




# TREATMENT

PA Policy treatment schedule from v6 Sept 2011, with Sept 2013 & May 2014 amendments

1. GENERAL SURGERY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
1.2 Haemorrhoidectomy and haemorrhoidopexy	<p>Prior approval is not required for patients with prolapsed internal/external haemorrhoids, causing recurrent bleeding, faecal soiling, itching or pain, who have had failed conservative treatment or haemorrhoids cannot be reduced. All other circumstances require prior approval.</p> <p>Doppler-guided haemorrhoidal artery ligation and stapled haemorrhoidopexy are recommended as a possible treatment for people with prolapsed internal haemorrhoids if it is carried out with a circular stapler designed for treating haemorrhoids in this way. These circumstances require prior approval.</p>	
1.3 Circumcision	<p><b>Circumcision may <u>only</u> be funded for specific medical reasons</b> (subject to specialist surgical assessment and advice) <b>in accordance with the guidance specified below;</b></p> <p>Medical reasons that do <b>not require prior approval</b>;</p> <ul style="list-style-type: none"> <li>Balanitis xerotica obliterans</li> <li>Paraphimosis</li> <li>Suspected malignancy</li> <li>Interference with normal sexual activity in adult males.</li> </ul> <p><b>Prior approval is required</b> to demonstrate that robust conservative options have failed before consideration will be given for;</p> <ul style="list-style-type: none"> <li>Phimosis in children with spraying, ballooning and/or recurrent infection</li> <li>Adult Phimosis</li> <li>Recurrent balanitis Dermatological disorders unresponsive to treatment</li> </ul> <p>Paediatric Surgical opinion is required prior to the Panel considering circumcision for all patients under 12 years old.</p> <p>Sometimes Circumcision is requested on cultural, social and religious reasons. These non-medical circumcisions do not confer any health gain but carry measurable health risk. Circumcision on cultural, social or religious grounds. will <b>not</b> be funded</p>	<p>BXO: Clinical shorthand for penile lichen sclerosus  Paraphimosis: non-retractable foreskin  Phimosis: tight foreskin  Adult phimosis: Difficulty retracting foreskin  Recurrent balanitis: Recurrent swelling of head of penis</p> <p><u>PA required for all children (and if PA required for adult):</u>  Details of symptoms  How long present for  Conservative measures tried, how long for and outcomes (inc lubrication, manipulation, antibiotics).  For children under 12 years, Paediatric Surgical opinion required.</p> <p>Under 2 years, non-retractable foreskin is normal.</p>

1. GENERAL SURGERY								
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES						
1.4 Carotid Endarterectomy	<p>Prior approval is <b>not</b> required for carotid artery stenosis where it is at least 50% in accordance with the Carotid Endarterectomy (EC) Guideline as below (see link for full guideline details);</p> <table><tr><th>Stenosis (%) ICA angiographic</th><th>Recommendation</th></tr><tr><td>70-99%</td><td>CE is established as effective for recently symptomatic (within previous 6 months) patients with 70-99% ICA angiographic stenosis (<b>Level A</b>).</td></tr><tr><td>50-69%</td><td>CE may be considered for patients with 50-69% symptomatic stenosis (<b>Level B</b>) but the clinician should consider additional clinical and angiographic variables (<b>Level C</b>).</td></tr></table> <p><b>Prior Approval is required for: -</b></p> <ul style="list-style-type: none"><li>• It is recommended that the patient have at least a five year life expectancy and that the perioperative stroke/death rate should be &lt;6% for symptomatic patients (<b>Level A</b>) &lt;50%</li><li>• For CE for symptomatic patient with &lt;50% stenosis (<b>Level A</b>). Medical management is preferred in these cases.</li><li>• Treatment will not routinely be approved for asymptomatic carotid stenosis.</li></ul>	Stenosis (%) ICA angiographic	Recommendation	70-99%	CE is established as effective for recently symptomatic (within previous 6 months) patients with 70-99% ICA angiographic stenosis ( <b>Level A</b> ).	50-69%	CE may be considered for patients with 50-69% symptomatic stenosis ( <b>Level B</b> ) but the clinician should consider additional clinical and angiographic variables ( <b>Level C</b> ).	
Stenosis (%) ICA angiographic	Recommendation							
70-99%	CE is established as effective for recently symptomatic (within previous 6 months) patients with 70-99% ICA angiographic stenosis ( <b>Level A</b> ).							
50-69%	CE may be considered for patients with 50-69% symptomatic stenosis ( <b>Level B</b> ) but the clinician should consider additional clinical and angiographic variables ( <b>Level C</b> ).							
1.5 Surgery for Gallstones	<p>Prior approval is not required for patients presenting with potentially symptomatic gallstones and should be managed in accordance with the Draft YHSCG Commissioning Policy and the NEL CTP Guideline for Cholecystectomy.</p> <p>Prior approval must be sought for cases that fall outside of the guidelines - the clinical rationale must be provided in line with the current commissioning guidelines/policy.</p>	<p>NEL CTP – Guideline for Cholecystectomy (2009)</p> <p> NELCTP Guidance for Cholecystectomy (2011)</p> <p>Draft YHSCG Commissioning Policy (2011)</p> <p> DRAFT YHSCG Cholecystectomy Commissioning Policy</p> <p><u>Info required:</u> Patient's BMI and the date it was calculated.</p>						

1. GENERAL SURGERY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
		Has patient tried low fat diet? When? For how long? What was the outcome?
1.6 Lithotripsy for Gallstones	<p>Prior approval is not required for patients who are 75 years and over or patients at risk from surgery.</p> <p>Prior Approval is required for all other cases.</p> <p>NLaG do not undertake this procedure. Where prior approval is required this must be sought before a referral is made to a tertiary centre.</p>	
1.7 Surgical Intervention for Varicose Veins within an acute setting	<p>Approval for varicose vein treatment is required for all cases prior to the patient being referred to a specialist provider.</p> <p>Most patients with symptomatic varicose veins can be managed in primary care conservatively with the long term use of Medical Compression hosiery. Patients where symptoms persist should, however, be considered as part of the prior approval process for referral to a specialist vascular service or appropriately trained GP (in cases of foam sclerotherapy) for consultation and recommendation.</p> <p>Unless an exceptional case is presented, and in accordance with evidence, the commissioner will not consider patients for secondary care treatment of asymptomatic or mild/moderate Varicose Veins:</p> <ul style="list-style-type: none"> <li>• Grade 0: Thread/Flare veins</li> <li>• Grade I: Minor/moderate varicose veins</li> <li>• Grade II: Moderate or symptomatic varicose vein</li> </ul> <p>The commissioner will consider specialist advice and surgery, if appropriate, for severe varicose veins in accordance with the following:</p> <ul style="list-style-type: none"> <li>• Grade III: Extensive or severely symptomatic varicose veins</li> <li>• Grade IV: Severe signs of venous insufficiency</li> <li>• Grade V: Active leg ulceration</li> </ul> <p>Please refer to NEL CTP Guideline to support the compilation of the prior approval request and referral of patients to a specialist provider.</p>	 <p>Guideline for the Management and Ref</p> <p><u>For each leg:</u>  Is this re-do? If so, when was original surgery?  All symptoms (eg bleeding/pain/infection)  How long have they been present?  What conservative measures have been tried?  When? For how long? What were the outcomes?  - Topical treatments?  - Massage?  - Elevation?</p> <p>Must include medical compression hosiery and the grade/s tried. If not tried, what is the rationale for not trying them?</p>

