

## **NHS Rotherham Clinical Commissioning Group**

### **Changes to IFR policy for prior approvals**

| <b>Version</b> | <b>Date</b> | <b>Author</b>    | <b>Changes</b>  |
|----------------|-------------|------------------|---|
| v1.0           | 01/04/2015  | Dr Sarah Lever   |   |
| v1.1           | 19/06/2015  | Hilary Porter    | Added wording specifically excluding tonsillectomy as part of cancer treatment/management |
| V1.2           | 24/08/2015  | Rebecca Chadburn | Change of email address   |
|                |             |                  |   |

### 3. Procedures of Limited Clinical Value

Procedures of limited clinical value are those that deliver a relatively poor output/outcome to the population. This schedule sets out those procedures of limited clinical value that are not routinely commissioned or only commissioned when certain criteria are met.

### 4. Principles

CCG commissioning decisions are made in accordance with the commissioning principles set out in the CCG general policy and Individual funding request policy. These principles include the need for evidence of clinical effectiveness, cost effectiveness, affordability of equitable provision and best value for money.

### 4. Process for operating the schedule

The prior approval process will operate as follows:

- If a GP refers for a specific procedure on this schedule they should seek prior approval before making the referral. Any requests for a specific procedure on this schedule received by the Provider without prior approval should be returned to the GP.
- If a GP refers for an outpatient appointment with no specified procedure the clinician should see the patient and determine if a procedure is necessary.
- If a procedure is necessary that requires prior approval, the clinician will refer to the Schedule and determine whether the patient meets the prior approval criteria and prior approval should be sought from the CCG. The CCG will pay for the outpatient attendance and the subsequent treatment providing prior approval has been granted.
- If the patient does not meet the prior approval criteria they should not be treated and the GP notified. The CCG will pay for the outpatient appointment.
- If there is any doubt as to whether the patient meets the prior approval criteria, a request to the CCG should be made, if deemed appropriate by the appropriate Clinical Director.
- Where prior approval is required it should be sought from the CCG in advance of the treatment being provided. All requests should be sent to Individual Funding Requests, 722 Prince of Wales Road, Sheffield, S9 4EU, or sent electronically to [sheccg.sybifr@nhs.net](mailto:sheccg.sybifr@nhs.net) (safehaven) or by safehaven fax to 0114 305 1370 adhering to confidentiality procedures. Request by letter or proforma will be accepted. Clinicians should include relevant information against exception criteria to enable decisions to be made on funding request.

For routine requests the CCG will respond within 5 working days, providing all relevant information is contained within the request. If there is no response then the Trust can go ahead and list the patient with no future financial penalty.

The CCG reserves the right to audit providers to ensure that prior approval criteria are adhered to and will expect evidence from providers to that effect.

### 6. Exceptionality

The CCG commissions according to the policy criteria. Requests for individual funding can be made only where exceptional circumstances exist and can be made through NHS Rotherham's Individual Funding Request (IFR) procedure.

Responsibility for demonstrating exceptionality rests with the requesting clinician.

Only evidence of clinical need will be taken into consideration. Factors such as gender, ethnicity, age, lifestyle or other social factors such as employment or parenthood will not be considered on grounds of equality.

In order to demonstrate exceptionality the patient:

- Must be *significantly different* to the population of interest (ie patients with pulmonary hypertension and/or the subpopulation)

AND

- Be more likely to benefit from this intervention than might be expected than other patients with the condition

The fact that the treatment might be efficacious for the patient is not, in itself, grounds for exceptionality.

If a patient's clinical condition matches the 'accepted' indications for a treatment or situation which falls outside the commissioning policy the patient is, by definition, not exceptional.

## Appendix 2 List of Treatments and Services Requiring Prior Approval

|                  | Speciality | OPCS code | HRG | Procedure            | Commissioning Position  | Evidence Base | Monitoring   |
|------------------|------------|-----------|-----|----------------------|---|---------------|--|
| Updated Nov 2011 | ENT        | D15       |     | Myringotomy/Grommets | <p><b>Prior Approval Required</b></p> <p>Referrals for myringotomy are normally accepted where <b>Children</b> meet at least one of the following criteria.</p> <p>There has been a period of watchful waiting for three months from diagnosis of OME in primary care;</p> <p><b>and A</b><br/>the child (aged over 3 years) suffers from <b>at least one</b> of the following:</p> <ul style="list-style-type: none"> <li>• at least 5 recurrences of acute otitis media in a year</li> <li>• evidence of delay in speech development</li> <li>• educational or behavioural problems attributable to persistent hearing impairment, with hearing loss of at least 25dB, particularly in the lower tones</li> <li>• a second disability, e.g. Down's syndrome or cleft palate.</li> </ul> <p>No prior approval required for children aged below 3.</p> <p>Funding will also be agreed if OME is</p> |               | Contract monitoring SLAM<br>But diagnosis code not E081, E201, E291, F34 or D191 |

