NHS
North East Hampshire and Farnham
Clinical Commissioning Group

Frimley System Guidelines for

Excluded, Restricted and Clinical Variation Procedures

2014-2015

Contents

Alternative/Complimentary Therapies

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Complementary medicine	Including Acupuncture, aromatherapy, Chinese medicines, chiropractic therapy, clinical ecology, herbal remedies, homeopathy, hydrotherapy, hypnotherapy, massage, osteopathy, reflexology	X61-	Excluded	IFR required if exceptional/rare

Cosmetic/Plastic Surgery

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Cosmetic/plastic surgery is not normally funded. Funding is only considered following surgery, trauma or for congenital malformation. (Post-surgical reconstruction would be part of service level agreements for surgical services in any case.) **Any procedure carried out for primarily cosmetic reasons is excluded i.e., not funded.**				
Body contouring	This procedure is not routinely funded	SO38, SO39	Excluded	IFR required if exceptional/rare
Calf implants	This procedure is not routinely funded	No code	Excluded	IFR required if exceptional/rare
Excision of redundant skin or fat	This procedure is not routinely funded	So3.1, SO3.2, So3.3	Excluded	IFR required if exceptional/rare
Plastic operations on umbilicus	This procedure is not routinely funded	T296	Excluded	IFR required if exceptional/rare
Refashioning of scar	This procedure is not routinely funded	S604	Excluded	IFR required if exceptional/rare
Submental lipectomy	This procedure is not routinely funded	SO13	Excluded	IFR required if exceptional/rare
Xanthelasma	This procedure is not routinely funded	C12.1 + Y08.2	Excluded	IFR required if exceptional/rare

Dermatology

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Hair transplant/hair graft, hair replacement	These procedures are not routinely funded Hair pieces and wigs for patients experiencing total hair loss as a result of alopecia totalis, cancer treatment, previous surgery or trauma are available from local NHS Trusts		Excluded	IFR required if exceptional/rare
Irregularities of aesthetic significance	Procedures for this are not routinely funded	No code	Excluded	IFR required if exceptional/rare
Laser Treatments - Warts, rosacea, scars, thread veins/venous flares, spider naevia, telangiectasia, seborrhoeic keratoses, portwine stains, benign lesions, hair removal, resurfacing	These procedures are routinely excluded but exceptional (particularly facial) disfigurement considered. Clinical photography would normally be required subject to patient consent	Y088 Y113/Y133, S065, S091/2	Excluded	IFR required if exceptional/rare
Repair of lobe of external ear	This procedure is not routinely funded	D062	Excluded	IFR required if exceptional/rare
Skin grafts for scars	This procedure is not routinely funded *This policy does not apply to the standard clinical pathway for burns or reconstruction following major trauma*	No code	Excluded	IFR required if exceptional/rare
Tattoo removal	This procedure is not routinely funded	S091/2 S065/8/9	Excluded	IFR required if exceptional/rare
Traumatic / chronic clefts due to avulsion of body piercing	This procedure is not routinely funded	No code	Excluded	IFR required if exceptional/rare
Viral Warts procedures	Viral warts are usually of aesthetic significance only and surgical removal, cryotherapy and/or laser treatment is not routinely funded. This statement applies to both primary and secondary care. There are no restrictions on treatment of genital or anal warts	Y113, Y133	Excluded	IFR required if exceptional/rare
Dermabrasion, chemical peels and laser treatment	Only for disfiguring burnt out acne where there has been previous specialist treatment	S601/2, S091/2, S103, S113	Restricted	Prior Approval

Removal of benign skin lesions and blemishes including skin tags anywhere on the body. These might also include: cysts, 'lumps and bumps', warts, rosacea, scars, thread veins, venous flares, spider naevia, telangiectasia, seborrhoeic keratoses, resurfacing blemishes and skin tags anywhere on the body	Referrals to secondary care for skin lesions should only be made directly to dermatology/general surgery and ENT where there is diagnostic doubt around malignancy. **Any referrals for benign lesions including lipomas are not routinely funded and can only be supported via prior approval including reported symptoms. Prior approval may be requested by either the referring GP or the treating Clinician.** Exceptions that may be considered for secondary care treatment would be repeated infection or persistent discharge of a sebaceous cyst or clearly demonstrated symptoms affecting a patient's activities of daily living/function. **Surrey Patients Only** Removal of benign skin lesions is available as a treatment option for patients where the lesion is associated with any one of the following: • Repeated infection, inflammation or discharge • Bleeding in the course of normal everyday activity • Pain • Obstruction of an orifice to the extent that function is or is likely to become impaired • Pressure symptoms, e.g. on an organ, nerve or tissue Or where the lesion: • Is subject to recurrent trauma, or • If left untreated, would require a more invasive intervention for removal These can be better measured objectively using the Dermatology Life Quality Index (DLQI) or Children's Dermatology Life Quality Index (CDLQI) (**See Annex C).** A score of =>10 would be considered for treatment but should be not be considered as an absolute criterion but as a guide. These indexes are provided as tools to assist GPs in the decision making process prior to referring a patient. Applications in cases which are asymptomatic but considered severely disfiguring may be made with appropriate photography to demonstrate the level of disfigurement. Photographs can be provided by the patient	E094/6 H482, S04-, S05-, S06-, S08-, S09-, S10- (not S103) S11-	Restricted	Prior Approval
Removal of Benign skin lesion.	Curettage or Cryotherapy of lesion of skin (unless undertaken in primary care as part of PMS/GMS contract) is not a funded procedure	S088,SO89,S82, S111,S112	Restricted	Prior Approval

	in secondary care			

ENT

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Pinnaplasty/Otoplasty	This procedure is not routinely funded	D03-	Excluded	IFR required if exceptional/rare
Polysomnography in the investigation of children with sleep-related disorders	This procedure is not routinely funded *This policy does not apply to the use of PSG in the management of complex craniofacial abnormalities which is nationally commissioned via the designated craniofacial service*	U331	Excluded	IFR required if exceptional/rare
Rhinophyma correction	Treatment for this condition is not routinely funded	E094/6	Excluded	IFR required if exceptional/rare
Rhinoplasty /Septorhinoplasty	These procedures are not routinely funded. Commissioners will only fund these procedures in cases of post-surgical reconstruction following trauma or for congenital malformation	EO2- EO36-7 E072/3/8/9	Excluded	IFR required if exceptional/rare
Adenoidectomy	Adenoidectomy for Otitis Media in children will not be routinely funded but combined with grommets will be considered in children who fulfill the criteria (see section on grommets)	E201, E208, E209	Restricted	IFR required if exceptional/rare

