

# NHS Derbyshire County Prior Approval / Procedures of Limited Clinical Value Summary

*Draft dated 25 May 2010*

**Note** This draft has been shared by Dr Richard Richards, Assistant Director of Public Health, NHS Derbyshire County, for the benefit of other PHCN members. The document is shared on the principle of 'caveat lector' - readers should use their own judgement when interpreting and applying work to their own situation

You can contact the author by email at [Richard.Richards@derbyshirecountypct.nhs.uk](mailto:Richard.Richards@derbyshirecountypct.nhs.uk)

**NHS Derbyshire County Prior Approval/Procedures of Limited Clinical Value Schedule/ Summary Table  
2010/2011**

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
Homeopathy	Various procedures	<p>Homeopathy is not commissioned as there is insufficient high quality evidence on the clinical effectiveness, cost effectiveness and safety of homeopathic medicines. Homeopathy is therefore considered a low priority and will not be commissioned by the PCT.</p>	(Please see attached policy- to be agreed)	Not commissioned

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Anti TNF's	<p>AntiTNF drugs (Cytokine Inhibitors) – NICE Guidance for Crohns Disease Rheumatoid Arthritis, Psoriasis and Ulcerative Colitis (Infliximab, Adalimumab, Anakinra, Etanercept, Efalizumab)</p> <p>AntiTNF's (Cytokine Inhibitors) – outside NICE Guidance</p>	<p>A. Restricted access - is required for those patients meeting the NICE Guidance.</p> <p>B. Approval via the Individual Funding Request process will need to be sought for any patient deemed to be an exceptional/individual case that clinicians consider require AntiTNF drugs but where treatment falls outside NICE guidance.</p>	<p>NICE TAG's TA126, TA104 TA141,TA125 TA130,TA35, TA134,TA146 TA103,TA140 TA163,TA40 TA163</p>	<p>A. Restricted access - Provider to complete proforma for each patient and retain in notes.</p> <p>B. I.F.R process for exceptional cases</p>
Cardiology	ICD – Implantable Defibrillator (ICD)	<p>A. The PCT will approve Implantable Defibrillators for those patients who meet the NICE Guidance.</p> <p>The use of implantable cardioverter defibrillators (ICD's) for non ischaemic dilated cardiomyopathy which is not covered by current NICE Guidance (TA95) will be commissioned by EMSCG based on clinical criteria.</p>	<p>NICE TAG95</p> <p>EMSCG Policy on use of ICD's for non Ischaemic dilated cardiomyopathy</p>	<p>A. Prior approval Not required</p> <p>B. Approval via EMSCG</p>

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Cardiology	P.V.A. (Pulmonary Vein Ablation)	Waiting for policy to be finalised by EMSCG/PCT		Prior Approval Required via I.F.R. Department
Custom Made Prosthetic Limbs	Custom Made Prosthesis Limbs	<p>The PCT will only fund prosthetic limbs which are available on the NHS.</p> <p>Approval will need to be sought via the Individual Funding Request process for any non-standard prosthetic limb which clinicians feel is required in exceptional circumstances</p>		Approval Via I.F.R. process for exceptional cases
Dental	Dental Implants	Will be commissioned if patient meets certain criteria. (Policy currently being revised by Dental Commissioners)		Prior Approval Required via the IFR Department

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Dental	Wisdom Teeth Removal	Wisdom teeth that are free from disease (healthy) should not be operated on. Only patient's who have diseased wisdom teeth, or other problems with their mouth, should have their wisdom teeth removed. Examples include untreatable tooth decay, abscesses, cysts or tumours, disease of the tissues around the tooth or where the tooth is in the way of other surgery.	NICE TAG001	Routine contract monitoring–prior approval not required
Dermatology	<p>A. Hair depilation (removal) for excessive hair growth (Hirsutism)</p> <p>B. Laser treatment for facial hyperpigmentation</p> <p>C. Electrolysis for any condition</p> <p>Surgical removal of Benign Skin Lesions including:</p> <ul style="list-style-type: none"> <li>• Seborrhoeic warts</li> <li>• Molluscum contagiosum</li> <li>• Telangiectasia</li> <li>• Spider angiomas (spider veins)</li> <li>• Cherry angiomas or Campbell de Morgan spots</li> <li>• Skin Tags and papillomas</li> </ul>	<p>A B &amp; C These procedures will not be commissioned</p> <p>The PCT will not commission the surgical removal, laser treatment, or cryotherapy of benign skin lesions unless there is significant pain, recurrent infection, recurrent bleeding, rapid growth or other features suspicious of dysplasia/malignancy.</p>	East Midlands Adult Cosmetic Procedures Policy	<p>Not commissioned in secondary care</p> <p>These procedures will only be commissioned in secondary care if Funding has been approved by the NHS Derbyshire County Plastics Clinical Assessment Service</p>

