

Clinical Thresholds Policy

Version:	11A(3) – Great Yarmouth & Waveney CCG Provider: James Paget University Hospital
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Date Issued:	May 2017
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Start Date:	04 May 2017

Document Summary

Clinical Thresholds Policy

1. Introduction

To ensure finite resources are managed to provide the population with as wide a range of healthcare interventions NHS North Norfolk CCG, NHS Norwich CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Great Yarmouth & Waveney CCG (NHS Norfolk & Waveney CCGs) prioritise resource allocation based on evidence of the clinical effectiveness and safety of treatments, their cost effectiveness and affordability, and on which interventions provide the best health outcomes.

In May 2007 the NHS Norfolk PCT Board approved a policy for low priorities and procedures, a range of low priorities for funding along with a number of treatment thresholds which are included within this Prior Approval Policy. In April 2013 the NHS Norfolk & Waveney CCG Governing Bodies approved the adoption of the Norfolk PCT policy for Non-routine Treatments and Treatment Thresholds. This document now provides new and updated policies as approved by NHS North Norfolk CCG, NHS Norwich CCG, NHS South Norfolk CCG, NHS West Norfolk CCG and NHS Great Yarmouth & Waveney CCG.

2. Policy

2.1. Non-routine procedures and therapies / Individual Funding Request (IFR) Panel

Non-routine procedures and therapies will not normally be funded unless the circumstances of the individual patient are considered to be exceptional by the Individual Funding Request Panel. This includes all treatments which are listed as *not routinely funded* which should be referred to the IFR panel for consideration. An IFR form must be completed for every referral and should contain detail demonstrating exceptionality in support of the application for funding. Application forms can be found on the Knowledge Anglia website. Request forms will be returned to providers if the correct data is not supplied.

The IFR Panel meet once a month to consider applications. Where all relevant clinical information is provided, applications will be discussed at the next available panel meeting. Where further information is awaited in order to progress an application, the application will remain on hold until the required information is submitted. The application will then be taken to the next available panel meeting for discussion.

2.2. Procedures and therapies where thresholds apply

Threshold procedures and therapies are those in which a clinical threshold has been set which needs to be exceeded before funding will be made available for treatment.

Where the threshold criteria for a procedure or treatment has not been met, an application can be made to the Individual Funding Request Panel if there are clinically exceptional circumstances.

2.3. New and novel treatments (procedures and therapies) developed in year

NHS Norfolk & Waveney CCGs make decisions on investments and disinvestments as part of an annual commissioning and business cycle. NHS Norfolk & Waveney CCGs will not expect to make decisions outside this process and do not normally expect to commit new resources in year to the introduction of new and novel treatments, since to do so risks *ad hoc* decision making and can destabilise previously identified priorities.

Where there is non-compliance with this policy, payment will not be made for the activity.

3. Statements

Equality Statement

NHS Norfolk & Waveney CCGs and the Clinical Policy Development Group (CPDG) are committed to ensuring equality of access and non-discrimination as enshrined in the Health and Social Care Act 2012. In carrying out its functions, the CPDG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. The policy statement documents prepared by the NHS Norfolk & Waveney Clinical Policy Development Group are compliant with the NHS Constitution and the Human Rights Act 1998.

Clinical Governance Statement

It is important the implementation of policies is seen as an opportunity to encourage team working and cooperation between commissioners, primary and secondary care providers. Service Providers will be expected to collect and provide audit data on request as part of a professionally-led clinical review and audit cycle.

Exceptionality

For patients not meeting the policy criteria or where a treatment is not routinely funded, an application should be made to the Individual Funding Request (IFR) panel if the referrer considers there are clinically exceptional circumstances. IFR policy and procedure documents can be found on Knowledge Anglia.

Please note

Prior Approval process discontinued on 01 April 2017

Treatments	Procedure Code
Abdominoplasty	S02.1, S02.2, S02.8, S02.9
Acupuncture	A70.6
Aesthetic/Cosmetic Breast Surgery	<u>Surgical treatment of inverted nipples</u> B35.6 ICD N64.5, Q83.8, O92.0 <u>Hypoplasia or Aplasia of breast(s)</u> B30.1, B30.2, B30.4, B31.2 <u>Breast Asymmetry</u> B30.1, B30.8, B31.1, B31.2, B37.5 <u>Gynaecomastia</u> S62.2, Z49.1 ICD N62 <u>Breast Reduction</u> B31.1 <u>Ptosis/Mastopexy</u> B31.3 <u>Breast Augmentation</u> B31.2, B31.4, B30.1, B30.3, B30.8 & Y03.2 <u>Implant Replacement</u> B30.2, B30.4
Aesthetic/cosmetic genital surgery	P05.5, P05.6, P05.7, P01.2, P01.8, P01.9, N28.8, N28.9
Bariatric Surgery	Procedure codes to be added
Benign skin lesions	S06.5, S06.9
Blepharoplasty (Upper eyelid)	C13.1, C13.2, C13.4, C13.8, C13.9
Blepharoplasty (Lower eyelid)	C13.3
Bobath Therapy	n/a
Buttock lift	S03.1
Carpal Tunnel Syndrome (conservative and surgical management of)	A65.1
Cataract surgery	C71.1, C71.2, C71.3, C71.8, C71.9, C72.1, C72.2, C72.3, C72.8, C72.9, C73.1, C73.2, C73.3, C73.4, C73.8, C73.9, C74.1, C74.2, C74.3, C74.8, C74.9, C75.1, C75.2, C75.3, C75.4, C75.8, C75.9, C77.1, C77.2, C77.3, C77.8, C77.9
Chalazion (surgical management of)	C12.1, C12.4, C19.1 ICD – H00.1

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Treatments	Procedure Code
Cholecystectomy for Asymptomatic Gallstones	J18.1, J18.2, J18.3, J18.4, J18.5, J18.8, J18.9, J21.1, J21.8, J21.9
Circumcision	N30.3 N30.8, N30.9
Corneal Collagen Cross-Linking for Keratoconus	C51.8, Y37.1 ICD10 – H18.6 or Q13.4 or Q90 and H19.8A
Cosmetic Skin Procedures (including laser treatment and tattoo removal)	S09.1, S09.2, S09.3, S09.4, S09.5, S09.8, S09.9
Cryopreservation of Sperm, Oocytes & Embryos	n/a
D & C and Hysteroscopy	Q10.3, Q10.8, Q18.8, Q18.9 ICD – N92.0, N92.1
Dupuytren's Contracture (surgical treatment of)	T52.1, T52.2, T54.1
Eyelid Dermatochalasis	C13.1, C13.2, C13.3, C13.4, C13.8, C13.9
Eyelid Ectropion	C15.1, C15.4,
Eyelid Ptosis	C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.8, C18.9
Epiphora – Dacryocystorhinostomy (treatment of)	C25.3, C25.4
Epiphora – Punctocanaliculoplasty (treatment of)	C27.2, C29.2
Epiphora – Syringing (treatment of)	C27.3
Facet Joint Injections	V54.4
Female Genital/Pelvic Organ Prolapse (surgical management of)	P22.1, P22.2, P22.3, P22.8, P22.9, P23.1, P23.2, P23.3, P23.4, P23.5, P23.6, P23.7, P23.8, P23.9
Filtered/Coloured Contact Lenses	n/a
Functional Electrical Stimulation (FES) for foot drop in Stroke and MS	n/a
Ganglion & Mucoïd Cyst (surgical management of)	T59.1, T59.2, T59.3, T59.4, T59.8, T59.9, T60.1, T60.2, T60.3, T60.4, T60.8, T60.9
Gastro-Electrical Stimulation (GES) for severe Gastroparesis	A70.1, Z27.2
Gender Reassignment	n/a
Gilmores Groin	n/a
Grommets (Adults)	D15.1
Grommets (Children)	D15.1
Hair Removal – Facial Hair Removal in Women	n/a

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Treatments	Procedure Code
Hallux Valgus (surgical management of Hallux Valgus including Osteotomy)	W79.1, W15.1, W15.2, W15.3, W15.4, W15.5, W15.6, W15.8, W15.9, W16.1, W59.1, W59.2, W59.3, W59.4, W59.5, W59.6, W59.8, W59.9 ICD M20.1, Q66.6
Hernia	T20.1, T20.2, T20.3, T20.4, T20.8, T20.9, T21.1, T21.2, T21.3, T21.4, T21.8, T21.9, T24.1, T24.2, T24.3, T24.4, T24.8, T24.9, T97.1, T97.2, T97.3, T97.8, T97.9, T25.1, T25.2, T25.3, T25.8, T25.9, T26.1, T26.2, T26.3, T26.4, T26.8, T26.9, T27.1, T27.2, T27.3, T27.4, T27.8, T27.9, T98.1, T98.2, T98.3, T98.8, T98.9
Hip Arthroplasty (primary)	W37.1, W38.1, W39.1, W93.1, W94.1, W95.1
Homeopathy	n/a
Hysterectomy for non-malignancy and heavy menstrual bleeding	Q07.4, Q07.5, Q07.9, Q08.9 ICD - N92.0 or N92.1
Knee Arthroscopy	W69.1, W69.2, W69.3, W69.4, W69.8, W69.9, W80.2, W82.1, W82.2, W82.3, W82.8, W82.9, W84.1, W84.2, W84.3, W84.4, W84.5, W84.6, W84.7, W84.8, W84.9, W85.1, W85.2, W87.9, Y76.7, Z84.6
Knee Arthroplasty (primary)	W40.1, W41.1, W42.1, O18.1
Laser Treatment of Myopia (short sightedness)	n/a
Lipoma (surgical treatment of)	S06.5, S06.9, B35.3, C10.1, C12.1, D02.1, E09.1, F02.1, N01.2, N24.2, N27.1, P05.4, P11.1, T29.3 ICD – D17.0 to D17.3
Liposuction	S62.1, S62.2
Low Back Pain – Other Procedures	A51.4, V31.4, V33.8, V36.1, V36.2, V36.3, V55, V56, V57, V62, V63, Y76.3, Y08.3, Y53, ICD M54.5
Lymphoedema (Primary/Secondary) surgical inpatient treatment	n/a
Osteopathy& Chiropractic therapy	n/a
Pectus Carinatum	T02.1
Pectus Excavatum	T02.1, T02.2
Pinnaplasty (Prominent Ears)	D03.3
Radio Frequency Denervation of Facet Joints	V48.1, V48.3, V48.5, V48.7

Treatments	Procedure Code
Removal of Redundant Fat or Skin	n/a (see excision of skin of head or neck and liposuction)
Reversal of Sterilisation (Male & Female)	Q29.1, Q29.2, Q29.8, Q29.9, Q37.1, Q37.8, Q37.9, N18.1
Rhinoplasty	E02.3, E02.4, E02.5, E02.6, E02.7, E02.8, E07.3
Scars and Keloids	S60.4, S53.2, Y06.4
Sensory Integration Therapy	n/a
Single Bright Red Rectal Bleed	n/a
Spinal Fusion	V37, V38, V39, V66, V40.2, V40.3, V40.4
Fertility Treatment	n/a
Surgical Discectomy (for lumbar disc prolapse)	V33, V34
Thigh/Arm Contouring	S03.2, S03.3
Tonsillectomies	F34.1, F34.2, F34.3, F34.4, F34.5, F34.6, F34.7, F34.8, F34.9
Toric Intra-ocular Lenses for Corneal Astigmatism)	See cataract procedure codes
Trigger Finger (surgical management of)	T72.3, Z56
Varicose Veins in the Legs (surgical management of)	L84.1, L84.2, L84.3, L84.4, L84.5, L84.6, L84.8, L84.9, L85.1, L85.2, L85.3, L85.8, L85.9, L86.1, L86.2, L86.8, L86.9, L87.1, L87.2, L87.3, L87.4, L87.5, L87.6, L87.7, L87.8, L87.9, L88.1, L88.2, L88.3, L88.8, L88.9
Vasectomy	N17.1

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Policy statement:	Abdominoplasty or Apronectomy
Status:	Individual Funding Request

Not routinely funded.

