underpinning this guidance and the decision making of the health board are divided into five areas - the NHS core values, Prudent Principles, the health board core values, evidence based considerations, ethical considerations and economic considerations.

3.2 NHS Core Values are set out by the Welsh Government (WG) as;

- Putting quality and safety above all else: providing high value evidence based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true Partnerships with partner organisations and with our staff;
- 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.

3.3 Prudent Principles

- **Do not Harm** this includes preventing illness as well as avoiding interventions that have little evidence to provide benefit and may be harmful. Safety must be the most important aspect of everything that we do.
- **Carry out the minimum intervention** that will meet the person's need. Do not do more than is necessary. Avoid unnecessary investigations and tests and reduce unjustified variation in care provision. Apply evidence in all that we do.
- **Only do, what only you can do** everyone should be working at "the top of their licence" doing those things that they only can do and allowing others in the team do play their part in full.
- **Promote Equity** the "inverse care law" was actually described (by Dr Tudor Hart) in ABMU and says that those that need healthcare most find it hardest to access. We know there are massive inequalities in health between communities which have been widening.
- **Co Create health with patients and the public** we must engage people fully in the decisions that lead to a plan of treatment and involving our communities in deciding what and how we should provide services.

3.4 Health Board Core Values:

- **Caring for each other** in every human contact in all our communities and each of our hospitals
- **Working together** as patients, families, carers, staff and communities so we always put patients first

- **Always improving** so that we are at our best for every patient and for each other

3.5 Evidence Based Considerations

3.5.1 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.

3.5.2 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, but is now developing the evidence base on a national basis for INNUs.

3.5.3 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 judgements and scientific (evidence-based) input.

3.5.4 Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

3.6 Ethical Considerations

3.6.1 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'). They are expected to respect each individual as a person in his or her own right. Welsh Health Circular (2007) 076 sets out 6 ethical principles for NHS organisations and these underpin this policy. They are:

- treating populations and particular people with respect;
- minimising the harm that an illness or health condition could cause;
- fairness;
- working together;
- keeping things in proportion; and
- flexibility.

3.7 Economic Considerations

3.7.1 ABMU Health Board 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 the ABMU Health Board cannot provide another – that is, there are opportunity costs to everything that ABMU Health Board does. The Health Board has to make these choices

explicit, transparent and fair. This aligns to the Health Board's Recovery and Sustainability programme.

4 METHODOLOGY AND RATIONALE

4.1 For each INNU listed, Public Health Wales has provided the evidence upon which the Health Board has based its decisions on whether to use or not. This includes:

- the recommended course of action
- the current advice to support the recommendation

4.2 Interventions are divided between those that NICE and other national advisory bodies' state should not be used in any circumstance and those that should not be used except under strict criteria. Any decision to implement on the basis of the strict criteria must be able to be evidenced as such by the clinician.

4.3 Where applicable the specific circumstances/strict criteria, under which use can be considered by the Health Board, are set out together with reference links to the available evidence and/ or WHSSC policy and the correct referral / management method.

4.4 The list is based on a review of existing guidance from NICE and Public Health Wales, as well as a review of existing UK-wide policies including WHSSC Joint Committee Policies.

4.5 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 strong evidence a patient would benefit from an intervention listed under the INNU Policy, disproportionately from other patients with the condition, this may be a case for exceptionality. The clinician can under these circumstances request the intervention be considered under the All Wales IPFR Policy:

- we will consider each IPFR on its individual merits and we will determine if the patient should receive funding, either because they meet agreed policy criteria (where it is available) or on the grounds of exceptionality.
- exceptional is defined in the Oxford Dictionary as being *"of the nature of or forming an exception: out of the ordinary course, unusual, special".*
- we understand that it can never be possible to anticipate all unusual or unexpected circumstances and so the INNU policy sets out a clear guide to making decisions on IPFR to determine whether evidence of exceptionality has been presented.

5 RESPONSIBILITIES

5.1 All **clinical members of staff** have a responsibility to comply with this policy through screening referrals and ensure that patients are treated in accordance with the INNU list (Appendix 1).

5.2 It is the responsibility of **managers** to ensure that clinical staff under their line management are aware of this policy, and when necessary investigate non-

compliance. Managers are responsible for ensuring that compliance audits are undertaken in conjunction with the Clinical Audit and Effectiveness Department.

5.3 The Strategy department are responsible for coordinating an annual review of the full policy and ensuring that the INNU list in Appendix 1 is a live document that is updated to reflect any agreed additions or amendments. It is also the responsibility of Strategy to ensure that the policy is available for viewing and that Service Delivery Units (SDUs) are made aware of any amendments to Appendix 1.

5.4 Director of Public Health is responsible for offering clinical advice regarding this policy and aiding review of clinical evidence/ research in relation to new or existing interventions included in the INNU list.

5.5 Primary care should make reference to this policy prior to making a referral into Secondary Care to ensure that their referral is appropriate.

6 IMPLEMENTATION AND POLICY COMPLIANCE

6.1 Screening Referrals

6.1.1 All referrals for treatment should be screened against the INNU list (Appendix 1) to ensure that the decision to treat is only made when the clinical/ referral criteria are met and thus the intervention is deemed appropriate.

6.2 Screening Decision to Treat

6.2.1 All decisions to treat should be screened against the INNU list (Appendix 1) to ensure that the decision to treat is only made when clinical/ referral criteria are met and thus the intervention is deemed appropriate.