1. GENERAL SURGERY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
1.8 Surgical Procedures for Religious Reasons	Requests for surgical procedures for religious reasons will not be considered.	
1.9 Anal Skin Tags	<p>All circumstances require prior approval.</p> <p>The clinical and/or functional rationale for excision must be provided in order to consider any requests. The request needs to include details of whether general anaesthetic is required and the rationale for its use.</p>	<p>These GPs may be able to excise in PC, depending on size and position:</p> <p>Dr Keith Collett, Littlefield (confirmed he can excise, depending on size)            Dr B Ghosh, Chantry Health Group            Dr P Opie, The Roxton Practice</p>
1.11 Endoscopic Thoracic Sympathectomy for Hyperhidrosis	<p>All cases require prior approval. Consideration will only be given to cases where it can be demonstrated that symptoms persist despite conservative methods of management including;</p> <ul style="list-style-type: none"> <li>• Topical agents such as prescription antiperspirants, including aluminium antiperspirants have been tried for a period of at least 3 months.</li> <li>• Medication - (Anticholinergics drugs such as <a href="#">glycopyrrolate</a> (Robinul, Robinul-Forte) may help to prevent the stimulation of sweat glands or Beta-blockers or benzodiazepines may help reduce stress-related sweating)</li> <li>• Botulinum Toxin Type A (Botox) in accordance with the clinical guideline</li> <li>• Iontophoresis</li> </ul> <p>Endoscopic Thoracic Sympathectomy does not work as well for those with excessive armpit sweating.</p>	

2. COSMETIC SURGERY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
2.1 Removal of Tattoos	<p>All patients require prior approval. Consideration will only be given to cases where the clinical rationale is detailed and in accordance with the evidence base. Examples include;</p> <ul style="list-style-type: none"> <li>• recurrent infection</li> <li>• Tattoo is result of trauma inflicted against the patient's will or under duress</li> <li>• The patient was a child and not responsible for his/her actions at the time of tattooing</li> </ul>	

## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
2.2 Laser Treatment for Hirsutism	<p>All cases require prior approval. Consideration will only be given to cases for patients who:</p> <ul style="list-style-type: none"> <li>• have undergone reconstructive surgery leading to abnormally located hair-bearing skin</li> <li>• have a proven underlying endocrine disturbance resulting in hirsutism (eg polycystic ovary syndrome)</li> <li>• are undergoing treatment for pilonidal sinuses to reduce recurrence</li> </ul> <p>These are not automatic exceptions. Cases should show what treatment has already been tried including medication e.g, Vaniqa. If no treatment has been tried, detailed rationale must be provided to explain why.</p> <p>For Gender Dysphoria patients please refer to the YHSCG Commissioning Policy for the provision of Gender Dysphoria Services.*</p>	* Final paragraph no longer applies – all gender dysphoria services commissioned by NHS England from 01.04.13.
2.3 Correction of Prominent Ears (Pinnaplasty)	<p>All cases require prior approval. Consideration will be given to cases where the patient is between the age of 5 and 19 years (preferably below 14 years), and where the patient has congenital and acquired earlobe deformity or where there is substantial psychological distress eg bullying at school.</p> <p>In cases of psychological distress requests should state the mental health impact on the patient and demonstrate what other steps have been taken to address the issues i.e. dealing with the bullying prior to consideration of exceptional circumstances.</p> <p>Approval will need to be sought for an initial assessment by plastic surgeon prior to surgery being considered. Concerns will also need to be addressed by a Psychologist.</p>	Triage note: Photograph may help the Panel consider <u>but this is not required</u> .
2.4 Rhinoplasty	<p>All cases require prior approval. Consideration will not be given to cosmetic Rhinoplasty.</p> <p>Rhinoplasty may be considered medically <u>necessary only</u> in limited circumstances and where the case details clinical rationale in accordance with the evidence base as follows:</p> <ol style="list-style-type: none"> <li>1. When it is being performed to correct a nasal deformity secondary to</li> </ol>	<p>PA is required for the rhinoplasty element of requests for septorhinoplasty: What is the clinical benefit of the rhinoplasty element of septorhinoplasty?</p> <p>Septoplasty alone does not need PA.</p>

## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<i>Rhinoplasty continued</i>	<p>congenital cleft lip and/or palate;</p> <p>2. Upon individual case review, to correct chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect, when all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• Airway obstruction will not respond to septoplasty and turbinectomy alone; <i>and</i></li> <li>• Nasal airway obstruction is causing significant symptoms (eg chronic rhinosinusitis, difficulty breathing); <i>and</i></li> <li>• Obstructive symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids or immunotherapy; <i>and</i></li> <li>• Photos demonstrate an external nasal deformity, <i>and</i></li> <li>• There is an average 50% or greater obstruction of nares (eg 50 % obstruction of both nares, or 75 % obstruction of one nare and 25 % obstruction of other nare, or 100 % obstruction of one nare), documented by endoscopy, CT scan or other appropriate imaging modality.</li> </ul> <p>There are, however, contra indications that need to be addressed such as:</p> <ul style="list-style-type: none"> <li>• Unstable mental status (eg unstable patient with schizophrenia)</li> <li>• Unrealistic patient expectations</li> <li>• Previous rhinoplasty within the last 9-12 months (applies only to major rhinoplasties)</li> <li>• Poor perioperative risk profile</li> <li>• History of too many previous rhinoplasties, resulting in an atrophic skin–soft tissue envelope and significant scarring</li> <li>• Nasal cocaine users</li> </ul>	
2.5 Liposuction and/or Abdominoplasty / Apronectomy	<p>All cases require prior approval. Consideration will only be given to medically necessary circumstances and where cases detail clinical rationale in accordance with the evidence base.</p> <p>Abdominoplasty / apronectomy for patients who have lost a significant</p>	<p>Patient's current BMI.</p> <p>Patient's BMI prior to weight loss, with date.</p> <p>Clinical symptoms (eg infection/sores/chaffing/bleedingetc)</p> <p>How many episodes of infection treated with antibiotics?</p>

## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p><i>Liposuction and/or Abdominoplasty / Apronectomy continued</i></p>	<p>amount of weight and have been left with an overhang of skin are not supported unless exceptional circumstances can be demonstrated to address a specific clinical need, where treatments have failed (for example, it may be considered where the patient experiences persistent and recurring infections within the folds of the skin that have failed to respond to treatment).</p> <p>Cases that <b>may</b> be considered by the IFR Panel as exceptional are as follows: -</p> <p>Abdominoplasty and apronectomy may be offered to the following groups of patients who should have achieved a stable BMI between 18 and 27 Kg/m2</p> <p><b>and</b> be suffering from severe functional problems:</p> <ul style="list-style-type: none"> <li>• Those with scarring following trauma or previous abdominal surgery</li> <li>• Those who are undergoing treatment for morbid obesity and have excessive abdominal skin folds.</li> <li>• Previously obese patients who have achieved significant weight loss and have maintained their weight loss for at least two years</li> <li>• Where it is required as part of abdominal hernia correction or other abdominal wall surgery</li> </ul> <p><b>Severe Functional problems include:</b></p> <ul style="list-style-type: none"> <li>• Recurrent intertrigo beneath the skin fold.</li> <li>• Experiencing severe difficulties with daily living i.e. ambulatory restrictions</li> <li>• Where previous post trauma or surgical scarring (Usually midline vertical, or multiple) leads to very poor appearance and results in disabling psychological distress (which should be clinically evidenced) or risk of infection.</li> <li>• Problems associated with poorly fitting stoma bags.</li> <li>• Where required as part of abdominal hernia correction or other abdominal wall surgery</li> <li>• Where polyhydramnios has occurred whilst the patient was pregnant</li> </ul>	<p>How have the clinical symptoms been managed? What were the outcomes?</p> <p>Details of any functional problems the patient may be experiencing.</p> <p>The effect/s the clinical / functional problems are having on the patient's day-to-day life.</p>

## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p><i>Liposuction and/or Abdominoplasty / Apronectomy continued</i></p>	<p>or caesarean section has occurred and there is scarring within the apron. In both situations there must be associated persistent and recurring infections that have failed to respond to treatment.</p> <p><b>Rationale</b> Excessive abdominal skin folds may occur following weight loss in the previously obese patient and can cause significant functional difficulty. There are many obese patients who do not meet the definition of morbid obesity (see glossary) but whose weight loss is significant enough to create these difficulties. These types of procedures, which may be combined with limited liposuction, can be used to correct scarring and other abnormalities of the anterior abdominal wall and skin. It is important that patients undergoing such procedures have achieved and maintained a stable weight so that the risks of recurrent obesity are reduced. Patients who achieve their weight loss without surgical intervention should not be disadvantaged in accessing body contouring surgery if required.</p> <p><b>Liposuction</b> Liposuction may be useful for contouring areas of localised fat atrophy or pathological hypertrophy (eg Multiple lipomatosis, lipodystrophies). Liposuction is sometimes an adjunct to other surgical procedures. It will not be commissioned simply to correct the distribution of fat.</p> <p>Please note the above is a guide only and is to aid compilation of an appropriate IFR request. This exclusion applies equally to those who have undergone bariatric surgery.</p> <p>A full history of treatments for infections will need to be supplied along with medical history to demonstrate the range of treatments and outcomes to cover a period of at least 2 years. Decisions are made based on individual circumstances in conjunction with the above criteria.</p>	



## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
2.6 Other skin excision for contour eg buttock lift, thigh lift, arm lift (brachioplasty)	All cases require prior approval. Consideration will only be given where severe functional problems can be demonstrated.	Information needed as for abdominoplasty above
2.7 Breast Surgery  Breast Asymmetry	<u>Breast Asymmetry</u>  Prior approval is not required for patients who have asymmetry due to burns or breast cancer surgery. All other patients require prior approval.	Patient's current BMI. Details of the asymmetry, inc each breast cup size Photograph may assist the Panel <u>but not required</u> What makes the patient exceptional?
Breast Enlargement (Augmentation Mammoplasty)	<u>Breast Enlargement</u>  All cases require prior approval. Consideration will not be given to 'small' but normal breasts or for breast tissue involution (including post partum changes).  Consideration may be given for women with an absence of breast tissue unilaterally or bilaterally, or in women with significant degree of asymmetry of breast shape and/or volume as a result of; <ul style="list-style-type: none"> <li>• Previous mastectomy or other excisional breast surgery</li> <li>• Trauma to the breast during or after development</li> <li>• Congenital amastia (total failure of breast development)</li> <li>• Endocrine abnormalities</li> <li>• Developmental asymmetry</li> </ul>	Patient's current BMI. Details of asymmetry, inc each breast cup size. Current bra size Details of previous breast surgery. Details of previous trauma to breast during/after development. Photograph may assist the Panel <u>but not required</u> What makes the patient exceptional?
Breast Reduction	<u>Breast Reduction</u>  All cases require prior approval. Exceptional circumstances may be considered for breast reduction surgery by showing all of the following circumstances; <ul style="list-style-type: none"> <li>• The patient is suffering from neck ache, backache and/or intertrigo</li> <li>• The wearing of a professionally fitted brassiere has not relieved the symptoms</li> <li>• The patient has a body mass index (BMI) of less than 30 kg/m2 which has been maintained for one year.</li> </ul> These are not automatic exceptions.	


## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
Revision of Breast Implants	<p><u>Revisional Surgery</u></p> <p>All cases require prior approval. Where revisional surgery is being carried out for implant failure, consideration will be given to cases where clinical need is demonstrated for replacement i.e substantial evidence of physical harm from current implants, and where the patient meets the policy for augmentation at the time of revision.</p>	<p>Were implants NHS funded?</p> <p>Clinical rationale for removal/replacement.</p> <p>See guidance folder for info re- PiP implant care pathway.</p>
Male Breast Reduction for Gynaecomastia	<p><u>Gynaecomastia</u></p> <p>Caution must be taken that male breast cancer is not mistaken for gynaecomastia, if there is any doubt, an urgent consultation with an appropriate specialist should be obtained - prior approval is not required for this.</p> <p>All other cases require prior approval. Consideration will be given to patients where post pubertal and of normal BMI (<math>\leq 25 \text{ Kg/m}^2</math>).</p> <p>Where necessary screening for endocrinological and drug related causes and/or psychological distress prior to consultation with a plastic surgeon may be required.</p> <p>Liposuction may form part of the treatment plan for this condition.</p>	
2.9 Scar Revision	<p>All cases require prior approval for patients wanting general or local anaesthetic and for all cases of episiotomy scar revision following childbirth. Consideration will be given to requests for patients who may be eligible for treatment of scars which interfere with function following burns or treatments for keloid or post-surgical scarring.</p> <p>Prior approval is not required for NHS post breast cancer patients who have scar revision within 2 years of concluding full cancer treatment.</p>	
2.10 All other cosmetic surgery procedures	<p>All cases require prior approval.</p> <p>Treatment will not be approved unless exceptional clinical circumstances can be demonstrated when submitting a request for consideration. Examples of procedures covered by this section are:</p> <ul style="list-style-type: none"> <li>• Labiaplasty</li> </ul>	<p><u>Labiaplasty:</u></p> <p>BMI &amp; date calculated; clinical symptoms, conservative measures and outcomes (inc no of episodes of infection and if antibiotics required). Details of any day-to-day functional problems. Information to demonstrate exceptionality.</p>


## 2. COSMETIC SURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
	<ul style="list-style-type: none"> <li>• Lipoma removal – e.g, where pain and difficulty with clothing</li> <li>• Face lift</li> <li>• Septorhinoplasty</li> <li>• Inverted nipples</li> <li>• Resurfacing procedures including dermabrasion, chemical peels and laser may only be funded where there is post-traumatic scarring (incl post-surgical) and severe acne scarring once the active disease is controlled. (<b>Severe acne</b> is defined as widespread inflammatory lesions, nodules, or both, and scarring, moderate acne that has not settled with 6 months of treatment, or acne of any “severity” with serious psychological upset).</li> </ul> <p>This list is not exhaustive and produced as a guide only. Any procedure viewed as cosmetic that is not covered elsewhere within this schedule will be subject to this section.</p>	<p><u>Lipoma removal:</u> Panel will not consider excising if pain is the only symptom – see Item 13, Minor Surgery Services</p>


### 3. OBSTETRICS AND GYNAECOLOGY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	OUTLINE OF EVIDENCE or COMMISSIONING POLICY
3.1 Female Sterilisation	<p>All cases require prior approval except where sterilisation is undertaken at the same time as a surgical Termination of Pregnancy (TOP) or other gynaecological operative procedure.</p> <p>In cases where sterilisation is undertaken at the same time as a TOP it is expected that the patient is provided with appropriate counselling and cooling off period in accordance with good practice.</p> <p><u>Male sterilisation is the preferred procedure due to lower cost and morbidity.</u></p> <p>It will be expected that a rationale for not using Long Active Reversible Contraceptive (LARC) will be included within any funding request.</p>	<p>For each LARC not tried, the clinical rationale for not trying.</p> <p>For each LARC tried, when were they tried and what were the outcomes?</p> <p>Have LARC possibilities been considered? (Long Acting Reversible Contraceptive): coil (also known as IUS – intrauterine system), implanon. If considered but not used, what is the clinical rationale for not using?</p> <p>- Has POP been tried? (Progesterone Only Pill)? If not, what is the rationale for not using.</p> <p>-Has vasectomy for the patient's partner been considered? If so, what is the rationale for male sterilisation not being the chosen option?</p>
3.2 Reversal of Female Sterilisation	All cases require prior approval.	
3.3 Diagnostic Dilatation & Curettage (D&C)	All cases require prior approval.	
3.4 Specialised Fertility Services	<p>All patients who have been assessed by a secondary care specialist and fully meet the eligibility criteria outlined in the Y&amp;H SCG Fertility Policy can be automatically referred to the specialised service – please refer to YHSCG Policy for details.</p> <p>All cases require prior approval for those that do not meet the eligibility criteria.</p>	<p>Y&amp;HSCG Fertility Commissioning Policy – Sept 2011:</p>  <p>Fertility Commissioning Policy</p>

## 4. PAEDIATRICS

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
4.1 Use of Cranial banding in the Treatment of Positional Plagiocephaly and Brachycephaly	All cases require prior approval.	YHSCG Commissioning Policy Dec 2007 (Review tbc)  Cranial Banding - Dec 2007 - SCG.doc

## 5. UROLOGY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
5.1 Reversal of Male Sterilisation	All cases require prior approval	
5.2 Penile Protheses for Erectile Dysfunction	Prior approval is not required as outlined in the YHSCG Commissioning Policy. All other cases require prior approval.	YHSCG Commissioning Policy Sept 2010 (Review Sept 2012)  Penile Protheses - Sept 2010 - SCG.doc
5.3 Vasectomy	All cases require prior approval. If general anaesthetic is recommended, clinical rationale for its use will be required as part of the funding request	PA not required for vasectomy in PC.  GPs who carry out vasectomy: Dr K Collett, Littlefield Dr J Plotnek, Field House Medical Dr R Singh, Ashwood Surgery Dr O Wilson, Birkwood Medical
5.4 Cryosurgery (Prostate Cancer)	All cases require prior approval.  Cryotherapy is not recommended for men with localised prostate cancer other than in the context of controlled clinical trials.	
5.5 Excision Of Hydrocele	No prior approval is required for children with Congenital Hydrocele.  All other cases require prior approval. Aspiration should be tried initially unless large (>3cm in size), recurrent or with atypical presentation.	Hydrocele: Collection of fluid in a sac in the scrotum next to a testis. It usually occurs on one side, but sometimes a hydrocele forms over both testes.  How long has patient had the hydrocele? What size is it? Details of symptoms. Has aspiration been tried? (unless larger than 3cm)


## 5. UROLOGY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
5.6 Paraurethral Silicone Injections	Prior approval is required for patients requiring Paraurethral Silicone Injections for treatment of incontinence. Requests must include details of the management plan with expected outcome.	
5.7 Macroplastique	All cases require prior approval. Requests must include details of the management plan with expected outcome.	
5.8 Epididymal Cyst	<p>Prior approval is required for Asymptomatic epididymal cysts.</p> <p>Prior approval is not required for symptomatic epididymal cysts where there is persistent pain and discomfort, sudden increase in size which is causing significant mechanical problems.</p>	<p>How long has patient had the cyst?</p> <p>What size is it?</p> <p>What are the clinical/functional symptoms?</p> <p>What conservative options have been tried?</p>