Note – for all patients undergoing bariatric surgery, as part of their informed consent they must be advised that the CCG will not fund post-operative cosmetic procedures arising from the weight loss.

Latest change to document	July 2010 – Version 2.5 NRTTT Policy Changes to referral criteria: (New information and in line with NICE guidance)
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
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Start Date : 04 May 2017

Policy statement:	Acupuncture
Status:	Individual Funding Request

Acupuncture for Low Back Pain

Acupuncture is not routinely funded for the treatment of Low Back Pain with or without sciatica

NICE Guidance NG 59

Acupuncture for Migraine

There is evidence for supporting the use of Acupuncture in the management of migraine and tension type headache

NICE Guidance CG150

Link to Policy	
Latest change to document	12 January 2017
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	02 February 2017
Next Review Date	

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Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Aesthetic/Cosmetic Breast Surgery
Status:	Individual Funding Request

Norfolk and Waveney CCGs will **not routinely fund** Aesthetic / Cosmetic Breast Surgery for the conditions or procedures listed below:

- **Surgical treatment of Inverted Nipples**
- **Hypoplasia or Aplasia of Breast(s)**
- **Other Breast Asymmetry**
- **Gynaecomastia**
- **Breast Reduction**
- **Ptosis/ Mastopexy**
- **Breast Augmentation**

Norfolk and Waveney CCGs will fund removal/replacement of breast implants on a restricted basis according to the following criteria:

1. Implant removal

Removal of breast implants will be funded where there is documented evidence of ANY of the following:

1. Breast disease (current or prior to previous mammoplasty)
2. Implant complicated by recurrent infection
3. Implant with capsular contracture
4. Implant is ruptured

2. Replacement of breast implants

Replacement of breast implants will be funded only for patients fulfilling the criteria for implant removal (criteria 1-4 above) and that the removal and replacement of implant is carried out as part of the same surgical procedure. For implants complicated by recurrent infection, it may not be possible to remove and replace the implant at the same time, and clinically appropriate decisions should be taken for such patients. All other applications for replacement will be considered via the IFR process.

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Policy statement:	Aesthetic/Cosmetic Breast Surgery (Continued)
Status:	Individual Funding Request

Policy exclusions

Reconstructive surgery following malignancy, trauma or other disease is routinely commissioned across Norfolk and Waveney on a separate care pathway.

Link to Policy	
Latest change to document	13 th October 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	22 nd November 2016
Norwich CCG	24 th November 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	24 th November 2016
Great Yarmouth & Waveney CCG	3 rd November 2016
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Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Aesthetic/Cosmetic Genital Surgery Including but not limited to: Labiaplasty and phalloplasty
Status:	Individual Funding Request

Not routinely funded.

Latest change to document	August 2010 – Version 2.7 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Bariatric Surgery
Status:	Individual Funding Request

CCG Commissioned Service from April 2017

Bariatric surgery is a treatment for appropriate, selected patients with severe and complex obesity that has not responded to all other non-invasive therapies. Within these patient groups bariatric surgery has been shown to be highly cost effective.

Bariatric surgery is recommended by NICE as a first-line option for adults with a BMI of more than 50kg/m², in whom surgical intervention is considered appropriate. However, it will be required that these patients also fulfil the criteria below. Selection criteria of patients for bariatric surgery should prevent perverse incentives for example patients should not become more eligible for surgery by increasing their body weight. Similarly the selection criteria should not forbid bariatric surgery for patients who have lost weight with non-surgical methods.

Eligibility for bariatric surgery

Surgery will only be considered as a treatment option for people with morbid obesity providing **ALL** of the following criteria are fulfilled. **NB. If patients meet these criteria, GPs can now refer direct to Bariatric Surgery Providers**

- The individual is considered morbidly obese, e.g. for the purpose of this policy:
 - **BMI of 40kg/m² or more,**
 - **or between 35 kg/m² and 40kg/m² or greater in the presence of other significant diseases.**
- Patient is **aged 18 or above**
- Morbid/severe obesity has been present for **at least five years.**
- Patients must have been referred to tier 3 weight management programmes:
 - **for formalised MDT led processes for the screening of co-morbidities and the detection of other significant diseases.** These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management, and;
 - **recently received and complied with a specialist obesity service weight loss programme** (i.e. tier 3 weight management programmes), and;
 - **been unable to lose clinically significant weight (i.e. enough to modify co-morbidities) during the period of intervention.** Patients who lose sufficient weight to fall beneath the NICE guidance should not be considered appropriate for surgery.

See hyperlink to Knowledge Anglia with details for accessing providers

http://www.knowledgeanglia.nhs.uk/gyw_obesity.aspx

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Policy statement:	Bariatric Surgery (continued)
Status:	Individual Funding Request

Latest change to document	January 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Great Yarmouth & Waveney CCG	January 2017
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Policy statement:	Benign Skin Lesions and other Skin Conditions (removal of)
Status:	Individual Funding Request

Including but not limited to:

- Skin tags
- Sebaceous cysts
- Milia
- Asymptomatic seborrheic keratosis
- Warts of hands and feet (except if immunosuppressed)
- Skin tags (including anal/rectal)
- Corns/callous
- Physiological androgenetic alopecia (male pattern baldness)
- Asymptomatic dermatofibromata
- Asymptomatic fungal infections of toe nails
- Telangiectasiae, spider naevi, port wine stains (except if occurring on the face of a child who is being teased or bullied)
- Comedones
- Asymptomatic lipomata
- Asymptomatic epidermal cysts (sebaceous cysts)
- Molluscum contagiosum
- Mild or moderate non scarring acne vulgaris which has not been treated with 6 months of systemic therapy
- Xanthelasma
- Any other minor skin lesions

This procedure is **not routinely funded on cosmetic grounds alone**. Uncomplicated benign skin lesions and other skin conditions should NOT be referred to hospital consultants, community services or GPwSIs unless the diagnosis is in doubt.

Referrals to hospital consultants, community services or GPwSIs should be made only if:

- There is diagnostic doubt (e.g. lipomata > 5 cm in diameter);
- Lesions are a manifestation of an underlying syndrome;
- There is risk of malignancy or recurrent infection;
- There are pressure symptoms.

Some GPs may wish to carry out these procedures within their existing GP contract (GMS/PMS).

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Policy statement:	Benign Skin Lesions and other Skin Conditions (removal of) (Continued)
Status:	Individual Funding Request

Latest change to document	November 2009 – Version 2.1 NRTTT Policy Updates/additions to thresholds for: - Benign skin lesions
Evidence Review Date	
Ratification Date: North Norfolk CCG	
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Policy statement:	Blepharoplasty
Status:	Threshold Policy

This procedure is **not routinely funded on cosmetic grounds alone.**

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Documented patient complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin

AND

- There is redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead

AND

- A visual field test by the hospital shows that eyelids impinge on visual fields reducing field to either 120° laterally and or by 40° vertically in the relaxed, non-compensated state.
- Fields should be assessed with the lid in its normal position and again with the lid taped up in order to demonstrate that it is the droopy lid causing the field defect.

All applications should be submitted with a copy of the 120 point Humphrey screening test results.

Exemptions - Upper eyelid blepharoplasty is considered medically necessary for the following indications:

- To repair defects predisposing to corneal or conjunctival irritation such as entropion or pseudotrachiasis.
- To treat periorbital sequelae of thyroid disease, nerve palsy, blepharochalasis, floppy eyelid syndrome and chronic inflammatory skin conditions.
- To relieve symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue.

Following skin grafting for eyelid reconstruction

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	November 2012 – Version 6 Prior Approval Policy Blepharoplasty – minor changes to the criteria and Humphrey screening test results
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Policy statement:	Bobath Therapy for Children with Cerebral Palsy
Status:	Individual Funding Request

Bobath therapy is considered a low priority treatment and is not routinely commissioned.

Please refer to the Norfolk & Waveney CCGs Individual Funding Requests policy at <http://www.knowledgeanglia.nhs.uk/commissioning/ifr/index.htm>

Funding for initial assessment

Referral for initial assessment at the Bobath Centre will be **considered on an individual basis** by the Norfolk & Waveney CCGs **Individual Funding Requests Panel**, for children with cerebral palsy who meet all of the following criteria:

- Referral is considered by the multidisciplinary team caring for the child, led and supported by the Lead Consultant Community/Acute Paediatrician.
- The child should have one or more of the following:
 - Severe, complex cerebral palsy.
 - Ataxic cerebral palsy.
 - Athetoid cerebral palsy.
 - Children with severe feeding difficulties.
 - Dystonic cerebral palsy.
 - Acute neurological deficit (motor deficit with or without movement disorder) due to a sudden catastrophic brain insult.
- Demonstrable evidence that the child's condition is deteriorating and all locally available services have been exhausted and have failed.
- Bobath therapy is suitable for the child and significant, measurable outcomes are expected following this therapy.
- Parents are capable of carrying out the Bobath programme at home.

Funding for therapy

Referrers should complete the following information which is then presented to the Individual funding panel for assessment.

Funding for treatment will be considered when the panel has all of the following information:

- Assessment report from the Bobath Centre that supports the suitability of the child for therapy.
- Expected cost details are provided **and considered appropriate** by the Commissioners.
- Treatment plan with measurable outcomes of the proposed therapy.
- Timeline and commitment to provide regular progress reports.

Please note: further funding will be declined if there is no significant improvement in the patient's condition on review.

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Policy statement:	Bobath Therapy for Children with Cerebral Palsy (Continued)
Status:	Individual Funding Request

Link to Policy	
Latest change to document	October 2014 (Version 2.1 Bobath Policy)
Evidence Review Date	
Ratification Date: North Norfolk CCG	25 th August 2015 GB
Norwich CCG	23 rd July 2015 Exec Committee
South Norfolk CCG	27 th October 2015 GB
West Norfolk CCG	30 th July 2015 GB
Great Yarmouth & Waveney CCG	16 th July 2015
Next Review Date	October 2015

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Buttock Lift
Status:	Individual Funding Request

Not routinely funded.

Latest change to document	May 2007 – Version 1 NRTTT Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
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Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Carpal Tunnel Syndrome (conservative and surgical management of)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Conservative management

If severity is mild to moderate, conservative management is first line.

1. Treat any underlying cause (e.g., rheumatoid arthritis, hypothyroidism, obesity)
2. If the symptoms are mild and not progressing then
 - a. Explain that the symptoms may resolve within 6 months
 - b. Advise wearing a wrist splint at night that maintains the wrist at a neutral angle without applying direct compression
 - c. Any improvement should be apparent within 8 weeks of use
 - d. Advise minimization of activities that exacerbate symptoms
 - e. Do not recommend the use of non-steroidal anti-inflammatory drugs or diuretic medication.¹
 - f. If symptoms of CTS do not improve after six months, or if they get worse, consider additional treatment with corticosteroids. There is no evidence to support giving more than one injection.

NB: Nerve Conduction and electromyography studies are not usually necessary and should not be undertaken routinely in primary care. It should also not be used routinely in secondary care, but may be helpful where there is diagnostic doubt – a clear explanation must be given why the testing is required and must be recorded within the patient’s health records for audit purposes.

Surgical intervention

Referral criteria for surgical intervention

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- There is no improvement after adequate conservative treatment.²
- If symptoms become severe or constant even after conservative treatment.
- There is severe constant sensory disturbance and/or thenar motor weakness.
- There is progressive motor or sensory deficit.

And

- There are severe symptoms that significantly interfere with patients daily activities.

And

- The Provider agrees to participate constructively and in a timely manner in an annual audit of all patients treated under this policy.

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¹ LeBlanc, K.E. and Cestia, W. (2011) Carpal tunnel syndrome. *American Family Physician* 83(8), 952-958

² Shi, Q. and MacDermid, J.C. (2011) Is surgical intervention more effective than non-surgical treatment for carpal tunnel syndrome? A systematic review. *Journal of Orthopaedic Surgery and Research* 6(), 17.