6.3 Inappropriate Referral Management

6.3.1 In the event that a referral has been made but that the patient does not meet the clinical/ referral criteria for treatment, the following should take place:

- The referral should be returned to the referring clinician with a clear explanation for why the referral is deemed inappropriate for NHS treatment.
- If the clinician has additional information which demonstrates that the patient should be treated then the patient should be re-referred with the additional information. If the clinician screening the referral then feels that the patient can be treated in line with the clinical criteria, the referral should be accepted. However if the clinician still feels that the patient does not meet the criteria then the referral should be returned with a clear explanation of the reason for returning the referral.

- If the patient does not meet the clinical criteria but the referrer can demonstrate that there is evidence of exceptionality this can be submitted as an Individual Patient Funding Request (IPFR).

- Alternatively where the patient does not meet the clinical criteria and the Secondary Care Clinician receiving the referral can demonstrate that there is evidence of exceptionality this can be submitted as an IPFR.

- If the IPFR application is unsuccessful, the referring clinician can appeal via the IPFR appeals process.

6.4 Monitoring INNU activity

6.4.1 OPCS (Office of Population Census and Surveys Classification of Surgical Operations and Procedures) codes are included in the INNU list (Appendix 1). These codes aid in identifying activity and trends in level of INNU activity.

6.4.2 Data on INNU activity will be made available to each Service Delivery Unit (SDU) by Speciality and will be reported via the Recovery and Sustainability Programme and internal LTA performance monitoring meetings.

6.4.3 Service Delivery Units will share the activity data with their teams on a regular basis to assist them in monitoring their own levels of INNU activity and addressing any compliance issues.

6.5 Monitoring compliance

6.5.1 Monitoring compliance with clinical criteria set in this policy will provide insight into appropriateness of undertaking the interventions.

6.5.2 The majority of interventions included in this policy can only be undertaken when the patient meets specific clinical criteria. Activity for any INNU intervention will require clear indication that it meets the clinical criteria.

6.5.3 Compliance will be monitored via audit which will be undertaken on the interventions included in Appendix 1. The audits will be based on highest volume interventions and/or those that have no clinical criteria but have been undertaken without an IPFR application.

6.5.4 Service Delivery Units are responsible for co-ordinating the audits, the results of which will be fed back to the Specialities involved as well as the Planned Care Commissioning Board (PCCB). It is expected that the PCCB will receive results from three audits every six months.

6.6 Addressing issues of non-compliance

6.6.1 Where audit has indicated that inappropriate treatment has been undertaken this will be brought to the attention of the responsible clinician by their manager, the Unit Medical Director or the Executive Board Medical Director, so as they can review their practice in relation to the INNU policy and where necessary undertake any further training required.

6.6.2 Where repeated inappropriate clinical practice is identified this will be addressed via the disciplinary procedure for hospital and community medical and dental staff as set out in WHC (90)22.

7 REVIEW OF THIS POLICY

7.1 This policy will be reviewed on an annual basis or as required to reflect changes in legislation or guidance. Each Service Delivery Unit is responsible for reviewing the interventions that fall within their remit and work with Strategy to ensure that the content of Appendix 1 is in line with current guidelines, evidence and best practice. The Planned Care Commissioning Board (PCCB) will be responsible for ratifying the reviewed policy.

7.2 Any of the following circumstances will trigger an immediate review of the linked INNU policy:

- an exemption to a treatment criteria has been agreed;
- new scientific evidence of effectiveness is published for all patients or sub-groups;
- old scientific evidence has been reanalysed and published suggesting previous opinion on effectiveness is incorrect;
- evidence of increased or reduced cost effectiveness is produced;
- NHS treatment would be provided in all (or almost all) other parts of the UK;
- NICE or AWMSG recommends care.

7.3 This policy will only be updated to reflect any additions or removals following formal ratification by the Planned Care Commissioning Board. Any requests for additions to the policy must be submitted to the PCCB using the INNU request template (Appendix 2). It is the responsibility of the requesting clinician to ensure that the template is fully populated prior to submission to PCCB.

8 EQUALITY IMPACT ASSESSMENT STATEMENT

8.1 This policy has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular individual or group. Interventions that fall under the responsibility of Welsh Health Specialised Services Committee (WHSSC) have been subject to their equality impact assessment process.

9 RESEARCH LINKS

9.1 WHSSC policies and procedures
http://www.wales.nhs.uk/sites3/page.cfm?orgid=898&pid=46592

9.2 Public Health Wales INNU evidence statements
http://howis.wales.nhs.uk/sitesplus/888/page/48741

9.3 The National Institute for Health and Care Excellence
https://www.nice.org.uk/guidance

10 RELATED POLICIES

10.1 This policy should be read together with the All Wales Policy for Individual Patient Funding Request (IPFR) when making decisions.

10.2 WHC (90)22 Disciplinary procedures for hospital and community medical and dental staff

11 CONTACT DETAILS

11.1 Any advice required on implementation of this policy should be obtained via the Corporate Planning Team on 01639 683698 or alternatively emailing ABM.PlanningOffice@wales.nhs.uk

APPENDIX 1

LIST OF INTERVENTIONS NOT NORMALLY UNDERTAKEN (INNU)

Reference Number	CID: 884	**Version Number**	**05**	**Documents to Read alongside this Policy**	All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR)

Classification of Document: Clinical Policy

Area for Circulation: Service Delivery Units; Executive; Internet; Intranet

Executive Lead: Director of Strategy

Committee Consulted: Planned Care Commissioning Board (PCCB)

Date Published: 1st April 2017

Ratified by: Planned Care Commissioning Board (PCCB) (March 2017)