Grommets	Grommets for children should be undertaken in accordance with NICE Clinical Guidance 60 (Feb 2008) Surgical Management of Otitis media with Effusion in Children (Under 12 years old) 1. Treatment with grommets will be funded for children with disabilities such as Downs Syndrome and Cleft Palate where the insertion of grommets is part of an established pathway of care 2. Treatment with grommets will be funded for children to treat a tympanic membrane retraction pocket 3. Treatment with grommets will be funded for children aged over 3 years old with Otitis Media with Effusion (OME) and without a second disability (such as Downs Syndrome or Cleft Palate) when: • NICE Guidelines are fulfilled; and • Documented OME persists longer than three months; and • The child has documented speech or language delay or behavioural problems; and • The child has a documented hearing level in the better ear of 25-30dBHL or worse averaged at 0.5, 1, 2 and 4kHz (or equivalent dBA where dBHL not available) There may be additional rare occasions when a patient will benefit from treatment with grommets: 1. Less than 5yrs old; and 2. Recurrent severe otitis media; and 3. At least 4 episodes in 12 months; and 4. Comprising discharging ear and or systemically unwell This procedure is not routinely funded for people over the age of 12 except under the following conditions: 1. A middle ear effusion causing measured conductive hearing loss, and resistant to medical treatments. The patient must be experiencing disability due to deafness; or 2. Persistent eustachia tube dysfunction resulting in pain (e.g. flying); or 3. Is on possible treatment for Meniere's disease; or 4. Severe retraction of the tympanic membrane if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma; or 5. Grommet insertion as part of a procedure for the diagnosis or	D151	Restricted	Prior Approval This procedure will be audited during the 2013/2014 financial year to ensure compliance with the agreed local criteria and to monitor the associated activity levels. Due to the agreement of the local criteria activity is anticipated to rise by 12 cases per year.

	management of head and neck cancer and/or its complications			
Tonsillectomy	Referrals for tonsillectomy from primary care must be accompanied by details of the attendances at the GP Practice (including dates of attendance) in line with the criteria below. Tonsillectomy will be funded in the following circumstances: • In children and adults for cancer or suspected cancer; or • In children and adults for cases of quinsy; or • In children and adults for obstructive sleep apnoea where other treatments have failed or are inappropriate; or • In children and adults for tonsillitis if <u>all</u> of the following criteria are met: 1. Sore throats are due to tonsillitis; and a. Seven or more well documented, clinically significant, adequately treated sore throats in the preceding year; or b. Five or more such episodes in each of the preceding two years; or c. Three or more such episodes in each of the preceding three years; and 2. Episodes of sore throat are disabling and prevent normal functioning	F34- F361	Restricted	Prior Approval

General Surgery

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/excluded	Application
Breast augmentation surgery or correctional procedures	This procedure is not routinely funded *This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer*	B30- B31-	Excluded	IFR required if exceptional/rare (except for cancer)
Breast reduction surgery	This procedure is not routinely funded *This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer*	B311	Excluded	IFR required if exceptional/rare
Endoscopic thoracic sympathectomy for hyperhydrosis or excessive facial blushing	Facial blushing is often a result of social phobia and is encouraged by an over-active sympathetic nervous system. There is limited evidence suggesting that Endoscopic Thoracic Sympathectomy can control the occurrence of facial blushing and sweating, however, the patient is likely to experience adverse side effects. It is recommended that other methods be sought to cure the symptoms. If the procedure is performed the patient should be informed before operating that the probability of compensatory sweating is extremely high and very likely.	A752, A762, A772, A782, A792	Excluded	IFR required if exceptional/rare
Face/ brow/ buttock/ thigh/ upper arm lift/reduction	These procedures are not routinely funded	S01- (not S013) S031/2/3	Excluded	IFR required if exception/rare
Gynaecomastia	This procedure is not routinely funded Correction of gynaecomastia is not funded within the local NHS for any patient group	See Breast reduction	Excluded	IFR required if exceptional/rare
Liposuction/lipectomy (including apronectomy) and submental lipectomy	This procedure is not routinely funded	S621/2	Excluded	IFR required if exceptional/rare

Mastopexy (repositioning of nipple)	This procedure is not routinely funded Mastopexy is not funded within the local NHS for any patient group *This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer. Cancer Networks and SEC PCTs are working with breast cancer groups and providers to address this issue following publication of NICE Clinical Guidelines 80 (NICE 2009)*	B313	Excluded	IFR required if exceptional/rare (except for cancer)
Penile Implants for erectile dysfunction	This procedure is not routinely funded	N291, N292, N298, N299	Excluded	IFR required if exceptional/rare
Removal of excess skin following weight loss	Bariatric surgeons, GPs and other clinicians supporting patients in losing weight should document discussions with patients regarding the possibility of being left with excess skin after profound weight loss, and, as part of the consent process, should inform patients that surgery to remove excess skin is not routinely available on the NHS. There must be documented evidence of clinical pathology or disability due to the skin fold in question (e.g. recurrent infection, intertrigo, cellulites, restricted mobility, inability to undertake physical exercise to maintain cardiovascular fitness). Purely cosmetic procedures, such as removal of surplus skin from the arms, will not be considered. **Removal of excess skin including abdominoplasty, mammoplasty and removal of skin folds from the inner thighs following bariatric /weight loss surgery is an exception to this policy and may be considered if patients meet <u>all</u>** of the following criteria: 1. The patient's starting BMI before weight loss must have been no less than 45kg/m^2 (the threshold for access to bariatric surgery in HIOW); and 2. The patient's BMI must be less than 30kg/m^2; and 3. (In some patients a BMI of less than 30kg/m^2 may not be achievable, due the weight of excess skin. In these circumstances an exception to the policy may be considered, provided that the patient has lost at least 50% of their excess weight, and their clinician confirms that no further reduction in BMI will be possible without removal of excess skin.) 4. The patient's weight must have been stable for a minimum of 2 years	S02.1, S02.2	Restricted	IFR required if exceptional/rare

Correction of inverted nipple	This procedure is not routinely funded Nipple eversion is not funded within the local NHS for any patient group *This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer. Cancer Networks and SEC PCTs are working with breast cancer groups and providers to address this issue following publication of NICE Clinical Guidelines 80 (NICE 2009)*	B356	Restricted	IFR required if exceptional/rare (except for cancer)
Breast Implant Removal/ Replacement	Funding will be made available for removal of Breast Implant(s) where there is a clear clinical risk e.g. rupture/leakage. Funding for replacement implants will be by prior approval only.		Restricted	Prior Approval

Gastric fundoplication for chronic reflux oesophagitis	Gastric fundoplication will be commissioned in accordance with the South Central Priorities Committee Policy Statement no 51. This applies in reflux oesophagitis only. Funded exceptions are where adults have at least one of the following characteristics: 1. Regular, significant symptoms of gastro-oesophageal reflux despite receiving at least one year of continuous pharmacological treatment up to the maximum dose licensed for reflux oesophagitis; or 2. Significant volume reflux placing them at risk of aspiration; or 3. Anaemia because of oesophagitis Its use in other circumstances of reflux oesophagitis is a low priority.	G241 and G243	Restricted	Prior Approval
Varicose vein procedures **South Central Commissioners Only**	This will be commissioned in accordance with the South Central Priorities Committees policy statement. Varicose vein surgery will be funded in people with a body mass index less than 32 who satisfy at least one of the following criteria: 1. A recurrent venous ulcer; or 2. A first venous ulcer which persists despite a six-month trial of conservative management (compression stockings, exercise and daily elevation two to three times a day); or 3. Haemorrhage from a superficial varicosity Treatment in all other circumstances is LOW PRIORITY and not routinely commissioned. Surgical treatment may be with ligation and stripping, phlebectomy and/or foam sclerotherapy. All techniques which involve heating the vein (whether by laser, radio-frequency, microwave or any other means) are LOW PRIORITY and not routinely commissioned.	L84-, L85-, L86- L87-, L88-	Restricted	Prior Approval
Varicose vein procedures **Surrey Commissioners Only**	Procedures for this are not routinely funded in line with the South East Coast Policy Recommendation Committee (PR 2010-01) threshold referral criteria for the specialist assessment of varicose veins which stipulates that patients should only be referred if: • Venous oedema where 6 months of compression therapy has been unsuccessful in controlling symptoms; and • Superficial thrombophlebitis; and	L84, L841, L842, L843, L844, L845, L846, L848,	Restricted	Prior approval required if the patient meets threshold IFR required if threshold not met and exceptional/rare