Policy statement:	Carpal Tunnel Syndrome (conservative and surgical management of) (Continued)
Status:	Threshold Policy

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	July 2014 (Version 6 Policy for the management of carpal tunnel syndrome) Added to Knowledge Anglia
Evidence Review Date	November 2013
Ratification Date: North Norfolk CCG	19 th August 2014
Norwich CCG	28 th August 2014
South Norfolk CCG	16 th September 2014
West Norfolk CCG	25 th September 2014
Great Yarmouth & Waveney CCG	18 th September 2014
Next Review Date	August 2017

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Cataract Surgery
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds Norfolk & Waveney CCGs will fund cataract surgery where there is a clinical impression that it is in the best interests of the patient AND where ALL of the following criteria apply:

1. First Eye: BCVA* of 6/12 Snellen or worse in that eye.
2. Second Eye: BCVA* of 6/18 Snellen or worse in that eye.
3. The cataract(s) is/are producing symptoms resulting in detriment to quality of life, in particular compromising independence.

NB: Where both eyes are eligible for surgery, the eye with the poorer BCVA must be operated upon first except where either:

- the reduced level of acuity in the poorer eye is due to a condition other than cataract **or**:
- the patient's symptoms are more pronounced in the eye with the better BCVA

****Best Corrected Visual Acuity (BCVA) i.e. visual acuity after correction of any refractive error, achieved after correction with spectacles / contact lenses / other adjustments***

Cataract surgery will be funded without consideration of the level of BCVA where it is in the patient's best interests and where **ANY** of the following criteria apply:

- Where posterior sub-capsular and/or cortical cataract is resulting in significant and disabling glare.
- Where cataract surgery is necessary to permit the surveillance for/of, or treatment of, diabetic retinopathy.
- To treat existing angle closure glaucoma, or prevent future angle closure glaucoma (in eyes with cataract deemed at significant risk of future angle closure).
- To improve intraocular pressure control in eyes with glaucoma and inadequate intraocular pressure control.
- To correct significant anisometropia (asymmetry of right and left eye refractive error of sufficient magnitude to compromise spectacle tolerance); where anisometropia of at least 1.50 dioptres is present (where anisometropia is defined as asymmetry of either the spherical equivalent refraction or the principal refractive meridians of the two eyes), or where anisometropia of at least 1.00 dioptres is present AND the patient has suffered spectacle intolerance attributable to the refractive asymmetry.
- To treat lens-induced ocular disease (e.g. phacolytic glaucoma, phacomorphic glaucoma, phaco-anaphylactic uveitis etc.)
- Where there is a rapid cataract-induced myopic shift in refractive error progressing at a rate of no less than 1 dioptre per year (documented by subjective refraction).
- Where the presence of cataract is preventing a patient from meeting the DVLA visual requirements for their current form of driving licence.
- Where a reliable measurement of visual acuity is not possible due to learning disability / cognitive impairment (or similar circumstance) but cataract surgery is deemed to be in the patient's best interests.

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Policy statement:	Cataract Surgery (Continued)
Status:	Threshold Policy

Link to Policy	
Latest change to document	04 May 2017
Change to document	25 th August 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	27 th September 2016
Norwich CCG	27 th October 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	24 th November 2016
Great Yarmouth & Waveney CCG	6 th October 2016
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Chalazion (surgical management of)
Status:	Threshold Policy

This procedure is not funded on cosmetic grounds alone.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- The cyst has persisted for 12 months or longer

OR one or more of the following symptoms are demonstrated:

- Presence of infection which is resistant to treatment

AND/OR

- There is sebaceous dysfunction

AND/OR

- The cyst impedes vision as evidenced by reduced acuity (due to astigmatism) or visual field tests if causing a lid droop, or causing amblyopia in a child.

AND/OR

- The patient is a child and is being teased or bullied at school

AND/OR

- Patient is suffering severe pain and discomfort

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2012 – Version 5 Prior Approval Policy Added to Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Cholecystectomy for Asymptomatic Gallstones
Status:	Individual Funding Request

Not routinely funded

Asymptomatic gallstones are usually diagnosed incidentally when they are seen on imaging which is carried out for unrelated reasons or discovered while surgery is underway for another condition. Removal of gallstones in these circumstances will not be funded.

Link to Policy	
Latest change to document	June 2011 – Version 4 NRTTT Policy Added to Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Circumcision
Status:	Thresholds Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Penile malignancy (Note: if penile malignancy is suspected, referral should be via a two week wait pathway for suspected cancer)

- Traumatic foreskin injury where it cannot be salvaged
- Recurrent paraphimosis
- Pathological Phimosis (e.g. caused by Lichen Sclerosus or Balanitis Xerotica Obliterans)
- Balanoposthitis following failure of conservative management.
- Congenital abnormalities
- Recurrent Urinary Tract Infections in patients with an abnormal urinary tract
- Tight foreskin causing pain on arousal/ interfering with sexual function

Circumcision is **NOT FUNDED** for:

- Healthy, non-retractile foreskin (physiological phimosis)
- Any non-medical circumstances such as religious or social reasons

Note: Female circumcision is prohibited by UK law.

Conservative management: includes simple bathing in the first instance with progression to topical steroids. A prescription for topical steroids would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. Antibiotics would be of use in infective conditions (Siegfried et al. 2003, Royal College of Surgeons 2013).

Policy Exclusions: For patients not meeting the above criteria or where a treatment is not routinely funded, an application should be made to the IFR panel if the referrer considers that there are clinically exceptional circumstances.

Link to Policy	
Latest change to document	04 May 2017 Now a threshold policy References to PA removed
Change to document	June 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	26 th July 2016
Norwich CCG	26 th July 2016
South Norfolk CCG	6 th September 2016
West Norfolk CCG	27 th October 2016
Great Yarmouth & Waveney CCG	21 st July 2016
Next Review Date	

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Policy statement:	Corneal Collagen Cross-Linking for Keratoconus
Status:	Individual Funding Request

Treatment Criteria for Corneal Collagen Cross-linking for Keratoconus

Corneal Collagen Cross-linking (CXL) for keratoconus will be funded for patients registered with NHS North Norfolk CCG, NHS South Norfolk CCG, Norwich CCG and West Norfolk CCG for any eye meeting **ALL** of the following criteria:

- An unequivocal clinical diagnosis of keratoconus has been documented

AND

- There has been no more than one previous CXL treatment

AND

- Minimum/apical corneal thickness obtained from topographic or tomographic measurement is at least 400um⁷

AND

A clinically significant change in corneal topography consistent with progressive ectasia has been demonstrated over a timeframe of at least 6 months since any previous CXL treatment. A clinically significant change in corneal topography is defined as either:

- A change in corneal power of no less than 1.50 dioptres as measured using a single computerised topographic or tomographic imaging device

OR

- A Change in spectacle refraction, contact lens shape, or contact lens power suggestive of progressive ectasia

AND

The patient has given fully informed consent to CXL treatment and this has been documented in the patient's notes and

The template in Appendix 1 of this policy is completed **prior** to treatment and a copy is kept in the patient's notes which will be used for auditing purposes and this information is made available for all patients who have been treated under this policy to the lead commissioner within 20 working days of a request and

The patient, the clinician responsible for treating the patient and the clinician's employing body **ALL** agree to annual assessments for 3 years commencing 1 year after completion of the CXL procedure. The information shown in the clinical audit tool in Appendix 2 (as required by NICE IPG 320 Audit support¹⁰) is collected on each occasion and this information is made available for all patients who have been treated under this policy to the commissioner within 20 working days of a request being made and

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Policy statement:	Corneal Collagen Cross-Linking for Keratoconus (Continued)
Status:	Individual Funding Request

The CXL treatment procedure is clinically coded following The NHS Classifications Service (NHS Connecting for Health) requirements described in Section 6 of the CXL policy.

Treatment

Epithelium-off CXL treatment for keratoconus following the Dresden protocol³ will be funded for each of the patient's eyes that meet all of the criteria outlined in Section 4.

Clinical coding of treatment procedure

The NHS Classifications Service of NHS Connecting for Health is the central definitive source for clinical coding guidance and determines the coding standards associated with the classifications (OPCS-4 and ICD-10) to be used across the NHS. The NHS Classifications Service and NICE work collaboratively to ensure the most appropriate classification codes are provided.

The NHS Classifications Service has advised that currently the following OPCS-4 procedure codes are the most suitable codes to describe this procedure:

- C51.8 Other specified other operations on cornea
- Y37.1 Introduction of photodynamic substance into organ NOC

In addition the following ICD-10 codes should be assigned:

- H18.6 Keratoconus OR
- Q13.4 Other congenital corneal malformations OR
- a combination of Dagger(†) and Asterisk(*) codes Q90.-† Down's syndrome and H19.8A Other disorders of sclera and cornea in diseases classified elsewhere
-

Link to Policy	
Latest change to document	January 2014 - Added to Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	18 th February 2014
Norwich CCG	18 th February 2014
South Norfolk CCG	18 th February 2014
West Norfolk CCG	7 th May 2014
Great Yarmouth & Waveney CCG	17 th April 2015
Next Review Date	

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³ Wollensak G, Spoerl E, Seiler T. Riboflavin/ultraviolet-A-induced collagen crosslinking for the treatment of keratoconus. Am J Ophthalmol. 2003; 135

Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Cosmetic Skin Procedures (including laser treatment and tattoo removal)
Status:	Individual Funding Request

This includes laser treatment and tattoo removal.

Not routinely funded.

Latest change to document	May 2007 - Version 1 NRTTT Policy Added to Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Cosmetic Excision of Skin of Head or Neck
Status:	Threshold Policy

Including but not limited to:

- Face lift
- Brow lift (rhytidectomy)

This procedure is **not routinely funded on cosmetic grounds alone**.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Facial paralysis

AND

- Treatment could alleviate the physical disability

Latest change to Policy	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	April 2014 – Version 8a Transferred from NRTTT to Prior Approval (PA) Policy as PA procedures
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
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Policy statement:	Cryopreservation of Sperm, Oocytes & Embryos (in patients whose treatment poses a risk to their fertility)
Status:	Individual Funding Request

Criteria for funding:

1. Patients faced with infertility as a consequence of their treatment.
2. Duration:
 - i) Cryopreservation for fertility preservation for adults may be funded for **five years***.
 - ii) Children and young people will be funded for an extended duration of storage up to the age of 23, plus five years to their 28th birthday.

NOTE: If fertility is found to have returned, either through fertility testing or through conception and pregnancy, continued storage will not be funded.

*It is expected that patients will complete their therapy and be ready to use the sperms, oocytes or embryos from the date of cryopreservation. If not, relevant clinical information should be submitted for extending the funding beyond five years.

3. The applicant has no living children. This includes a child adopted by the applicant. Continued storage will not be funded if the patient subsequently adopts a child or achieves a pregnancy leading to a live birth.
4. The applicant will be responsible for ensuring the storage provider has up to date contact details.

Policy Exclusions (the following are outside the scope of this policy):

- Cryopreservation of ovarian and testicular tissue.
- Individuals who have previously been sterilised.
- Embryo storage using donor sperm.

NB: The funding of cryopreservation does not automatically entitle people to funding for assisted conception. Applicants should be aware that they should also meet their local Norfolk and Waveney CCGs eligibility criteria for Specialist Fertility Services at the time of applying for IVF treatment.

Link to Policy	
Link to Policy	
Latest change to document	6 th October 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	22 nd November 2016
Norwich CCG	24 th November 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	24 th November 2016
Great Yarmouth & Waveney CCG	3 rd November 2016
Next Review Date	

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Policy statement:	Dilation & Curettage (D&C) and Hysteroscopy
Status:	Threshold Policy

Norfolk & Waveney CCGs will NOT fund D&C alone as a diagnostic tool or therapeutic treatment for heavy menstrual bleeding.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Hysteroscopy, endometrial biopsy +/- endometrial polypectomy will be funded in the investigation and management of heavy menstrual bleeding only in the following circumstances:

- As an investigation for structural and histological abnormalities where ultrasound has been used as the first line diagnostic tool and where the outcomes are inconclusive, endometrial pathology is suspected or when medical therapy has failed.