Version Control	Completed Action	Approved By	Date Approved	New Review Date
2	Inclusion of Laser Treatment for Skin Condition		April 2013	June 2014
3	Updated references for Dental Implants and Apicectomy Inclusion of referral guidelines for Surgical Removal of Ganglia	EPAC	April 2014	December 2014
4	Removal of Mental Health: Computer Based Cognitive Therapy (BCT) & Electroconvulsive Therapy (ECT) Inclusion of Policy for Treatment of Hirsutism (Hair Depilation) – Dermatology Removal of Hair Depilation Treatment in Hirsutism – Plastic Surgery Updated criteria for Varicose Veins Inclusion of Labiaplasty	EPAC	February 2015	March 2016
5	Replaced EPAC with PCCB as the approval/ monitoring forum and full clinical review undertaken of Appendix 1	PCCB	March 2017	March 2019

List of Interventions Not Normally Undertaken by Abertawe Bro Morgannwg University Health Board

This document sets out the list of interventions considered to be low priority and not normally undertaken by the Abertawe Bro Morgannwg University Health Board ('the HB'). This is because:

- there is currently insufficient evidence of clinical and/or cost effectiveness and/or;
- the intervention has not been reviewed by the National Institute for Healthcare and Clinical Effectiveness (NICE) or the All Wales Medicines Strategy Group (AWMSG) and/or;
- the intervention is considered to be of relatively low priority for NHS resources.

Interventions in this document are divided between those that NICE and other national advisory bodies' state should not be used in any circumstances and those that should not be used except under strict criteria.
Should an intervention not list any criteria for use, or should a patient not meet the criteria, an exemption can be requested on the grounds of clinical exceptionality using the process set out in the *All Wales Policy for Making Decisions on Individual Patient Funding Requests*.

If an intervention does not form part of the routine schedule of HB services, and is also not listed in this document (for example new and experimental treatments yet to be assessed), requests for it to be undertaken can be made using the process set out in the *All Wales Policy for Making Decisions on Individual Patient Funding Requests*.

How an intervention is categorised as 'Not Normally Undertaken'

The HB's Planned Care Commissioning Board considers the following sources of advice when assessing whether individual treatments and procedures should be undertaken:

(a) evidence published by NICE and the All Wales Medicine Strategy Group
(b) evidence from peer reviewed clinical journals
(c) evidence from clinical practice and local clinical consensus
(d) Public Health Wales (PHW) reviews of evidence of a,b,c above.

It is acknowledged that the evidence base for some clinical practice is lacking and frequently has not been subject to review by the The National Institute for Health and Care Excellence (NICE) or guidance in the form of a National Service Framework or the subject of peer-reviewed journals of high scientific quality. In these circumstances, the available evidence-base, including an assessment of potential health gain against potential harm, is considered along with an economic assessment of impact on a resource limited NHS.

Following detailed clinical discussion and consideration by the Group, a policy statement is drafted with the relevant clinical division. In some cases, it is important to note that policy statements may be based on value judgements – these judgements will be based on the same principles for decision making as set out in the *All Wales Policy for Making Decisions on Individual Patient Funding Requests*.

This is a live document and will be routinely updated by the Planned Care Commissioning Board (PCCB) as new/updated evidence becomes available.

List of Interventions Not Normally Undertaken (INNUs)

INNU List

ASSISTED CONCEPTION TECHNIQUES						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Assisted conception techniques – IVF, ICSI, Donor Insemination, MESA, TESE, PESA. Egg sperm & gonadal tissue cryostorage, Other micro-manipulation techniques, Egg donation where no other treatment is available, IVF surrogacy	Gynaecology	WHSSC	N34.2 N34.4>6 Q13.1>9 Y96	Can only be undertaken in line with WHSSC guidance. An IPFR is required for all other circumstances.		WHSSC Policy on Specialist Fertility Services for Welsh Residents

BENIGN SKIN CONDITIONS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Benign skin conditions – other e.g. benign pigmented moles, milia, skin tags, molluscum contagiosum, keratoses (basal cell papillomata), sebaceous cysts,	Dermatology/ General Surgery Plastic Surgery	Health Board WHSSC	S04 S05 S06 S09 S10 S11	Can only be undertaken in line with the WHSSC Policy on Treatment of benign skin conditions. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions

BENIGN SKIN CONDITIONS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
corns/callous, dermatofibromas, comedones						
Benign skin conditions – Removal of Lipomata	Dermatology/ General Surgery Plastic Surgery	Health Board WHSSC	ICD10-D17	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions
Benign skin conditions – Removal of Viral warts (Non-Genital)	Dermatology/ General Surgery Plastic Surgery	Health Board WHSSC	S04 S05 S06 S09 S10 S11	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions
Laser Treatment for Skin Conditions	Dermatology	Health Board		Can only be undertaken in line with the Health Board's policy on laser treatment for skin conditions. An IPFR is required for all other circumstances.		Laser Treatment for Skin Conditions Referral Guidelines
Skin conditions: Scar revision	Plastic Surgery	WHSSC	S04- S05- S06- S09- S10- S11- S60.4	Should NOT be used EXCEPT for treatment of scars which interfere with function following burns or treatments for keloid or post surgical scarring. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions
Skin Hypo-Pigmentation	Plastic Surgery	WHSSC	S04- S05- S06- S09- S10- S11-	The recommended NHS suitable treatment for hypo-pigmentation is cosmetic camouflage. Access to a qualified camouflage beautician should be available on the NHS for this and other skin conditions requiring camouflage.		WHSSC Policy on Treatment of Benign Skin Conditions

BENIGN SKIN CONDITIONS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Skin "Resurfacing Techniques" – laser, dermabrasion & dermal peels	Plastic Surgery	WHSSC	S60.1 S60.1 S09- S10.3 S11.3	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions
Tattoo Removal	Plastic Surgery	WHSSC	S60.1 S60.2 S60.3	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions
Vascular skin lesions	Plastic Surgery	WHSSC	S04- S05- S06- S09- S10- S11-	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions

BODY CONTOURING						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Body Contouring – Other e.g. Buttock lift, Thigh lift, Arm lift (brachioplasty)	Plastic Surgery	WHSSC	S03	Can only be undertaken in line with the WHSSC Policy on Body Contouring. An IPFR is required for all other circumstances.		WHSSC Policy on Body Contouring
Body Contouring - 'Tummy Tuck' (Apronectomy or Abdominoplasty	Plastic Surgery	WHSSC	S02.1 S02.2	Can only be undertaken in line with the WHSSC Policy on Body Contouring. An IPFR is required for all other circumstances.		WHSSC Policy on Body Contouring

BODY CONTOURING						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Liposuction	Plastic Surgery	WHSSC	S62.1 S62.2	Can only be undertaken in line with the WHSSC Policy on Body Contouring. An IPFR is required for all other circumstances.		WHSSC Policy on Body Contouring

BREAST SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Female Breast Enlargement (Augmentation Mammoplasty)	General Surgery Plastic Surgery	Health Board WHSSC	B301 B302 B304 B308 B309 B312 B314 B375	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances.		WHSSC Policy on Breast Surgery Procedures
Female Breast Lift (Mastopexy)	General Surgery Plastic Surgery	Health Board WHSSC	B313	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances.		WHSSC Policy on Breast Surgery Procedures
Female Breast Reduction (Reduction Mammoplasty)	General Surgery Plastic Surgery	Health Board WHSSC	B311	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances.		WHSSC Policy on Breast Surgery Procedures

BREAST SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Female Breast- Correction of Nipple Inversion	General Surgery Plastic Surgery	Health Board WHSSC	B356	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances.		WHSSC Policy on Breast Surgery Procedures
Breast- Male Breast Reduction for Gynaecomastia	General Surgery Plastic Surgery	Health Board WHSSC	B311 B275	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances.		WHSSC Policy on Breast Surgery Procedures
Prosthesis Removal or Replacement	General Surgery Plastic Surgery	Health Board WHSSC	B301 B302 B304 B308 B309 B312 B314 B375	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances. There is separate guidance for PIP breast implants (2012)		WHSSC Policy on Body Contouring
Revision of augmentation/ mammoplasty	General Surgery Plastic Surgery	Health Board WHSSC	B314 B302	Can only be undertaken in line with the WHSSC Commissioning Policy- Breast Surgery Procedures. An IPFR is required for all other circumstances.		WHSSC Policy on Breast Surgery Procedures

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Apicectomy	Dental	Health Board	F12 F12.1	Can only be undertaken for patients who meet one or more of the indications found in current Royal College of Surgeons Guidelines. An IPFR is required for all other circumstances.	Public Health Wales | Apicectomy RCS Guidelines for Surgical Endodontics (2012)	
Blepharoplasty- Eyelid	Ophthalmology Plastic Surgery	Health Board WHSSC	C13-	Can only be undertaken in line with the WHSSC Policy on Facial Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Facial Surgery
Cochlear Implants	ENT	WHSSC	D13 D16 D24 D241 D242 D243 D246	Can only be undertaken in line with the WHSSC Policy on Cochlear Implants. An IPFR is required for all other circumstances.		WHSSC Policy on Cochlear Implants
Corneal Implants for the Correction of Refractive Error in the Absence of other Ocular Pathology such as Keratoconus	Ophthalmology	Health Board	C46.4	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE IPG225	
Dental Implants	Dental	Health Board	F11.5>6	Can only be undertaken for patients who meet one or more of the indications found in current Royal College of Surgeons Guidelines.	Public Health Wales | Dental Implants RCS Guidelines for selecting	

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				An IPFR is required for all other circumstances.	appropriate patients to receive treatment with dental implants: Priorities for the NHS (2012)	
Facial Atrophy – New-Fill Procedures	Plastic Surgery	WHSSC	No code	**There are no agreed criteria for use without an IPFR**		WHSSC Policy on Facial Surgery
Grommets - Drainage of middle ear in Otitis Media with Effusion (OME)	ENT	Health Board	D15.1	Insertion of grommets is one of the five surgical procedures that the Department of Health monitors as indicators of excess surgical activity. NICE guidelines on the surgical management of otitis media with effusion in children makes recommendations specifically on the surgical management of OME in children under the age of 12. The guidelines state that a period of observation of the hearing loss over 3 months (with accurate audiometry), and its impact on the child's development, is recommended in order to determine whether resolution occurs or if further treatment is needed Persistence of hearing loss with adverse effects on the child will require further action, which may include surgery. Children with persistent bilateral OME documented over a period of 3 months with a hearing level in the better ear of 25–30 dBHL	NICE CG60	

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available) should be considered for surgical intervention. In children with Down's syndrome, hearing aids should normally be offered and OME with hearing loss. In children with cleft palate: • insertion of ventilation tubes at primary closure of the cleft palate should be performed only after careful otological and audiological assessment; • insertion of ventilation tubes should be offered • as an alternative to hearing aids in children with cleft palate who have OME and persistent hearing loss. An IPFR is required for all other circumstances.		
Hair Transplantation/ Correction of Hair Loss (Alopecia)/ Correction of Male Pattern Baldness	Plastic Surgery	WHSSC	S33-	Can only be undertaken in line with the WHSSC Policy on Facial Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Facial Surgery
Laser Therapy for Short Sight	Ophthalmology	Health Board	C44.4 C44.5 C44.2	Should NOT be used EXCEPT if the patient has a biometry error following cataract surgery. Current evidence suggests that photorefractive (laser) surgery for the	NICE IPG164	