- Varicose veins with limited skin changes at the ankle with the possibility of further complications; and
- Skin changes ascribed to venous disease; and
- Late stage venous disease

Referral criteria summarised below:

CEAP Classification	Description	Signs	Consider referral to specialist
C1	Telangiectasis, reticular veins, malleor flare	None	No
C2	Varicose veins	None	Only patients with Superficial thrombophlebitis
C3	Varicose veins with limited skin changes at the ankle with the possibility of further complications	Oedema, venous eczema, superficial phlebitis	Yes
C4	Skin changes ascribed to venous disease	Oedema, venous eczema lipodermosclerosis, superficial phlebitis	Yes
C5 and C6	Late stage venous disease	Severe skin changes, active or healed ulceration, bleeding from	Yes

L849, L 85, L851, L852, L853, L858, L859, L861, L862, L868, L869, L871, L872, L873, L874, L875, L876, L877, L878, L879, L881, L882, L883, L888,

			varicose vein			
Haemorrhoid Surgery	Patients should employ good conservative measures of treatment for at least 6 weeks prior to referral with suspected haemorrhoids. These conservative measures of treatment should include: • Avoiding straining at stool, short time on toilet • High fibre diet, 5 portions fruit & veg, plenty of fluids (at least 2 litres of water per day • Stool softeners as necessary • Topical haemorrhoidal creams (but if contain steroid for no more than 1 week)				H511, H523, H524, H528	Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year
Family History of Bowel Cancer	Patients should be referred according to BSG Guidelines http://www.bsg.org.uk/clinical-guidelines/endoscopy/guidelines-for-colorectal-cancer-screening-and-surveillance-in-moderate-and-high-risk-groups-update-from-2002.html					Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year

Inguinal Hernia Surgery	Patients with BMI >35: the decision to refer requires particular care, as the benefits of intervention may well be outweighed by risks of surgical intervention, including poorer healing and higher complication rates. If in doubt, the clinician may refer the patient, but should advise them that surgery may not be an appropriate option for them. Referral to local weight management programmes should be offered. Patients who smoke should be warned of clinical advice that hernia recurrence rates are 3 times higher in smokers than non-smokers. All patients who smoke should be encouraged to stop and offered information on local cessation support services. A patient may be referred for treatment if they fulfil the following criteria: • Painful • Interfering with normal activities or work • Episodes of incarceration (irreduceable) • Increasing in size • Indirect (inguino-scrotal) • Concern it may be a femoral hernia • Recurrent hernia Patients who fulfil the following criteria should be considered for expectant management including providing reassurance and pain management: • Asymptomatic or minimal symptoms • Significant medical co-morbidities • Long duration • Not increasing in size	T202, T242	Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year
Umbilical Hernia Surgery	Surgical treatment will only be approved when one of the following criteria is met: • pain/discomfort that causes significant functional impairment; or • increase in size month on month; or • to avoid incarceration or strangulation of bowel		Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year
Incisional Hernia Surgery	Surgical treatment will only be approved when **both** of the following criteria are met: • Pain/discomfort that causes significant functional impairment; and • Appropriate conservative management has been tried first e.g. weight reduction where appropriate		Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be

				extrapolated across all activity for that year
Impalpable hernia and groin pain	Hernia surgery is not commissioned in patients with groin pain, but no visible external swelling. Patients presenting with groin pain who are found to have an impalpable hernia on ultrasound should not be referred for hernia repair. Management of persistent groin pain that has not resolved after a period of watchful waiting, should be based on individual clinical assessment. Where groin pain is severe and persistent with diagnostic uncertainty, options include referral for musculoskeletal assessment or imaging. Ultrasound should not be routinely requested in the early management of groin pain.		Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year
Asymptomatic surgery for gallstones (cholecystectomy)	Prophylactic cholecystectomy in asymptomatic gallstone patients is not routinely recommended as the risks of surgical intervention outweigh the perceived benefits. However, prophylactic removal of the gallbladder may be considered on a case-by-case basis in patients with asymptomatic gallstones who: • Have an increased risk of gallbladder cancer, e.g. due to: 1. A calcified (porcelain) gallbladder; or 2. A family history of gallbladder cancer; or 3. Who suffer from sickle cell disease	J18	Restricted	Prior Approval

Gynaecology

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Female cosmetic genital surgery	This procedure is not routinely funded	P01, P055/6/7, P153/8/9	Excluded	IFR required if exceptional/rare
Labiaplasty	This procedure is not routinely funded		Excluded	IFR required if exceptional/rare
Dilatation and Curettage	Dilatation and Curettage alone should not be used as a diagnostic tool and should not be used as a therapeutic procedure. Dilatation and curettage will be funded if either of the following criteria are met: 1. The patient has had outpatient negative pressure endometrial sampling (e.g. Pipelle sampling) with an unsatisfactory histological result; or 2. The patient has had a hysteroscopy and endometrial biopsy with an unsatisfactory histological result	Q103/8/9	Restricted	Prior Approval
Female genital prolapse (surgical management of)	This procedure is not routinely funded for asymptomatic or mild pelvic organ prolapse	P221, P222, P223, P228, P229, P2321, P”32, P233, P234, P235, P236, P237, P238, P239	Restricted	IFR required if threshold not met and exceptional/rare