OR

- When undertaking endometrial ablation. Only in exceptional cases, hysteroscopy could be done as an outpatient procedure to assess suitability for endometrial ablation

OR

- As an outpatient procedure as part of a clearly defined management pathway in a direct access 'one stop' setting.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	July 2010 – Version 2.5 Prior Approval Policy Changes to referral criteria in line with NICE guidance
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Dupuytren's Disease (surgical treatment of)
Status:	Threshold Procedure

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Criteria for funding

- Metacarpophalangeal (MCP) joint contracture of 30 degrees or more, in one or more fingers (inability to place hand flat on table);

OR

- Proximal interphalangeal (PIP) joint contracture of 10 degrees or more

The use of Clostridial collagenase injections or Radiation Therapy is not routinely funded.

Routine referral is not indicated for painful nodules as they normally settle as the disease progresses.

Policy Exclusions: For patients not meeting the above criteria or where a treatment is not routinely funded, an application should be made to the IFR panel if the referrer considers that there are clinically exceptional circumstances. See <http://nww.knowledgeanglia.nhs.uk/> for the IFR policy.

Link to Policy	
Change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	June 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	26 th July 2016
Norwich CCG	26 th July 2016
South Norfolk CCG	6 th September 2016
West Norfolk CCG	27 th October 2016
Great Yarmouth & Waveney CCG	21 st July 2016
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Eyelid Dermatochalasis
Status:	Threshold Policy

This procedure is not funded on cosmetic grounds alone.

This procedure is subject to a Clinical Threshold and will be funded if the following condition applies:

- Patient has objective demonstration of visual field restriction within 20 degrees of fixation on visual field testing.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2012 – Version 5 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Eyelid Ectropion
Status:	Threshold Policy

This procedure is not funded on cosmetic grounds alone.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Patient meets criteria for Epiphora

OR

- Vision is impeded

OR

- There is exposure of the cornea (e.g. in paralytic Ectropion) and risk of keratopathy (urgent correction required).

Note: Eyelid Entropion

Routinely funded

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2012 – Version 5 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Policy statement:	Eyelid Ptosis
Status:	Threshold Policy

This procedure is not funded on **cosmetic grounds alone**.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Patient has objective demonstration of visual field restriction within 20 degrees of fixation on visual field testing.

AND/OR

- There is abnormal compensatory head posture.

AND/OR

- There are symptoms related to ptosis e.g. headache, neck ache and back pain. Please confirm the nature of the symptoms when requesting Prior Approval.

Children with Ptosis should continue to be referred as normal as the condition may cause Amblyopia. Also any rapid onset Ptosis in adults and children where there is a suspicion of a neurological problem such as Horner's Syndrome should not wait for a visual field test.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2012 – Version 5 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Epiphora (treatment of)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Treatment of Epiphora:

- Dacryocystorhinostomy
- Punctocanaliculoplasty
- Syringing

Children with Epiphora should continue to be referred as normal.

Adult patients should only be referred by GPs if one of the following is present:

- Nasolacrimal duct obstruction causing distension of the lacrimal sac i.e. a dacryocystocele which would be prone to recurrent infection.
- Constant daytime clear watering causing tears to run down the face and severe enough to impair vision on a daily basis, causing smearing on glasses.
- Symptoms of persistent clear watering plus 3 episodes of infection or sticky discharge within 12 months.

Criteria for surgery:

Condition	Procedure
Punctual stenosis	Punctocanaliculoplasty
Watering without obvious cause for watering e.g. ectropion	Syringing
Significant duct narrowing/stenosis	Dacryocystorhinostomy

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2011 – Version 2.11 Prior Approval Policy Changes to referral criteria in line with NICE guidance
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.
Version 11A(3) released May 2017
Start Date : 04 May 2017

Policy statement:	Facet Joint Injections
Status:	Threshold Policy

Norfolk & Waveney CCGs shall fund **one procedure** which will involve blocking the medial branch of up to six facet joints in patients with non-radicular pain that is clinically likely to be of facet joint origin in patients who have been assessed by a secondary care Pain Management Consultant and fulfil the following criteria:

- The patient is over 18 years of age

AND

- Pain is non-radicular in nature and has lasted for at least 12 months.

AND

- Pain has resulted in moderate to significant impact on daily functioning and quality of life (measured by Oswestry Disability Index for back pain; Neck Disability Index for neck pain)

AND

- Non-invasive therapy (physiotherapy or manual therapy, dietary advice, weight management, smoking cessation advice, and analgesics) have been tried and failed.

Facet Joint injections will only be funded as part of a multidisciplinary pain management programme under the supervision of a Consultant in Pain Medicine.

NOTE: Requests for patients in whom denervation may not be straightforward or is contra-indicated, a maximum of two facet joint injections (one year apart) will be funded. For example;

- Patients in whom degenerative changes of the spine may prevent successful denervation.
- Patients who have multiple co-morbidities which may hamper the ability to perform a denervation procedure safely.

All procedures must be performed under X-Ray guidance as part of a multidisciplinary pain management programme under the supervision of a Consultant in Pain Medicine.

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	November 2012 Prior Approval
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Policy statement:	Female Genital Prolapse (surgical management of)
Status:	Threshold Policies

Surgery is not routinely funded for asymptomatic or mild pelvic organ prolapse.

This procedure will be funded if the following clinical thresholds are met

- Moderate-severe symptoms

AND

- Failure of mechanical devices (pessaries) OR mechanical devices (pessaries) not clinically appropriate OR mechanical device (pessary) declined after documented discussion with consultant.

OR

- Prolapse combined with urethral sphincter incompetence or faecal incontinence.

Latest change to document	04 May Now a threshold policy References to Prior Approval removed
Change to document	November 2012 – Version 8
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
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Great Yarmouth & Waveney CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Filtered/Coloured Contact Lenses
Status:	Individual Funding Request

Not routinely funded.

Latest change to document	July 2009 – Version 2 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Functional Electrical Stimulation (FES) for foot drop in Stroke and MS
Status:	Individual Funding Request

As the evidence for the effectiveness of Functional Electrical Stimulation (FES) for foot drop in Stroke and Multiple Sclerosis is limited by significant variations in the way the devices are used, patient characteristics and the outcomes measured in the trials, it is recommended that FES is not routinely funded.

If a clinician considers that there are exceptional circumstances for a patient, then an application to the Individual Funding Requests Panel can be made.

Link to Policy	
Latest change to document	September 2014 - Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	November 2014
Norwich CCG	23 rd October 2014
South Norfolk CCG	4 th November 2014
West Norfolk CCG	29 th January 2015
Great Yarmouth & Waveney CCG	30 th October 2014
Next Review Date	July 2017

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Ganglion & Mucoïd Cyst (surgical management of)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Chronic pain that has not responded to clinically appropriate pain relief for a period of one year.

OR

- Neurological loss / weakness as a consequence of the ganglion or mucoïd cyst.

Note: Aspiration as a conservative management will not be funded; the evidence shows that it is unreliable in its success and recurrence rates.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	13 th October 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	22 nd November 2016
Norwich CCG	24 th November 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	24 th November 2016
Great Yarmouth & Waveney CCG	3 rd November 2016
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Gastroelectrical stimulation (GES) for severe gastroparesis
Status:	Individual Funding Request

Gastro-electrical stimulation for gastroparesis is not routinely funded.

In exceptional cases, the Individual Funding Request panel will consider requests for funding where the patient fulfils **all** of the following criteria 1-6 **or** where clinical exceptionality can be demonstrated:

1. Patients suffer from gastroparesis (defined by gastric emptying studies and assessed as part of an MDT) **AND**
2. The symptoms of gastroparesis are chronic, severe and debilitating (i.e. Grade 3) with evidence of impact affecting quality of life (e.g. poor diabetic control) **AND**
3. Symptoms are refractory to all previous treatments including dietary modifications, drug treatment (prokinetics and antiemetics) **AND**
4. Patients require additional nutritional support (feeding tube or total parenteral nutrition (TPN) **AND**
5. The only remaining treatment option would be irreversible surgery (gastrectomy, jejunostomy, pyloroplasty) **AND**
6. The Provider is a specialist centre for gastrointestinal motility disorders and able to fulfil NICE IPG 489 recommendations, including MDT assessment*.

7. During the consent process, the patient should be made aware that some patients do not get any benefit from GES. They should also be made aware and given written information regarding the risk of complications, including the need to remove the device (NICE IPG 489 section 1.2).

8. The Provider must agree to provide information to the Commissioner regarding the effectiveness of the intervention and the outcomes of the patient.

*Only one specialist centre was identified during the development of this policy where this treatment is available.

Acknowledgement: Hull CCG, July 2014ⁱ

Link to Policy	
Latest change to document	Version 2.4 (Gastroelectrical Stimulation for severe gastroparesis) Added to policy
Evidence Review Date	February 2015
Ratification Date: North Norfolk CCG	25 th August 2015 GB
Norwich CCG	23 rd July 2015 Exec Committee
South Norfolk CCG	27 th October 2015 GB
West Norfolk CCG	30 th July 2015 GB
Great Yarmouth & Waveney CCG	3 rd September 2015
Next Review Date	October 2017

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Policy statement:	Gender Reassignment
Status:	Individual Funding Request

Regionally commissioned service; NHS England Specialised Commissioning Criteria apply:

See <http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

Any patient wishing to be considered for treatment under the policy needs to have been resident in Norfolk and registered with a local GP for a minimum of 2 years.

Latest change to document	February 2014 – Version 8 NRTTT Policy Amended web-link to NHS England Gender Dysphoria Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	Not applicable

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Gilmores Groin
Status:	Individual Funding Request

Not routinely funded. (See 'Hernia')

Latest change to document	July 2009 – Version 2 NRTTT Policy – see updated Hernia Policy 2014
Evidence Review Date	
Ratification Date: North Norfolk CCG	See Hernia policy
Norwich CCG	See Hernia policy
South Norfolk CCG	See Hernia policy
West Norfolk CCG	See Hernia policy
Great Yarmouth & Waveney CCG	See Hernia policy
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Grommets for Adults
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Documented persistent bilateral otitis media with effusion (OME) where the following criteria are met:

1. a) There has been watchful waiting for 3 months from the date of effusion onset (if known) or 3 months from the date of diagnosis (if onset is unknown) **AND**
b) A trial of 'Otovent' autoinflation has taken place during this 3 months period **AND**
c) There is hearing loss of at least 25 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available).
2. As treatment for Meniere's disease
3. Severe retraction of the tympanic membrane with risk of developing cholesteatoma or erosion of the ossicular chain.

Adjuvant Adenoidectomy – Adults and Children

Adjuvant adenoidectomy (performed at the same time as grommet insertion) will be funded only if persistent and/or frequent upper respiratory tract symptoms and consideration of the balance between benefits and harms have been documented.

Exceptions: There is specific NICE guidance for adults or children with Down's syndrome and Cleft palate as this population of patients is noted to have predisposition to otitis media with effusion. <https://www.nice.org.uk/guidance/cg60>

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	21 st September 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	22 nd November 2016
Norwich CCG	24 th November 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	24 th November 2016
Great Yarmouth & Waveney CCG	3 rd November 2016
Next Review Date	

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Policy statement:	Grommets for Children
Status:	Thresholds Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Documented persistent bilateral otitis media with effusion (OME) where the following criteria are met:

1. Watchful waiting for 3 months from the date of effusion onset (if known) or 3 months from the date of diagnosis (if onset is unknown).

AND

2. Trial of 'Otovent' autoinflation during this 3 months period.

AND

- 3.a) There is hearing loss of at least 25 dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dBA where dBHL not available).

OR

- 3.b) Documented risk of speech, language or learning difficulty.

