

## Appendix 1

## Category 1 Interventions – Not Routinely Commissioned

EBI Ref	Procedure	Procedure currently features within SYB CFO policy?	Recommend adopting EBI policy?	Proposed Prior Approval method
A	Intervention for snoring (not OSA)	No	Yes	IFR
B	Dilatation and curettage for heavy menstrual bleeding	Yes - Not routinely commissioned (part of hysterectomy threshold)	Yes	IFR
C	Knee arthroscopy with oosteroarthritis	No	Yes	IFR
D	Injection for non-specific low back pain without sciatica	Yes - Not routinely commissioned	Yes	IFR

## Category 2 Interventions – Only commissioned where criteria met

EBI Ref	Procedure	Procedure currently features within SYB CFO policy?	Recommend adopting EBI policy?	Proposed Prior Approval method	Continue use of an SYB CFO checklist?	Rationale for Variation	Additional Comments
E	Breast reduction / asymmetry	Yes – (Plastics Policy) Not routinely commissioned	No	IFR	IFR Application (Clinical Letter & Questionnaire)	<p>SY&amp;B Commissioners have elected to follow the existing local Specialist Plastics Policy for these interventions (referral via IFR).</p> <p><u>Breast Reduction</u> Referrals for breast reduction under the national criteria would require the clinician to accurately assess the weight of breast tissue to be removed [500gms or 4 cup sizes]. Additional clinical input is required hence the recommendation to use IFR.</p> <p>The local policy requires a minimum G cup which has been professionally measured to ensure equity. For cases that are borderline medical photographs are requested.</p> <p><u>Asymmetrical Breasts</u> For asymmetrical breasts the Evidence</p>	<p>The IFR panel will continue to provide clinical oversight for these procedures.</p> <p>All CCGs will now follow the same criteria for assessment as variations in terms relating to BMIs and use of scans (Doncaster CCG have been removed).</p>

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						Based Interventions guidance states a difference of 150-200g is required whereas the local policy stipulates a difference of two cup sizes with a professional measurement.	
	Gynaecomastia		No	IFR	IFR Application (Clinical Letter & Questionnaire)	<p>The national Evidence Based Interventions guidance states that surgery to correct gynaecomastia will only be commissioned for men with a history of prostate cancer.</p> <p>SY&amp;B Commissioners have elected to follow the existing local Specialist Plastics policy for gynaecomastia which provides more comprehensive guidance on where this corrective intervention may be funded.</p>	
F	Removal of benign skin lesions	Yes - Checklist	Yes	Checklist	Existing CFO checklist	<p>For Benign Skin Lesions SY&amp;B commissioners have elected to maintain the existing referral checklist (which is in line with the EBI policy) as the national criteria are very broad and unmanageable via checklist in long-form.</p> <p>To ensure the referral process is manageable the checklist groups the criteria where a lesion might be removed.</p> <p>Any patients that do not meet the threshold criteria can be referred to the IFR panel who will assess patients against the EBI guidance.</p>	
G	Grommets in Children	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI	<p>The EBI policy only applies to glue ear (otitis media with effusion).</p> <p>The CCG will routinely fund additional conditions provided a checklist is completed to evidence a patient meets the criteria.</p> <p>A separate policy is included for adults (part of CFO but not EBI)</p>	Barnsley CCG previously required IFR approval. This has been amended so all CCGs follow the same referral process.
H	Tonsillectomy	Yes - Checklist	No	IFR	No - IFR application via checklist and clinical letter	SY&B Commissioners noted that referrals for tonsillectomy for recurrent tonsillitis require additional clinical input to assess against national criteria (number of occurrences of	<p>The National Evidence Based Interventions policy only applies to recurrent tonsillitis.</p> <p>Additional local guidance is</p>

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						sore throats) hence the recommendation to use IFR.	<p>provided in the CFO policy for conditions broader than recurrent tonsillitis e.g:</p> <ul style="list-style-type: none"> <li>• Recurrent Quinsy</li> <li>• Severe halitosis secondary to tonsillar crypt debris</li> <li>• Failure to thrive secondary to difficulty swallowing caused by enlarged tonsils</li> <li>• Sleep discorded breathing / Obstructive sleep apnoea</li> </ul> <p>Biopsy/removal of lesion on tonsil</p> <p>The requirement for IFR approval will apply to all tonsillectomy referrals</p>
I	Haemorrhoidectomy	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		
J	Hysterectomy for Heavy Menstrual Bleeding	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		Removed previous references to hysteroscopy which is NICE approved and Dilatation and curettage for heavy menstrual bleeding which is covered by (Category 1 – Ref B).
K	Chalazia removal	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		
L	Arthroscopic Decompression of the shoulder	Yes - Checklist	No	Checklist	Existing CFO checklist updated to reflect EBI language.	<p>Commissioners have elected to follow the existing local policy for Arthroscopic shoulder decompression for sub-acromial shoulder pain.</p> <p>Although the national policy mentions that non-operative management is effective, the existing SYB policy is clearer on the clinical criteria for conservative treatments.</p> <p>Checklist amended to reflect EBI policy</p>	
M	Carpal Tunnel	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		
N	Dupuytren's Disease	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		
O	Ganglion	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		
P	Trigger Finger	Yes - Checklist	Yes	Checklist	Checklist updated to reflect EBI		

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Q	Varicose Veins Surgery	Yes - Checklist	No	Checklist	Mix of CFO and EBI	In addition the SYB Policy requires patient to have a BMI of 30 or less  NICE clinical guidance 168 notes that a raised BMI is identified as factor associated with increased risk of progression of varicose veins and notes that the surgical outcome with increased BMI is worse (there is a higher risk of reoccurrence).	Barnsley CCG previously required IFR approval. This has been amended so all CCGs follow the same referral process.

**Procedures not included in the national procedures.**

There are 11 procedures that are subject to a clinical threshold but not included in the national proposals:

- Osteoarthritis (Hip Replacement)
- Osteoarthritis (Knee Replacement)
- Management of Gall Bladder Disease
- Surgical Repair of Hernias
- Cataract Surgery
- Male Circumcision
- Benign Perianal Skin Lesions
- Ingrown Toe Nail
- Bunions
- Blepharoplasty
- Grommets for Adults

There are also additional procedures not routinely commissioned and procedures covered by the specialist plastics policy and fertility policy and procedures.

- Acupuncture
- Vasectomy under GA