Female sterilisation	Sterilisation will not be available on non-medical grounds unless the woman has had at least 12 months trial using Mirena or implanon and found it unsuitable. Commissioners will fund female sterilisation procedures: 1. Where sterilisation is to take place at the time of another procedure such as caesarean section; or 2. Where there is a clinical contra-indication to the use of a mirena/implanon; or 3. Where there are severe side effects with the use of mirena/implanon; or 4. Where there is an absolute clinical contra-indication to pregnancy. These are: • young women (under 45 years of age) undergoing endometrial ablation for heavy periods • women with severe diabetes • women with severe heart disease Women should be informed that vasectomy carries a lower failure rate in terms of post-procedures pregnancies and that there is less risk related to the procedure Patients who have a sterilisation procedure should be made aware that subsequent reversal of sterilisation will not normally be available on the NHS	C778, C7709, Q272, Q271, Q278, Q279, Q348, Q349, Q35a, Q352, Q353, Q358, Q359, Q361, Q368, Q369, S073, S074 S075, S076 Y368, Z462	Restricted	Prior approval
Hysterectomy in heavy menstrual bleeding/ dysmennorhea	NICE: Pharmaceutical treatment should be considered as first line intervention for women with no structural or histological abnormality suspected or fibroids less than 3cm in diameter. In women with heavy menstrual bleeding alone, with a uterus no bigger than a 10 week pregnancy, endometrial ablation should be considered preferable to hysterectomy. Hysterectomy for heavy menstrual bleeding or dysmenorrhoea will be funded if all the following criteria are met: 1. Other treatments for heavy menstrual bleeding (in accordance with NICE Clinical Guideline 44 “Heavy Menstrual Bleeding”) or dysmenorrhoea such as a Mirena coil have failed or are contraindicated; and 2. There is a wish for amenorrhoea; and	Q07- (except Q076), Q08-	Restricted	Prior Approval

	3. The woman no longer wishes to retain her uterus and fertility Hysterectomy for the treatment of uterine problems amenable to surgery but are <u>not</u> related to heavy menstrual bleeding or dysmenorrhoea will be funded.			
Reversal of female sterilisation	This procedure is not routinely funded In circumstances of the death of a partner or only child or where sterilisation caused by proven surgical accident that was not a foreseen consequence of such a procedure	Q371, Q378, Q379, Q291, Q292, Q298, Q299	Restricted	Prior Approval

Infertility Treatments

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/excluded	Application
In vitro fertilisation (including the prescriptions of infertility drugs) and ICSI (intracytoplasmic sperm injection) **South Central Commissioners Only (including North East Hampshire GP Practices)**	Access to IVF is managed by the Commissioning Support Unit to regional policy criteria. In short, this is restricted to childless couples where the woman is aged under 35 and following either diagnosis of absolute infertility or three years of attempting to start a family where there is no clear diagnosis. Referrals meeting the criteria should be made by a secondary care fertility specialist. Cases outside the criteria that you deem exceptional can be made to the CSU using the form on their website www.southcsu.nhs.uk/documents/ifr For further referral criteria please see the referral form in Annex D		Restricted	Prior Approval – see referral form in Annex D IFR required if threshold not met and exceptional/rare
In vitro fertilisation (including the prescriptions of infertility drugs) and ICSI (intracytoplasmic sperm injection) **Surrey Commissioners Only**	Please see: Assisted Conception Policy (Under Clinical Policies) in the document below: CLIN_5_-__Assisted _Conception_Policy.p		Restricted	Prior Approval IFR required if threshold not met and exceptional/rare
In vitro fertilisation (including the prescriptions of infertility drugs) and ICSI (intracytoplasmic sperm injection) **Farnham GP Practices only**	Access to IVF is managed by the Commissioning Support Unit to regional policy criteria. In short, this is restricted to childless couples where the first cycle of IVF is before the woman's 40th birthday and following either diagnosis of absolute infertility or three years of attempting to start a family where there is no clear diagnosis. Referrals meeting the criteria should be made by a secondary care fertility specialist. Cases outside the criteria that you deem exceptional can be made to the CSU using the form on their website www.southcsu.nhs.uk/documents/ifr For further referral criteria please see the referral form in Annex D		Restricted	Prior Approval– see referral form in Annex D IFR required if threshold not met and exceptional/rare

Mental Health

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Adult ADHD and Aspergers'	This treatment is not routinely funded		Excluded	IFR required if exceptional/rare
Inpatient psychotherapy	This treatment is not routinely funded		Excluded	IFR required if exceptional/rare
Non-NHS residential placements	This treatment is not routinely funded		Excluded	IFR required if exceptional/rare
Inpatient treatment for chronic fatigue syndrome	This treatment is not routinely funded		Restricted	Prior Approval
The anti-cholinesterase inhibitors (AChEIs) donepezil, galantamine and rivastigmine for the treatment of dementia associated with Parkinson's disease or Lewy Bodies Dementia	The AChEIs donepezil, galantamine and rivastigmine should be available as an option to treat patients with dementia associated with Parkinson's disease or dementia with Lewy Bodies if they have noncognitive symptoms causing: 1. Significant distress to the individual (for example visual hallucinations); or 2. Leading to behaviour that challenges This is in line with NICE-SCIE Clinical Practice Guideline 42		Restricted	Prior Approval

Neurology/neurosurgery

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application

Electrical stimulation (including functional electrical stimulation for upper and lower limb dysfunction) also known as FES	**LOW Priority** in accordance with the South Central Priorities Committee policy statement (09, updated as 84) for treatment of unilateral foot drop following a neurological event as part of rehabilitation. Where there is a trial service run by specialist neuro-rehabilitation service, an AFO splint is not tolerated, the patient has sufficient cognitive function, it objectively improves function or prevents falls. It is expected that the local specialist team will manage the rehabilitation and stimulator. FES may be considered when: 1. The patient has a neurological deficit due to an upper motor neurone lesion; 2. Is able to passively achieve a neutral angle of the ankle; 3. Is able to obtain standing from sitting unaided and to be at least household ambulant i.e. not using a wheelchair indoors and be mobilising outdoors +/- walking aid e.g. to car at least; 4. Has foot drop impending gait which has not been controlled or improved using ankle foot orthoses; 5. Is supported by a consultant in rehabilitation, stroke or neurology as being suitable for this treatment; 6. Is medically stable, not experiencing an active episode of MS or to be at least 6 months since an epileptic fit; 7. Is cognitively competent; and 8. Has physical ability or an available carer to assist with applying equipment Note: if this procedure is approved a 'trial' period of 4 weeks will need to be undertaken with a loaned assessment machine before funding of the equipment is provided. STIMuSTEP - Due to the increased costs for the surgically implanted electrodes (STIMuSTEP) this will not be considered unless the patients has first used the external device and gained significant and quantifiable improvement and is now no longer able to utilise this intervention because it is now contra indicated e.g. severe skin irritation to surface electrodes.	A701- 4 (plus Z549/Z589)	Excluded	IFR required if exceptional/rare

Ophthalmology

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Cataracts **For South Central Commissioners Only**	GPs should refer patients with cataracts that accord with Royal College of Ophthalmologists referral principles and meet the following criteria. Optometrists will have carried out the appropriate assessments and referred back to the GP for onward referral to secondary care. A copy of the optometrist report (GOS 18 or suitable referral form) must be included with the referral. Patients should be referred where best corrected visual acuity as assessed by high contrast testing (Snellen) is: 1. Binocular visual acuity of 6/10 or worse for drivers; or 2. Binocular visual acuity of 6/12 or worse for non-drivers; or 3. Reduced to 6/18 or worse irrespective of the acuity of the other eye; or 4. The patient wishes to/is required to drive and does not meet Driving and Licensing Authority (DVLA) eyesight requirements (see below) Any suspicion of cataracts in children (e.g. altered or absence of red reflex at neonatal or 6 week check) should be referred urgently. **Second eye cataract surgery** should be offered for patients who meet the following criteria: • Visual acuity BELOW 6/9 in the second eye • Anisometropia +/- 2D or where symptomatic • Surgery indicated for control of glaucoma or to facilitate further surgery (as determined by consultant ophthalmologist) • Surgery indicated for view of diabetic retinopathy or retinal disease (where cataract impairs retinal view) • Severe glare Optometrists and GP's are asked NOT to refer patients for assessment for second eye cataract surgery unless they demonstrate the above criteria.	C71, C72, C73, C74, C75	Restricted - Threshold to be adhered to	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year