|                  | Speciality | OPCS code  | HRG  | Procedure   | Commissioning Position  | Evidence Base         | Monitoring               |
|------------------|------------|--|--|---|---|-----------------------|--------------------------|
|                  |            |  |  |   | <p>overlying sensorineural deafness or is delaying diagnosis or treatment with hearing aids or cochlear implants.</p> <p><b>Adults</b> should meet at least one of the following criteria.</p> <ol style="list-style-type: none"> <li>1. A middle ear effusion causing measured conductive hearing loss, persisting for at least 6 months and resistant to medical treatments. The patient must be experiencing disability due to deafness. The possible option of a hearing aid may be discussed, at the discretion of the clinician.</li> <li>2. Persistent Eustachian tube dysfunction resulting in pain (e.g. flying).</li> <li>3. As treatment for Meniere's disease. <ul style="list-style-type: none"> <li>▪ 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.</li> </ul> </li> </ol> |                       |                          |
| Updated Nov 2011 | ENT        | E201<br>E208<br>E209<br>F341<br>F342<br>F344<br>F345<br>F346<br>F348 | CZ05S<br>CZ05T<br>CZ05V<br>CZ05Y<br><br>C57<br>C58 | <p>Tonsillectomy*</p> <p>*NHS Rotherham CCG will fund tonsillectomy in children and adults as part of cancer treatment /management.</p> | <p>Prior Approval Required</p> <p>Tonsillectomy for sore throats will normally only be approved where</p> <ul style="list-style-type: none"> <li>• Sore throats are due to acute tonsillitis AND</li> <li>• Episodes of sore throat are disabling and prevent normal functioning AND</li> <li>• 7 or more clinically significant</li> </ul>   | SIGN Guidance No. 117 | Contract monitoring SLAM |

|                  | Speciality  | OPCS code                       | HRG | Procedure      | Commissioning Position  | Evidence Base | Monitoring  |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
|------------------|---|---------------------------------|-----|----------------|---|---------------|-------------|-----|--------------------------------|-----|---|-----|--|-----|---|-----|---|-----|---------------------------------------|-----|--------------------------------------|--|--------------------------|
|                  |   | F349<br>F361<br>F368<br>F369    |     |                | sore throats in the preceding year OR <ul style="list-style-type: none"><li>5 or more such episodes in each of the preceding 2 years</li></ul>  |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| Updated Nov 2011 | General Surgery   | L84<br>L85<br>L86<br>L87<br>L88 |     | Varicose Veins | <p>Prior Approval or an application for funding is required for all primary varicose vein removal.</p> <p>Patients with a BMI greater than 30 will not be approved funding unless in exceptional circumstances.</p> <p>Surgery for varicose veins will not normally be funded to alleviate psychological problems alone.</p> <p>Please consult the CEAP Classification table below when applying for prior approval/funding:</p> <table><tr><th>Grade</th><th>Description</th></tr><tr><td>C 0</td><td>No evidence of venous disease.</td></tr><tr><td>C 1</td><td>Superficial <a href="#">spider veins</a> (reticular veins) only</td></tr><tr><td>C 2</td><td>Simple <a href="#">varicose veins</a> only</td></tr><tr><td>C 3</td><td>Ankle oedema of venous origin (not foot oedema)</td></tr><tr><td>C 4</td><td>Skin pigmentation in the gaiter area (<a href="#">lipodermatosclerosis</a>)</td></tr><tr><td>C 5</td><td>A healed <a href="#">venous ulcer</a></td></tr><tr><td>C 6</td><td>An open <a href="#">venous ulcer</a></td></tr></table> | Grade         | Description | C 0 | No evidence of venous disease. | C 1 | Superficial <a href="#">spider veins</a> (reticular veins) only | C 2 | Simple <a href="#">varicose veins</a> only | C 3 | Ankle oedema of venous origin (not foot oedema) | C 4 | Skin pigmentation in the gaiter area ( <a href="#">lipodermatosclerosis</a> ) | C 5 | A healed <a href="#">venous ulcer</a> | C 6 | An open <a href="#">venous ulcer</a> |  | Contract monitoring SLAM |
| Grade            | Description   |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 0              | No evidence of venous disease.  |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 1              | Superficial <a href="#">spider veins</a> (reticular veins) only               |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 2              | Simple <a href="#">varicose veins</a> only                                    |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 3              | Ankle oedema of venous origin (not foot oedema)                               |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 4              | Skin pigmentation in the gaiter area ( <a href="#">lipodermatosclerosis</a> ) |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 5              | A healed <a href="#">venous ulcer</a>   |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |
| C 6              | An open <a href="#">venous ulcer</a>  |                                 |     |                |   |               |             |     |                                |     |   |     |  |     |   |     |   |     |                                       |     |                                      |  |                          |