## 6 HAEMATOLOGY – CCGs no longer commission

## 7 OPHTHALMOLOGY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
7.1 Surgery and Laser Treatment for Short Sight and Refractive Errors	Consideration will not be given to requests for surgery and laser treatment.	
7.2 Screening for Diabetic Retinopathy	<p>Prior approval is not required for pregnant patients who should be treatment in accordance with NICE Clinical Guideline 63 (2008) and NICE care pathway.</p> <p>All other cases require prior approval.</p>	
7.3 Screening for Glaucoma	All cases require prior approval.	
7.4 Radiotherapy For Dysthyroid Eye Disease	All cases require prior approval	

7 OPHTHALMOLOGY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
7.5 Blepharoplasty / Chalazion	<p><b><u>Blepharoplasty</u></b></p> <p>All cases require prior approval for Blepharoplasty. Consideration for approval will only be given where surgery is intended to improve functionally significant impairment of vision.</p>	For each eye requested, to what extent is vision impaired?
	<p><b><u>Chalazion</u></b></p> <p>All circumstances require prior approval. The excision of chalazia will only be considered for funding when all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. The chalazion has been present for 6 months.</li> <li>2. Where conservative treatment has been unsuccessful.</li> <li>3. <i>Where the chalazion is symptomatic</i></li> </ol> <p>In common with all types of lesions, the Commissioner will fund removal where malignancy is suspected, without the need for funding approval.</p>	<p>Chalazion: Swelling on eyelid due to blocked gland) (also known as meibomian gland lipogranuloma)</p> <p>Location. How long has the chalazion been present? Size of chalazion. Details of symptoms, including frequency. Details of conservative measures tried.</p> <p>Dr Collett accepts referrals from other practices for chalazion excision, including children – will excise child chalazion, if child is compliant.</p>
7.6 Age Related Macular Degeneration	<p>Prior approval is not required for patients who meet the criteria specified with the YHSCG Policy.</p> <p>All other cases require prior approval.</p>	<p>YHSCG Commissioning Policy Sept 2001 (Review tbc)</p>  <p>Age related macular degeneration - pegap</p>

## 8 NEUROLOGY & NEUROSURGERY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	OUTLINE OF EVIDENCE or COMMISSIONING POLICY
8.1 Spinal Cord Stimulation for Intractable Chronic Pain	<p>Prior approval is not required for patients who meet NICE TA 159 in accordance with the YHSCG Policy.</p> <p>All other cases require prior approval.</p> <p>NB: Spinal Cord stimulation is <b>not</b> commissioned for adults with chronic pain of ischaemic origin except in the context of research as part of a clinical trial (due to lack of evidence of clinical effectiveness) and this would require prior approval.</p>	<p>YHSCG Commissioning Policy July 2010 (Review Sept 2012)</p>  <p>Spinal Cord Stimulation Neuromoc</p> <p>Ischaemic = decrease in blood supply to bodily organ</p>
8.2 Pain Management Programmes Using Cognitive Behavioural Approach	<p>All cases require prior approval.</p> <p>.</p>	
8.4 Dorsal Column Stimulator	<p>All cases require prior approval</p>	
<p>8.6 Sacral Nerve Stimulation (SNS) (Neuromodulation) for:-</p> <ul style="list-style-type: none"> <li>• Women with non-obstructive urinary retention</li> <li>• Chronic constipation (CCG)</li> </ul>	<p>Prior approval is not required if all criteria within the YHSCG Sacral Nerve Stimulation Commissioning Policy are met.</p> <p>Prior approval will be required for all other cases.</p>	<p>Y&amp;H SCG Commissioning Policy Sep 2010 (Review Sep 2012)</p>  <p>Sacral Nerve Stimulation - urinary-f</p>



## 9 ORTHOPAEDIC SURGERY / RHEUMATOLOGY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
9.2 Therapeutic Ultrasound in Physiotherapy	All cases require prior approval.	
9.3 Geriatric Orthopaedic Rehabilitation Units	All cases require prior approval. Will not routinely be approved for patients until superiority over mixed assessment and rehabilitation units is established.	
9.4 Cephalocondylic Intramedullary Nails Versus Extramedullary Implants for Extracapsular Hip Fractures in Adults	All cases require prior approval.	
9.5 Autologous Cartilage Transplantation	All cases require prior approval. It will not routinely be approved for routine primary treatment of articular cartilage defects of the knee joint – the only potential exception being for cartilage injury.	
9.6 Ilizarov Frames	All cases require prior approval.	
9.7 Glucosamine, Chondroitin, Topical Rubefacients, Intra-articular Hyaluronic Acid Derivatives, Electro-acupuncture	All cases require prior approval.	
9.8 Arthroscopic Lavage and Debridement (for Osteoarthritis and the term Gelling)	<p>All cases outside of NICE guideline require prior approval.</p> <p>The National Institute for Clinical Excellence (NICE) recommend that arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking. Gelling, 'giving way' and X-ray evidence of 'loose' bodies are not sufficient indications for arthroscopic lavage and debridement.</p>	<p><b>(Gelling definition =</b> Rheumatology Stiffness after rest, which is typical of rheumatic diseases—eg in juvenile rheumatoid arthritis—Still's disease, variably accompanied by polyarthritis and guarding of joints against activity).</p>

## 9 ORTHOPAEDIC SURGERY / RHEUMATOLOGY


INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
9.9 Carpal Tunnel Syndrome	<p>Prior approval is not required if patient meets 3 of the following criteria, one of which must be NCS showing CTS Grade 4 or above.</p> <ul style="list-style-type: none"> <li>• symptoms have persisted despite a minimum of 3 months of conservative treatment with local corticosteroid injection and/or nocturnal splinting for each requested side.</li> <li>• If the condition is especially severe - evidence of severe nerve compression or significant functional impairment</li> <li>• there is neurological deficit, for example; sensory blunting, muscle wasting or weakness on thenar abduction</li> <li>• the results of Nerve Conduction Studies, undertaken in the last 6 months, showing diagnosis of Carpal Tunnel in area requested for treatment with a severity graded 4 or 5.</li> </ul> <p>Where a GP assesses the patient in line with the first three criteria above but is unable to provide evidence of a Nerve Conduction Study they can refer the patient to a Consultant for an opinion only – this does not require prior approval. If the Consultant assesses it to be appropriate to proceed with a carpal tunnel procedure without carrying out a nerve conduction study this is seen as acceptable and approval is not required.</p> <p>All other cases require prior approval – including cases with severity of grade 3 and below.</p>	<p>GPs who inject steroids, depending on severity of condition: Dr K Collett, Littlefield Dr Opie, Roxton Practice</p>
9.10 Tendon Reconstruction	All cases require prior approval	
9.11 Wedge resection of In-growing Toenail including Zadek's Procedure	<p>Prior approval is not required if the wedge resection is to relieve pressure or infection, which is causing the patient pain.</p> <p>All other requests require prior approval, including elective surgery with phenolisation for chronic IGTN.</p> <ol style="list-style-type: none"> <li>1. Conservative management must be tried first. No time period specified for conservative measures due to differing circumstances for each patient.</li> <li>2. PA is needed for GA – rationale to be provided for consideration by Panel.</li> </ol>	