OR

- 3.c) Educational or behavioural problems attributable to the hearing loss.

Adjuvant Adenoidectomy – Adults and Children

Adjuvant adenoidectomy (performed at the same time as grommet insertion) will be funded only if persistent and/or frequent upper respiratory tract symptoms and consideration of the balance between benefits and harms have been documented.

Exceptions: There is specific NICE guidance for adults or children with Down's syndrome and Cleft palate as this population of patients is noted to have predisposition to otitis media with effusion. <https://www.nice.org.uk/guidance/cg60>

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Policy statement:	Grommets for Children (Continued)
Status:	Thresholds Policy

Management of OME in children with Down's syndrome

Hearing aids should normally be offered to children with Down's syndrome and OME with hearing loss.

Before ventilation tubes are offered as an alternative to hearing aids for treating OME in children with Down's syndrome, the following factors should be considered:

- The severity of hearing loss
- The age of the child
- The practicality of ventilation tube insertion
- The risks associated with ventilation tubes
- The likelihood of early extrusion of ventilation tubes.

Management of OME in children with cleft palate

Insertion of ventilation tubes at primary closure of the cleft palate should be performed only after careful otological and audiological assessment.

Insertion of ventilation tubes should be offered as an alternative to hearing aids in children with cleft palate who have OME and persistent hearing loss.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	21 st September 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	22 nd November 2016
Norwich CCG	24 th November 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	24 th November 2016
Great Yarmouth & Waveney CCG	3 rd November 2016
Next Review Date	

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Policy statement:	Hair Removal - (Facial Hair Removal in Women Including physiological idiopathic hirsute with normal menstrual cycle
Status:	Individual Funding Request

Not routinely funded.

One course of treatment will be funded **if** Endocrinological assessment confirms presence of underlying medical disease e.g. PCOS or spina bifida and all the following criteria can be met:

- Severe facial hair needing to shave every 2-3 days

AND

- Patient does not respond to or cannot tolerate oral therapies

AND

- Patient has psychological symptoms caused by condition impinging on the quality of life

AND

- Reassessment during course of treatment shows evidence of significant benefit.

IFR Form required to be completed.

Note: Facial hair removal is the commissioning responsibility of NHS England for patients who are undergoing gender reassignment. For patients undergoing gender reassignment surgery, hair removal from donor sites for reconstructive surgery is approved in accordance with the NHS England Specialised Commissioning Group Gender Dysphoria Commissioning Policy:

<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

Latest change to document	November 2012
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Hallux Valgus (surgical management of Hallux Valgus including Osteotomy)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

This procedure is not funded for cosmetic reasons or for asymptomatic or mild symptomatic hallux valgus.

- Significant and persistent pain when walking **AND** conservative measure tried for at least six months (e.g. toe spacers, bunion pads, medication or altered footwear) do not provide symptomatic relief

OR

- Ulcer development at the site of the bunion or the sole of the foot

OR

- Evidence of severe deformity (overriding toes)

OR

- Physical examination and X-ray show degenerative changes in the 1st metatarsophalangeal joint, increased inter-metatarsal angle and/or valgus deformity > 15 degrees.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2012 – Version 5 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Hernia
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Inguinal:

For asymptomatic or minimally symptomatic hernias, a watchful waiting approach, under informed consent, is advocated.

Surgical treatment should only be offered when one of the following criteria is met:

- symptoms of pain or discomfort that interfere with activities of daily living, **OR**
- the hernia is difficult or impossible to reduce, **OR**
- it is an Inguino-scrotal hernia, **OR**
- the hernia increases in size month on month.

Femoral:

- All suspected femoral hernias should be referred to secondary care due to the increased risk of incarceration/strangulation.

Umbilical:

Surgical treatment should only be offered when one of the following criteria is met:

- Symptoms of pain or discomfort that interfere with activities of daily living **OR**
- increase in size month on month **OR**
- to avoid incarceration or strangulation of bowel.

Incisional

Surgical treatment should only be offered when **both** of the following criteria are met:

- Symptoms of pain/discomfort that interfere with activities of daily living **AND**
- Appropriate conservative management has been tried first e.g. weight reduction where appropriate.

“Gilmore’s groin”

Not routinely funded

Diastases/Divarication of Recti

Diastases/Divarication of recti is a separation between the left and right side of the rectus abdominis muscle and causes a protrusion in the midline, but is not a ‘true’ hernia and does not carry the risk of bowel becoming trapped within it and thus does not require repair^{14, 15}.

The CCGs consider repair of divarication of recti as a cosmetic procedure and a low priority. Evidence suggests that divarication does not carry the same risks as that of actual herniation.

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Policy statement:	Hernia (Continued)
Status:	Threshold Policy

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	July 2014 Added to Knowledge Anglia
Evidence Review Date	November 2013
Ratification Date: North Norfolk CCG	10 th August 2014
Norwich CCG	23 rd September 2014
South Norfolk CCG	16 th September 2014
West Norfolk CCG	25 th September 2014
Great Yarmouth & Waveney CCG	18 th September 2014
Next Review Date	July 2017

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Hip Arthroplasty (Primary)
Status:	Threshold Policy

This policy is subject to Clinical Thresholds and will be funded if the following conditions apply:

Great Yarmouth & Waveney CCG will **only** fund referral for consideration of primary hip replacement in patients who meet **all** of the following criteria and thresholds:

1. There is uncontrolled, intense, persistent pain resulting in substantial impact on quality of life and moderate/severe functional limitations. (The use of the modified Oxford/New Zealand score for pain and functional limitation should be used as a guide or the NICE Holistic Assessment Aide Memoire, NICE 2014.
2. There is evidence that conservative measures have been trialled for at least six months (except in exceptional circumstances below) and failed to alleviate pain and/or disability.

Prior conservative management must include all of the following:

Imaging

- Knee AP standing and lateral views
- Hip AP pelvis weight bearing

Medication

- Optimum tolerated doses of analgesic should be used and patients should have gained an understanding of how to use oral or topical analgesics (Paracetamol, NSAIDs or opioid analgesics)
- Intra-articular corticosteroid injections (knee Joint) could be considered as an adjunct to analgesia

Physiotherapy

- NICE “core” treatments of either guided exercise and muscle strengthening programmes or of supervised physical therapy must have been given.
Note: Physiotherapy may be ineffective in bone on bone osteoarthritis with no quadriceps wasting.

Patient Education and Orthosis

- Patient education such as elimination of damaging influence on knees (by reducing weight loading), activity modification (avoid impact and excessive exercise) and lifestyle adjustment.
- Patients must have been advised about, and/or assessed for, clinically appropriate walking aids and home adaptations.

Lifestyle improvement is paramount prior to major surgery

- For patients with a BMI of 35 and above, surgery will be postponed until such time that there is evidence of reduced BMI so as to reduce the risk of surgery and post-surgery complications

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Policy statement:	Hip Arthroplasty (Primary) (Continued)
Status:	Threshold Policy

- NICE recommends achieving weight loss as a core treatment for people who are obese or overweight. This should be achieved as part of the six months conservative management by managing diet and activity and/or participation in a weight management programme.
- For patients who smoke, surgery will be postponed until such time that there is evidence that they have stopped smoking for at least eight weeks before the date of surgery to reduce the risk of surgery and post-surgery complications. Patients should be routinely offered referral to a stop smoking programme.

Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit that may be obtained from surgery compared with continuing conservative management, must have been discussed in primary/intermediate care. Patients should be given an opportunity in primary/intermediate care to complete the decision aid tool on <http://sdm.rightcare.nhs.uk/pda/>.

If a patient meets the policy criteria set out above the GP may refer to the relevant secondary care clinician for an assessment.

The policy does not affect criteria for immediate/urgent referral to orthopaedic services in respect of:

- Evidence of infection in the knee joint.
- Symptoms indicating a rapid deterioration in the hip or knee joint, e.g. hip conditions such as avascular necrosis leading to a rapid deterioration in the joint where delay to treatment would be unreasonable
- Persistent symptoms that are causing severe disability

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	February 2015 (Version 16.3 Hip and Knee Arthroplasty Policy) Changes to criteria in line with NICE guidance
Evidence Review Date	February 2015
Ratification Date: North Norfolk CCG	21 st April 2015
Norwich CCG	28 th April 2015
South Norfolk CCG	24 th March 2015
West Norfolk CCG	25 th March 2015
Great Yarmouth & Waveney CCG	19 th March 2015
Next Review Date	November 2016

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Policy statement:	Homeopathy
Status:	Individual Funding Request

Not routinely funded.

There is currently insufficient evidence on the clinical effectiveness cost-effectiveness and safety of homeopathy. The use of homeopathy in secondary care is therefore considered a low priority treatment and **will NOT be routinely funded.**

Latest change to document	2007 - Version 1
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Hysterectomy for Heavy Menstrual Bleeding
Status:	Threshold Policy

Hysterectomy will not be funded as the first line treatment solely for heavy menstrual bleeding.

This procedure is subject to Clinical Thresholds and will be funded for the treatment of heavy menstrual bleeding, after appropriate clinical assessment and only in the following circumstances:

- There has been a prior trial with a levonorgestrel-releasing intrauterine system (LNG-IUS) which has not successfully relieve symptoms; OR LNG-IUS is not appropriate or contraindicated;

AND

- There has been a prior trial using second line pharmaceutical treatment with either tranexamic acid, non-steroidal anti-inflammatory agents or other hormone methods (combined oral contraceptives, progestogens, Gn-RH analogue) in line with NICE guidance, and it has failed to relieve symptoms or is not appropriate or contraindicated;

AND

- Surgical treatments such as endometrial ablation, uterine-artery embolization, or myomectomy have been offered and failed to relieve symptoms or are not appropriate or are contra-indicated. (Uterine artery ablation is performed in tertiary centres as defined in NICE guidance).

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	February 2014 – Version 8 Prior Approval Policy Moved to Group Approval
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Knee Arthroscopy
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

1. The following procedures* will be funded if mechanical symptoms with or without effusion are present following X-Ray/MRI:

- Meniscal surgery
- Repair of cruciate ligament
- Synovectomy, synovial biopsy
- Assessment of articular surfaces, prior to osteotomy, partial replacement/arthroplasty
- Osteochondritis dissecans

2. There is no evidence for the use of arthroscopy for the primary investigation of knee pain. MRI should be used first if appropriate**.

3. Arthroscopy is not indicated in the management of advanced degenerative disease, Chondromalacia patella or by the presence of Synovial Plica.

4. Arthroscopic lavage and debridement as part of treatment for osteoarthritis is not indicated, unless the person has knee osteoarthritis with a clear history of mechanical locking (as opposed to morning joint stiffness, 'giving way' or X-ray evidence of loose bodies) (NICE, 2014).

***Patients within the acute setting who need immediate treatment e.g. following meniscal and chondral injury are exempt from this policy.**

**Indications for Knee MRI: Investigation of knee pain in patients under 50 years of age (unless clinical concern of tumour); plain x-rays should be carried out first in patients over the age of 50 (MRI over diagnoses meniscal pathology in this group) ⁱⁱ

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	February 2015 (Version 16.3 Hip and Knee Arthroplasty Policy) Changes to criteria in line with NICE guidance
Evidence Review Date	February 2015
Ratification Date: North Norfolk CCG	21 st April 2015
Norwich CCG	28 th April 2015
South Norfolk CCG	24 th March 2015
West Norfolk CCG	25 th March 2015
Great Yarmouth & Waveney CCG	
Next Review Date	November 2016

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Policy statement:	Knee Arthroplasty (Primary)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

Great Yarmouth & Waveney CCG will **only** fund referral for consideration of primary knee replacement in patients who meet **all** of the following criteria and thresholds:

1. There is uncontrolled, intense, persistent pain resulting in substantial impact on quality of life and moderate/severe functional limitations. (The use of the modified Oxford/New Zealand score for pain and functional limitation should be used as a guide or the NICE Holistic Assessment Aide Memoire, NICE 2014.
2. There is evidence that conservative measures have been trialled for at least six months (except in exceptional circumstances below) and failed to alleviate pain and/or disability.