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	<ul style="list-style-type: none"> <li>• Naevi (moles) and other benign haemangiomas</li> <li>• Xanthelasma</li> <li>• Lipomas</li> <li>• Viral Warts</li> </ul> <p>Lipomas</p> <p>Epidermoid/Pilar (Sebaceous) Cysts</p>	<p>Please note: viral warts should be treated in Primary Care, typically with topical salicylic acid; treatment of viral warts on the margins of the eyelids is problematic and these should be referred to an Ophthalmic Plastic Surgeon (or if none convenient, an Ophthalmic Surgeon) for treatment</p> <p>Lipomas will only be treated if the following criterion is met: Severely functionally disabling and/or subject to repeated trauma due to size/position Lipomas located on the body that are over 5 cms in diameter, or in a sub-fascial position, which have also shown rapid growth and/or are painful should be referred to an appropriate skin cancer clinic. Lipomas that are under 5 cm should be observed only using soft tissue sarcoma guidelines (SIGN 2003).</p> <p>Only funded if one or more of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• On the face (not scalp or neck) and greater than 1cm in diameter</li> <li>• Greater than 1 cm in diameter on body (Including scalp and neck) and associated</li> </ul>		<p>These procedures will only be commissioned in secondary care if funding has been approved by the NHS Derbyshire County Plastics Clinical Assessment Service</p>

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	Laser Treatment  Botulinum Toxin Treatment for Axillary Hyperhidrosis	<ul style="list-style-type: none"> <li>with significant pain or loss of function</li> <li>recurrent infection</li> <li>recurrent bleeding</li> </ul> <p>(please see attached criteria in policy)</p> <p>(please see attached criteria in policy)</p>		
ENT	Cochlear Implants for children & adults with severe to profound deafness	<p>Unilateral cochlear implantation is recommended as an option for people with severe to profound deafness who do not receive adequate benefit from acoustic hearing aids</p> <p>Simultaneous bilateral cochlear implantation is recommended as an option for the following groups of people with severe to profound deafness who do not receive adequate benefit from acoustic hearing aids:</p> <ul style="list-style-type: none"> <li>Children</li> <li>Adults who are blind or who have other disabilities that increase their reliance on auditory stimuli as a primary sensory mechanism for spatial awareness</li> <li>Sequential bilateral cochlear implantation is not recommended as an option for people with severe to profound deafness</li> </ul>	NICE TAG166	Prior Approval Required Via IFR Department
ENT	Tonsillectomy and/or Adenoidectomy	<p>A. Unequivocal indications for tonsillectomy:</p> <ul style="list-style-type: none"> <li>Suspected malignancy</li> <li>Peri-tonsillar abscess (Quinsy)</li> <li>Acute upper airways obstruction</li> </ul> <p>B. Recurrent bacterial tonsillitis where the following applies:</p>		<p>A. Funded</p> <p>B. Restricted</p>

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		<ul style="list-style-type: none"> <li>• 7 or more episodes in the last year, OR 5 or more episodes in each of the last two years AND</li> <li>• There has been significant severe impact on quality of life indicated by documented evidence of absence from school/work; AND/OR</li> <li>• Failure to thrive.</li> </ul> <p>Using the SIGN list as indicative of bacterial infection, an eligible episode of tonsillitis must have three points, one each for any of the following 5 criteria documented:</p> <ul style="list-style-type: none"> <li>a. History of Fever (.38.3C)</li> <li>b. Tender anterior cervical lymph nodes</li> <li>c. Tonsillar exudate</li> <li>d. Absence of cough</li> <li>e. Age under 15</li> </ul> <p>but age 45+ subtracts a point</p> <p>OR</p> <p>Positive culture of group A beta haemolytic streptococci. However, swabbing of throat infections is NOT recommended as routine practice: the emphasis is on clinical diagnosis as above.</p> <ul style="list-style-type: none"> <li>C. The PCT will fund tonsillectomy in sleep apnoea syndrome in children when one or more of the following apply: <ul style="list-style-type: none"> <li>• A positive sleep study.</li> <li>• A significant impact on quality of life</li> </ul> </li> </ul>		<p>criteria (provider and PCT to undertake clinical audit)</p> <p>C. Restricted</p>

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		<p>demonstrated.</p> <ul style="list-style-type: none"> <li>A strong clinical history suggestive of sleep apnoea.</li> </ul> <p><b>Note:</b> The case is much more likely to be approved where there is supporting evidence such as sleep studies, growth charts.</p>		
ENT	Grommets	<p>The PCT will fund treatment with grommets for children with with effusion after (bacterial) otitis media** where:</p> <ul style="list-style-type: none"> <li>There has been a period of at least three months watchful waiting from the date of the first appointment with an audiologist or GP with special interest in ENT; <b>AND</b></li> <li>The child is placed on a waiting list for the procedure at the end of this period; <b>AND</b></li> <li>The effusion persists after three months <b>AND</b> the child (who must be over three years of age) suffers from <b>at least one</b> of the following: <ul style="list-style-type: none"> <li>At least 5 recurrences of bacterial acute otitis media in a year.</li> <li>Evidence of delay in speech development.</li> <li>Educational or behavioural problems attributable to persistent hearing impairment, with a hearing loss of at least 25dB particularly in the lower tones (low frequency loss).</li> </ul> </li> </ul> <p>A significant second disability such as Downs</p>		Restricted