Cataract **For Surrey Commissioners Only**	Any suspicion of cataracts in children should be referred urgently**.** Adults with a visual acuity of 6/9 or better in either eye are considered a low priority for cataract surgery. Referrals from community services should only be made after an assessment by an optometrist unless there are exceptional reasons why this is not possible. Optometrists should take into account the referral thresholds and the impact of the cataract(s) on the patient's life. Referral of patients to ophthalmologists should be based on the following indications: 1. Best corrected visual acuity must be <u>worse than 6/9 (6/9.5 and worse) in the first affected eye</u> OR the patient wishes to/is required to drive and does not meet the Driving & Licensing Authority (DVLA) eyesight requirements. 2. AND impairment of lifestyle such as; • The patient is at significant risk of falls. • Or the patient's vision is substantially affecting their ability to work. • Or the patient's vision is substantially affecting their ability to undertake. leisure activities such as reading, recognising faces or watching television. 3. AND willingness to have cataract surgery; • The referring optometrist or GP has discussed the risks and benefits and ensured the patient understands and is willing to undergo surgery prior to referral. Patients should only undergo surgery of the second eye when that eye meets the thresholds of 6/18 or worse visual acuity. <u>Exceptions</u> Cataract surgery can continue to be performed for medical reasons such as glaucoma and diabetes and on patients with severe anisometropia who wear glasses. The clinical reason for the surgery should be clearly documented. **NB; This policy has been submitted for consideration of review by South East Coast Health Policy Support Unit.**	C751, C711, C712, C713, C718, C719, C721, C722, C723, C728, C729, C731, C732, C733, C734, C738, C739, C741, C742, C743, C748, C749, C751, C752, C753, C754, C758, C759	Restricted - Threshold to be adhered to	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year
Chalazia (meibomian cysts)	Chalazia (meibomian cysts) are benign, granulomatous lesions that will normally resolve within 4-6 months. Treatment consists of regular (four times daily) application of heatpacks.	C121	Restricted	Prior Approval

	Excision of chalazia will be funded when all of the following criteria are met: 1. The chalazia has been present for more than 4-6 months; and 2. Where it is causing blurring or reduced vision			
Eyelid surgery/ blepharoplasty	Where there is evidence of impairment of visual fields in the relaxed, non-compensated state. This procedure will not be funded for cosmetic reasons. All applications should be submitted with a copy of the 120 point Humphrey screening test results.	C13- C16- C18-	Restricted	Prior Approval
Short sight/long sight corrective (laser) surgery	May be considered where laser or operative correction is the only treatment available to restore reasonable visual acuity/or where there are substantial other medical reasons that make correction by external visual aids inappropriate.	C461 C442	Restricted	Prior Approval

Other Procedures/equipment

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Appliances, devices and drugs for cosmetic purposes (high grade silicon cosmesis and/or prostheses, Botulinum toxin for facial lines)	These appliances, devices and drugs are not routinely funded		Excluded	IFR required if exceptional/rare
Intralace hair system for abnormal hair loss	This procedure is not routinely funded	No code	Excluded	IFR required if exceptional/rare
Iontophoresis for hyperhidrosis	This procedure is not routinely funded	No code	Excluded	IFR required if exceptional/rare
Manual lymphatic drainage (MLD)	This procedure is not routinely funded as part of an episode of secondary care for the management of lymphoedema. MLD provided by independent/private practitioners is not routinely funded.	No code	Excluded	IFR required if exceptional/rare
Serum P1NP measurement in the management of osteoporosis	This procedure is not routinely funded		Excluded	IFR required if exceptional/rare

Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome	Treatment for snoring is a LOW PRIORITY and will not normally fund this where snoring is the sole problem. In line with NICE Technology Appraisal Guidance 'Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome (TAG 139, March 2008) Patients **should be referred** for assessment and possible treatment to a specialist sleep unit, when at least one of the following are present in addition to snoring: 1. Daytime sleepiness (rather than tiredness); or 2. Witness nocturnal apnoeic episodes of stopping breathing; or 3. Waking with sensations of choking/obstruction; or 4. Neck circumference of 17ins or over; or 5. A degree of retrognathia CPAP is recommended as a treatment option for adults with moderate or severe symptomatic OSAHS. CPAP is only recommended for adults with mild OSAHA if: 1. They have symptoms affecting their quality of life and ability to go about their daily activities; and 2. Lifestyle advice and any other relevant treatments have been unsuccessful or are considered inappropriate The diagnosis and treatment of OSAHA, and the monitoring of the response, should be carried out by a specialist service with appropriately trained medical and support staff	Primary diagnosis is R065	Restricted	IFR required if threshold not met and exceptional/rare
Electrolysis	This procedure is not routinely funded with the exception of the treatment of in-growing eyelashes which is routinely funded	S104, S114, S606	Restricted	IFR required if exceptional/rare
Open MRI Scans	Open MRI Scans should only be used for patients who can be demonstrated to be too obese to be unable to be scanned on a closed MRI scanner or patients who have a genuine case of claustrophobia. Any patient requiring open MRI should be referred to an appropriate facility on a provider to provider basis, the cost to be included as part of the diagnostic tariff with no extra charge to commissioners		Restricted	Prior Approval
NHS patient transfers to private treatment providers	When clinicians retire from the NHS they may continue to practice privately. There are often patients who wish to continue seeing them,	No code	Excluded	IFR required if exceptional/rare

	rather than see a new NHS clinician. NHS Surrey will not routinely fund private consultations/treatment in these circumstances where previously provided in an NHS funded service			

Paediatrics

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Trans-cranial Doppler ultrasonography with frequent transfusion to prevent stroke in children with sickle cell disease	This procedure is not routinely funded		Excluded	IFR required if exceptional/rare

Pain Management

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Epidural injections for non radicular pain	This procedure is not routinely funded		Excluded	IFR required if exceptional/rare
Radiofrequency denervation (RFD) to treat osteoid osteoma	This procedure is not routinely funded		Excluded	IFR required if exceptional/rare
Epidural injections for sciatica	Lumbar transforaminal and caudal epidural injections for patients with radicular pain due to herniated disc (sciatica) are supported when the following criteria have been met: 1. The patient has radicular pain (below the knee for lower lumbar herniations, into the anterior thigh for upper lumbar herniations consistent with the level of spinal involvement; or 2. There is evidence of nerve root irritation with a positive nerve root tension sign (straight leg raise – positive between 30 degrees and 70 degrees or positive femoral tension sign); and 3. Symptoms persist despite some non-operative treatment for at least 3 weeks (e.g. analgesia, physiotherapy) Further epidural injections should only be provided as part of a comprehensive pain management strategy.	A522	Restricted	IFR required if threshold not met and exceptional/rare