Prior conservative management must include all of the following:

Imaging

- Knee AP standing and lateral views
- Hip AP pelvis weight bearing

Medication

- Optimum tolerated doses of analgesic should be used and patients should have gained an understanding of how to use oral or topical analgesics (Paracetamol, NSAIDs or opioid analgesics)
- Intra-articular corticosteroid injections (knee Joint) could be considered as an adjunct to analgesia

Physiotherapy

- NICE “core” treatments of either guided exercise and muscle strengthening programmes or of supervised physical therapy must have been given.
Note: Physiotherapy may be ineffective in bone on bone osteoarthritis with no quadriceps wasting.

Patient Education and Orthosis

- Patient education such as elimination of damaging influence on knees (by reducing weight loading), activity modification (avoid impact and excessive exercise) and lifestyle adjustment.
- Patients must have been advised about, and/or assessed for, clinically appropriate walking aids and home adaptations.

Lifestyle improvement is paramount prior to major surgery

- For patients with a BMI of 35 and above, surgery will be postponed until such time that there is evidence of reduced BMI so as to reduce the risk of surgery and post-surgery complications

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Policy statement:	Knee Arthroplasty (Primary) (Continued)
Status:	Threshold Policy

- NICE recommends achieving weight loss as a core treatment for people who are obese or overweight. This should be achieved as part of the six months conservative management by managing diet and activity and/or participation in a weight management programme.
- For patients who smoke, surgery will be postponed until such time that there is evidence that they have stopped smoking for at least eight weeks before the date of surgery to reduce the risk of surgery and post-surgery complications. Patients should be routinely offered referral to a stop smoking programme.

Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit that may be obtained from surgery compared with continuing conservative management, must have been discussed in primary/intermediate care. Patients should be given an opportunity in primary/intermediate care to complete the decision aid tool on <http://sdm.rightcare.nhs.uk/pda/>.

If a patient meets the policy criteria set out above the GP may refer to the relevant secondary care clinician for an assessment.

The policy does not affect criteria for immediate/urgent referral to orthopaedic services in respect of:

- Evidence of infection in the knee joint.
- Symptoms indicating a rapid deterioration in the hip or knee joint, e.g. hip conditions such as avascular necrosis leading to a rapid deterioration in the joint where delay to treatment would be unreasonable
- Persistent symptoms that are causing severe disability

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	February 2015 (Version 16.3 Hip and Knee Arthroplasty Policy) Changes to criteria in line with NICE guidance
Evidence Review Date	February 2015
Ratification Date: North Norfolk CCG	21 st April 2015
Norwich CCG	28 th April 2015
South Norfolk CCG	24 th March 2015
West Norfolk CCG	25 th March 2015
Great Yarmouth & Waveney CCG	19 th March 2015
Next Review Date	November 2016

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Laser Treatment of Myopia (Short Sightedness)
Status:	Individual Funding Request

Not routinely funded

Latest change to document	May 2007 – Version 1 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Lipoma (surgical treatment of)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- The lipoma is >5cm and is subject to repeated trauma due to size/position (please provide the size and location of the lipoma when requesting Prior Approval).

AND/OR

- The lipoma is situated near the eye and vision is impeded as evidenced by visual field tests

AND/OR

- The lipoma is situated near specialised sites such as neck, shoulder, hands or feet and significantly impairs function, or due to growth, will imminently impair function. Please provide the location of the Lipoma when requesting Prior Approval.

Note – Lipomas that are less than 5cms should be observed only using soft tissue sarcoma guidelines (SIGN 2003). If there is diagnostic doubt and removal is required to establish a histological diagnosis, this can be carried out without approval.

Exemption – Lipomas located on the body that are greater than 5cms in diameter or in a sub-fascial position, which have also seen rapid growth and/or are painful should be referred to a soft tissue sarcoma clinic.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2012 – Version 5 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Liposuction
Status:	Threshold Policy

This procedure is not routinely funded on cosmetic grounds alone.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Diabetic injection sites, post traumatic disfigurement and extravasations of chemotherapy

AND

- Treatment could alleviate the physical disability.

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	April 2014 – Version 8a Transferred from NRTTT Policy to Prior Approval (PA) Policy as PA procedure
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Low Back Pain – Other Procedures
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

The following treatments are not routinely funded:

- Laser lumbar Discectomy
- Endoscopic laser foraminoplasty
- Percutaneous endoscopic laser thoracic Discectomy
- Endoscopic division of epidural adhesions
- Percutaneous intradiscal electrothermal therapy
- Inter-spinous spacers
- Lumbar disc replacement and
- ‘Soft stabilisation’

An IFR Form must be submitted for all patients being considered for any of the procedures listed above.

Exceptions:

Patients requiring Lumbar Decompression due to Spinal Stenosis are exempt from this policy.

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2011 – Version 2.11 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Lymphoedema (primary/secondary) Surgical Inpatient Treatment.
Status:	Individual Funding Request

Not routinely funded

Link to Policy	
Latest change to document	November 2012 – Version 6 NRTTT Policy Changes to policy agreed with clinicians
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Osteopathy & Chiropractic Therapy
Status:	Individual Funding Request

Osteopathy and chiropractic therapy will only be funded if it is part of a service development within service agreements and developed with NHS providers.

Latest change to document	May 2007 – Version 1 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Pectus Carinatum
Status:	Individual Funding Request

Not routinely funded.

Pectus Carinatum is generally not associated with restrictive abnormalities.

Latest change to document	January 2012 – Version 5 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Pectus Excavatum
Status:	Individual Funding Request

This procedure is not routinely funded on cosmetic grounds alone. Patients with Pectus Excavatum should only be considered for surgery if they are symptomatic and fulfil **two or more** of the following criteria:

- Computed tomography index > 3.2
- Evidence of cardiac or pulmonary compression on CT or echocardiogram
- Mitral valve prolapse
- Any arrhythmia, or conduction defect such as right bundle branch block found on 12 lead ECG
- Restrictive lung disease with FVC or TLC < 80% predicted value

An IFR Form must be submitted for all patients being considered for this surgery.

Latest change to document	January 2012 – Version 5 NRTTT Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Pinnaplasty (Prominent Ears)
Status:	Threshold Policy

This procedure is not routinely funded on cosmetic grounds alone.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Children under the age of 16 with evidence of earlobe deformity

AND

- There is evidence of substantial psychological distress e.g. severe bullying at school, where such psychological distress has not been effectively addressed by other (non-surgical) intervention

AND

- Treatment could alleviate the physical disability

For patients >16 year of age requests should be sent to the IFR panel. **An IFR Form is required to be completed.**

If the child is under the age of 16 years refer as per the Prior Approval Policy.

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	April 2014 – Version 8a NRTTT and Prior Approval Policies as applies to both policies
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Radio Frequency Denervation of Facet Joints
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- The patient is over 18 years of age

AND

- Pain lasting for at least 12 months has resulted in moderate to significant impact on daily functioning and quality of life (measure by Oswestry Disability Index for back pain; Neck Disability Index for neck pain)

AND

- Facet joint injection (medial branch block) meeting specified NHS Norfolk and Waveney criteria has resulted in $\geq 75\%$ pain reduction during activities that normally generate pain.

OR

- A previous successful RFD more than 12 months ago.

All procedures must be performed under X-Ray guidance as part of a multidisciplinary pain management programme under the supervision of a Consultant in Pain Medicine.

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	November 2012 – Version 6 Prior Approval Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Removal of Redundant Fat or Skin
Status:	Individual Funding Request

Surgery for all other procedures within this category is not routinely funded.

IFR Form required to be completed.

Latest change to document	May 2007 - Version 1 NRTTT Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Reversal of Sterilisation (Both male and female)
Status:	Individual Funding Request

Not routinely funded

Latest change to document	May 2007 – Version 1 NRTTT Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Rhinoplasty
Status:	Threshold Policy

This procedure is not routinely funded on cosmetic grounds alone.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Patient is post traumatic

AND/OR

- Condition is affecting airways

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	August 2010 – Version 2.7 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Scars and Keloids
Status:	Individual Funding Request

Not routinely funded

Exemptions – Scars interfering with function following burns/trauma, serious scarring of the face and severe post-surgical scarring are exempt from this policy.

Latest change to document	May 2007 – Version 1 NRTTT Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Sensory Integration Therapy
Status:	Individual Funding Request

There exists very little conclusive empirical research regarding the use of SIT. Available papers report methodological errors with existing studies and results therefore need to be interpreted with caution. The evidence does not support an overwhelming benefit of SIT and therefore, any decision to fund this treatment should give careful consideration of the data presented in this report.

- Due to the lack of strong evidence and cost effectiveness, SIT should not be routinely funded.
- If patients are to be prescribed a course of SIT, the families and carers must be informed of the lack of robust evidence surrounding this topic.
- Future funding requests should be acknowledged in future policy development.

Link to Policy	
Latest change to document	February 2015 (V2.1 Sensory Integration Policy)
Evidence Review Date	February 2015
Ratification Date: North Norfolk CCG	25 th August 2015 GB
Norwich CCG	23 rd July 2015 Exec Committee
South Norfolk CCG	27 th October 2015 GB
West Norfolk CCG	30 th July 2015 GB
Great Yarmouth & Waveney CCG	3 rd September 2015
Next Review Date	September 2016

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Policy statement:	Single Bright Red Rectal Bleed
Status:	Individual Funding Request

Investigations for patients under 45 years who have had a single bright red rectal bleed will only be funded in patients having other symptoms (in addition to single rectal bleed) suggestive of malignancy.

Latest change to document	May 2007 – Version 1 NRTTT Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Spinal Fusion
Status:	Threshold Policy

There is currently insufficient evidence of clinical/cost-effectiveness of surgical stabilisation over intensive rehabilitation in relieving patients of symptoms of chronic low back pain. Fusion surgery may be considered in selected patients.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Patient is suffering from degenerative spondylolisthesis;

OR

- Degenerative scoliosis.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2011 – Version 3 Prior Approval Policy Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Fertility Treatment
Status:	Individual Funding Request

GPs should make patients aware of the access criteria for Tertiary services (Level3) prior to referral to Secondary care services (Level 2)

Criteria and Eligibility for Fertility Treatment relevant to Norfolk & Waveney CCGs is available at:

http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/nhsgywccg_specialist_fertility_policy_2016v3.pdf

Latest change to document	December 2014 – Version 9 NRTTT Policy Changes to criteria
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	29 September 2016
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Surgical Discectomy (for Lumbar Disc Prolapse)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- The patient has had magnetic resonance imaging, showing disc herniation (protrusion, extrusion, or sequestered fragment) at a level and side corresponding to the clinical symptoms;

AND

- The patient has a corresponding neurologic deficit (asymmetrical depressed reflex, decreased sensation in a dermatomal distribution, or weakness in a myotomal distribution, altered bowel or bladder function);

OR

- 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

- There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise – positive between 30° and 70° or positive femoral tension sign);

AND

- Symptoms persist despite conservative management for at least 6 weeks e.g. physiotherapy, analgesics.

AND

- The patient must be 18 years or older – Adult Service only

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	January 2011
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Policy statement:	Thigh/Arm Contouring
Status:	Individual Funding Request

Not routinely funded.

Latest change to document	May 2007 – Version 1 NRTTT Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Tonsillectomy
Status:	Threshold Policy

Tonsillectomy for recurrent tonsillitis or its complications (e.g. quinsy) in children <16 and in adults:

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply

Unequivocal indications for tonsillectomy

Patients with the following are exempt from this policy and immediate referral for treatment is recommended:

- Peri-tonsillar abscess (Quinsy) – one episode of quinsy with history of recurrent tonsillitis **OR** 2nd episode of quinsy
- Acute upper airways obstruction
- Suspected tonsillar malignancy

Tonsillectomy for recurrent tonsillitis

This procedure** will be funded for the treatment of sore throats in adults and children if the following criteria can be met:

1. Sore throats are due to acute tonsillitis

AND

2. Episodes of sore throats are disabling and prevent normal functioning (documented absence from school or work)

AND

3. Seven or more documented, clinically significant, adequately treated sore throats in the previous year* **OR** five or more such episodes in each of the preceding two years* **OR** three or more such episodes in each of the preceding three years* (Paradise Criteria) **OR** Severe recurrent tonsillitis in adults that results in two or more hospital admissions.