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				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. An IPFR is required for all other circumstances.		
Orthodontic Treatments of Essentially Cosmetic Nature	Dental	Health Board	F14.1>3 F14.8 >9 F15.1>4 F15.9 F16.1>9	Can be undertaken for patients who meet one or more of the following: • have a high Index of Orthodontic Treatment Need Scores -5, 4 and 3 where a significant aesthetic component can be demonstrated • have other major conditions e.g. cancers, craniofacial deformity. 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 An IPFR is required for all other circumstances.	Health Evidence Bulletin Wales Oral Health	
Photodynamic Therapy (PDT) for Wet Age-Related Macular Degeneration	Ophthalmology	Health Board	C88.2	Should NOT be used EXCEPT for individuals who have a confirmed diagnosis of classic with no occult subfoveal choroidal neovascularisation (CNV) (that is, whose lesions are composed of classic CNV with no evidence of an occult component) and best-corrected visual acuity 6/60 or better.	NICE TA68	Age Related Macular Degeneration (AMD) Pathway

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				An IPFR is required for all other circumstances. [NB: PDT is NOT recommended for the treatment of people with predominantly classic subfoveal CNV (that is, 50% or more of the entire area of the lesion is classic CNV but some occult CNV is present) associated with wet age related macular degeneration, except as part of research]		
Pinnaplasty/ Otoplasty- Correction of prominent ears	ENT Plastic Surgery	Health Board WHSSC	D03.3	Can only be undertaken in line with the WHSSC Policy on Facial Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Facial Surgery
Remodelling of lobe of external ear	Plastic Surgery	WHSSC	D06.2	Can only be undertaken in line with the WHSSC Policy on Facial Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Facial Surgery
Removal of Asymptomatic Wisdom Teeth	Dental	Health Board	F09.1 F09.3	Should not been done except where there is evidence of pathology or removal is required due to other surgery or trauma. An IPFR is required for all other circumstances. *NICE guidance states that impacted wisdom teeth that are free from disease should not be operated on. The practice of prophylactic removal of pathology-free impacted third molars should be discontinued on the NHS*.	Public Health Wales | Wisdom Teeth NICE Guidance London Health Observatory- PCT Clinical Exceptions	

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Rhinophyma – Surgery or Laser Treatment	Plastic Surgery	WHSSC	S04- S05- S06- S09- S10- S11-	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions
Rhinoplasty	ENT Plastic Surgery	Health Board WHSSC	E02.3 E02.4 E02.5 E02.6	Can only be undertaken in line with the WHSSC Policy on Facial Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Facial Surgery
Rhytidectomy (Face or Brow lift)	Plastic Surgery	WHSSC	S01-	Can only be undertaken in line with the WHSSC Policy on Facial Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Facial Surgery
Scleral Expansion Surgery for Presbyopia	Ophthalmology	Health Board	C55.4	**There are no agreed criteria for use without an IPFR.**	NICE IPG70	
Soft-Palate Implants for Obstructive Sleep Apnoea	ENT	Health Board	F32.8 Y02.1	**There are no agreed criteria for use without an IPFR**	NICE IPG241	
Tonsillectomy in Children & Adults	ENT	Health Board	F34.1>5 F34.7>9	Tonsillectomy is one of the five surgical procedures that the Department of Health monitors as indicators of excess surgical activity. Can be undertaken if patients meet ALL of the following criteria prior to referral: • Sore throat is due to tonsillitis • Five or more episodes of sore throat per year	Public Health Wales Tonsillectomy: Adult & Child	Sore Throat Pathway

HEAD, NECK AND FACIAL SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				• Symptoms for at least one year • Episodes of sore throat are disabling and prevent normal function When in doubt as to whether tonsillectomy would be beneficial, 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. An IPFR is required for all other circumstances.		
Xanthelasma Palpebrum (Fatty deposits on the eyelids)	Ophthalmology Plastic Surgery	Health Board WHSSC	C13-	Can only be undertaken in line with the WHSSC Policy on Plastic Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Benign Skin Conditions

THERAPIES						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Complimentary Therapies	Complimentary Therapies and Alternative Medicines	Health Board	A70.6 X61.1>4 X61.8>9	Complementary medicine/ alternative therapies are generally NOT used by the NHS. They are occasionally used as a 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)	Public Health Wales Complimentary Therapies & Alternatives Medicines	

THERAPIES						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				and as such will be used as part of an existing contract. On existing available evidence the LHB will not support referral outside of the NHS for these services. Prior approval is required on a case by case basis for any requests outside the above criteria. The request for referral would need to be supported by evidence of the clinical effectiveness of the treatment and be to appropriately trained and qualified practitioners with recognised qualifications 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 An IPFR is required for all other circumstances.		
Mirror Therapy	Medicine	Health Board	No code	**There are no agreed criteria for use without an IPFR**	Public Health Wales Mirror Therapy	

MEDICINE						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Botulinum Toxin	Dermatology/ General Medicine/ Gynaecology/ Neurology/ Ophthalmology/ Orthopaedics/ Urology Plastic Surgery	Health Board WHSSC	X85.1	Botulinum Toxin should Not be used EXCEPT for the treatment of pathological conditions by appropriate specialists in cases of: • Frey's syndrome • Blepharospasm • Cerebral Palsy • Spasticity in adults following neurological illness or injury • Hyperhidrosis • Treatment of overactive bladder in women Botulinum Toxin type A is recommended as an option for the prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine): • that has not responded to at least three prior pharmacological prophylaxis therapies and • whose condition is appropriately managed for medication overuse. Botulinum Toxin is not available for the treatment of facial ageing or excessive wrinkles For treatment of overactive bladder in women, bladder wall injection should only be used in the treatment of idiopathic detrusor over activity only in women who have not responded to conservative treatments (including antimuscarinic drugs e.g.	NICE CG171 NICE TA260	