Facet Joint Injections (FJI) for Chronic Low Back Pain/	Facet joint injections are not routinely commissioned for patients with diagnosed chronic non-specific low back pain. Commissioners will fund Facet Joint Injections for the management of cervical, thoracic and lumbar back pain as specified below: 1. All conservative management options (e.g. Physiotherapy, exercise, pharmacotherapy including analgesia, and psychologically based treatments where appropriate) have been tried and failed or a patient may not be suitable due to: • communication difficulties • cognitive impairment • documented difficulty in tolerating medicines 2. And the pain has resulted in moderate to significant impact on daily functioning; 3. The treatment of facet joint pain is provided as part of a comprehensive pain management strategy. Further facet joint injections will only be funded if the initial facet joint injection has had a proven therapeutic benefit *as determined by the Injection Treatment Feedback Form and judged by a clinician* * and the patient is not suitable for thermal radiofrequency denervation (RFD) or a Pain Management Programme (PMP). For those who are not suitable for RFD or PMP (Patients with co-morbidities, cardiological and or respiratory dysfunction, cardiac pacemaker or other nerve stimulator, frail patients, elderly patients) up to two injections per year separated by 6 months, unless in exceptional circumstances, will be funded in line with the pain management pathway for chronic facetal pain.	V544 (N.B. This code also relates to sacroiliac joint injections)	Restricted	Prior Approval
Radio-frequency / thermal denervation of facet joint	Radiofrequency facet joint denervation of the medical branch of the dorsal rami of the lumbar and cervical facet joints (medical branch neurotomy) will be funded in the following circumstances: 1. Patients over 18; and 2. Non-radicular lumbar (all levels) or cervical (c2 and below) and Thoracic facet joint pain; and 3. Failure of an appropriate trial of non-invasive therapy, such as medication and physiotherapy; and 4. One anaesthetic diagnostic block, which must be of the medial branch of the dorsal rami innervating the target facet joint. A significant reduction in pain following the block during activities	A604 V48-	Restricted	Prior Approval

	that normally generate pain should be demonstrated and recorded. The pain relief must be consistent with the expected duration of the anaesthetic block; and 5. All procedures must be performed under fluoroscopy (x-ray guidance) Thermal radiofrequency denervation is provided as part of a comprehensive pain management strategy. Cryoneurolysis or laser denervation will not be funded. Up to four facet joint denervations on one occasion (one treatment episode) will be funded. Re-treatment at the same location will not be funded, unless at least twelve months have elapsed since prior treatment. This procedure will not be funded for early management of persistent non-specific low back pain, unless the pain has lasted for more than 1 year (NICE CG 88)			

Thoracic Medicine

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Short Burst Oxygen Therapy for the Relief of Episodic Breathlessness	Patients should only be considered treatment with SBOT for the relief of episodic breathlessness in the following circumstances: 1. If all other treatment options have been tried; and 2. The diagnosis is clear and the underlying condition is already being treated optimally; and 3. Following objective assessment including a record of oxygen saturation by a clinician with a special interest and training in the management of respiratory diseases; and 4. Existing patients on SBOT will need to be properly reviewed and assessed by a Specialist Respiratory Assessment Service so that the home oxygen therapy that they receive is the most appropriate for their condition, for the right period of time and with appropriate flow rates to obtain optimal benefits and reduce the chance of adverse effects. Specialist assessment is essential prior to any changes in oxygen therapy service being suggested or implemented. These changes may mean that some patients are assessed for LTOT/ambulatory oxygen therapy.		Restricted	Prior Approval

Trauma and Orthopaedics

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Kyphoplasty	This procedure is not routinely funded for osteoporotic fractures	V445	Excluded	IFR required if exceptional/rare
Sports limbs	Sports limbs are not routinely funded		Excluded	IFR required if exceptional/rare
Treatment of Ganglions	This procedure is not routinely funded	T59 - T60-	Excluded	IFR required if exceptional/rare

Lavage and debridement of the knee in patients with osteoarthritis	Arthroscopy of the knee can be undertaken where a competent clinical examination (or MRI scan if there is diagnostic uncertainty or red flag symptoms/signs/conditions) has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective. Knee arthroscopy can therefore be carried out for: 1. Removal of loose body; or 2. Meniscal surgery (repair or resection); or 3. Ligament reconstruction/repair (including lateral relapse); or 4. Synovectomy; or 5. Treatment or articular defects e.g. micro-fracture Occasionally an arthroscopy could be undertaken when information is required regarding the degree and distribution of joint damage, enabling informed decision making regarding the type of knee replacement that could be performed (partial or total knee replacement).This can be of particular help in young patients with osteoarthritis. Knee arthroscopy should not be carried out for any of the following indications: 1. Investigation of knee pain; or 2. Treatment of osteoarthritis (except in line with NICE Guidance CG59) in either the knee joint or behind the patella It is anticipated that approximately 5% of knee arthroscopies may not lead to the anticipated therapeutic intervention, and therefore will be coded as diagnostic arthroscopies. Surgeons are asked to ensure that coding of the arthroscopy is undertaken after the procedure has taken place.	W852	Restricted	Prior Approval
Arthroscopy of the Hand/Wrist	It is anticipated that approximately 25% of hand/wrist arthroscopies will be necessarily diagnostic. Surgeons are asked to ensure that coding of the arthroscopy is undertaken after the procedure has taken place	W888 +Z735, W888 +Z739, W888 +Z828, W888 +Z829, W888 +Z894, W889 +Z735, W889 +Z739,	Restricted	No application required: PCT to monitor

		W889 +Z828, W889 +Z829, W889 +Z894		

Arthroscopy of the Elbow	It is anticipated that approximately 5% of elbow arthroscopies will be necessarily diagnostic. Surgeons are asked to ensure that coding of the arthroscopy is undertaken after the procedure has taken place	W888 +Z815 W889 +Z815	Restricted	No application required: PCT to monitor
Carpal tunnel release/ nerve entrapment at wrist	Commissioned in line with Map of Medicine Guidelines. Consider surgical management if: 1. Acute, severe symptoms persist after conservative therapy with either local corticosteroid injection by a trained, competent practitioner, and/or nocturnal splinting; or 2. Mild to moderate symptoms persist for at least 4 months after conservative therapy with either local corticosteroid injection (if appropriate) and/or nocturnal splinting; and 3. There is neurological deficit e.g. sensory blunting, muscle wasting or weakness of thenar abduction, or proven neurophysical changes; and 4. Severe symptoms significantly interfere with daily activities; and 5. Deterioration is shown by nerve conduction studies; and 6. Intervals between steroid injections are less than 3 months; and 7. Patient opts for surgery	A65	Restricted	Prior Approval
Discectomy for lumbar disc prolapse (elective)	This procedure is not routinely funded unless: 1. The patient has had appropriate imaging e.g. MRI or CT showing disc herniation (protrusion, extrusion, or sequestered fragment) at a level and side corresponding to the clinical symptoms; and 2. The patient has radicular pain (below the knee for lower lumbar herniations, into the anterior thigh for upper lumbar herniations) consistent with the level of spinal movement; or 3. There is evidence of nerve route irritation with a positive nerve root tension sign (straight leg raise positive between 30 degrees and 70 degrees or positive femoral tension sign); and 4. Symptoms persist despite some non-operative treatment for at least 6 weeks (e.g. analgesia, physiotherapy, bed rest etc) provided that analgesia is adequate; and 5. There is imminent risk of neurological deficit		Restricted	IFR required if threshold not met and exceptional/rare
Hip Resurfacing	Resurfacing is supported as an alternative to total hip replacement in men aged younger than 55 years, who after discussion of the benefits and risks, consider that resurfacing is the preferred option for them.	W580/1/2 and Z843	Restricted	Prior approval