*Each of the episodes must be of a debilitating nature (for example documented absence from school or work ≥ 3 days + visit to GP) and be well documented in the patient's notes.

Detailed documentation of the criteria that are fulfilled is required in the GP's referral letter, where available; clinically inappropriate referrals will be sent back to the GPs.

Tonsillectomy for sleep disordered breathing due to obstructive sleep apnoea syndrome (OSAS) in children (<16 years)

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Policy statement:	Tonsillectomy (Continued)
Status:	Threshold Policy

This procedure** will be funded for the treatment of OSAS in children if the following criteria can be met:

1. There is a strong history suggestive of obstructive sleep apnoea such as witnessed obstructive apnoea, difficulty breathing while asleep, sleeping in an unusual position (with head extended), secondary enuresis, frequent daytime mouth breathing, and behavioural or concentration problems. With documented evidence of significant impact on quality of life (for example behavioural or concentration problems, failure to thrive, slowing of weight gain).

AND

2. Clinical diagnosis of obstructive sleep apnoea by a designated ENT consultant with documented clinical features such as adenotonsillar hypertrophy and mouth breathing, with or without evidence of desaturation from a sleep study.

In all cases, please attach the clinic letter (referral form) which should indicate the evidence that has been evaluated to indicate a significant impact on quality of life (e.g. GP letter, secondary care clinical examination by secondary care consultant, letter from school, sleep study results).

Tonsillectomy is not routinely funded for the treatment of sleep apnoea in adults.

Tonsillectomy will not be funded as a treatment for snoring.

Tonsillectomy for pathological airway (type 2) halitosis due to chronic caseous tonsillitis (CCT) with tonsilloliths

This procedure** will be funded for the treatment of severe airway (type 2) halitosis due to CCT if the following criteria can be met:

1. Pathological halitosis (offensive smelling breath) which has been demonstrated to be due to CCT with tonsil crypt debris (tonsilloliths) with diagnosis confirmed by ENT specialist

AND

2. CCT has not responded to medical management over a period of *three months*. Medical management can include irrigation, saline gargling, topical antiseptic spray, anti-inflammatories.

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Policy statement:	Tonsillectomy (Continued)
Status:	Threshold Policy

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	May 2015 – (Version 1.2 Tonsillectomy Policy) Changes to criteria
Evidence Review Date	Not stated
Ratification Date: North Norfolk CCG	25 th August 2015 GB
Norwich CCG	23 rd July 2015 Exec Committee
South Norfolk CCG	27 th October 2015 GB
West Norfolk CCG	30 th July 2015 GB
Great Yarmouth & Waveney CCG	16 th July 2015
Next Review Date	April 2018

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Toric Intra-ocular Lenses for Corneal Astigmatism Correction in patients undergoing Cataract Surgery
Status:	Individual Funding Request

Policy Statement

Based on the evidence of clinical and cost effectiveness provided in this document, Toric Intraocular Lenses (IOL) for astigmatism correction in patients undergoing cataract surgery will not be routinely funded. This is due to a lack of quality evidence regarding the long term clinical effectiveness of this procedure. There is some evidence to support a case for clinical effectiveness yet the overall quantity of that evidence is such that there is too great a measure of uncertainty over whether the claims made for treatment can be justified.

Link to Policy	
Latest change to document	February 2015 - (Toric Intraocular lenses (IOL) for Corneal Astigmatism Correction in patients undergoing Cataract Surgery) Added to policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	23 rd August 2015 GB
Norwich CCG	23 rd July 2015 Exec Committee
South Norfolk CCG	27 th October 2015 GB
West Norfolk CCG	30 th July 2015 GB
Great Yarmouth & Waveney CCG	16 th July 2015
Next Review Date	February 2017

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Trigger Finger (surgical management of)
Status:	Threshold Policy

Conservative treatment may include rest from precipitating activities and non-steroidal anti-inflammatory drugs. Injection of hydrocortisone into the tissue IN FRONT of the tendon at the level of the distal palmar crease (MCPJ) will often settle early cases.

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Failure to respond to conservative treatment (including 2 corticosteroid injections)
- Fixed flexion deformity that cannot be corrected

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	July 2010 – Version 2.5 Prior Approval Policy Changes to referral criteria in line with NICE guidance
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Varicose Veins in the Legs (surgical management of)
Status:	Threshold Policy

This procedure is subject to Clinical Thresholds and will be funded if the following conditions apply:

- Venous ulceration or;
- Recurrent thrombophlebitis or;
- Bleeding or;
- Large varicose veins causing significant symptoms

Note: only those patients with symptoms and demonstrable long or short saphenous incompetence, as assessed by venous ultrasound will be considered for surgery.

Severe varicose veins associated with one of the following should be referred as a matter of urgency:

- Bleeding from a varicosity that has eroded the skin.
- Past bleeding and risk of re-bleeding.

Policy Exceptions:

- Do not carry out interventional treatment for varicose veins during pregnancy other than in exceptional circumstances.

Link to Policy	
Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	June 2016
Evidence Review Date	
Ratification Date: North Norfolk CCG	26 th July 2016
Norwich CCG	24 th November 2016
South Norfolk CCG	22 nd November 2016
West Norfolk CCG	27 th October 2016
Great Yarmouth & Waveney CCG	21 st July 2016
Next Review Date	

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Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

Policy statement:	Vasectomies
Status:	Threshold Policy

Vasectomies are performed in Primary Care. If the patient requires treatment in Secondary Care, please submit for funding providing full details of the reason for referral into Secondary Care.

Vasectomies following a reversal of sterilisation will not be funded.

Latest change to document	04 May 2017 Now a Threshold Policy References to Prior Approval removed
Change to document	Version 1 Prior Approval Policy
Evidence Review Date	
Ratification Date: North Norfolk CCG	
Norwich CCG	
South Norfolk CCG	
West Norfolk CCG	
Great Yarmouth & Waveney CCG	
Next Review Date	

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Appendix 3: VERSION CONTROL

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Version	Date	Author	Status	Comment
11a (3)	May 2017			Prior Approval requirement removed from policy
11a (2)	April 2017			CCG commissioning of Bariatric Surgery from April 2017 added to list
11a (1)	April 2017			Retention of Female Genital Prolapse Policy from Version 10
10.1 JPUH	January 2017			<p>Removal of the following policies:</p> <ul style="list-style-type: none"> - Continuous Glucose Monitoring. - Treatment of Burns with Human Growth Hormone - Amniocentesis - Airsonett, - Dental procedures <p>Revised criteria for the following policies:</p> <ul style="list-style-type: none"> - Aesthetic/Cosmetic Breast Surgery - Cataract Surgery - Circumcision - Cryopreservation - Dupuytren's Contracture - Surgical Management of Ganglion/Muroid Cyst - Grommets – Adult and Child - Varicose Veins <p>Added Bariatric Surgery Acupuncture</p>
10	January 2016	Kathryn Griffiths		GYW CCG NRTTT policy only

Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

9	November 2015	Pam Mercer		<p>Amalgamated NRTTT and Prior Approval Policies as requested by CPDG.</p> <p>Addition of the following policies:</p> <ul style="list-style-type: none"> - Sensory Integration Therapy - Bobath Therapy - Gastroelectrical Stimulation - Toric Intraocular Lenses - Hernia - Continuous Glucose Monitoring - Functional Electrical Stimulation <p>Revised criteria for the following policies:</p> <ul style="list-style-type: none"> - Tonsillectomy - Carpal Tunnel - Breast asymmetry - Breast augmentation - Breast reduction - Breast implant removal - Breast implant replacement - Hypoplasia of Aplasia of Breast - Gynaecomastia - Mastopexy.mastopexy - Surgical treatment of Inverted Nipples - Hip Arthroplasty - Knee Arthroscopy - Knee Arthroplasty
8.0(a)	April 2014	Pam Mercer		<p>Removed the following policies from the policy as they are currently under “further clinical review” and are not currently in use. NNUH is unable to accept policy until removed:</p> <ul style="list-style-type: none"> - Functional Electrical Stimulation - Continuous Glucose Monitoring - Non-Sleep Apnoeic Snoring <p>Revised wording for Pinnaplasty for patients >16 years. Pinnaplasty also</p>

				<p>in Prior Approval policy for patients <16 years</p> <p>Transferred:</p> <ol style="list-style-type: none"> 1) Cosmetic excision of Skin of Head or Neck 2) Liposuction <p>From NRTTT policy to Prior Approval policy as these are Prior Approval procedures. Addition of Protexo (Airsonett) policy</p>
8.0	Feb 2014	<p>Pam Mercer Shamsher Diu Kathryn Griffiths</p>	<p>Approved by CACB 18/02/2014</p>	<p>NRTTT policy Removed all references to NHS Norfolk and Waveney and replaced with NHS North Norfolk CCG, NHS Norwich CCG, NHS South Norfolk CCG and NHS West Norfolk CCG</p> <ol style="list-style-type: none"> 1) Hair Removal - amended the web-link to detail NHS England Gender Dysphoria policy 2) Bariatric Surgery – amended the web-link to detail NHS England Complex and Specialised Obesity Surgery and removed reference to ‘all referrals should be made via IFR process’ 3) Corneal Collagen Cross-linking policy amended to detail the updated policy 4) Gender Reassignment – amended the web-link to detail NHS England Gender Dysphoria policy 5) Intrathecal Baclofen – removed policy as now regionally commissioned. Amended web-link to detail NHS England Intrathecal Baclofen policy <p>Prior Approval policy</p> <ol style="list-style-type: none"> 1) Removed all references to NHS Norfolk and Waveney and amended to NHS North Norfolk CCG, NHS Norwich CCG, NHS South Norfolk CCG and NHS West Norfolk CCG (Norfolk and Waveney CCGs) 2) Varicose veins, Hysterectomy for Heavy Menstrual Bleeding, Female Genital Prolapse (surgical management of),

				Dilation & Curettage (D&C) and Hysteroscopy now Group Approval
7	Jan 2013	Kathryn Griffiths	Approved	Second Eye Procedure Separation of NRTTT Policy into two separate policies:- Prior Approval Policy and NRTTT (IFR) Policy
6.1	Jan 2013	Sarah Dutton	Approved	1) NHS Norfolk changed to NHS Norfolk and Waveney 2) Paragraph of ptosis – text moved 3) Summarised July 09 version control
6	Nov 2012	Veena Rodrigues / Kathryn Griffiths	Approved	NRTTT procedures 1) Breast augmentation/reduction – minor revision 2) Hair Removal – minor change to wording under ‘note’ section 3) Snoring operations for adults added – agreed with clinicians (Do not use – under further clinical review) 4) Lymphoedema – revised policy (agreed with clinicians) 5) Storage of Ova – minor revision – age changes 6) Subfertility Treatment – revision to policy as per verbal information from EoESCG. 7) Bariatric Surgery –updated – web address change 8) Functional Electrical Stimulation – added (Do not use – under further clinical review) 9) Intrathecal Baclofen – updated (NICE CG 145) (Do not use – under further clinical review) 10) Collagen Cross Linkage – added (Do not use – under further clinical review) 11) Continuous Glucose Monitoring – added (Do not use – under further clinical review) Prior Approval procedures