MEDICINE						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				oxybutynin) and who are willing and able to self-catheterize. NICE notes that there is a gap in treatment between conservative treatment and surgery and Botulinum Toxin has been adopted to fill this position, however, this is in advance of high quality data on efficacy, safety and long term outcomes. An IPFR is required for all other circumstances.		
Capsule Endoscopy/ Pillcam	Gastroenterology	Health Board	G80.2	Other investigations should be considered prior to wireless capsule endoscopy particularly in patients with Crohn's disease in whom strictures are suspected. Capsule endoscopy should NOT be used EXCEPT for disease of the small bowel for • overt or transfusion dependant bleeding from GI tract, when source not identified on OGD/ Colonoscopy • Crohn's Disease (or suspected Crohn's Disease) in whom strictures are not suspected • hereditary GI polyposis syndromes. An IPFR is required for all other circumstances.	NICE IPG101	
Chronic Fatigue Syndrome	Rheumatology/ Pain Management	Health Board	No code	**There are no agreed criteria for treatment without an IPFR**	NICE CG53	
Fibromyalgia in Adults	Rheumatology	Health Board	No code	**There are no agreed criteria for use without an IPFR**	Public Health Wales	

MEDICINE						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
					Fibromyalgia in Adults	
Hair Depilation: Treatment for Hirsutism	Dermatology Plastic Surgery	Health Board WHSSC	No Code	Can only be undertaken in line with ABMU policy on Dermatology. An IPFR is required for all other circumstances.		WHSSC Policy on Treatment of Hirsutism (Hair Depilation)
Hyperbaric Oxygen Therapy (HBOT) for all indications	Medicine	WHSSC		Please see WHSSC criteria for referral. WHSSC will only commission emergency HBOT. WHSSC will be notified by the hyperbaric chamber of emergency admission retrospectively and will not require prior approval. HBOT should not be used for: • Mild / Moderate Carbon Monoxide Poisoning responding to Normobaric Oxygen treatment • Osteoradionecrosis • Non – healing diabetic wounds/ulcers An IPFR is required for all other circumstances.		WHSSC Policy on Hyperbaric Oxygen Therapy
Intrathecal Baclofen Therapy	Pain Management	Health Board	A54.2	**There are no agreed criteria for use without an IPFR** In carefully selected patients with severe spasticity and disability IBT may improve patient quality of life.	NICE | Intrathecal Baclofen Therapy	
PH/ Manometry Impedance Studies	Gastroenterology	Health Board	No code	**There are no agreed criteria for use without an IPFR**		

MEDICINE						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Treatment for Sleep Apnoea	General Medicine	Health Board	No code	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE TA139	

MEDICINES MANAGEMENT						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
-	**Medicines Management**	Health Board	-	Please refer to the latest ABMU Prescribing Formulary for a list of medicines that can be routinely prescribed and the associated indications and criteria. An IPFR is required for all other circumstances.		ABMU Health Board Formulary

RADIOLOGY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Open MRI Scans	Radiology	Health Board	No Code	Can be undertaken when patients meet one or both of the following criteria: Criteria 1: Claustrophobia Patients should have discussed their concerns about claustrophobia and scanning with their General Practitioner in the first instance. The patient should then be referred	Public Health Wales Open MRI Scans	

RADIOLOGY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				to the HB Radiology Department so that a member of staff can describe the process and show them the scanner. If their concerns cannot be alleviated by the Radiology Department and the scan cannot be undertaken at that appointment, there is an option for sedation. If clinically appropriate, the patient will be referred back 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 a conventional MRI scan to be performed. Criteria 2: Patient Size The size of a patient and the restriction of the conventional MRI scanner tunnel will vary depending on the patient 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 referred to the Radiology Department, talked through the procedure, shown the scanner and be formally assessed by MRI Radiographer for suitability. The Radiographer will then make a judgement on whether to proceed with the conventional MRI scan. The Department can refer to an open MRI provider if the patient is deemed appropriate.		

ORTHOPAEDICS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Abrasion Arthroplasty for knees	Orthopaedics	Health Board	NO CODE	**There are no agreed criteria for use without an IPFR**	Public Health Wales | Abrasion Arthroplasty for Knees	
Autologous Chondrocyte Implantation (ACI) - for knee/ ankle problems caused by damaged articular cartilage	Orthopaedics	Health Board	W714 W853	Can be used in research studies that are designed to produce good quality information about the results of this procedure. An IPFR is required for all other circumstances.	NICE TA89	
Early management of persistent non-specific low back pain	Orthopaedics	Health Board	U05.4 or U05.5 + Y98.2 + Z66.3>5 Z66.8 Z67.-	Plain x-rays of lumbar spine & MRI scans Should NOT be used EXCEPT in the context of a referral for an opinion on spinal fusion or if a diagnosis other than non-specific back pain is suspected. For example: • Age <20 years or new back pain in >55 years • Symptoms of immediate serious risks or 'Red Flags' indicating conditions such as: ○ Malignancy ○ Infection ○ Fracture ○ Cauda Equina Syndrome ○ Adjacent pathology (for example aortic aneurysm) ○ Ankylosing Spondylitis or another Inflammatory Disorder	NICE NG59	