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		<p>syndrome.</p> <p>**A red drum alone is insufficient evidence of bacterial infection, this being typical of the many viral causes. Bacterial infection will typically result in pus in the middle ear with a bulging drum.</p>		
ENT	Bone Anchored Hearing Aids	<p>A. Please see attached criteria for Bone Anchored Hearing Aid provision</p> <p>B. Bi-lateral Bone Anchored Hearing Aids are not routinely commissioned.</p>		<p>A. Prior Approval Required via IFR Department</p> <p>B. Not routinely commissioned</p>
ENT	Surgery/Treatment for Snoring	<p>None</p> <p>Other procedures which fall into this policy also include:</p> <ul style="list-style-type: none"> <li>• correction of deviated septums</li> <li>• surgical reduction of the tongue</li> <li>• removal of tonsils</li> </ul>		Not Commissioned
ENT	Surgical Treatment for Sleep apnoea	<p>The PCT will consider funding surgical treatment of sleep apnoea in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Patient has moderate to severe symptoms (measured for example by the Epworth Sleepiness Score: 15-18= moderate, &gt;18 = severe);</li> <li>OR</li> <li>• Patient is sleepy in dangerous situations such as driving (regardless of Epworth Sleepiness Score);</li> <li>AND</li> <li>• Patient has significant sleep disordered breathing (as measured during a sleep study,</li> </ul>		Restricted

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		<p>usually by the Apnoea/Hypopnoea Index: 15-30/hr = moderate, &gt;30/hr = severe); AND</p> <ul style="list-style-type: none"> <li>• Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery OR patient had major side effects to CPAP such as significant nosebleeds; AND</li> <li>• The patient is fully informed as to the limited effectiveness of procedures, the lack of long term outcomes and likely adverse effects including pain following surgery.</li> </ul> <p>This guidance does not make detailed recommendations on the use of individual surgical procedures, although studies have shown varying levels of effectiveness in terms of outcomes and adverse effects between the different surgical procedures. However exceptional circumstances/prior approval panels should take account of the fact that palatal surgery, such as UPPP and LAUP is not recommended by SIGN (2003) and it may compromise the patient's subsequent ability to use nasal CPAP, although the extent of this risk is not known. Current evidence on soft-palate implants for obstructive sleep apnoea (OSA) raises no major safety concerns, but there is inadequate evidence that the procedure is efficacious in the treatment of this potentially serious condition for which other treatments exist. Therefore, soft-palate implants should not be used in the treatment of this condition.</p>		

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Gastroenterology	Wireless Capsule Enteroscopy for Investigation of the Small Bowel	This investigation is not routinely commissioned by the PCT as NICE IPG101 Guidance is considered a Service Development.		Not routinely commissioned
General Medicine	Primary Pulmonary (arterial) Hypertension in Adults	<p>Drugs covered by policy:</p> <ul style="list-style-type: none"> <li>• Bosentan</li> <li>• Sildenafil</li> <li>• Sitaxsentan</li> </ul> <p>Only patients with a functional classification of PAH of stage III or stage IV of the WHO modified New York Heart Association (NYHA) classification will be funded. Dual therapy will only be funded in combinations including sildenafil unless there are exceptional circumstances.</p>	National Specialised Commissioning Group	Pathway approval required via IFR process only if exceptional case

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General Surgery	Surgical Treatment of Varicose Veins	<p>The PCT will commission surgical treatment of varicose veins only when one, or more, of the following clinical criteria are met*</p> <ul style="list-style-type: none"> <li>• Varicose eczema</li> <li>• Lipodermatosclerosis or a varicose ulcer</li> <li>• At least two episodes of documented superficial thrombophlebitis</li> <li>• A major episode of bleeding from the varicosity</li> <li>•</li> </ul> <p>*These criteria equate primarily to Class 4 &amp; 5 of the Derby/Nottingham Guidelines "Varicose Veins – who and what to treat" Patients in class 3 should only be referred if one, or more, of the following clinical criteria are met:</p> <ul style="list-style-type: none"> <li>• At least two episodes of documented superficial thrombophlebitis</li> <li>• A Major episode of bleeding from the</li> <li>• Varicosity.</li> </ul>	East Midlands Adult Cosmetic Procedures Policy.	Restricted
General Surgery	Surgical Management of Obesity	<p>Surgery to aid weight reduction (bariatric surgery) may be considered for people defined as morbidly obese when all other measures have failed and meet the following criteria:</p> <p>Patients must have a BMI of 50 and above or a BMI of 45 to 50 in the presence of a serious co-morbidity which may be amenable to treatment if obesity is modified by surgery</p> <ul style="list-style-type: none"> <li>• Have been receiving and complied with weight management support, both medical and psychological as required, in a specialised obesity hospital or a community based equivalent</li> <li>• They are aged 18 years or over</li> </ul>	EMSCG Commissioning Policy for access to Bariatric Surgery	Prior Approval Required Via the IFR Department

