CHESHIRE & MERSEYSIDE PRIOR APPROVAL SCHEME

Incorporating

NHS WIRRAL's
Procedures of Lower Clinical Priority (PLCP)

Guidance to Referrers

A to Z Procedure List

KEY TO POLICIES

(CM) – Cheshire and Merseyside
(W) – Wirral

- Alternative and Complementary Therapies
  - Acupuncture (W)
  - Alexander Technique (CM)
  - Applied Kinesiology (CM)
  - Aromatherapy (CM)
  - Autogenic Training (CM)
  - Ayurveda (CM)
  - Chiropractic (CM)
  - Environmental Medicine (CM)
  - Osteopathy (CM)
  - Healing (CM)
  - Herbal Medicine (CM)
  - Hypnosis (W)
  - Homeopathy (W)
  - Massage (CM)
  - Meditation (CM)
  - Nauropathy (CM)
  - Nutritional Therapy (CM)
  - Reflexology (CM)
  - Reiki (CM)
  - Shiatsu (CM)
  - All other alternative Therapies
- Dental Services (including dentistry, MFU services, restorative dentistry and orthodontics)
  - Endosseous Implants (W)
  - Hyperbaric Oxygen Therapy (for treatment of osteroradionecrosis with radiotherapy to the jaw) (W)
  - Extraction of wisdom teeth (CM)
- Dermatology
  - Dermatology Minor surgery (for cosmetic and benign skin lesions) (W)
  - Hair Removal / Hirsuitism (CM)
- ENT Services
  - Cochlear Implants (W)
  - Bone Anchored Hearing Aids (W)
  - Tonsillectomy (W)
  - Surgical Treatment for Sleep Apnoea (W)
  - Sinus x-ray (W)
  - Surgical Treatment of Otitis Media with Effusion (OME) and Grommets (CM)
- Gastro Enterology Services
  - Hypnotherapy for Irritable Bowel Syndrome (IBS) (W)
  - Gastro-electrical stimulation (CM)
  - Wireless Capsule Enteroscopy for investigation of the Small Bowel (CM)
- General Medicine
  - Growth Hormone in Adults (W)
  - Pulmonary (arterial) Hypertension (CM)
- General Surgery (Bariatric)
  - Surgical Management of Obesity (including Bariatric Surgery) (W)
- General Surgery (Cosmetic Surgery Following Significant Weight Loss)
  - All cosmetic surgery following significant weight loss (W)

- Hyperbaric Oxygen Services
  - All (W)
- Medicines Management
  - Drugs and Technologies (W)
- Mental Health Services (Adults)
  - Eating Disorders (W)
  - Post Traumatic Stress Disorder (W)
  - Adult ADHD (W)
  - Aspergers Syndrome (W)
  - Hearing Services for adults with MH problems (W)
  - Gender Reassignment Surgery (W)
  - Psychological Assessments (W)
- Nephrology Services
  - Bariatric surgery for patients with CKD (W)
  - Sub-fertility in patients with CKD (W)
  - Wegeners Disease (cosmetic surgery) (W)
- Neurology Services
  - Bobath Therapy (W)
  - Specialist Epilepsy Services (W)
  - Botulinum Toxin - Cervical Dystonia (W)
  - Botulinum Toxin A (BTA) Treatment (for children with Cerebral Palsy) (W)
- Obstetrics & Gynaecology Services
  - In-vitro fertilisation (IVF)/Assisted conception (CM)
  - Elective Caesarean Section (W)
  - Reversal of Female Sterilisation (W)
  - Polycystic Ovaries (W)
  - Surrogacy (W)
- Opthalmology Services
  - Photodynamic Therapy for Age Related Macular Degeneration (W)
  - Surgery for Short Sight (W)
  - Blepharoplasties (see also cosmetic surgery) (CM)
- Overseas Treatments (Interim Policy)
  - All (W)
- Plastic and Cosmetic Surgery Services
  - Abdominoplasty/Apronectomy (tummy tuck) (CM)
  - Adult Bat Ears (W)
  - Benign skin lesions (CM)
  - Breast Augmentation and Reduction (W)
  - Buttock Lift (CM)
  - Cosmetiic Abdominal Lipectomy (CM)
  - Cosmetic Blepharoplasty (CM)
  - Cosmetic Liposuction (CM)
  - Cosmetic Liposuction Pigeon Chest (CM)
  - Congenital Skin lesions (CM)
  - Cosmetic Rhinoplasty (W)
  - Eyelid lumps (CM)
  - Face lifts and brow lifts (W)
  - Hair Removal (W)
  - Hair Transplant (CM)
  - Laser Treatment for Facial Hair (CM)
  - Male baldness (CM)
  - Mastopexy (incl. repositioning of nipple) (CM)
  - Repair of Nipple (CM)
  - Scarring (acne) (W)
  - Split Ear Lobes (W)

- Surgery to the Ageing Face (face lift) (W)
- Tattoo Removal (CM)
- Vascular lesions (Port Wine Stains) (CM)

Paediatric Services (W)

Pain Management Services

- Dorsal Column Stimulator (W)

Trauma & Orthopaedics Services

- Endoscopic Lumbar Decompression (W)
- Minimally Invasive Spinal Surgery (W)
- Ponseti Technique for Clubfoot (W)
- Hip Arthroscopy (W)
- Autologus Chrondrocyte implantation (CM)

Urological Services

- Reversal of Male Sterilisation (W)
- Botulinum for Urinary Incontinence (W)
- Circumcision (W)
- Sacral Nerve Modulation (W)
- Penile Implants (CM)

Vascular Surgery Services

- Chelation Therapy for Vascular Occlusions (W)
- EVAR (Endovascular Aortic Repairs) (W)

Miscellaneous

- Envrionmental Medicine / Clinical Ecology for Multiple Chemical Sensitivity (MCS) (W)
- Electro-magnetic Field Sensitivity (EMFS) (W)
- Fatigue Syndromes (including CFS/ME) (W)
- Other conditions (W)

CONTENTS

1. Introduction

This document is intended to be a guidance document for clinicians and other referrers in primary and secondary care. It sets out the eligibility criteria under which the PCT will commission the service, either via existing contracts or on an individual basis. It gives detailed guidance to referrers on the policies of NHS Wirral in relation to the commissioning of procedures of low clinical priority and treatments requiring prior approval. Many of our policies have been developed in association with the PCTs across Cheshire and Merseyside.

Health professionals will recognise that health benefits must be maximised from the resources available. As new services become available, demand increases and procedures that give maximum health gain must be prioritised. **This means that certain procedures will not be commissioned by the PCT unless exceptional clinical grounds can be demonstrated.**

NHS standard contracts specify with our Providers the circumstances where the Provider will need to seek prior approval (PA) to confirm the appropriateness of a proposed intervention or course of treatment. Prior approval largely focuses on procedures of limited/low clinical effectiveness or infrequent high cost and/or complex procedures.

This document presents the Cheshire and Merseyside Prior Approval Policy. NHS Wirral has been an active participant in the development of these policies. Based on this large geographic footprint the policies have been developed to promote equity of access to services, value for money and clinical effectiveness across Cheshire and Merseyside.