## 9 ORTHOPAEDIC SURGERY / RHEUMATOLOGY


INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
	<p><u>Conservative measures:</u></p> <ul style="list-style-type: none"> <li>• Regular washing, using soap and water.</li> <li>• Trim the nail straight across</li> <li>• Gentle pushing of the skin away from the nail</li> <li>• Wearing comfortable shoes that are not too tight and provide space around the toes.</li> <li>• Painkillers</li> </ul>	
<p><b>9.12</b> Surgery for Bunions and Dupuytren's Contracture Surgery</p>	<p><b><u>Surgery for Bunions</u></b></p> <p>Prior approval is not required for patients who have significant functional impairment which is defined as symptoms preventing the patient fulfilling vital work or educational activities or carrying out vital domestic or carer activities. Symptoms persist despite conservative methods of management including:</p> <ul style="list-style-type: none"> <li>• Avoiding high heel shoes and wearing wide fitting leather shoes which stretch</li> <li>• Exercises specifically designed to alleviate the effects of a bunion and keep it flexible.</li> <li>• Applying ice and elevating painful and swollen bunions</li> <li>• Non-surgical treatments such as bunion pads, splints, insoles or shields</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>• Patient suffers from severe deformity (overriding toes) that causes significant functional impairment</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• Patient suffers from severe pain that causes significant functional impairment</li> </ul> <p>All other cases require prior approval.</p>	<p>For hammertoe, use bunionectomy criteria.</p>

## 9 ORTHOPAEDIC SURGERY / RHEUMATOLOGY

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<i>Surgery for Dupuytren's Contracture continued</i>	<p><b><u>Dupuytren's Contracture Surgery</u></b></p> <p>Prior approval is not required for patients who have significant functional impairment which is defined as symptoms preventing the patient fulfilling vital work or educational activities or carrying out vital domestic or carer activities. Symptoms persist despite conservative methods of management, such as splint injection, and where the;</p> <ul style="list-style-type: none"> <li>• Patient suffers from severe deformity that causes significant functional impairment</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• Patient suffers from severe pain that causes significant functional impairment</li> </ul> <p>All other cases require prior approval.</p>	
9.13 Tenosynovitis (Trigger Finger)	<p>Prior approval is required for all cases.</p> <p>Trigger finger usually settles with steroid injection in Primary Care.</p>	

10 ORAL SURGERY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
10.1 Dental Implants	<p>All cases require prior approval.</p> <p>Consideration will only be given to cases where the following circumstances can be demonstrated; post cancer reconstruction, major trauma with bone loss anodontia. cleft lip and palate cases and patients for whom there is currently no effective alternative treatment, other than dental implants, including those with maxillofacial defects resulting from congenital or developmental defects (eg hypodontia i.e. the congenital partial absence of the teeth.)</p> <p>Additionally, the Faculty of Dental Surgery has produced guidance on the selection of patients for dental implant treatment within the NHS. These include three groups of patients for consideration:</p> <ol style="list-style-type: none"> <li>1. Edentulous in one or both jaws: <ul style="list-style-type: none"> <li>• Severe denture intolerance (eg gagging, pain);</li> <li>• prevention of severe alveolar bone loss.</li> </ul> </li> <li>2. Partially dentate: <ul style="list-style-type: none"> <li>• Preservation of remaining healthy teeth</li> <li>• complete unilateral loss of teeth in one jaw</li> </ul> </li> <li>3. Maxillofacial and cranial defects: <ul style="list-style-type: none"> <li>• intraoral prostheses, eg considerable amounts of missing hard and soft tissue</li> <li>• extra oral/cranial prostheses, eg partial or total loss of ears, eyes or nose</li> </ul> </li> </ol>	<p>Send all dental IFRs to John Green, Consultant in Dental Public Health:  <a href="mailto:john.green6@nhs.net">john.green6@nhs.net</a>  John works part time North Lincolnshire on Thursdays, Hull PCT on Mondays.</p> <p>30.05.14: Check if John Green is still our contact for dental view.</p>
10.2 Wisdom Teeth Extraction (3 <sup>rd</sup> Molar)	<p>Symptomatic and asymptomatic cases for Wisdom Teeth Extraction are dealt with by Smile Lincs Specialist Oral Surgery Referral Service in accordance with the NEL CTP Wisdom Tooth Extraction Care Pathway Jan 2011.</p> <p>Prior approval is not required for symptomatic wisdom teeth and all patients with asymptomatic wisdom teeth require prior approval prior to referral.</p> <p>All referrals need to be made to the Smile Lincs Specialist Oral Surgery</p>	<p>North East Lincolnshire Care Pathway for Wisdom Tooth Removal (Jan 2011)</p> <p>  wisdom tooth ext  pathway NELCTP Jan</p> <p>Wisdom Teeth Commissioning Policy – 2011</p>