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		<ul style="list-style-type: none"> <li>• They have tried all other appropriate non-surgical measures, which may include commercially provided weight loss programmes, have been adequately tried for a period of at least 6 months, but ideally 12 to 18 months but has failed to maintain significant weight loss.</li> <li>• They are generally fit enough to have an anaesthetic and surgery</li> <li>• Patients must be committed to the need for follow-up by a doctor and long term compliance with an altered lifestyle and dietary habit post-operatively</li> <li>• Patients should not have smoked 6 weeks prior to referral for surgery</li> </ul>		
General Surgery	Anal/Rectal skin tags	Not commissioned		Not commissioned
General Surgery	Cholecystectomy for Asymptomatic gallstones	Not commissioned		Not commissioned
General Surgery	Haemorrhoidectomy	Recurrent and persistent bleeding that fails to respond to conservative treatment; haemorrhoids that cannot be reduced.		Restricted
General Surgery	Hernia – Incisional and Ventral	The PCT will not fund asymptomatic hernias which are easily reducible and are not a significant risk of strangulation		Restricted

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General Surgery	Irritable Bowel Syndrome	<p>The following tests will not be funded to investigate recurrences of symptoms for people who have an established diagnosis of IBS, meeting the IBS diagnostic criteria:</p> <ul style="list-style-type: none"> <li>• Ultrasound</li> <li>• Rigid/flexible sigmoidoscopy</li> <li>• Colonoscopy; barium enema</li> <li>• Thyroid function test</li> <li>• Faecal ova and parasite test</li> <li>• Faecal occult blood</li> <li>• Hydrogen breath test (for lactose intolerance and bacterial overgrowth)</li> </ul> <p>Such patients with 'red flag' symptoms should be referred in the usual way.</p>		Restricted
General Surgery	Surgical repair of inguinal hernias	<p>The PCT will not fund the surgical repair of asymptomatic inguinal hernias. Patients may be referred for a surgical opinion, but should be made aware that this will not necessarily lead to surgery.</p>	<p>CAGS and ACS: Evidence-Based Reviews in Surgery. 26 (2008). Watchful waiting versus repair of inguinal hernia in minimally symptomatic men Guidelines of the European Hernia Society (2009)</p>	Not routinely commissioned
General Surgery	Sacral Nerve Stimulation for Faecal Incontinence	<p>In accordance with NICE CG 49 and NICE IPG64 treatment should also be offered to patients who meet the criteria outlined in the attached policy</p>	<p>DCPCT/EMSCG Policy (to be agreed)</p>	Prior Approval Required Via the IFR department
Haematology	Bone Marrow Transplants	<ul style="list-style-type: none"> <li>• Prior Approval is required for all BMTs including MUDs (Matched unrelated Donors)</li> </ul>		Prior Approval Required via EMSCG

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	MARS treatment for Liver Failure ARS	At present MARS treatment is not supported by EMSCG.		Not routinely commissioned
Neurology	Botulinum Toxin – Neurology/Spines/Neurorehabilitation. Urology/Ophthalmology	Use of Botox described in BNF section 4.9.3. will continue without the need for prior approval		Prior Approval not required
Neurology	Deep Brain Stimulation	Prior Approval will be sought from the PCT for both Parkinson's disease patients and non-Parkinson's patients.  This is subject to EMSCG review		Prior Approval required Via the IFR Department
Neurology	Intrathecal Baclofen Pumps For Adults and Paediatrics	Prior Approval will not be required if patients meet the patient selection criteria as per policy (see attached)	EMSCG Commissioning Policy For Intrathecal Baclofen	Prior Approval not required
Neurology	Vagal Nerve Stimulation for Children & Adults	Prior Approval will need to be sought from the PCT	IPG50	Prior Approval Required Via the IFR Department
Neurology	Stereotactic Radiosurgery for Cerebral Tumours	There is insufficient evidence of benefit to commission stereotactic radiosurgery routinely. <ul style="list-style-type: none"> <li>Adult patients with a single intra-cranial metastasis, and no prior cranial surgery, will be considered for radiosurgery provided they do not have other metastatic disease.</li> </ul>	DCPCT policy	Approval required via IFR process If clinician feels that patient is exceptional

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		No other indications will be accepted for commissioning this procedure		
Obstetrics & Gynaecology	D & C for Menorrhagia	<p>The PCT will not fund D&amp;C as a diagnostic tool or as a therapeutic treatment for menorrhagia. It will be funded in the following circumstances:</p> <ul style="list-style-type: none"> <li>as an investigation for structural and histological abnormalities where hysteroscopy and ultrasound has been used as a first line diagnostic tool and where the outcomes are inconclusive</li> <li>post-dilatation, pre-procedure when undertaking endometrial ablation</li> </ul>	Effective Healthcare Bulletin 9	Restricted
Obstetrics & Gynaecology	Elective Caesarean Section	<p>A planned caesarean section should only be routinely offered to women with:</p> <ul style="list-style-type: none"> <li>a term singleton breech (if external cephalic version is contraindicated or has failed)</li> <li>a twin pregnancy with breech first twin</li> <li>HIV (only if recommended by a HIV consultant)</li> <li>both HIV and hepatitis C (as above, there is no evidence that CS should be performed for hepatitis C alone)</li> <li>primary genital herpes in the third trimester (active genital herpes at the onset of labour)</li> <li>Grade 3 and 4 placenta praevia</li> </ul> <p>A planned CS should not be routinely offered to</p>	NICE CG13	Restricted (except where other clinical indications arise outside this criteria in which case prior approval may be sought)