The PCT will not pay for activity unless it meets the criteria set out in the document or individual approval has been given and the Referral and Approval Process as set out has been followed.

To support this approach a set of **Core Clinical Eligibility Criteria** have been developed and are set out below. Patients may be referred in accordance with the referral process if they meet these criteria. In some limited circumstances, a '**Procedure of Lower Clinical Priority' (PLCP)** may be the most clinically appropriate intervention for a patient. In these circumstances, agreed eligibility criteria have been established and these are explained in the later sections of the document. If the criteria are met the procedure will be funded by the PCT.

Our Core Clinical Eligibility Criteria are:

- All NICE Technology Appraisals will be implemented except where specified. NICE guidance will not be considered as mandatory in all specialties.
- In cases of Trauma and burns the correction of post traumatic bony and soft tissue deformity will be available on the NHS.
- In cancer care (including skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually available on the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function (e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis etc) will be provided.
- Reconstructive surgery post cancer or trauma will be funded.

- Any patient who needs urgent treatment will always be treated regardless of race, disability, gender, age, sexual orientation, religion or belief.
- No treatment is completely ruled out if an individual patient's circumstances are exceptional.

2. Referral and Approval Process

Conditions that are considered procedures of lower clinical priority will not be funded unless clinical criteria are met as detailed in pages 10-54. Where clinical criteria are met treatment identified will form part of the normal contract activity.

REFERRAL PROCESS

If a General Practitioner/Optometrist/Dentist considers a patient might reasonably fulfil the eligibility criteria for a Procedure of Lower Clinical Priority, as detailed in this document **(i.e. they meet the specific criteria listed for each treatment)** the GP should follow the local process for seeking approval to refer from their PCT. The referral letter should include specific information regarding the patient's **potential** eligibility.

Diagnostic procedures to be performed with the sole purpose of determining whether or not a Procedure of Lower Clinical Priority is feasible ***should not*** be carried out unless the eligibility criteria are met or approval has been given by the PCT as part of it procedure for agreeing exceptional cases.

Referral to secondary care should either:

- Have been prior approved by the Complex Case Team/Health Treatment Panel on behalf of the PCT and
- Clearly state how the patient meets the criteria or
- Be for a clinical opinion to obtain further information to assess the patient's eligibility.

The secondary care Consultant will then also determine whether the procedure is clinically appropriate for a patient and whether the eligibility criteria for the procedure are fulfilled or not. They may request additional information before seeing the patient. Patients who fulfil the criteria may then be placed on a waiting list according to their clinical need. The notes should clearly reflect exactly how the criteria were fulfilled. Should the patient not meet the eligibility criteria this should be recorded in the patient's notes and the consultant should return the referral back to the GP with a copy to the PCT, explaining why the patient is not eligible for treatment.

If the referral letter does not clearly outline how the patient meets the criteria then the letter should be returned to the referrer for more information and the PCT notified. Where a GP requests only an opinion the patient will not be placed on a waiting list or treated, but the opinion given to the GP and the patient returned to the GPs care, in order for the GP to make a decision on future treatment if the patient meets the appropriate criteria.

Should a patient not fulfil the clinical criteria but the referring clinician is willing to support the application as clinically exceptional, the case can be referred to individual PCTs for approval. Appendix 1 includes details of the NHS Wirral contact.

Prior approval for treatment should always be sought from the responsible PCT when using medicines as follows:

1. Any new PbR excluded drug where the drug has not yet been approved / prioritised for use in agreement with the local PCT.
2. Any existing PbR excluded drugs to be used outside of previously agreed clinical pathways/indication.

3. Any PbR excluded drugs that are being used out with the parameters set by NICE both in terms of disease scores or drug use. It must not be assumed that a new drug in the same class as one already approved by NICE can be used, this must be subject to the process in Point 1.
4. Any drug used out with NICE GUIDANCE.
5. Any medicines that are classed by the PCT as being of limited clinical value.
6. Any medicines that will be supplied via a homecare company agreement.

NOTE : For Haematological cancer drugs a revised process and prioritised list is under development. The policy will be updated to reflect this. In the meantime prior approval should be sort for all these drugs.

3. Commissioning Policies

In developing these policies NHS Wirral with colleague PCTs aims to ensure that services commissioned are:

1. **Clinically Effective**. Application of the policies will ensure that the care we commission is based on sound evidence of effectiveness. This will come from sources such as the National Institute for Health and Clinical Effectiveness, well designed systematic reviews and meta-analyses or randomised controlled trials.
2. **Cost Effective**. The policies take into account cost-effectiveness analyses of healthcare interventions (where available) to assess which yield the greatest benefits relative to the cost of providing them.
3. **Equitable**. Adoption of the policies means we will commission and provide health care services based solely on clinical need, within the resources available to us. We will not discriminate between individuals or groups on the basis of age, sex, sexuality, race, religion, lifestyle, occupation, social position, financial status, family status (including responsibility for dependants), intellectual/cognitive functioning or physical functioning.

NHS Wirral will not provide individual funding for care that is not routinely commissioned or provided solely on the basis that an individual, or a clinician involved in their care, desires it. This is in line with our responsibility to ensure consistent and equitable access to care for all our population. It reflects our concern not to fund for one individual care which could not be openly offered to everyone in our population with equal clinical need.

NHS Wirral has procedures to allow individuals to be considered as an exception to commissioning policies where evidence is available to suggest that an intervention not routinely funded may be of particular benefit to them.

In considering exceptional cases NHS Wirral may not be able to afford all interventions supported by evidence of clinical and cost-effectiveness within their available budgets. Where this is the case further prioritisation will be undertaken based on criteria including national and local policies and strategies, local assessment of the health needs of the population, to ensure that we do not exceed our available resources.

Individual Cases

NHS Wirral will use the Health Treatment Panel (HTP) to consider individuals who might have circumstances that make them an exception to these agreed commissioning policies. The HTP does not make commissioning policies on behalf of NHS Wirral. Consideration by the HTP will always start from the overall policy position (whether or not the intervention has been prioritised through the operational Plan) and will seek to determine exceptionality on that basis.

There will be occasions when referrers wish to make a case on the grounds of exceptionality. **NHS Wirral and Cheshire & Merseyside PCTs have endorsed through the PCT Alliance a description of exceptionality contained in a paper by the NW Medicines and Treatment Group, this is set out below:**

"In dealing with exceptional case requests for an intervention that is considered to be a poor use of NHS resources, it is now widely accepted that in order for a patient to be considered as exceptional the PCT panel must be persuaded that the patient has a clinical picture that is significantly different to the general population of patients with that condition **and as a result of that difference,** the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition.

Increasingly commissioners are of the opinion that exceptionality should be defined solely in clinical terms; to consider social and other non clinical factors automatically introduces inequality, implying that some patients have a higher intrinsic social worth than others with the same condition. It runs contrary to a basic tenet of the NHS namely, that people with equal need should be treated equally.

In essence, it is a question of equity. The PCT must justify the grounds upon which it is choosing to fund this patient when the treatment is unavailable to others with the condition".