	Funding for hip resurfacing is LOW PRIORITY for older men and women of all ages.			
Palmar fasciectomy /Dupuytren's contracture	Referral for surgical opinion should only be made in the following circumstances: 1. There is a metacarpophalangeal joint contracture of 30^{o} or more; or 2. Any degree of proximal interphalangeal joint contracture; or 3. Patients under 45 years of age with disease affecting 2 or more digits and loss of extension exceeding 10^{o} or more; or 4. There is functional impairment Clinical assessment should include an evaluation of the extent of disease and an estimate of severity/deformity.	T521-2 T541	Restricted	Prior Approval
Spinal fusion for the treatment of lower back pain	This procedure will only be funded in line with NICE Guidance CG88. This treatment will be funded for patients who: 1. Have completed an optimal package of care, but have failed all conservative treatment; and 2. Still have severe lower back pain for which they would consider surgery	W281 pedicle screw fusion	Restricted	Prior approval required if the patient meets threshold IFR required if threshold not met and exceptional/rare
Trigger finger surgery	Commissioned in line with Map of Medicine Guidelines. Surgery will be commissioned for patients diagnosed with trigger finger: 1. Who fail to respond to conservative treatment, including no response following two corticosteroid injection; and 2. Who have a fixed flexion deformity that cannot be corrected; and 3. Have moderate to severe pain/locking sufficient to cause interference with hand function; and 4. Have had persistent symptoms for more than 3 months	T723	Restricted	Prior Approval

Vertebroplasty	Vertebroplasty for the treatment of pain due to vertebral body fracture which is refractory to conservative, medical treatment can be a treatment option for selected patients. The procedure must be performed in line with NICE Interventional Procedure Guidance 12. The clinician performing the procedure is an accredited interventional spinal radiologist, who is suitably trained and experienced and that data is collected and submitted to the UK Vertebroplasty registry supported by Liverpool University. Indications for Percutaneous Vertebroplasty: 1. Osteoporotic vertebral compression fractures more than FOUR weeks old in the cervical, thoracic, and lumbar spine causing moderate to severe pain and unresponsive to conservative therapy; 2. Painful metastasis and multiple myelomas with or without adjuvant radiation or surgical therapy; 3. Painful fractures due to vertebral hemangiomas; 4. Painful fractures due to vertebral osteonecrosis; 5. Reinforcement of a pathologically weak vertebral body before a surgical stabilization procedure	V444	Restricted	Prior Approval
Primary Hip Replacement	In line with MOBBB Priorities Committee policy http://www.berkshire.nhs.uk/priorities/_policies/be_policy_28.pdf Primary Hip Replacement should be recommended in patients in whom the following criteria are met: 1. Moderate or severe arthropathy confirmed on X-ray; and 2. A minimum of 6 months' conservative, primary care-based, management appropriate to their condition and needs (e.g. supported self-management, exercise, weight loss and analgesia) without improvement in symptoms; and 3. Persistent severe joint pain, particularly night pain sufficient to disturb sleep, despite optimum analgesia; and 4. Persistent and significant impact on activities of daily life which has been clearly documented by the referring clinician; and 5. The risks and benefits of surgery applicable been explained to the patient, and they are willing to be referred for surgery; 6. There is documented evidence that the patient has completed a Patient Decision Aid; and	W371, W381	Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year

	7. The patient is fit for surgery at the time of referral. In all other circumstances, funding for primary hip joint replacement should be LOW PRIORITY.			

Primary Knee Replacement	http://www.berkshire.nhs.uk/priorities/_admin/policy-up/_policies/MOBBB_Policy_36_Primary_Knee_Replacement.pdf Primary Knee Replacement should be recommended in patients in whom the following criteria are met: 1. Moderate or severe arthropathy confirmed on X-ray; and 2. A minimum of 6 months' conservative, primary care-based, management appropriate to their condition and needs (eg supported self-management, exercise, weight loss and analgesia) without improvement in symptoms; and 3. Persistent severe joint pain, particularly night pain sufficient to disturb sleep, despite optimum analgesia; and 4. Persistent and significant impact on activities of daily life which has been clearly documented by the referring clinician; and 5. The risks and benefits of surgery applicable to them have been explained to the patient, and they are willing to be referred for surgery; 6. There is documented evidence that the patient has completed a Patient Decision Aid; and 7. The patient is fit for surgery at the time of referral	W401	Reduction in Clinical Variation	Subject to audit of an agreed sample of procedures. The percentage of inappropriate cases to be extrapolated across all activity for that year
Primary Hip and Knee replacement in patients with a BMI above 35 Excludes Surrey CCGs	Applications for lower limb joint replacement in patients with a BMI above 35 must be made via prior approval on a named patient basis. Consideration should also have been made for referral to the commissioned Tier 3 Obesity management programme prior to offering surgery.	W371, W381, W401	Restricted	Prior Approval
Treatment of Bunions (Hallux Valgus)	Bunions may be treated when the following criteria are met: 1. The patient has functional impairment, daily pain; and 2. Conservative methods of treatment have failed; and 3. An inability to wear suitable footwear; or 4. The second toe is starting to lift/flex (clawing); or 5. The deformity is deteriorating (e.g. shoes wearable last year are no longer suitable)	W791/2 W151-4	Restricted	Prior approval required if the patient meets threshold IFR required if threshold not met and exceptional/rare

Urology

Procedure/treatment	Guidance Notes	OPCS Codes	Restricted/ excluded	Application
Retractile Penile Surgery	This procedure is not routinely funded	N348, N349	Excluded	IFR required if exceptional/rare
Single-incision sub-urethral short tape insertion for stress urinary incontinence in women	Excluded as per NICE Interventional Procedures Guidance 262. Therefore this procedure should be carried out only in the context of research studies or through submission of data to a national register.	M533/4/5	Excluded	IFR required if exceptional/rare
Male circumcision	This procedure should only be considered in cases of pathological phimosis where inability to retract the foreskin is due to permanent scarring of the preputial orifice. In boys with lower urinary outflow obstruction and/or with recurrent urinary tract infection (particularly where high grade vesico-ureteric reflux is present) circumcision as an option for potentially reducing further infection should be discussed with parents and boys able to give informed consent. In the absence of medical urgency, the procedure should not be undertaken until the boy is old enough to give informed consent. Circumcision may also occasionally be required in the management of penile carcinoma.	N303	Restricted	Prior Approval
Reversal of vasectomy	This procedure is not routinely funded In circumstances of the death of a partner or only child or where sterilisation caused by proven surgical accident that was not a foreseen consequence of such a procedure.	N181	Restricted	Prior Approval