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		<p>women with:</p> <ul style="list-style-type: none"> <li>• Twin pregnancy (first twin is cephalic at term)</li> <li>• Preterm birth</li> <li>• A 'small for gestational age' baby</li> <li>• Hepatitis B virus</li> <li>• Hepatitis C virus</li> <li>• Recurrent genital herpes at term</li> </ul> <p>Caesarean Section for non-clinical reasons will not be funded. Maternal request is not on its own an indication for Caesarean Section.</p>		
Obstetrics & Gynaecology	Reversal of Female Sterilisation	This procedure is not supported by the PCT. Funding will only be approved in exceptional cases.		Not routinely commissioned Approval via IFR process if case considered exceptional
Obstetrics & Gynaecology	In-vitro fertilisation (IVF)/ Assisted conception	<p>IVF is approved in accordance with EMSCG Policy.</p> <p>Criteria as below:</p> <ul style="list-style-type: none"> <li>• Couples have failed to conceive after regular unprotected sexual intercourse for 2 years in the absence of known reproductive pathology.</li> <li>• Women must be aged between 23 and 39 years old (Embryo transfer must take place before the 40<sup>th</sup> birthday)</li> <li>• Women's BMI must be &gt;19 BMI &lt;30</li> <li>• Man's BMI &lt;30</li> <li>• The woman must be a non smoker</li> <li>• Welfare of the Child must be taken into account</li> <li>• No living children from current or previous relationships, including adopted children but</li> </ul>	EMSCG Commissioning Policy for IVF/ICSI	<p>Pathway if referred via secondary care</p> <p>Prior Approval if referred via primary care</p>

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		excluding foster children.		
Obstetrics & Gynaecology	Hysteroscopy	When appropriate outpatient rather than inpatient ambulatory hysteroscopy will be considered.		Pathway (Provider and referrers to undertake clinical audit of whole patient pathways)
Obstetrics & Gynaecology	Hysterectomy for menorrhagia	<p>Surgical treatments such as myometomy have been offered and failed to relieve symptoms or are not appropriate or are contra-indicated.</p> <p>The PCT will fund hysterectomy for heavy menstrual bleeding only when there has been an unsuccessful trial with a levonorgestrel intrauterine system (e.g Mirena®) and it has failed to relieve symptoms unless it is medically inappropriate or contraindicated.</p> <p>AND</p> <p>At least two of the following treatments have failed, are not appropriate or are contra-indicated in line with the National Institute for Health and Clinical Excellence (NICE) guidelines:</p> <ul style="list-style-type: none"> <li>• Non-steroidal anti-inflammatory agents.</li> <li>• Tranexamic acid</li> <li>• Other hormone methods (injected progesterones, combined oral contraceptives, Gn-RH analogue)</li> </ul> <p>AND</p>		Restricted

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		<ul style="list-style-type: none"> <li>Surgical treatments such as myomectomy have been offered and failed to relieve symptoms or are not appropriate or are contra-indicated.</li> </ul> <p>Hysterectomy can be offered to patients with heavy menstrual bleeding due to fibroids greater than 3 cm when the following apply:</p> <ul style="list-style-type: none"> <li>Other symptoms (e.g. pressure are present).</li> <li>There is evidence of severe impact on quality of life.</li> <li>Other pharmaceutical options have failed.</li> <li>Patient has been offered myomectomy (unless medically contraindicated)</li> </ul>		
Obstetrics & Gynaecology	Uterine artery embolisation	This procedure is not supported by the PCT as it is currently of unknown medium to longterm clinical value and cost effectiveness.		Not routinely commissioned
Obstetrics & Gynaecology	Insertion and Removal of Inter Uterine Contraceptive Device/Mirena Coils	Insertion and removal of IUCD should only be undertaken in a primary care setting, it is not commissioned as a secondary care service unless specific medical issues prevents fitting by primary care or is fitted as part of contraception provided in conjunction with Termination of Pregnancy or as part of a gynaecology investigation or		Restricted

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		procedure undertaken in secondary care for some other reason, where is it deemed appropriate.		
Obstetrics & Gynaecology	Pre-implantation Genetic Diagnosis	<p>This service is commissioned for those patients who meet the following criteria in line with the EMSCG Commissioning Policy:</p> <ul style="list-style-type: none"> <li>• No living unaffected children from current relationship</li> <li>• Patients will be eligible for one complete cycle of IVF treatment in compliance with the EMSCG IVF policy</li> <li>• The referral is supported by the Clinical Genetics Service</li> <li>• The PDG process must ensure that embryo transfer takes place before the female partner's 40<sup>th</sup> birthday in compliance with the EMSCG Infertility policy criteria</li> <li>• Consideration must be given to the welfare of the child in accordance with the criteria outlined in the EMSCG IVF Policy.</li> <li>• Couples to have received genetic counselling from an appropriate genetic counsellor</li> </ul>	EMSCG Commissioning Policy	Prior Approval required Via IFR Department