The current policy in relation to **determination of exceptionality** is:

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are:

- Significantly different to the general population of patients with the condition in question.
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition. The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for an exemption.

It should be noted that:

- If a patient's clinical condition matches the 'accepted indications' for a treatment that is not funded, their circumstances are not, by definition, exceptional.
- It is for the requesting clinician (or patient) to make the case for exceptional status.
- Social value judgements are rarely relevant to the consideration of exceptional status.

The HTP cannot make a decision to fund a patient where by so doing a precedent would be set that establishes new policy (because the patient is not, in fact, exceptional, but representative of a group of patients). In cases where the HTP feels strong evidence has been provided in support of a particular health technology they should make a recommendation for further consideration by the PBCs and PEC but individual funding of the specific case will be refused.

A number of procedures are requested on the basis of psychological distress. These will only be considered:

- Where formal psychological assessment has taken place.
- Where there is documentary evidence of significant morbidity.
- Where there is a history of prior psychological intervention (i.e. prior to request for treatment as an exceptional case).
- Where there is evidence of active alternative management of the psychological distress in Primary Care.

Further details on this are contained within the Specialty Specific Commissioning section under Mental Health Services (see pages 29-30)

A number of patients and/or referrers enquire about the transfer from private to NHS care. The PCT draft policy attached at Appendix 1 will be applied in these circumstances.

Enquiries
Help is available in the interpretation and application of these policies from:

NHS Wirral (Health Systems Management, Complex Case Team)
Old Market House
Hamilton Street
Birkenhead
CH41 5FL
0151 651 0011

The weblink to NHS Wirral and Cheshire & Merseyside PCT Policies for Funding of a case on the basis of clinical exception is:

www.wirral.nhs.uk/aboutnhswirral/planspoliciesandpublications/policies/commissioning.html

4. Summary of Procedures

The policies set out include:

- Potentially cosmetic interventions not normally commissioned by the PCT.
- Low volume, high-cost complex cases.

GPs should refer only if the patient meets the strict criteria set out or individual approval (see local PCT process) has been given by the PCT before initiating treatment on a specific patient.

- Relatively ineffective interventions.
- Effective interventions where usually a cost effective alternative should be tried first.

Requests for purely cosmetic surgery will not be considered. Patients meeting the core clinical eligibility criteria set out above can be referred, all other referrals should be made in accordance with the specified criteria and referral process. The PCT may request photographic evidence to support a request for treatment

Patient's treatment will not be funded unless:

- They meet the stated clinical criteria – see each clinical presentation.
- And/or Psychiatric Condition – see definition below.
- And/or Interference with physical function is proven.

Psychiatric condition must be one that requires treatment, is clearly related to the relevant physical problem and has not been effectively addressed by adequate psychiatric or psychological intervention and does not pre date the condition.
Severe psychosocial dysfunction will be alleviated. Patient must have assessment by psychologist prior to referral to PCT.

Interference with physical function

The condition has become complicated e.g. by repeated infection or it is interfering with physical function such as activities of daily living.

Where a procedure is not listed in this document (includes new and experimental treatments) requests for funding will be judged on an individual basis. NICE will be the definitive guidance where available. However, it is recognised that many new treatments have not been subject to NICE. In such cases other recognised expert appraisals will be used as guidance including Cochrane, SIGN, MeREc etc. The PCTs will also be guided by research subject to internal and external evaluation of merit.

5. Detailed Commissioning Policies

A range of commissioning policies is set out below. These are designed to help all referrers and especially primary and secondary care clinicians advise patients on access to services.

The PCT will not normally fund private treatments where an NHS provider offers similar treatment unless it can be demonstrated that the private provider can offer a more cost effective service.

Where request for prior approval and/or exceptional treatments is made the responsibility vests with the referrer to advise the patient of the outline process that will be followed and to ensure that no expectation of treatment is assumed prior to approval by the HTP.

This document relates specifically to procedures of low clinical priority or those requiring prior approval. Many other routine referrals are made which are subject to agreed criteria and agreed care pathways and these must be observed.

In addition NHS Wirral commissions a range of specialist services through the North West Specialist Services Commissioning Team and detailed referral policies and criteria have been established primarily to address the interface between secondary, tertiary and supra tertiary care. Referrers will be required to observe these criteria.

It should be noted that:

- These policies will be the subject of regular updating and formal annual review as a minimum.
- NHS Wirral welcomes advice from primary and secondary care clinicians on how they can be improved and developed.
- It is recognised that the policies do not cover every contingency, service area and potential treatment request. These polices will be added to over time.
- NHS Wirral is specifically interested to be advised by referrers of areas of clinical practice or emerging technologies where local policies need to be developed.
- The policies are available on the NHS Wirral website.

Alternative and Complementary Therapies

Range of services	• Acupuncture • Alexander Technique • Applied Kinesiology • Aromatherapy • Autogenic Training • Ayurveda • Chiropractic • Environmental Medicine • Osteopathy • Healing • Herbal Medicine • Hypnosis • Homeopathy • Massage • Meditation • Naturopathy • Nutritional Therapy • Reflexology • Reiki • Shiatsu All other alternative therapies.

Cheshire and Merseyside Commissioning Policy	Not routinely commissioned. **BacktoAtoZProcedureList**
NHS Wirral Local Commissioning Policy	Alternative and Complementary therapies are occasionally used as a treatment as part of a mainstream service care plan (e.g. as part of an integrated multidisciplinary approach to symptom control by a hospital based pain management team) and as such will be funded either as part of the PBR tariff or explicitly agreed in the SLA. The PCT would not support referral outside the NHS for these services. Prior Approval is required on a case by case basis by the PCT Health Treatment Panel for any requests on an exceptional basis. The HTP will require proven evidence of effectiveness of the therapy, failure of conventional treatment and assurance concerning the training and qualifications of the proposed provider practitioners. **Homeopathy/Acupuncture** A contract is currently in place for Homeopathy services via a Liverpool

	provider, NHS Wirral will not commission services outside this contract with other NHS or private providers. GP's can refer patients direct to this service. **BacktoAtoZProcedureList** **Hypnotherapy** Not commissioned. Insufficient research evidence to demonstrate effectiveness (e.g. IBS) **BacktoAtoZProcedureList**

Dental Services (including dentistry, MFU services, restorative dentistry and orthodontics)

Range of services	• Endosseous Implants • Hyperbaric Oxygen Therapy (for treatment of osteoradionecrosis with radiotherapy to the jaw) • Extraction of wisdom teeth