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				<ol style="list-style-type: none"> 1) Cataract: policy wording revised following audits (agreed with clinicians); no change to thresholds. 2) Eyelid procedures –visual field criteria amended for consistency (agreed with clinicians); 3) Blepharoplasty – minor changes to the criteria and Humphrey screening test results 4) Arthroscopy – minor revision; mainly change of formatting (agreed with clinicians) 5) Knee arthroplasty – patients need to be referred to knee exercise classes before surgery 6) Facet Joint Injections and radiofrequency denervation of facet joints – agreed with clinicians) – added 7) Female genital prolapse – minor change to wording (agreed with clinicians); 8) Tonsillectomy for sleep apnoea in children criteria – revised (agreed with clinicians)
5.1	May 2012	Kathryn Griffiths	Approved	<p>Prior Approval procedure</p> <p>Diagnostic Facet Joint Injections and Radiofrequency denervation of facet joints – original start date delayed - now added under Version 6</p>
5	Jan 2012	Hannah Martin	Approved	<p>Addition of:</p> <p>Lipoma Lipomata Chalazion Eyelid Ptosis Eyelid Dermatolchalasis Eyelid Ectropian and Entropian Inverted Nipples Mastopexy Pectus Excavatum & Carinatum Amniocentesis</p> <p>Changes to referral criteria for: Hallux Valgus</p>

4	June 2011	Hannah Martin	Approved	<p>Addition of: Cholecystectomy for asymptomatic gall stones Changes to referral criteria: Pinnaplasty</p> <p>Addition of: Female Genital Prolapse Hallux Valgus Changes to referral criteria: Pinnaplasty Lumbar Discectomy Knee Arthroscopy Hip Arthroplasty</p>
3.1	Feb 2011	Hannah Martin	Approved	Bariatric Surgery update
3	Jan 2011	Hannah Martin	Approved	<p>Procedure codes amended in PA Policy Addition of: Dacryocystorhinostomy Surgical Discectomy Spinal Fusion Changes to referral criteria: Knee Arthroplasty Tonsillectomies</p>
2.12	Jan 2011	Hannah Martin	Approved	Tonsillectomies: -PA Policy – removal of unnecessary notation
2.11	Jan 2011	Bryan Heap / Veena Rodrigues	Approved	<p>New information and in line with NICE guidance Addition of Phase 3 Lower Back Pain</p> <p>New information and in line with NICE guidance Changes to referral criteria: Dupuytren's Disease Excision of Ganglion Grommets (adult) Grommets (children) Hip Arthroplasty Knee Arthroscopy Knee Arthroplasty Tonsillectomy Varicose Veins Addition of Phase 3 Lower Back Pain Epiphora</p>
2.10	Sept 2010	Sarah Dutton	Approved	Format amendments
2.9	Sept 2010	Sarah Dutton	Approved	Format amendments

Clinical Thresholds Policy

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Version 11A(3) released May 2017

Start Date : 04 May 2017

2.8	Sept 2010	Cath Robinson / Ian Mack	Approved	Updates to PA Policy Arthroscopy Primary Hip and Knee Arthroplasty
2.7	Aug 2010	Tim Crayford	Approved	Aesthetic/Cosmetic Genital Surgery Breast augmentation Carpal Tunnel Circumcision Dupuytren's Disease Ganglions Rhinoplasty
2.6	July 2010	Kathryn Griffiths	Approved	Updated review dates for items updated in version 2.5 Move version control to Appendix 3 Breast reduction – change agreed at Programme Board 20Jul10
2.5	July 2010	V Rodrigues / Tim Crayford / Cath Robinson	Approved	Changes to referral criteria: (New information and in line with NICE guidance) Abdominoplasty/Apronectomy Blepharoplasty Breast Augmentation Breast Reduction Carpal Tunnel Syndrome Circumcision D&C and Hysteroscopy Dupuytren's Contracture Ganglion Cyst Gender reassignment Grommets Hysterectomy for heavy menstrual bleeding Lipomas Mastopexy Prominent Ears Tonsillectomy Trigger Finger Varicose Veins Addition of Phase 2 procedures Arthroplasty (Primary Hip) Arthroscopy – Knee Arthroscopy Discectomy Facet joint injections Grommets (Adults)
2.4	May 2010 NHS Norfolk only	V.Rodrigues/ T Crayford	Approved	Updates/additions to thresholds for PA Procedures: Epiphora Blepharochalasis and Ptosis Tonsillectomy

Clinical Thresholds Policy

Please check website for latest versions as this document may be subject to change throughout the year.

Version 11A(3) released May 2017

Start Date : 04 May 2017

				Grommets D&C Hysteroscopy Hysterectomy Varicose Veins (NHS Norfolk Only)
2.3	Apr 2010	T Crayford	Approved	New section 3, plus addition of PA and IFR codes.
2.2	Jan 2010	B Heap	Approved	Revised Cataract 2 nd eye threshold (NHS Norfolk version only) – PA Policy
2.1	Nov 2009	B Heap / A J Pereira	Approved	Updates/additions to thresholds for: - Abdominoplasty/Apronectomy - Benign skin lesions - Blepharoplasty - Ganglion - Common Eye Conditions
2	July 2009	B Heap / A J Pereira	Approved	Updates/additions to thresholds for: - Common hand conditions - Ganglion - Carpal Tunnel Syndrome - Dupuytren's Disease - Trigger Finger - Blepharoplasty – clarification of referral guidelines – Changes made to referral threshold Updates/additions to thresholds and criteria for - Tonsillectomy - Grommets - Hysterectomy - D&C Hysterectomy - Eye conditions - Varicose Veins - Diagnostic Facet Joint injections – procedure/criteria added as per NICE criteria - Radiofrequency denervation of facet joint - procedure/criteria added as per NICE criteria - Wisdom teeth removal - Dental Implants - Sub-fertility - Abdominoplasty/Apronectomy – to differentiate between clinical need and cosmetic surgery. In line with decision not to routinely fund this procedure following bariatric






Clinical Thresholds Policy








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Version 11A(3) released May 2017



Start Date : 04 May 2017

				<p>surgery if purely cosmetic purposes.</p> <ul style="list-style-type: none"> - For clarification to patients at outset <p>- Cosmetic Operations On Breast:</p> <ol style="list-style-type: none"> 1. Breast Reduction 2. Gynaecomastia <p>Procedure and criteria added. Clarification of policy following Panel experience of requests last year</p> <ul style="list-style-type: none"> - Gender Reassignment - Now a regionally commissioned service; East of England Specialist Commissioning Criteria apply - Reference to local policy deleted, and EoESCG website link added - Hair Removal - Brief funding criteria from agreed Norfolk policy added. - Benign Skin Lesions - Tattoo removal and xanthelasma specifically mentioned - Surgery For Gilmore's Groin - Procedure added to list - Storage Of Sperm/ Ova- Procedure added to list - Lymphoedema Treatment - Procedure added to list - Spinal Surgery - Procedure added to list - Filtered/Coloured Lenses - Procedure added to list - Wisdom Teeth Removal - Procedure and criteria added In line with NICE guidance - Dental Implants - Criteria added - To make policy/criteria more explicit - Subfertility Treatment - Differentiation between Level 2 and Level 3 services made. Level 2 services now provided locally; Level 3 services now regionally commissioned through East of England Specialist Commissioning Criteria apply.
1	May 2007		Approved	

Procedure	Guidance and Source Material
Acupuncture	<p>NICE Guidance – Low back pain and sciatica in over 16s: assessment and management https://www.nice.org.uk/guidance/NG59</p> <p>Acupuncture for the prevention of episodic migraine Published on 29 June 2016: National Institute for Health Research</p>
Bobath Therapy	<p> 2014 10 02 Bobath Therapy.pdf</p>
Breast Surgery	<p> 2016 10 13 Aesthetic Cosmetic E</p>
Carpal Tunnel	<p> 2014 08 08 Carpal Tunnel Syndrome.pc</p>
Cataract	<p> 2016 08 25 Cataract Surgery Policy.pdf</p>
Cholecystectomy for Asymptomatic Gallstones	<ul style="list-style-type: none"> • Festi D, Reggiani M, Attili A et al (2010) Natural history of gallstone disease: Expectant management or active treatment? Results from a population-based cohort study. Journal of Gastroenterology and Hepatology, 25: 719–724. •
Circumcision	<p> 2016 07 26 Male Circumcision Policy.ij</p>

Corneal Collagen Cross-Linking	 Final CXL Policy.pdf
Cryopreservation	 2016 10 06 Cryopreservation.pd
D&C and Hysteroscopy	<ul style="list-style-type: none"> NICE Guidance January 2007
Dupuytren's Contracture	 2016 07 26 Dupuytren's Contrac
Eyelid Entropion, Ectropion, Ptosis and Dermatochalasis and Chalazion, Blepharoplasty	<ul style="list-style-type: none"> Royal College of Ophthalmologists North Yorkshire & York Low Priorities Policy Norfolk, Great Yarmouth & Waveney Eye Care Forum NHS Surrey
Functional Electrical Stimulation for Foot Drop	 Functional Electrical Stimulatio
Ganglion & Muroid Cyst	 2016 10 13 Ganglion and Muco
Gastro-electrical Stimulation for Severe Gastroparesis	 Gastroparesis.pdf
Grommets for Adults & Children	 2016 09 21 Grommets Policy.pd
Hallux Valgus (surgical management of)	<ul style="list-style-type: none"> NICE IPG332, Feb 2010; Ferrari, J. (2006) Critical review: the assessment and conservative treatment of Hallux Valgus deformity in healthy adults. <i>British Journal of Podiatry</i> 9(4), 104-108.

	<ul style="list-style-type: none"> NHS Scotland (2005) <i>Musculoskeletal - foot and ankle patient pathway</i>. NHS Scotland. www.pathways.scot.nhs.uk Ferrari J, Higgins JP, Prior TD. Interventions for treating Hallux Valgus (abductovalgus) and bunions. <i>Cochrane Database Syst Rev</i>. 2004;(1):CD000964 Kilmartin TE. Critical Review: The surgical management of Hallux Valgus. <i>British Journal of Podiatry</i> 2006. 9 (1):4-25
Hernia	 <p>2014 08 08 Hernia Policy.pdf</p>
Hysterectomy For Heavy Menstrual Bleeding	<ul style="list-style-type: none"> NICE Guidance January 2007
Lipomas	<ul style="list-style-type: none"> SIGN Guideline 2003
Lymphoedema	<ul style="list-style-type: none"> British Lymphology Society: http://thebls.com/ Lymphoedema Framework. Best Practice for the management of lymphoedema. International consensus. London: MEP Ltd, 2006. <u>Moffatt CJ, Franks PJ, Doherty DC</u>, et al. Lymphoedema: an underestimated health problem <i>QJM</i>2003; 96 (10): 731-8. Preston NJ, Seers K, Mortimer PS. Physical Therapies for reducing and controlling lymphoedema of the limbs. <i>Cochrane Database of Systematic Reviews</i> 2008, Issue 3. Oremus M, Dayes I, Walker K, Raina P. Systematic review: conservative treatments for secondary lymphedema <i>BMC Cancer</i>. 2012; 12: 6.
Sensory Integration Therapy	 <p>2015 02 02 Sensory Integration Therapy.</p>
Surgical Discectomy, Spinal Fusion and other treatments for low back pain	<ul style="list-style-type: none"> NICE Guidance CG88, NICE 'Do Not Do' list October 2011 NICE Guidance 2009 Cochrane Review
Tonsillectomy	 <p>Tonsillectomy Policy.pdf</p>

Toric Intraocular Lenses	 2015 02 17 Toric Intraocular Lenses.p
Varicose Veins	 2016 07 26 Varicose Veins Policy.pdf

ⁱ Hull CCG, *Policy for gastroelectrical stimulation*, July 2014

http://www.hullccg.nhs.uk/uploads/policy/file/87/Gastric_Neuromodulation_Hull_CCG_final_July14_.pdf

ⁱⁱ NNUH, MRI Top Tips on Knowledge Anglia,

http://www.knowledgeanglia.nhs.uk/radiology/nnuh/index.htm?zoom_highlight=radiology+top+tips#musculoskeletal