ORTHOPAEDICS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				The following treatments should not be used for the early management of persistent non-specific low back pain: • Serotonin reuptake inhibitors - SSRIs • Injections of therapeutic substances into the back • Laser therapy • Interferential therapy • Therapeutic ultrasound • Transcutaneous nerve stimulation - TENS • Lumbar supports • Traction The following referrals should not be offered for the early management of persistent non-specific low back pain: • Radiofrequency facet joint denervation • Intradiscal electothermal therapy - IDET • Percutaneous intradiscal radiofrequency thermocoagulation - PIRFT An IPFR is required for their use.		
Electrical & Electromagnetic Field Treatments in Non-Union of Bones	Orthopaedics	Health Board	NO CODE	**There are no agreed criteria for use without an IPFR**	Public Health Wales Electrical & Electromagnetic Field Treatments in	

ORTHOPAEDICS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
					Non-union of Bones	
Endoscopic Lumbar Decompression and Laser Disc Decompression	Orthopaedics	Health Board	V33.8 V55 V56 V58.3 Y53.4 Y59.3 Y76.3 Y08.3	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE IPG570 NICE IPG31 NICE IPG141 NICE IPG300	
Ganglia- Surgical Removal	Orthopaedics Plastic Surgery	Health Board WHSSC	T59.1>4 T59.8>9 T60.1>.4 T60.8>9	Can only be undertaken in line with the Health Board's Ganglion Cyst Referral Guidelines. An IPFR is required for all other circumstances	Public Health Wales Ganglia Surgical Removal	Ganglion Cyst Guidelines
Hallux Valgus- Surgical Treatment	Orthopaedics	Health Board	W79.1>2	The HB will fund specialist advice and surgical treatment if the following surgical criteria are met: • Osteoarthritis affecting the 1st Metatarsophalangeal joint • Impending or actual skin compromise • Severe deformity causing pain in adjacent toes • Inability to wear steel toe capped boots preventing ability to work An IPFR is required for all other circumstances.	All Wales Directive by National Orthopaedic Delivery Board (2011) Public Health Wales Hallux Valgus (Bunion) Surgery	Hallux Valgus Guidelines

ORTHOPAEDICS						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				Any other referral should explicitly state reasons (e.g. Hallux rigidus, or specialised shoes).		
Hip Arthroscopy Debridement	Orthopaedics	Health Board	NO CODE	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE IPG408	
Hip Prostheses	Orthopaedics	Health Board	W37 W38 W39 W93 W94 W95	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE TA304	
Hip Resurfacing Techniques	Orthopaedics	Health Board	W581	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE TA304	
Lumbar Laser Micro-Discectomy	Orthopaedics	Health Board	V33.8 V55 Y76.3 Y08.3	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE IPG570	
Therapeutic use of Ultrasound in Hip and Knee Osteoarthritis	Orthopaedics	Health Board	U13.2/ Y53.2 + Z84.3 or + Z84.6	There are no agreed criteria for use without an IPFR	Public Health Wales Therapeutic use of ultrasound in hip & knee osteoarthritis	

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Bariatric Surgery	General Surgery	WHSSC	G282 G283 G288 G289 G301 G302 G303 G304 G308 G309 G321 G328 G329 G611 G612 G613 G618 G619	Can only be undertaken in line with WHSSC Policy on Bariatric Surgery. An IPFR is required for all other circumstances.		WHSSC Policy on Bariatric Surgery Services
Cholecystectomy for Asymptomatic Gall Stones	General Surgery	Health Board	J18.1>5 J18.8>9	Can be used in patients who are at increased risk of developing gallbladder carcinoma or gallstone complications. An IPFR is required for all other circumstances.	Public Health Wales Cholecystectomy for asymptomatic gallstones	
Circumcision	Paediatrics/ Urology Plastic Surgery	Health Board WHSSC	N30.3	Should NOT be used EXCEPT in the following cases: • Phimosis • Paraphimosis		WHSSC Policy on Circumcision

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				• Balanitis and Balanoposthitis • Penile Cancer affecting the foreskin Circumcision carried out for medical reasons should be rare and should only be carried out for urgent medical conditions. Circumcision for religious or cultural reasons should only be carried out and paid for on a private basis		
Dilation and Curettage (D&C) and Hysteroscopy for Heavy Menstrual Bleeding	Gynaecology	Health Board	Q10.3 Q10.8 Q10.9	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. The risk of anesthesia, uterine perforation and cervical laceration outweighs the minimum potential benefit. Hysteroscopy can be undertaken when it is carried out: 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. An IPFR is required for all other circumstances.	NICE CG44	
Elective Caesarean Section (CS)	Obstetrics	Health Board	R17.1 R17.2 R17.8 R17.9 R18.1	Can be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE CG132	

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
			R18.2 R18.9			
Gender Reassignment	Plastic Surgery	WHSSC	X15.1 X15.2 X15.3 X15.4 X15.8 X15.9	Can only be undertaken in line with the WHSSC Policy on Gender Identity Specialist Services Access Criteria and Service Specification. An IPFR is required for all other circumstances.		WHSSC Policy on Specialised Adult Gender Identity Service
Haemorrhoidectomy	General Surgery	Health Board	H51.1 H51.3	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- this has been removed. Can be used in cases of: • Recurrent haemorrhoids • Persistent bleeding • Failed conservative treatment An IPFR is required for all other circumstances.	NICE TA128	
Hysterectomy for Heavy Menstrual Bleeding	Gynaecology	Health Board	Q07.1>6 Q07.8>9 Q08.1>3 Q08.8>9	Can be undertaken when a patient meet one or more of the following criteria: • other treatment options have failed, are contraindicated or are declined by the woman • there is a wish for amenorrhoea • the woman (who has been fully informed) requests it	NICE CG44	