NHS Wirral Local Commissioning Policy	**Endosseous Implants.** Not generally commissioned by the PCT unless in exceptional circumstances. The PCT will take into account the document "Guidelines for selecting appropriate patients to receive treatment with Dental Implants: Priorities for the NHS" issued by the Royal College of Surgeons of England (1997) and the Wirral PCT Dentistry team (2007). The PCT will only fund dental implants for patients registered with Wirral GPs whose treatment falls into any of the following categories: • As part of reconstructive treatment following surgery to the mouth and surrounding tissues for the treatment of malignant disease, where the bone loss is such that only dental implants can be used. This will include cancer rehabilitation following oral/facial surgery. • As part of reconstructive treatment following severe facial trauma including congenital abnormality. • To replace multiple congenitally absent teeth including patients with cleft palate and patients with hypodontia where four or more permanent teeth are congenitally absent. • Where there are severe eating or speaking disorders or psychiatric problems, arising from the current or alternative replacements for missing teeth (referrals on psychiatric grounds must be supported by medical assessment) and for whom rehabilitation would require multidisciplinary treatment with pre-implant autogenous bone grafting • Replacement and maintenance of the above. The PCT will not fund: • Patients requiring full or partial dentures without additional needs described above. • Patients who have failed implants but who do not fit the criteria above. Requests that meet the above criteria will be triaged by the Complex Case Team. Prior Approval is required on a case by case basis by the PCT Health Treatment Panel for all other cases. **BacktoAtoZProcedureList** **Hyperbaric Oxygen Therapy.**

	This treatment is not commissioned as recommended by the North West Specialised Services Commissioning Team. Funding may be considered as part of a well designed randomised control trial. This section should be cross referenced with the main section on Hyperbaric Oxygen Therapy. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Extraction of Wisdom teeth** Impacted Wisdom teeth free from disease should not be operated on. Removal is only indicated in cases with evidence of pathology including: • Unrestorable caries • Non treatable pulpal and/or periapical pathology • Cellulitis • Abscess and osteomyelitis • Internal/external restoration of the tooth or adjacent teeth • Fracture of tooth • Disease of follicle including cyst/tumour • Tooth/teeth impeding surgery or reconstructive jaw surgery • Removal of tooth within field of tumour resection. **BacktoAtoZProcedureList**

Dermatology

Range of services	• Dermatology Minor surgery (for cosmetic and benign skin lesions) • Hair Removal/Hirsuitism

NHS Wirral Local Commissioning Policy	**Dermatology Minor Surgery** • Dermatological procedures that are purely cosmetic in nature are not commissioned. • Dermabrasion for skin rejuvenation is not commissioned. It may be commissioned on an exceptional case by case basis for severe scarring due to acne or trauma. • Lipomas and sebaceous cysts that may be painful or become infected are not defined as cosmetic procedures for these purposes. • Removal of skin lesions within secondary care will only be considered if: • Lesions are suspicious or potentially malignant. • There is impairment of function or significant facial disfigurement. • All referrals to secondary care will be reviewed by the consultant dermatologists and referred back to the GP if the criteria are not met. These policies apply to locality commissioned schemes. Requests that meet the criteria will be triaged by the Complex Case Team. Prior Approval is required on a case by case basis by the PCT Health Treatment Panel for all other procedures. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Hair depilation / Hirsuitism** Only funded in the following clinical circumstances and will be limited an assessment visit plus to six treatments: • Abnormally located hair-bearing skin following reconstructive surgery • Proven underlying congenital and/or endocrine disturbances, resulting in abnormally placed excessive hair e.g. polycystic ovary syndrome. • Those undergoing treatment for pilonidal sinuses to reduce recurrence • Hirsuitism leading to significant psychological impairment. The method of depilation (hair removal) used should be diathermy, electrolysis performed by a registered electrologist, or laser centre. The Cheshire and Merseyside policy is qualified by the following additional NHS Wirral criteria: • Patients with a symptomatic or functional requirement for intervention may be considered for the most appropriate form of hair removal • All requests will be expected to be accompanied by an opinion from a secondary Care Consultant (i.e. dermatologist or endocrinologist).

	• Approval of exceptional cases will be for assessment only initially. Any subsequent approval for treatment will be for face and neck only and will be for a fixed number of treatments (up to a maximum of 6). Top up treatments will not be funded. **BacktoAtoZProcedureList**

ENT Services

Range of services	• Cochlear Implants • Bone Anchored Hearing Aids • Tonsillectomy • Surgical Treatment for Sleep Apnoea • Sinus x-ray • Surgical Treatment of Otitis Media with Effusion (OME) and Grommets These policies should be cross referenced with relevant policies under cosmetic procedures.

NHS Wirral Local Commissioning Policy	**Cochlear Implants** Intervention will be approved according to current referral guidelines and individual assessment. Sympathetic consideration will be given to pre surgical counselling packages. Approval is also required for speech processor upgrades. Prior approval on a case by case basis is by PCT HTP. Treatments will only be authorised at designated centres on a tertiary basis. **BacktoAtoZProcedureList** **Bone Anchored Hearing Aids** All BAHA requests (generally from secondary care) should be submitted to the PCT HTP for approval on a case by case basis. The care pathway for referrals received by the specialist secondary care provider is currently under review as part of the SLA process. The ENT Modernisation Team have been requested to clarify and/or develop the local pathway. **BacktoAtoZProcedureList** **Tonsillectomy** GP referrals for tonsillectomy should only be made where patients meet the agreed criteria for referral. i.e. • Sore throats are due to tonsillitis. • A number of episodes of severe sore throats per year. • Symptoms for at least a year. • Episodes of sore throat are disabling and prevent normal functioning. **BacktoAtoZProcedureList** **Treatment for Sleep Apnoea**

	Treatment is available at the University Hospital (Aintree) and the Wirral University Hospital Trust. All patients should be referred initially to the local provider (subject to patient choice) and subsequently by a secondary care chest physician to Aintree if appropriate. Surgical interventions are subject to prior approval. Surgery is generally undertaken at WUHT. Non-Surgical interventions are governed by the agreed pathway. Provision of sleep apnoea equipment is on a prior approval basis by the PCT HTP. **BacktoAtoZProcedureList** **Sinus x-ray** • X –ray sinuses are not routinely commissioned **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Glue Ear (Otitis Media with effusion)** The PCT will fund treatment with grommets for children with otitis media with effusion (OME) where: 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 AND the child is placed on a waiting list for the procedure at the end of this period AND OME persists after three months AND the child (who must be over three years of age) suffers from at least one of the following: • At least 3-5 recurrences of acute otitis media in a year • Evidence of delay in speech development • 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). • A significant second disability such as Downs syndrome. **BacktoAtoZProcedureList** **Correction of prominent ears (Pinnaplasty)** May be funded in the following circumstances: • Ideally the patient should be between 5 and 19 years of age but preferably below 14 years of age • Patient assessed by plastic surgeon and any concerns addressed by a psychologist Children under the age of five are usually oblivious and referrals may reflect concerns expressed by the parents rather than the child. **Remodelling of lobe of external ear.**

	Funded if: • Repair of completely split ear lobes as a result of direct trauma. Correction of split earlobes is not always successful and the earlobe is a site where poor scar formation is a recognised risk. Individual basis risk assessment regarding scar **Surgery to reshape the nose (Rhinoplasty).** This procedure is NOT available under the NHS on cosmetic grounds Only funded in the following circumstances: • Objective nasal deformity caused by trauma • Problems caused by obstruction of nasal airway • Correction of complex congenital conditions e.g. cleft lip and palate Patients with isolated airway problems (in the absence of visible nasal deformity) may be referred initially to an Ear Nose and Throat (ENT) consultant for assessment and treatment.