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Ophthalmology	Photodynamic Therapy for Age Related Macular Degeneration	<p>NICE has recommended the use of PDT as follows:</p> <ul style="list-style-type: none"> <li>For all patients with “wet” ARMD who have a confirmed diagnosis of classic subfoveal choroidal neovascularisation (CNV), with no sign of occult CNV and at least 6/60 vision;</li> <li>Existing patients with predominantly classic (at least 50% classic) but with some occult CNV, who were already receiving PDT when the NICE guidance was published, must be offered continued treatment until their clinical condition indicates that it is appropriate to stop.</li> </ul>	NICE TAG068	Prior Approval Not required
Ophthalmology	Anti-VEGF for Age Related Macular Degeneration	<p>NICE has recommended the following: Ranibizumab within its marketing authorisation is recommended as an option for the treatment of ARMD if all of the following circumstances apply in the eye to be treated:</p> <ul style="list-style-type: none"> <li>- best-corrected visual acuity is between 6/12 and 6/96</li> <li>- there is no permanent structural damage to the central fovea</li> <li>- the lesion size is less than or equal to 12 disc areas in greatest linear dimension</li> <li>- there is evidence of recent presumed disease progression.</li> </ul> <p>Anti-VEGF will not be commissioned for any other indication.</p>	NICE TAG155	Prior Approval not required (Provider to undertake clinical audit)
Ophthalmology	Laser Treatment of myopia	This is not commissioned.		Not commissioned
Ophthalmology	Cataract Surgery	The PCT will fund Cataract Surgery where there is a visual acuity of 6/12 in the worst eye.	Thresholds for treating AMD in	Restricted

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		<p>1. Patients who are still working in an occupation in which good acuity is essential to their ability to continue to work (e.g. watchmaker)</p> <p>2. Patients with posterior subcapsular cataracts and those with cortical cataracts who experience problems with glare and a reduction in acuity in bright conditions</p> <p>3. Driving: the legal requirement for driving falls between 6/9 and 6/12 (strictly speaking it is based on the number plate test). It is anticipated that the threshold will not render the majority of people unable to drive as it applies to the worst eye only. Exceptions will be considered for:</p> <ul style="list-style-type: none"> <li>* Patients who need to drive who experience significant glare which affects driving;</li> <li>* Patients who, for occupational reasons, need to drive at night and who experience glare that is related to cataract;</li> <li>* Patients with visual field defects borderline for driving, in whom cataract extraction would be expected to significantly improve the visual field.</li> </ul> <p>4. Patients with glaucoma who require cataract surgery to control intra ocular pressure</p> <p>5. Patient with diabetes who require clear views of their retina to look for retinopathy</p> <p><i>Cataract Second Eye</i></p> <p>1. Where the cataract procedure on the first eye has achieved a VA of 6/9 or better, and the VA for the second eye is 6/24 or better, then the patient should be discharged, unless receiving treatment for any other eye condition. The patient should be advised to attend an optometrist for a sight test annually or earlier if they notice any deterioration</p>	<p>TA155</p> <p>Evidence of the importance of second eye as provided in the TA155. Cataracts are reversible at any time.</p>	

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
		<p>of vision.</p> <p>2. If the first eye does not achieve a VA of 6/9 or better, then the second eye should be dealt with on clinical merit, taking into account any directly related work circumstances (i.e. the requirement for night driving).</p> <p>3. There are circumstances, where despite good acuities, there may still be a clinical need to operate on the second eye fairly speedily e.g. where there is resultant anisometropia (a large refractive difference between the two eyes) which would result in poor binocular vision or even diplopia. In these circumstances, the notes should clearly record this so that it can be identified during any future clinical audit.</p>		
Paediatrics	Cranial banding for positional plageocephaly	Cranial Banding will not be routinely commissioned. The available evidence does not show cranial banding as a treatment for brachycephaly and positional plagiocephaly to be effective.		Not routinely commissioned

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Plastic Surgery  Adult Cosmetic Surgery and non surgical Treatments	<ul style="list-style-type: none"> <li>• Excision of excessive skin from thigh, leg, hip buttock, arm, forearm, facelifts or other areas.</li> <li>• Fat grafts</li> <li>• Facelifts</li> <li>• Suction assisted lipectomy (liposuction)</li> <li>• Reduction of labia minora (Labioplasty)</li> <li>• Otoplasty</li> <li>• Chin implant (genioplasty/mentoplasty)</li> <li>• Cheek implant</li> <li>• Collagen Implant</li> <li>• Correction of nipple inversion</li> <li>• Mastopexy</li> <li>• Resurfacing by laser for skin conditions causing scarring – including post-acne and post-traumatic scarring</li> <li>• Phalloplasty</li> <li>• Earlobe repair in the absence of traumatic injury</li> <li>• Botulinum Toxin for the following indications:               <ul style="list-style-type: none"> <li>• Wrinkles, frown lines</li> <li>• Ageing neck</li> </ul> </li> </ul> Procedures relating to gender reassignment not included in the original package of care	<p>These procedures are not commissioned unless the treatment is post-trauma, part of reconstruction following surgery e.g. breast cancer; part of the management of a congenital abnormality or for an iatrogenic condition i.e. arising from treatment previously delivered within the NHS. Patients would not be expected to go through the Prior Approvals process in these circumstances and would be routinely funded by the PCT.</p> <p>(please attached East Midlands Adult Cosmetic Procedures Policy).</p>	East Midlands Adult Cosmetic procedures Policy.	<p>Not commissioned in secondary care</p> <p>These procedures will only be commissioned in funding has been approved by the the NHS Derbyshire County Plastics Clinical Assessment Service</p>