10 ORAL SURGERY		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p><i>Wisdom Teeth Extraction (3<sup>rd</sup> Molar) continued</i></p>	<p>Referral Service. Referrals will be triaged by this service and any appropriate treatment will be undertaken by them. Patients assessed as meeting the defined criteria and needing GA will be referred to NLAG. NLAG will only accept referrals made by Smile Lincs and that are on a Smile Lincs referral form. Referrals received not from Smile Lincs or not on the form will be returned to the referring Dentist or Smile Lincs as appropriate.</p> <p>Prior Approval requests should NOT be sent to the IFR Team. IFR requests should be sent to the Smile Lincs Specialist Oral Surgery Referral Service.</p>	<p>NEL CTP policy for commissioning wisdom tooth extraction Jan 2011:</p>  <p>NELCTP Wisdom teeth Commissioning I</p>
10.3 Apicoectomy	<p>Prior approval is required for Apicoectomy on adult molar teeth.</p> <p>All other cases do not require prior approval.</p>	<p>Send all dental IFRs to John Green, Consultant in Dental Public Health:  <a href="mailto:john.green6@nhs.net">john.green6@nhs.net</a>            John works part time North Lincolnshire on Thursdays, Hull PCT on Mondays.</p> <p>30.05.14: Check if John Green is still our contact for dental view.</p>
10.4 Orthodontic Treatment	<p>Hospital orthodontic treatment is only funded for patients under 18 with an IOTN score of 4.8 or above – no prior approval is required for these patients.</p> <p>All other cases require prior approval.</p>	<p>Send all dental IFRs to John Green, Consultant in Dental Public Health:  <a href="mailto:john.green6@nhs.net">john.green6@nhs.net</a>            John works part time North Lincolnshire on Thursdays, Hull PCT on Mondays.</p> <p>30.05.14: Check if John Green is still our contact for dental view.</p>

11 ENT		
INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
11.1 Tonsillectomy and Adenoidectomy	<p>Prior approval is not required if all criteria within the Draft NEL CTP Tonsillectomy Commissioning Policy is met. Referrals to secondary care need to clearly state the detail of what criteria have been met. If it is not defined then it will be assumed that the patient does not meet the criteria.</p> <p>Cases that do not meet the criteria will require prior approval.</p>	<p>NEL CTP draft Tonsillectomy Commissioning Policy Feb 2011 (updated July 11)</p>  <p>Tonsillectomy - NEL CTP Comm Policy upd</p> <p>Information to demonstrate the criteria that the patient does meet. Specify the criteria the patient doesn't meet. Rationale for funding outside the policy.</p>
11.2 Grommet Insertion	<p>Prior approval is not required where the patient has had a period of watchful wait of 6 months by ENT surgeon (not Audiology) and where glue ear persists, and the child also suffers from one of the following:</p> <ul style="list-style-type: none"> <li>• Recurrent acute otitis media with more than 5 episodes per year.</li> <li>• Delay in speech development</li> <li>• Educational problem</li> <li>• Behavioural problem</li> <li>• A second disability, such as Down's syndrome</li> <li>• Severe collapse of the eardrum</li> </ul> <p>Children with hearing impairment should have a period of at least 3 months of watchful waiting months by ENT surgeon (not Audiology) from the onset of the symptoms. Patients and parents should be advised of the risk of potential harm eg tympanosclerosis.</p> <p>All other cases require prior approval but must be supported by clear clinical rationale.</p>	<p>Timescales for adults not known.</p>
11.3 Sleep Studies  <i>and</i>  Sleep Apnoea Treatment (surgery or CPAP)	<p>All cases require prior approval and must include an Epworth Sleepiness Scale (ESS) score. All referrals and treatment for Sleep Apnoea must comply with NICE TAG 139.</p> <p>In accordance with best practice GPs should first screen for risk factors such as; nasal obstruction, a large tongue, a narrow airway and certain</p>	<p>Approve CPAP at Triage if AHI is 15 or above – no need for ESS score of 10 or more.</p> <p>If AHI is less than 15, exceptional circumstances needed and request must go to Panel.</p> <p>Hull assesses for and treats sleep apnoea (not other</p>

## 11 ENT

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p><i>Sleep Studies and Sleep Apnoea Treatment (surgery or CPAP) continued</i></p>	<p>shapes of the palate and jaw and BMI. A large neck or collar size is strongly associated with obstructive sleep apnoea. Ingestion of alcohol or sedatives before sleep may predispose to episodes of apnoea.</p> <p>The GP should also use screening tools such as the Epworth Sleepiness Scale;</p> <p>0 = would <i>never</i> doze or sleep.  1 = <i>slight</i> chance of dozing or sleeping  2 = <i>moderate</i> chance of dozing or sleeping  3 = <i>high</i> chance of dozing or sleeping</p> <p>The GP should also establish the following symptoms to be recorded as part of the funding request:</p> <ul style="list-style-type: none"> <li>• <i>loud snoring</i></li> <li>• <i>periods of not breathing (apnoea)</i></li> <li>• <i>awakening not rested in the morning</i></li> <li>• <i>abnormal daytime sleepiness, including falling asleep at inappropriate times morning headaches</i></li> <li>• <i>recent weight gain (BMI)</i></li> <li>• <i>limited attention</i></li> <li>• <i>memory loss</i></li> <li>• <i>poor judgment</i></li> <li>• <i>personality changes</i></li> <li>• <i>lethargy</i></li> <li>• <i>Additional symptoms that may be associated with this disease: swelling, overall (edema)</i></li> <li>• <i>confusion</i></li> <li>• <i>blood pressure, high</i></li> <li>• <i>impotence ( male)</i></li> </ul> <p>Requests for approval for referral for Sleep studies should be based on the following criteria:</p> <ul style="list-style-type: none"> <li>• A subjective measure of daytime sleepiness of greater than 10 on the Epworth Sleepiness Scale (ESS) combined with objective clinical judgement that indicates need for referral</li> <li>• Sleepiness in dangerous situations, even with a normal ESS score, in combination with symptoms associated with obstructive sleep</li> </ul>	<p>sleeping disorders)  Leeds &amp; Leicester assesses and treats for sleep disorders generally.</p>




## 11 ENT

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<i>Sleep Studies and Sleep Apnoea Treatment (surgery or CPAP) continued</i>	<p>apnoea/hypopnoea</p> <ul style="list-style-type: none"> <li>Excessive daytime sleepiness, despite a normal time in bed at night, which may interfere with his/her driving ability/occupation</li> <li>Weight loss should be encouraged in all patients with obesity contributing to their sleep apnoea but should not delay initiation of further treatment.</li> <li>CPAP is the first choice of treatment for patients with moderate or severe Sleep apnoea that is sufficiently symptomatic to require intervention.</li> <li>Uvulopalatopharyngoplasty (UPPP) or Laser-assisted uvulopalatopharyngoplasty (LAUP) should not be offered</li> </ul>	