Annex A

Non Contractual Referral Funding Request Form (CCGs commissioning services from Frimley Park)

Frimley Park Hospital NHS
NHS Foundation Trust

NON CONTRACTUAL REFERRAL
FUNDING REQUEST FORM

Part 1: Details of Patient and Clinician submitting request

Trust	**Frimley Park Hospital NHS Foundation Trust**	
Address	**Portsmouth Road, Frimley, Camberley, Surrey. GU16 7UJ**	
Applicant Details	Name	
	Designation	
	Tel	
	Email	
Patient Details	Name	
	Hospital No	
	Address	
	NHS Number	
	DOB	
	Gender	
	Patient BMI (if relevant)	
	Registered GP Name	
	Registered GP Practice	
	Referred by (if not GP)	
	PCT (Contracts to complete)	
	Date of referral	

Part 2: Statement to consider appropriateness for consideration by Panel

I confirm that it is not expected that there will be more than one patient from within the PCT population who is or is likely to be in the same or similar clinical circumstances as the requesting patient in the same financial year and who could reasonably be expected to benefit to the same or a similar degree from the requested treatment unless similar patients are expected to be from the same family group.	No ☐	☐

Part 3: Diagnosis and Patient's Current Condition

Patient Diagnosis (for which intervention is requested)	
Has a second opinion been obtained?	**If yes, please provide details**

Current status of the patient			
Intervention for **CANCER**	What is disease status? (e.g. at presentation, 1st, 2nd or 3rd relapse)		
	What is the WHO performance status?		
	How advanced is the cancer (stage?)		
	Describe any metastases		
Intervention for **NON CANCER**	What is the patients clinical severity (where possible use standard scoring systems, e.g. WHO, PASI, DAS scores, walk test, cardiac index etc		
Please summarise the current status of the patient in terms of quality of life, symptoms etc			
Summary of **Previous Interventions** **Reasons for stopping may include:** • **Course completed** • **No or poor response** • **Disease progression** • **Adverse effects/poorly tolerated**	**Dates**	**Nature of intervention**	**Reason for stopping /response achieved**
Anticipated start date	**Processing a request usually takes up to 2 weeks from the date received by the PCT. If the case is more urgent, please state why:**		

EVIDENCE OF CLINICAL EFFCTIVENESS	
Where the intervention is a drug/medicine is the requested item licensed for the requested indication in the UK?	Yes / No
Has the drugs trust and therapeutics committee or equivalent committee approved the requested intervention for use? (if drug	Yes / No (if no, Committee Chair or Chief Pharmacist approved: Yes / No)

or medical device)	
Give details of National /Local Guidelines / recommendations or other published data/evidence base supporting the use of the requested intervention for this condition?	**PUBLISHED trials/data** (please forward papers/web links for peer-reviewed papers where available. This needs to be supplied for all secondary care and specialist provider requests-the request will not be considered if these have not been included.)
How will you monitor the clinical effectiveness of this intervention?	
What would be considered a successful outcome?	
What is the minimum timeframe/course of treatment at which clinical response can be assessed?	
Are there any additional clinical factors that need to be considered not already included?	

Part 4: Intervention for which funding is requested & projected outcomes

Details of Intervention (for which funding is required)		
Description of intervention		
Specify any devices/prostheses etc including manufacturer		
Estimated Cost	Anticipated cost	
	Are there any offset costs	
	Describe the type and value of offset costs	
	Funding difference being applied for	
Is the requested intervention part of a clinical trial?	**Yes / No (If yes, please provide details)**	

What would be the standard intervention at this stage?	

What would be the expected outcome from the standard intervention?	
What are the circumstances that make the standard intervention inappropriate for this patient?	
Please explain how this patient has an exceptional ability to benefit from the requested intervention over and above another individual with the same condition	
If the requested intervention was not available what would your next planned intervention be?	
Are there any anticipated/likely adverse effects of the requested treatment (including the toxicity of any drug?)	

Part 5: Statement of Exceptionality or Rarity

On which basis are you making this request?	Exceptional clinical circumstances OR Rarity of condition or presentation	☐
For ***exceptions*** to existing policy please describe as clearly as possible why the patient's clinical circumstances are exceptional: (You must give specific information to indicate how this patient is significantly different to the population considered in the existing policy) **Psychological Distress does not make a case exceptional**		☐
For ***rare condition or presentation***, please describe as clearly as possible why this patient's condition or clinical presentation is so unusual that there is no relevant commissioning arrangement.		

Part 6: Urgency

If this request is particularly urgent, please state why the request should be fast-tracked	

Part 7: Additional Information

Please provide any additional information here which you feel is relevant to the application for funding	

Please forward all Non Contractual Request forms to:
Lindsay.atwill@fph-tr.nhs.uk
The request will then be forwarded to the appropriate CCG for a decision to be made.
Please call the Contracts Department on 01276 60**4298** with any queries regarding the form or any non-contracted activity.

Annex B

Application for Functional Electrical Stimulation
(In addition to the standard Individual Funding Request Form)

Does the patient:

1. Have a neurological deficit due to an upper motor neurone lesion?	Yes □	No □
2. Able to passively achieve a neutral angle of the ankle?	Yes □	No □
3. Able to walk a minimum distance of about 10m (use of aids such as AFO, sticks, frame or crutches is acceptable)	Yes □	No □
4. Able to obtain standing from sitting unaided & to be at least household ambulant i.e. not using a wheelchair indoors and be mobilising outdoors +/- walking aid e.g. to car at least?	Yes □	No □
5. Have foot drop impending gait which has not been controlled or improved using ankle-foot orthoses?	Yes □	No □
6. Be supported by a consultant in rehabilitation or neurology as suitable for this treatment?	Yes □ Name of consultant _____	No □
7. To be medically stable, not experiencing an active episode of MS or to be at least 6 months since an epileptic fit?	Yes □	No □
8. To be cognitively competent?	Yes □	No □
9. To have physical ability or available carer to assist with applying equipment?	Yes □	No □
Please describe the intended outcomes for the patients:		
Note: If this procedure is approved, a 'trial' period of 4 weeks will need to be undertaken with a loaned assessment machines before funding of the equipment is provided. Patients outside these criteria can be considered in special circumstances. **STIMuSTEP** Due to the increased costs for the surgically implanted electrodes (STIMuSTEP) this will not be considered unless the patients has first used the external device and gained significant and quantifiable improvement and is now no longer able to utilise this intervention because it is now contra indicated e.g. severe skin irritation to surface electrodes.		

Annex C

Dermatology Life Quality Index

dlqiquest.doc

Children's Dermatology Life Quality Index

cdlqiquest.doc

Scoring mechanism

Scoring mechanism.doc

Annex D

IVF Referral forms

Referral form Hampshire 1113.docx

Referral form Surrey 1113.doc