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
	<ul style="list-style-type: none"> <li>• Laser treatment for facial hyperpigmentation</li> <li>• Hair Depilation (removal) for excessive hair growth (Hirsutism)</li> <li>• Abdominoplasty</li> <li>• Blepharoplasty</li> <li>• Female Breast Reduction/Asymmetry Surgery</li> <li>• Female Breast Enlargement/Asymmetry Surgery</li> <li>• Breast Implant removal/reinsertion</li> <li>• Surgical removal of benign skin lesions</li> <li>• Laser Treatment</li> <li>• Botulinum Toxin Treatment for Axillary Hyperhidrosis</li> <li>• Rhinoplasty or Septo-Rhinoplasty</li> <li>• Scar Revision</li> </ul>			
Pain Management	SNS for pain	SNS for Pain will be commissioned in accordance with the NICE TAG 159 and the European Consensus on Neuromodulation of pain 1998. (see attached copy of policy)	NICE TAG 159 EMSCG Commissioning policy	Prior Approval Required

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
Psychiatry	Gender Dysphoria	Treatment for gender dysphoria via gender reassignment is a low priority and will only be agreed in accordance with the referral criteria outlined in the Commissioning policy. Patients with gender dysphoria should be registered with a DCPCT practice. Referrals for gender reassignment should only be made via the agreed pathway.	EMSCG Policy And agreed Pathway	Prior Approval Required
Rehabilitation	Functional Electrical Stimulation	This procedure is not commissioned by Derbyshire County PCT due to a lack of evidence of clinical and cost effectiveness	DCPCT Policy	Not routinely Commissioned
Trauma & Orthopaedics	Diagnostic Arthroscopy For Knee/Hip	Diagnostic arthroscopy should not be carried out for any of the following indications: <ul style="list-style-type: none"> <li>Investigation of knee pain</li> <li>Treatment of OA including arthroscopic washout</li> </ul> If there is diagnostic uncertainty despite a competent examination or if there are "red flag" symptoms then an MRI scan may be indicated. If patients have had an inconclusive MRI scan and physiotherapy the procedure may be considered.		Not commissioned  Prior Approval Required via IFR process
Trauma & Orthopaedics	Lower Back Surgery for Chronic Back Pain	Lower back surgery for chronic back pain will be commissioned in accordance with the PCT's agreed pathway.		Pathway (Provider and referrers to undertake clinical audit of whole patient pathways)



Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
		<p>&gt;6 months duration</p> <p><b>C. Spinal epidural injections</b> Not funded for patients who have non-specific low back pain.</p> <p>For low back pain - single injection for pts who might have undergone discectomy sciatica - where patient responded previously.</p> <p><b>D. Facet joint injections</b> Not funded for patients who have non-specific low back pain. As diagnostic/screening tool prior to radiofrequency denervation or surgery in order to show probability of benefit; as treatment where co-morbidities that preclude other interventions</p>		<p>C Restricted</p> <p>D Restricted</p>
Trauma & Orthopaedics	Hip Arthroscopy	NICE Interventional Procedure Guidance 213 suggests that arthroscopic femoro-acetabular surgery for hip impingement syndrome should only be used with "special arrangements for consent and for audit or research" There are no East Midlands Units currently offering this service and the arrangements for consent or research at Coventry, the sole provider are unclear at present. Current evidence on safety and efficacy does not appear adequate to recommend hip arthroscopy for other indications, treatments or diagnoses.	EMSCG Interim recommendations	Not routinely commissioned
Trauma & Orthopaedics	Autologous Cartilage transplantation	ACI is not recommended for treating knee problems caused by damaged articular cartilage, unless it is used in studies that are designed to produce good quality information about the results of the procedure. These results should include	NICE TAG89	Not routinely commissioned

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
		measuring any improvement in patients' quality of life and the benefits and risks of ACI over a long period of time,		
Trauma & Orthopaedics	Carpal Tunnel	<p>Patients with a score of 5 or more on the modified CTS questionnaire (modified version of the Levine self assessment questionnaire) with any of the following to be referred without delay to secondary care:</p> <ul style="list-style-type: none"> <li>evidence of thenar wasting</li> <li>permanent numbness</li> <li>symptoms are severe/frequent/functionally impairing</li> <li>the condition makes work impossible and threatens employment.</li> </ul> <p>Patients who score 3 or 4 – refer to OT service for 2 week trial of neutral wrist splinting (or provide in house).</p> <p>Patients who score 3 or 4 and receive no relief from neutral wrist splinting, to be referred by GP for nerve conduction tests. Where these confirm CTS, referral on to Secondary Care is funded.</p>		Restricted
Trauma & Orthopaedics	Dupuytren's Contracture	All patients with loss of extension in one or more joints exceeding 25 degrees; or pt under 45 with >10 degree loss extension in 2 or more joints; or evidence of proximal interphalangeal joint contracture.		Restricted
Trauma & Orthopaedics	Ganglion Cysts	<p>A. Ganglion on wrist – evidence of neurovascular compromise or functional disability</p> <p>B. Seed ganglia at base of digits – significant</p>		<p>A.Restricted</p> <p>B. Restricted</p> <p>C..Restricted</p>