|  | Speciality | OPCS code | HRG | Procedure | Commissioning Position   | Evidence Base | Monitoring |
|--|------------|-----------|-----|-----------|--|---------------|------------|
|  |            |           |     |           | <p>Varicosities at CEAP Classification 3, 4, 5 and 6 will be approved funding. This also includes:</p> <ul style="list-style-type: none"> <li>• Bleeding from a varicosity that has eroded the skin</li> <li>• Have bled from a varicosity and are at risk of bleeding again.</li> <li>• They have an ulcer which is progressive and/or painful despite treatment, or have SEVERE superficial thrombophlebitis.</li> <li>• Skin changes</li> <li>• Recurrent superficial thrombophlebitis (note that ascending phlebitis is a risk for DVT.</li> <li>• Varicosities that are having a severe impact on quality of life.</li> <li>• Swelling</li> </ul> <p>Funding will not be given for varicosities at CEAP Classification 1 and 2 including:</p> <ul style="list-style-type: none"> <li>• Flare veins or minor /moderate varicose veins.</li> <li>• All varicose vein surgery in patients with a BMI &gt;30.</li> </ul> <p>For further information regarding CEAP classification</p> |               |            |

|  | Speciality  | OPCS code | HRG | Procedure                | Commissioning Position   | Evidence Base | Monitoring               |
|--|-------------|-----------|-----|--------------------------|--|---------------|--------------------------|
|  |             |           |     |                          | <a href="http://www.phlebolymphology.org/2009/07/pathophysiology-of-pain-in-venous-disease/">http://www.phlebolymphology.org/2009/07/pathophysiology-of-pain-in-venous-disease/</a>  |               |                          |
|  | Gynaecology |           |     | Hysterectomy menorrhagia | <p>The CCG will fund hysterectomy for <b>heavy menstrual bleeding</b> only when there has been:</p> <p>an unsuccessful trial with a levonorgestrel intrauterine system (e.g Mirena®) and it has failed to relieve symptoms unless it is medically inappropriate or contraindicated</p> <p><b>AND</b></p> <p>At least two of the following treatments have failed, are not appropriate or are contraindicated in line with the National Institute for Health and Clinical Excellence (NICE) guidelines:</p> <p>Non-steroidal anti-inflammatory agents.</p> <p>Tranexamic acid</p> <p>Other hormone methods (injected progestones, combined oral contraceptives, )</p> <p><b>AND</b></p> <p>Surgical treatments such as endometrial ablation or myomectomy have been offered and failed to relieve symptoms or are not appropriate, or are contraindicated</p> <p>Hysterectomy can be offered to</p> |               | Contract monitoring SLAM |



|  | Speciality | OPCS code | HRG | Procedure | Commissioning Position   | Evidence Base | Monitoring |
|--|------------|-----------|-----|-----------|--|---------------|------------|
|  |            |           |     |           | <p>patients with<br/> <b>heavy menstrual bleeding due to fibroids</b><br/> greater than 3 cm when the following apply:<br/> Other symptoms (e.g. pressure) are present.<br/> <b>AND</b><br/> There is evidence of severe impact on quality of life.<br/> <b>AND</b><br/> Other pharmaceutical options have failed.<br/> <b>AND</b><br/> Patient has been offered myomectomy (unless medically contraindicated or inappropriate).</p> |               |            |