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				• the woman no longer wishes to retain her uterus and fertility. There is evidence that the woman fits the clinical criteria of heavy menstrual bleeding (HMB). This is defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. Women offered hysterectomy should have a full discussion of the implications of surgery and the increased risk of serious complications. Any interventions should aim to improve quality of life measures. For hysterectomy a patient must have documented evidence of heavy bleeding due to fibroids greater than 3cm and the following must apply: • Other symptoms (e.g. pressure) are present • There is evidence of severe impact on quality of life • Other pharmaceutical options have failed • Patient has been offered myomectomy and/or uterine ablation (unless medically contra-indicated) For HMB alone hysterectomy should not be the first line of treatment. In line with NICE hysterectomy for HMB should only be undertaken when there is		

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				documented evidence that there has been an unsuccessful use of a levonorgestrel intrauterine system (e.g. Mirena) unless medically contraindicated. And at least two of the following treatments have failed, are not appropriate or are contra-indicated: • Non –steroidal anti-inflammatory agents • Tranexamic acid • Injected progesterone's • Combined oral contraceptives A hysterectomy patient with HMB should meet all of the following criteria: • There is evidence that all other treatment options have failed, are contraindicated or have been offered and declined by the woman • There is a wish for amenorrhoea • The woman has been fully informed of all options and requests it • The woman no longer wishes to retain her uterus and fertility In women with HMB alone, with uterus no bigger than a 10-week pregnancy, endometrial ablation should be considered preferable to hysterectomy. An IPFR is required for all other circumstances		

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Labiaplasty	Gynaecology	Health Board	P21.3	Labiaplasty is generally a cosmetic procedure to improve appearance alone and is not routinely funded. Requests for Labiaplasty will be considered for the following indicators: • Where the labia are directly contributing to recurrent disease or infections (should have two consultant gynaecologists concurring with this view); • Where repair of the labia is required after trauma • where the labia shows marked hypertrophy more than 2 SD above the mean (i.e >7 cm in length whether unilateral or bilateral) An IPFR is required for all other circumstances This policy does not apply to genital reconstruction for gender reassignment, Specialised Services policy: CP21 Specialised Adult General Identity Services.		WHSSC Policy on Body Contouring
Laparoscopic Uterine Nerve Ablation (LUNA) for Chronic Pelvic Pain	Gynaecology	Health Board	A60.8 Y75.2 Z11.8	**There are no agreed criteria for use without an IPFR**.	NICE IPG234	
Percutaneous Laser Re-vascularisation for Refractory Angina Pectoris	Cardiac Surgery	WHSSC	K23.4 + Y53 or Y08	**There are no agreed criteria for use without an IPFR**	NICE IPG302	

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
Reversal of Sterilisation (male and female)	Gynaecology/ Urology	Health Board	N18.1 Q29.1>2 Q29.8>9 Q37.1 Q37.8>9	Should NOT be used EXCEPT in the following circumstances: • If death of an existing child has occurred • Remarriage following death of spouse • Loss of unborn child when vasectomy has taken place during the pregnancy **There are no agreed criteria for use without an IPFR.**	Public Health Wales Reversal of Sterilisation	
Subthalamotomy for Parkinson's Disease	Neurosurgery	WHSSC	A10.8 Y11.4	Can only be undertaken in line with NICE guidance. An IPFR is required for all other circumstances.	NICE IPG65	
Transmyocardial laser Re-vascularisation for Refractory Angina Pectoris	Cardiac Surgery	WHSSC	K23.4 Y08.5	**There are no agreed criteria for use without an IPFR**	NICE IPG301	
Treatment for Erectile Dysfunction	Urology	Health Board	N29.1	The assessment of severe distress resulting from erectile dysfunction may be undertaken by GPs or specialist teams. All health boards should have clearly defined commissioning arrangements for this assessment. A commissioned specialist-led service will support equality of access to therapy and minimise conflict in the doctor patient relationship.	Public Health Wales Treatment for Erectile Dysfunction Welsh Government | All Wales guidance on prescribing for	

SURGERY						
Procedure / Medicine	**Specialty**	**Planning Responsibility**	**OPCS Code**	**Commentary**	**Clinical Evidence Base**	**Link to Pathway/ Guidelines**
				Once-daily preparations should only be considered in patients who anticipate frequent use of single dose preparations (i.e. at least twice-weekly). This should be based on the clinician's judgement. An IPFR is required for all other circumstances.	erectile dysfunction SUB-LD9270 - The National Health Service (General Medical Services Contracts) (Prescription of Drugs Etc-) (Wales) (Amendment) Regulations 2013	
Varicose Veins: asymptomatic & mild/moderate cases	Vascular Surgery	Health Board	L86.1 L86.2 L87.7 L88.2 L88.1 L88.3 Y53.2 Z39.5 Z98.5 Z98.6	Can be undertaken in the following circumstances: • Symptomatic with pain, aching, discomfort, swelling, heaviness or itching. • ulcers/history of ulcers secondary to superficial venous disease • lipodermatosclerosis • varicose eczema • history of phlebitis. • Bleeding directly from varicose veins An IPFR is required for all other circumstances	NICE IPG526 NICE CG168 NICE IPG435 NICE IPG440 NICE IPG137 NICE IPG8 NICE IPG 52	Varicose Veins Referral Guidelines

Appendix 2: INNU Request Template

The below template should be completed for all new additions to the INNU policy

Specialty	Planning Responsibility	OPCS Code	Procedure / Medicine	Commentary	Clinical Evidence Base	Link to Pathway/ Guidelines
Example Orthopaedics	*Health Board*	*T59.1>4* *T59.8>9* *T60.1>.4* *T60.8>9*	*Surgical Removal of Ganglia*	*Can only be undertaken in line with the Health Board's Ganglion Cyst Referral Guidelines.* *An IPFR is required for all other circumstances*	*Public Health Wales | Ganglia Surgical Removal*	*Ganglion Cyst Referral Guidelines*

Name of requesting clinician:

Signature:

Date of request: