NHS
Cheshire and Merseyside

Clinical Commissioning Policy

CMICB_Clin050
Viral Warts, referral to secondary care

Category 2 Intervention - Only routinely commissioned when specific criteria are met

Contents

Last Reviewed: May 2025

This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

1. Policy statement

1.1 The majority of viral warts in primary care require little management and may resolve spontaneously, without treatment within a couple of years.

1.2 If the wart is painful, unsightly and/or the patient is requesting treatment for a persistent wart, topical salicylic acid may be prescribed or the patient could be referred for cryotherapy.

1.3 The patient should be warned of the adverse effects associated with these treatments such as local skin irritation with salicylic acid and pain, blistering, infection, scarring and depigmentation with cryotherapy.

1.4 Referral to a dermatologist is not routinely commissioned except in the following circumstances:

a) Person is immunocompromised.
b) Uncertain diagnosis.
c) Presence of a facial wart.
d) Areas of skin are extensively affected e.g., mosaic warts of the hands and feet.
e) The person is bothered (e.g., pain or functional impairment) by a persistent wart which has been unresponsive to treatment in primary care (see above).

2. Exclusions

2.1 None

3. Core Eligibility Criteria

3.1 There are several circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for this procedure or treatment, regardless of whether they meet the policy statement criteria, or the procedure or treatment is not routinely commissioned.

3.2 These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
  NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients expressing gender incongruence, further information can be also be found in the current ICB gender incongruence policy and within the NHS England gender services programme - https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/

4. Rationale behind the policy statement

4.1 Viral warts are very common and are usually harmless; many resolve spontaneously without treatment.

4.2 Topical treatments are available which can be administered in primary care.

4.3 Patients with persistent warts which are causing pain or functional problems and have been unresponsive to treatment may be referred to secondary care. However, the evidence of effectiveness of surgical intervention and/or laser therapy is limited.

5. Summary of evidence review and references

5.1 Cutaneous viral warts are a very common skin condition which are usually caused by the human papilloma virus (HPV). With over 100 types of HPV, the appearance of warts is variable depending on the particular HPV type and the anatomical site infected. Among immunocompetent individuals, non-genital warts are usually harmless and resolve spontaneously within months to years. In some cases, however, warts can persist for several years and although unsightly they can also be painful.[1]

5.2 Treatment may also be necessary if there is interference with function or excessive embarrassment. [2] Where indicated, first-line therapy will typically involve the use of a keratolytic agent (e.g. salicylic acid) for at least 3 months. If this fails, cryotherapy is then an option. Such treatments usually involve the development of a cell-mediated immune response.

5.3 The British Association of Dermatologists developed guidelines in 2014 for the management of cutaneous warts. This comprehensive review considered all aspects of treatment. The evidence for salicylic acid and cryotherapy is based on high strength evidence of recommendation whereas evidence for lasers and/or surgical intervention is based on a lower strength of recommendation. However, if the affected individual is immunocompetent, an expectant approach (i.e. do nothing) is entirely acceptable.[3] These 2014 guidelines are still considered to be current.

5.4 According to NICE's Clinical Knowledge Summaries (CKS), most warts can be treated in primary care and should be managed with salicylic acid and/or cryotherapy for up to 12 weeks.[1] Referral to a dermatologist in secondary care could be indicated in the following circumstances:-

- Patient is immunocompromised.
- Diagnosis is uncertain.
- Facial warts.
- Areas of skin are extensively affected e.g. mosaic warts on the hands and feet.
- Person is bothered by persistent warts which are unresponsive to topical salicylic acid and/or cryotherapy.

5.5 Available treatment options in secondary care include surgery and laser together with a wide variety of pharmacological agents. The guidance in this CKS management of warts and verruca was last reviewed in February 2020. It is therefore recommended that the policy statement is amended in line with this guidance which is the most up-to-date evidence and is highly specific for viral warts.

[1] https://cks.nice.org.uk/topics/warts-verrucae/management/management/

REFERENCES
1. Kwok CS, Gibbs S, Bennett C, et al. Topical treatments for cutaneous warts. *Cochrane Database of Systematic Reviews* 2012(9) doi: 10.1002/14651858.CD001781.pub3
2. Shankar S, Sterling J. Nongenital warts: recommended approaches to management. *Prescriber* 2007;**18**(4):33-44. doi: https://doi.org/10.1002/psb.28
3. Sterling JC, Gibbs S, Haque Hussain SS, et al. British Association of Dermatologists' guidelines for the management of cutaneous warts 2014. *British Journal of Dermatology* 2014;**171**(4):696-712. doi: https://doi.org/10.1111/bjd.13310

6. Advice and Guidance

6.1 Aim and Objectives

6.1.1 This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

6.1.2 This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

6.1.3 This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.

6.1.4 At the time of publication, the evidence presented per procedure/treatment was the most current available.

6.1.5 The main objective for having healthcare commissioning policies is to ensure that:
- Patients receive appropriate health treatments
- Treatments with no or a very limited evidence base are not used; and
- Treatments with minimal health gain are restricted.

6.1.6 Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms ‘men’ and ‘women’ are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

6.2 Core Principles

6.2.1 Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

- Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
- Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
- Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.

- Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
- Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
- Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

6.3 Individual Funding Requests (Clinical Exceptionality Funding)

6.3.1 If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

6.3.2 The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB website: https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/

6.4 Cosmetic Surgery

6.4.1 Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

6.4.2 Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

6.4.3 A summary of Cosmetic Surgery is provided by NHS Choices. Weblink: Cosmetic procedures - NHS

6.5 Diagnostic Procedures

6.5.1 Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

6.5.2 Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

6.6 Clinical Trials

6.6.1 The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

7. Monitoring and Review

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

8. Quality and Equality Analysis

8.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

9. Clinical Coding

9.1 Office of Population Censuses and Surveys (OPCS)

S09.1 Laser destruction of lesion of skin of head or neck
S09.2 Laser destruction of lesion of skin NEC
S06.3 Shave excision of lesion of skin of head or neck
S06.4 Shave excision of lesion of skin NEC
S06.5 Excision of lesion of skin of head or neck NEC

9.2 International classification of diseases (ICD-10)

Including
B07 Viral warts

Document Control

Ref:	CMICB_Clin050 Viral Warts, referral to secondary care
Version:	Version 0.4, May 2025
Supersedes:	Previous Clinical Commissioning Group (CCG) Policies
Author (inc Job Title):	Consultant in Public Health, NHS Midlands and Lancashire
Ratified by: **(Name of responsible Committee)**	ICB Board
Cross reference to other Policies/Guidance	N/A
Date Ratified:	May 2025
Date Published and where (Intranet or Website):	June 2025 (Website)
Review date:	June 2030
Target audience:	All Cheshire & Merseyside ICB staff and provider organisations

Version History
Version 0.2 – August 2021 – Criteria amended to become NICE compliant
Version 0.3 – July 2023 – Cryotherapy changed from “prescribed” to “or the patient could be referred for cryotherapy”. The statement on gender dysphoria (in “Core criteria”) will be changed in line with the recommendations of the Gender incongruence working group.
Version 0.4 – May 2025 - This policy was part of a public engagement exercise, there was no feedback received.