## 12 CARDIOLOGY – NHS England commissions

### 13 MINOR SURGERY SERVICES

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p>13.1 GP Minor Surgery Services for;</p> <ul style="list-style-type: none"> <li>Dermatofibroma</li> <li>Removal of Mole</li> <li>Removal of Naevus</li> <li>Intradermal Naevus,</li> <li>Ganglion Aspiration</li> <li>Ganglion Excision</li> <li>Pilar Cyst</li> <li>Lipomas</li> <li>Sebaceous Cyst</li> <li>Epidermal cyst</li> </ul>	<p>Prior approval is required for the specified GP Minor Surgery Services in accordance with the Minor Surgery Specification 2011.</p> <p>Where a General Practitioner (GP) wishes to refer to another Minor Surgery accredited GP they will need to acquire prior approval prior to referral. If approval is not sought, the service will not be commissioned.</p> <p><b><u>Skin Lesions</u></b></p> <p>Approval for removal of clinically benign skin lesions will only be given in the following instances: lesion causes problem for patient eg. pain, bleeding when shaving, lesion is infected, lesion catches on clothes or moderate to large lesions which cause facial disfigurement.</p> <p>Consideration will not be given to the removal of clinically benign skin lesions on cosmetic grounds.</p>	<p>NEL CTP Primary Care enhanced Services March 2012</p> <p> Primary Care Enhanced Services M:</p> <p>PC enhanced Services states epidermal cysts come within PMS baseline but from 13.03.14, PA needed via IFR.</p> <p>Pilonidal sinus is a hole in skin, often where buttocks meet, and cysts occur. Excised cysts often recur. Excision is sometimes done using laser, which requires PA itself. Often done under GA too.</p> <p>Marsupialisation of Bartholins cyst does not need PA.</p>



### 13 MINOR SURGERY SERVICES

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p><i>GP Minor Surgery Services continued</i></p>	<p>In cases where a clinically benign skin lesion is symptomatic as detailed above, patients should be referred to an Accredited primary care clinician (Minor Surgery or Community Skin Cancer Clinician (CSCCs)) for treatment. Prior approval is required prior to referral.</p> <p>The minor surgery scheme will only include procedures that do not require excision of skin lesions for histological clarification. <b><u>Only</u></b> CSCCs can biopsy or excise for histology (if suspicion is a low risk skin cancer). If there is high suspicion of Squamous Cell Carcinoma or Malignant Melanoma, a 2ww referral, as per locality guidelines, should be made. Prior Approval is not required for such referrals. Where secondary care wish to treat under General Anaesthetic prior approval is not required. Where there is diagnostic uncertainty of asymptomatic skin lesions (where there is no suspicion of cancer) they should be clinically assessed in primary care by an Accredited GP (MS or CSCC). If felt appropriate the Accredited GP can undertake the excision. The Primary Care Clinician will require prior approval prior to excision or onward referral. Referrals received by Secondary care for specific procedures without prior approval will be returned to the respective primary care clinician. Secondary care referrals for Consultant opinion do not require prior approval. However, if the Consultant feels that excision is required they should seek prior approval.</p> <p><b><u>Lipoma</u></b> All cases require prior approval. Requests for which the only symptom is pain will not be considered as lipomas are not painful.</p>	<p>Diabetic patients are more susceptible to recurrence of seb cysts.</p> <p>Dr Collett can excise some lesions on ears, depending on site and size.</p> <p>These CSCCs accept referrals for opinion only: Dr Nayyar, Roxton Practice Dr Collett, Littlefield Lane Dr Munjal, Clee Medical Centre</p>

### 13 MINOR SURGERY SERVICES

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
	<p><b><u>Sebaceous cyst</u></b>            Approve at Triage            1.If there have been x3 infections, each requiring either antibiotics <i>OR</i> incision &amp; drainage; <b>or</b>            2.If the sebaceous cyst is on the scalp; <b>or</b>            3.If the sebaceous cyst is interfering with clothing (eg catching, rubbing)  <i>[NB: Length of time present, timescales, size and pain info not needed for any of these]</i></p> <p><u>If request cannot be approved at Triage, Panel will need all of the following:</u>            Location            Size            Pain and level of pain            Does the sebaceous cyst have a significant effect on health and safety? (eg PPE)</p> <p><b><u>Excision of Ganglion</u></b> <i>(incl all joints or tendons)</i></p> <p>Prior approval is not required where there is significant physical impairment or significant symptoms in line with the following criteria;</p> <ul style="list-style-type: none"> <li>• There are symptoms associated with the ganglia such as considerable pain, on-going infection, increase in size and loss of sensation in certain parts of the hand, neurological loss or weakness of the wrist with the ganglion.</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• there is doubt about the diagnosis (with or without pain).</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• The ganglion has resulted in significant functional impairment</li> </ul> <p>Asymptomatic cases are not routinely funded, therefore all cases other than those detailed above require prior approval.</p>	<p><u>Ganglion</u>            Location            Size            How long present for            Details of clinical/functional symptoms            Details of conservative measures tried (eg aspiration)            If excision requested in SC, rationale for SC as ganglions can be excised in PC.            If patients meet criteria, excision can go ahead without PA for GA.            If patients don't meet criteria, PA needed for GA so clinical rationale required.</p> <p>Tendon sheath surgery is inappropriate for PC MSS.</p>

## 14 OTHER INTERVENTIONS

INTERVENTION	PRIOR APPROVAL FRAMEWORK	TRIAGE NOTES
<p>14.1 Chronic Fatigue (Outpatient)</p> <p>Chronic Fatigue Syndrome (In-patient Cognitive Behavioural Therapy)</p>	<p>Prior approval is required in all cases. Individual requests are expected to include details of investigation and treatment of underlying causes for example; one of the causes of fatigue is iron deficiency anaemia. Please refer to the Chronic Fatigue Pathway for further details</p> <p>The use of in-patient Cognitive Behavioural Therapy in the treatment of Chronic Fatigue Syndrome will require prior approval in all cases.</p> <p>Will not routinely be approved for I/P treatment.</p>	<p>NEL CTP Chronic Fatigue Care Pathway 2010</p>  <p>Chronic Fatigue Care Pathway - Full Version</p>
14.2 Acupuncture	<p>Acupuncture for management of Chronic pain and rheumatic conditions (6) for low back pain and lateral elbow pain does not require prior approval.</p> <p>All other cases require prior approval – it will not routinely be approved in any circumstances including for smoking cessation.</p>	
14.3 Homeopathy	All cases require prior approval.	
14.4 Photodynamic Therapy other than for ARMD	All cases require prior approval.	
14.7 Any Intervention where there is no NICE Guidance	NEL CTP will not routinely fund any new interventions where a review/guidance is awaited by NICE. Please refer to the NEL CTP Commissioning Policy for full details.	<p>NEL CTP Commissioning Policy for Any Interventions where there is No NICE Guidance (2010)</p>  <p>NELCTP Gen Policy - any Interventions wh</p>