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
		<p>pain</p> <p>C. Mucoid cysts at DIP joint – nail growth disrupted, cysts tend to discharge</p>		
Trauma & Orthopaedics	Hip and Knee and other joint revisions	<p>The PCT will fund revisions using standard prosthesis Charnley, Lubinus, Exeter for hips</p> <p>Any non standard prosthesis will require approval from the PCT.</p>	NICE TA2	<p>Restricted</p> <p>Non-standard devices will require prior approval via the IFR Department</p>
Trauma & Orthopaedics	Hip/Knee Replacement (primary)	<p>Evidence that conservative means have failed to alleviate pain and disability</p> <p>Joint replacement for people who:</p> <ul style="list-style-type: none"> <li>• Experience joint symptoms (pain, stiffness and reduced function) <b>AND</b></li> <li>• Have a substantial impact on their quality of life <b>AND</b></li> <li>• are refractory to non-surgical treatment</li> </ul> <p>Referrals should be made before there is prolonged and established functional limitation and severe pain</p> <p>Restricted if Oxford score &lt;30 (objective measure scale in PROMS)</p> <p>The PCT will fund prostheses which are standard cemented devices for hips i.e. Charnley, Lubinus and Exeter.</p> <p>Any non standard prosthesis will require approval from the PCT.</p>	NICE TA2	<p>Restricted</p> <p>Non-standard devices will require prior approval via the IFR Department</p>

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
Trauma & Orthopaedics	Hip Resurfacing	Those who otherwise qualify for primary total hip replacement, but are likely to outlive conventional primary hip replacements; young and active.	TAG44	Restricted
Trauma & Orthopaedics	Joint Injections	Restricted if patient candidate for joint replacement in 6-12 months. As diagnostic tool prior to joint replacement to confirm joint as source of symptoms or for patients unfit or unsuitable for surgery, (NB there will be a maximum tariff price which reflects carrying out in an aseptic environment and not a sterile theatre)		Restricted
Trauma & Orthopaedics	Knees – washouts & debridement	Patient has mechanical features of locking (not gelling, “giving way” or x-ray evidence of loose bodies).  <i>NICE CG59</i> <i>‘(Referral for arthroscopic lavage and debridement** should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking in knee osteoarthritis (not gelling, ‘giving way’ or X-ray evidence of loose bodies).’</i>	NICE CG59	Restricted
Trauma & Orthopaedic	Other Joint Prosthetics	Joint replacement for people who: <ul style="list-style-type: none"> <li>• experience joint symptoms (pain, stiffness and reduced function) <b>AND</b></li> <li>• have a substantial impact on their quality of life <b>AND</b></li> <li>• are refractory to non-surgical treatment.</li> </ul> Referral should be made before there is prolonged and established functional limitation and severe pain		Restricted
Trauma & Orthopaedic	Shoulder Resurfacing Arthroplasty	Currently being considered by NICE. Guidance due Summer 2010.		Not commissioned Pending NICE consideration.

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
Trauma & Orthopaedic	Therapeutic use of ultrasound in Hip and Knee osteoarthritis	None.		Not commissioned
Trauma & Orthopaedics	Trigger Finger	Failure to respond to conservative measures; fixed deformity non-correctable. Significant functional disabilities caused by daily repeated locking.		Restricted
Trauma & Orthopaedics	X-ray (plain) & MRI of back for low back pain	Please refer to the Back Pain Pathway		Pathway (Provider and referrers to undertake clinical audit of whole patient pathways)
Urology	Reversal of Male Sterilisation	This service is not commissioned.		Not commissioned
Urology	Male Circumcision	<p>Circumcision will only be considered for a small number of clinically indicated therapeutic reasons in line with policy</p> <ul style="list-style-type: none"> <li>• True “pathological” Phimosis either primary or secondary to circumcision</li> <li>• True recurrent Balanoposthis (recurrent bacterial infection of the prepuce).</li> <li>• Balanitis xerotica obliterans (BXO)</li> </ul>	DCPCT Policy (to be agreed)	Restricted

Speciality	Procedure	Commissioning Position/Approved indications or thresholds	Evidence Base	Status/Monitoring
Urology	Sacral Nerve Modulation for Urinary Incontinence	Awaiting completion of policy. All cases will need to be assessed on an individual basis.		Approval will be required Via the IFR Department
Urology	Vasectomy	Provision of vasectomy should only be undertaken in a primary care/community setting, it is not commissioned as a secondary care service. However it is noted that referral to secondary care may be required in some circumstances e.g. if a general anaesthetic is needed.		Restricted
Various	PET CT Scans	Prior Approval is not required for patients who meet the agreed criteria for lung, Colorectal and Lymphoma.  Patients outside these agreed criteria will not be funded by the PCT. Further protocols for use would need to be considered and agreed by commissioners before this could be expanded. Prior Approval via the I.F.R. process will need to be sought for patients deemed to be exceptional cases by clinicians who fall outside the agreed protocol.	Agreed DCPCT Policy	Restricted  Approval via I.F.R. process for exceptional cases
Various	Hyperbaric Oxygen Therapy (HBOT)	Prior Approval is currently required for all HBOT treatment.  (Awaiting completion of policy)		Prior Approval Required via the IFR Department

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