Gastro Enterology Services

Range of services	• Hypnotherapy for Irritable Bowel Syndrome (IBS) • Gastro-electrical stimulation • Wireless Capsule Enteroscopy for investigation of the Small Bowel

NHS Wirral Local Commissioning Policy	**Hypnotherapy for Irritable Bowel Syndrome (IBS)** Hypnotherapy for the treatment of IBS is not commissioned due to insufficient evidence of effectiveness. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Gastro-electrical stimulation** Not routinely commissioned (NICE Guidance) **BacktoAtoZProcedureList** **Capsule Endoscopy / Pillcam** ONLY considered for Disease of the small bowel if: • Overt or transfusion dependant bleeding from GI tract, when source not identified on OGD/Colonoscopy • Crohns Disease in whom strictures are not suspected • Hereditary GI polyposis syndromes BacktoAtoZProcedureList

General Medicine

Range of services	• Growth Hormone in Adults • Pulmonary (arterial) Hypertension

NHS Wirral Local Commissioning Policy	**Growth Hormone** Will be commissioned only for adults with serious growth hormone deficiency that significantly affects quality of life. All approvals will be subject to quality of life assessment after 9 months of commencing treatment. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Pulmonary Hypertension** Services are commissioned at Sheffield University Teaching Hospital Trust. A national commissioning policy has now been developed and agreed through the North West Specialist Commissioning Group.  Pulmonary Hypertension Nationa **BacktoAtoZProcedureList**

General Surgery (Bariatric)

Range of services	• Surgical Management of Obesity (including Bariatric Surgery)

NHS Wirral Local Commissioning Policy	**Bariatric Surgery** Full information on referral procedures and criteria has been separately circulated to GPs. In summary: Surgery will only be considered as a treatment option for people with severe obesity e.g. a body mass index (BMI) of 50 kg/m2 or more or a BMI of between 45 kg/m2 and 50 kg/m2 in the presence of significant co-morbid conditions that could be improved by weight loss e.g. type 2 diabetes, hypertension etc. Individuals must also fulfil the following criteria: • They are aged 18 years or over. • They have been receiving, and complied with, a weight management programme in a specialised hospital obesity clinic or a community-based equivalent (which will include psychological assessment as part of the weight management programme). • They have adequately tried all other appropriate non-surgical measures for a period of at least 6 months but have failed to achieve or maintain significant clinically beneficial weight loss (i.e. >10%). • They are committed to the need for significant lifestyle changes and long term follow up by a doctor and other healthcare professionals such as dieticians or psychologists over the long-term. • There are no specific medical or psychological reasons why they should not have this type of surgery (a formal psychological assessment is required). • They are generally fit for anaesthesia and surgery. Prior to bariatric referral, patients should in the first instance be referred to the Wirral Lifestyle & Weight Management Service (LWMS). Once lifestyle intervention is complete (requiring attendance at at least 8 out of 12 sessions) and an adequate trial of anti obesity drug therapy has been undertaken, bariatric referral should be made documenting previous attempts at weight loss and their outcome, as well as providing evidence of an adequate trial of anti obesity medication. Additional information regarding the management of known co-morbid conditions, medication and any non bariatric surgery should also be provided. Direct referrals from primary care to the secondary care surgical service should not be made. Patients will ultimately be approved on a case by case basis subject to the criteria being met and on the recommendation of the Wirral LWMS and the

	lead PCT Medical Director. This part of the pathway is subject to further review and development. The recommendations of the LWMS and the PCT MD will be approved on a case by case basis by the PCT HTP. Where a patient has progressed to surgery on a self funded basis the policy for subsequent transfer to NHS care if required, will be applied. Generally all referrals for routine treatment should be made to the LSWS in the first instance and that team will determine the point at which the patient enters the care pathway. If a patient requires revision surgery following previous private treatment the PCT policy on transfer of care will apply. If a patient requires revision surgery after completion of their current pathway (including surgery and follow up) then the patient should be re-referred to either the LSWS or to the local gastro-enterology service (as determined by the presenting conditions) or a separate funding request will need to be submitted via the HTP. Where a patient does not meet the criteria but it is felt they have personal circumstances of an exceptional nature individual funding may be sought via the PCT HTP. Approval for surgery may give rise to a later request for related cosmetic surgery procedures. Removal of redundant skin folds resulting from weight loss after surgery will not be routinely funded. All requests will be considered on an individual basis. A separate policy on “Cosmetic Surgery post significant weight loss” has been agreed, is included in this document and should be consulted. No expectation of post weight loss surgery should be given to the patient when initial referral for bariatric surgery is made. Cross reference should also be made to the commissioning policies for cosmetic and anaesthetic procedures. **BacktoAtoZProcedureList**

Relevant Background	The provider for specialised surgical obesity services for Wirral patients is Spire, Murrayfield.

General Surgery (Cosmetic Surgery Following Significant Weight Loss)

Range of services	• All cosmetic surgery following significant weight loss

NHS Wirral Local Commissioning Policy	**Context** There are two main categories of patients from which requests for surgery may arise as follows: • Deliberate weight loss following successful dieting. • Rapid weight loss following stomach reducing procedures (bariatric surgery). The consequent major problems for patients arise from the failure of skin to contract and re-drape over a smaller frame resulting in hanging folds of excess skin. This gives rise to unsightliness with psychological problems resulting in certain cases. With the development of more sophisticated bariatric surgical techniques, an increasing number of patients with grade 3 obesity are undergoing surgical treatment and this number is likely to increase in the foreseeable future. Following significant weight loss the quality of life of many patients may be hampered by large folds of redundant skin and subcutaneous tissue. In these cases plastic surgery may be required at a later stage to remove the excess skin. The number of patients being referred for this type of surgery at present is small. However it is likely to rise steadily in the foreseeable future. Given the inability at this stage to predict the demand for this form of surgery all requests will be managed through the PCT Health Treatment Panel. **Types of Surgical Intervention** For patients undergoing plastic surgery following a bariatric procedure, the operations carried out may include: • Dermolipectomy of the abdomen and flank. • Dermolipectomy of the arms (above the elbow). • Breast reduction and breast mastopexy, and • Dermolipectomy of the thighs. The most common procedure is dermolipectomy of the abdomen. All of the above Procedures are generally safe, planned operations without serious complication and generally give rise to good functional and aesthetic results. **Policy** The policy will apply for all patients who achieve significant weight loss either through weight management programmes or through surgical treatment.

	Patients who achieve significant weight loss without NHS support will not be disadvantaged. Removal of redundant skin folds resulting from weight loss after surgery will not be routinely funded. Such requests will be considered as separate cases. Cross reference should be made to the commissioning policies for cosmetic and anaesthetic procedures. Cosmetic surgery and surgery undertaken to improve appearance following significant weight loss will **not** normally be funded by the NHS other than in exceptional circumstances as outlined below: (i) Arm and thigh reductions where a) The flaps cause significant documented problems with activities of daily life (e.g. ambulatory restrictions) OR b) Causes a chronic and persistent skin condition (e.g. intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics OR c) The flaps cause disabling psychological distress. (ii) Apronectomy or Abdominoplasty where The flap hangs at or below the level of the symphysis pubis AND a) causes significant problems with activities of daily life (e.g. ambulatory restrictions) OR b) Causes a chronic and persistent skin condition (e.g. intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics OR c) Disabling psychological distress. (iii) Breast reduction, augmentation and Mastopexy where a) The breasts cause significant documented problems with activities of daily life (e.g. ambulatory restrictions) OR b) Causes a chronic and persistent skin condition (e.g. intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics OR c) The breasts cause disabling psychological distress. Clinical photographs will be required to support any application for treatment on an exceptional basis. Disabling psychological distress will need to be demonstrated and supported by documentary evidence of significant morbidity which has necessitated psychological intervention. Details of previous referrals, treatments and outcomes will need to be supplied.

	Problems with activities of daily life will need to be demonstrated and supported by documentary evidence of significant morbidity which has necessitated medical intervention. Surgery will not be funded unless: a) The target weight has been achieved. AND b) The target weight has been maintained for two years. AND c) The patients BMI (body mass index) is stable for two years and as close to 25 as possible taking into account the weight of redundant tissue not amenable to further weight reduction. AND d) The patient is suffering from severe functional problems as detailed in 4 (i)-(iii) above. When surgery is requested following bariatric surgery, the procedure should not be performed until at least 24 months after the bariatric surgery. **PCT Procedures** Prior approval is required from the PCT Health Treatment Panel, ideally before the referral is made to secondary care. Where either psychological or physical difficulties are cited as the justification for the proposed intervention, all efforts should have been made in advance to manage these problems before any request for surgery. Evidence to demonstrate this will be required. Using a psychological assessment to justify treatment is inappropriate and a waste of resources. It is expected that appropriate interventions to improve psychological well-being would have been used over a period of time before surgery would be considered as an option. Evidence will be required that psychological intervention took place prior to any request for surgery. Similarly, where physical symptoms are the reasons for considering surgery, all other appropriate interventions should have been tried. Documentation of such efforts will be expected for any potential requests and referrals. **Requests for Treatment** Assuming that the patient meets the outline criteria then the referring clinician should complete the standard PCT Request Proforma ensuring that all information required under Section 4 (Policy) is included. Additional supporting information should be included which will help in consideration of the request as follows: • Date of bariatric surgery (where relevant). • Pre operative or original BMI with dates. • Date target weight achieved. • Current BMI. • Period of stability at target weight. • Patient compliance with continuing nutritional supervision and

	management. • Details of functional problems. • Details of associated medical problems. • Expected outcomes from surgery. • Description of psychological problems (with supporting evidence). • Photographic evidence. **PCT Support** The PCT Complex Case Team will be available to support and advise referrers on the details of this policy. **BacktoAtoZProcedureList**

Hyperbaric Oxygen Services

Range of services	All

NHS Wirral Local Commissioning Policy	This treatment is not routinely commissioned. Funding may be considered as part of a well designed randomised control trial. Funding will be available for emergency treatments and paid on a retrospective basis. All planned requests to be considered on a case by case basis by the HTP who will review in light of the Specialised Services National Definition Set (Number 28 Adults). Cross reference to Dental Services. **BacktoAtoZProcedureList**

Medicines Management

Range of services	Drugs & Technologies

NHS Wirral Local Commissioning Policy	• The Wirral Drugs and Therapeutics Committee have developed a Wirral wide Medicines Guide (Formulary). • All new drugs will be approved by the WDTC for use across the health economy. • New drugs are approved clinically for inclusion in the Medicines Guide in line with NICE guidance or where there is sufficient evidence on clinical and cost-effectiveness to support their use and demonstrate advantages over existing treatment options. Financial discussions may follow in some cases before new clinically approved medicines are used. • Exceptional cases for non formulary medicines funded outside tariff are considered via the HTP for prior approval. For tariff excluded medicines approved via the DTC (usually in line with NICE guidance) an agreed dataset of individual patient data is submitted for funding retrospectively on a quarterly basis. This data is monitored by the Head of Medicines Management. • All tariff excluded medicines requests or exceptional cases from non-Wirral Providers are currently considered at the HTP or subject to the agreement with the Head of Medicines Management. Discussions are ongoing across the North West to reach agreement across a wider footprint on principles for retrospective data submission, without prior approval, for NICE approved tariff excluded medicines. All other cases are subject to prior approval on a case by case basis by the PCT HTP or the PCT Head of Medicines Management. **BacktoAtoZProcedureList**

Mental Health Services (Adults)

Range of services	• Eating Disorders • Post Traumatic Stress Disorder • Adult ADHD • Aspergers Syndrome • Hearing Services for adults with MH problems (John Denmark Unit) • Gender Reassignment Surgery • Psychological Assessments

NHS Wirral Local Commissioning Policy	**Eating Disorders** • A local service has been developed with an agreed pathway. Referrals should be made to the Cheshire and Wirral Partnership Trust in the first instance. **BacktoAtoZProcedureList** **PTSD** • Access to routine counselling services will be arranged by the GP. • Exceptional cases requiring more intensive support (e.g. in patient care or a therapeutic programme not covered by existing SLAs) to be approved on a case by case basis. **BacktoAtoZProcedureList** **Adult ADHD, Aspergers Syndrome** Commissioning policies are under development and the potential development of new local services is being considered. Pending clarity on these policies and services prior approval is required on a case by case basis by the PCT HTP. The PCT Mental Health lead commissioner will offer advice on the most appropriate referral route or service provider. The Complex Case Team will offer advice on appropriate referral routes for exceptional cases. **BacktoAtoZProcedureList** **Hearing Services for Adults with MH problems** • Patients with hearing problems (who use sign language) and who need specialist counselling and support will be considered on a case by case basis. **BacktoAtoZProcedureList** **Gender Reassignment Services**

	• Treatment for gender dysphoria and gender reassignment is commissioned on an individual patient basis. All cases are subject to prior approval on a case by case basis by the PCT HTP. • Patients should be referred for assessment to the local psycho sexual service (CWPT) • The Psycho sexual service will in turn onward refer to the specialist Gender Identity Clinic as appropriate. • Direct referrals to a specialist GIC should not be made. • Detailed advice about the procedure and associated issues should be sought from the Complex Case Coordinator. It is likely that the patient will request a number of associated treatments as part of the transition to their new gender. Speech therapy and endocrinology services should be provided as part of the package of care at the specialist gender identity service or through local referral on the recommendation of the local psycho sexual service or GIC. The local endocrinology and speech therapy services may also be accessed. Treatments that are considered purely cosmetic will not be approved. This includes image consultancy, removal of facial hair (electrolysis or laser), mastectomy for trans men, thyroid chondroplasty for trans women, breast augmentation for trans women, facial feminisation, rhinoplasty, body contouring, voice modification, hair restoration, storage of gametes, skin resurfacing. Exceptionality will need to be demonstrated and individual cases approved by the HTP. **BacktoAtoZProcedureList**

Relevant Background	GRS policies should be read in conjunction with policies on cosmetic procedures.

Nephrology Services

Range of services	• Bariatric surgery for patients with CKD • Sub-fertility in patients with CKD • Wegeners Disease (cosmetic surgery)

NHS Wirral Local Commissioning Policy	As a general policy the relevant commissioning policies for each specialty will apply. All cases are subject to prior approval on a case by case basis by the PCT HTP. **BacktoAtoZProcedureList**

Neurology Services

Range of services	• Bobath Therapy • Specialist Epilepsy Services • Botulinum Toxin – Cervical Dystonia • Botulinum Toxin A (BTA) Treatment (for children with Cerebral Palsy)

NHS Wirral Local Commissioning Policy	**Bobath Therapy.** Continued funding will be provided for all patients currently receiving Bobath therapy for treatment of cerebral palsy. All new cases will be considered on an individual basis. **BacktoAtoZProcedureList** **Specialist Epilepsy Services.** Some specialist epilepsy services are commissioned on an individual basis. A maximum of one week for videotelemetry and one week for neurophysiologic assessment will be commissioned. Other specialist epilepsy services are not commissioned, including residential care. **BacktoAtoZProcedureList** **Botulinum Toxin – Cervical Dystonia.** Treatment of cervical dystonia with botulinum toxin is safe and effective and is commissioned. **BacktoAtoZProcedureList** **Botulinum Toxin A (BTA) Treatment (for children with cerebral palsy).** Commissioned according to certain criteria – BTA injections are not suitable for all children with cerebral palsy and patient selection is very important. Availability and commissioning of support services should be considered prior to approval of treatment with BTA. Cases of Frey's syndrome, blepharospasm, cerebral palsy, hyperhidrosis, adjunct treatment for facial palsy, facial pain TMJ dysfunction and masseteric hypertrophy will be considered on receipt of a specialist opinion. All such cases are subject to prior approval on a case by case basis by the PCT HTP. **BacktoAtoZProcedureList**

Obstetrics & Gynaecology Services

Range of services	• In-vitro fertilisation (IVF)/Assisted conception • Elective Caesarean Section • Reversal of Female Sterilisation • Polycystic ovaries • Surrogacy

Cheshire and Merseyside Commissioning Policy	The Cheshire & Merseyside Specialised Services Commissioning Team have produced unified guidance for PCTs across Cheshire, Merseyside and West Lancashire. This has been subject to formal public consultation. The Cheshire & Merseyside policy is attached.  FertilityPolicy.pdf **The In-vitro fertilisation (IVF)/Assisted conception policy in summary is as follows:** IVF is approved in accordance with the Cheshire and Merseyside criteria. Eligibility criteria is as follow: • Couples must have no living children from the present or previous relationships (see additional guidance below). • Couples have failed to conceive after regular unprotected sexual intercourse for 2 years in the absence of known reproductive pathology. • Women will not be offered IVF if they have had a sterilisation or their partner has had a vasectomy. • Women must be aged between 23 and 39 years old (and not over 40 at the time of treatment). • Women's BMI must be between 19- 29 before treatment. • Both partners must give assurance that alcohol intake is within Department of Health guidelines and they are not using recreational drugs. • Couples with primary infertility will be eligible. • A maximum of 3 cycles are permitted of which 2 cycles only will be funded by the NHS. NHS funding will reduce if a couple have additional private treatments. Treatments are irrespective of location. Transport IVF will be counted. • IVF is not funded when azoospermia or oligospermia occurs following male reversal of sterilisation or following female reversal of sterilisation. • Egg donation is funded but on an exceptional basis and subject to explicit approval by the PCT HTP. A cycle is defined as an attempt at ovarian stimulation, egg recovery, fertilisation and embryo transfer and generally is deemed to have commenced at the patients attendance at a Patient information Event (PIE). Treatment will only be funded at NHS centres. Treatments overseas will not be funded.

	GP's may require further advice on cases where there are children from previous relationships, where there is a lack of contact with children or in cases of adopted children. Specific advice should be sought from the PCT Complex Case Team in these circumstances. Fertility services are commissioned at the Liverpool Women's Hospital and the Countess of Chester Hospital. **BacktoAtoZProcedureList**
NHS Wirral Local Commissioning Policy	**Elective Caesarean Section** Intervention is approved according to criteria established in guidelines issued jointly by NICE and the National Collaborating Centre for Women's and Children's Health. Planned caesarean section should only be routinely offered to women with: • a term singleton breech (if external cephalic version is contraindicated or has failed). • a twin pregnancy with breech first twin. • HIV (only if recommended by a HIV consultant). • both HIV and hepatitis C (as above, there is no evidence that CS should be performed for hepatitis C alone). • primary genital herpes in the third trimester (active genital herpes at the onset of labour). • Grade 3 and 4 placenta praevia. • Two previous caesarean sections or more. • Previous upper segment caesarean section or type unknown. • Previous significant uterine perforation/surgery breaching the cavity. **BacktoAtoZProcedureList** **Reversal of Female Sterilisation.** Female sterilisation is provided by the NHS as an irreversible procedure. This should be made clear to patients at referral and prior to treatment. Reversal of sterilisation is not commissioned except in exceptional circumstances including: • Death of a spouse. • Death of an only child or all children within current relationship. • Psychiatric illness at time of sterilisation. • Sterilisation at a very young age (<24 years of age). • Patient must not be over 35 and subject to criteria above. In exceptional individual circumstances applications will be considered by the PCT HTP. Decisions on exceptionality will take into account the following: • The age of the couple involved. • The likely outcome (reversal will not be undertaken in women with a poor prognosis as indicated by medical history or laparoscopic examination). • The existence of children from the present or any previous relationship. An adopted child or a child adopted in a previous relationship is considered to

	have the same status as a biological child. • Previous requests or attempts at reversal. • Advice on the medical feasibility of the procedure from a secondary care consultant. **BacktoAtoZProcedureList** **Polycystic Ovaries** This condition sometimes gives rise to request for laser treatment. See policies on hirsuitism, cosmetic procedures and dermatology. **BacktoAtoZProcedureList** **Surrogacy** Policy Statement The current interim policy is that the NHS Wirral does not support or fund treatments for surrogacy. This policy is consistent with policies that apply in other Merseyside and Cheshire PCTs. In addition support (and funding) will not be provided for any associated treatments (including fertility treatments) related to those in surrogacy arrangements. Funding for other assisted conception services will continue to be funded where the current agreed (Merseyside and Cheshire) criteria are met. The fact that a couple may consider surrogacy at a later stage will not be an issue in determining initial entitlement to access to fertility services. The PCT will not therefore: • Be involved in the recruitment of surrogate mothers. • Fund that element of treatment which relates specifically to addressing fertility treatments directly associated with surrogacy arrangements. • Fund any payments to the surrogate mother (to cover expenses, legal costs, treatments abroad or transport costs). The PCT will: • Commission services to its residents who decide to act as surrogates after conception and will provide appropriate support and guidance to women during and after pregnancy. Policy Context The funding of treatment in respect of surrogacy arrangements raises numerous legal and ethical issues. Given that these are either unresolved and that the legal position on many of these aspects is presently unclear the interim policy of not providing any form of fertility treatment related to those in surrogacy arrangements has been established. The policy has been developed taking into account:

	1. The provisions of section 1 of the NHS Act 2006. 2. The fact that surrogacy is specifically excluded from NICE guidelines. 3. That there are complex issues and high risks associated with surrogate arrangements including: complex issues relating to the parentage of the child; change of mind by any of the parties involved in the surrogate arrangement (including termination of pregnancy or refusal to surrender child); problems arising from “unwanted baby” or genetic or congenital defect. Right of Appeal Generally there is a right of appeal against decisions made on the basis of Wirral NHS commissioning policies where exceptional circumstances can be demonstrated. However in the case of surrogacy the right of appeal is not offered. This is policy and based on the fact that: 1. Surrogacy does not treat infertility and does not therefore fall with Section 1 of the NHS Act. 2006. 2. NICE clinical guidelines specifically exclude surrogacy. 3. An appeal process would not give rise to any different decision and its existence would therefore give rise to false hopes and be disingenuous. 4. It would be unreasonable for Wirral NHS to fund a treatment fraught with legal and ethical difficulties in the context of scarce NHS resources. The right of appeal will however be kept under regular review in the light of case law and/or new legislation. Any legislative changes will be applied to new applications only and not be applied retrospectively unless legislation or the Department of Health so determines. **BacktoAtoZProcedureList**

Ophthalmology Services

Range of services	• Photodynamic Therapy for Age Related Macular Degeneration • Surgery for Short Sight • Blepharoplasties (see also cosmetic surgery)

NHS Wirral Local Commissioning Policy	**Photodynamic Therapy for Age Related Macular Degeneration** The details below should be cross referenced to the more detailed commissioning policies developed in conjunction with the NW Specialist Services Commissioning Team and in compliance with NICE guidelines (Reference: TA155). Services for ARMD are commissioned at the Wirral University Hospital and The Royal Liverpool Hospital. Referrals to other centres are permissible in exceptional circumstances. First line of commissioned treatment is with Ranibizumab in keeping with NICE technology appraisal TA 155. Commissioned services allow the use of Ranibizumab therapy as follows: The commencement of treatment criteria will be: • Anti-VEGF therapy in the form of Ranibizumab (Lucentis) for eyes with BCVA[1] of 6/60 (≥30 ETDRS[2] letters) or recent progression from 6/60 or better in: - All lesion subtypes of wet AMD where felt to be clinically appropriate. - Both eyes, i.e. irrespective of presenting eye being 'first' or 'second' affected eye. • Ranibizumab will be the primary treatment offered. • Patients unwilling to accept a course of intraocular injections may be offered PDT[3], if they fit treatment criteria for that therapy. It is anticipated that few, if any, patients will go down this route. These patients will be referred to St Paul's Eye Unit as per current referral arrangements. GPs should refer to the commissioning policy made separately available to Practices. The PCT will support the funding of Ranibizumab (Lucentis). Other drugs will only be considered in exceptional circumstances. **BacktoAtoZProcedureList** **Surgery for Short Sight.** This service is not routinely commissioned. All cases are subject to prior

[1] BCVA = Best Corrected Visual Acuity
[2] ETDRS = Early Treatment of Diabetic Retinopathy Study
[3] PDT = Photo Dynamic Therapy

	approval on a case by case basis by the PCT HTP. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Surgery on the upper eyelid (Upper lid blepharoplasty)** Only funded in the following circumstances: • Eyelid function interferes with visual field. Excess skin in the upper eyelids can accumulate due to the ageing and is thus normal. Hooded lids causing significant functional impaired vision confirmed by an appropriate specialist can warrant surgical treatment. Impairment to visual field to be documented. **BacktoAtoZProcedureList** **Surgery on the lower eyelid (Lower lid blepharoplasty)** Only funded in the following circumstances: • Correction of ectropian or entropian • Removal of lesions of eyelid skin or lid margin • Rehabilitative surgery for patients with thyroid eye disease. Excessive skin in the lower lid may cause “eye bags” but does not affect function of the eyelid or vision and therefore does not need correction.

Overseas Treatments (Interim Policy)

Range of services	All

NHS Wirral Local Commissioning Policy	• The NHS is able to purchase healthcare from anywhere in the world. • A revised policy is currently under development in light of recent DH guidance. • All referrals will only be considered when the condition involved is of a serious nature; suitable treatment is not available within the UK; the treatment abroad is well established. • All referrals should be submitted to the PCT Complex Case Coordinator in the first instance for advice. • All cases are subject to prior approval on a case by case basis by the PCT HTP. • The PCT HTP will apply the criteria set out against the relevant clinical condition covered in this document in reaching a decision. **BacktoAtoZProcedureList**

Relevant Background	• This policy is subject to current review and will be replaced in the near future. • On an interim basis all enquiries should be addressed to the Complex Case Team

Plastic & Cosmetic Surgery Services

Range of services	• Abdominoplasty/Apronectomy (tummy tuck) • Adult Bat Ears • Benign skin lesions • Breast Augmentation and Reduction • Buttock Lift • Cosmetic Abdominal Lipectomy • Cosmetic Blepharoplasty • Cosmetic Liposuction • Cosmetic Liposuction Pigeon Chest • Congenital Skin lesions • Cosmetic Rhinoplasty • Eyelid lumps • Face lifts and brow lifts • Hair Removal • Hair Transplant • Laser Treatment for Facial hair • Male baldness • Mastopexy (incl. repositioning of nipple) • Repair of Nipple • Scarring (acne) • Split Ear Lobes • Surgery to the Ageing Face (face lift) • Tattoo Removal • Vascular lesions (Port Wine Stains)

General Principles	Cosmetic/ Aesthetic surgery procedures (undertaken to exclusively improve appearance) are not usually commissioned. They may be considered where there is a symptomatic or functional requirement for surgery. The following exceptional circumstances may apply: • As part of reconstructive treatment following surgery for the treatment of malignant or other disease. • As part of reconstructive treatment following trauma. • In cases of severe physical disfigurement with associated long standing reactive psychiatric disorder that would be improved by cosmetic surgery. Patients under the age of 21 are not generally considered for cosmetic surgery but will be considered on a case by case basis by the HTP where exceptional circumstances prevail. If any procedure relates to the face, these cases will be considered on an individual basis. Where patients have underlying genetic, endocrine or psychosocial conditions these should be fully investigated by a relevant specialist prior to referral for plastic surgery. Referrals within the NHS for the revision of treatments originally performed

	outside the NHS will not usually be permitted. Referrers will be encouraged to re-refer to the practitioner who carried out the original treatment. In those cases where exceptional circumstances are met the patients future child bearing potential and intentions may need to be considered as a relevant factor (e.g. abdominoplasty, surgery following weight loss). **Note:** • Post weight loss/bariatric surgery body contouring procedures. See Page • These policies should be cross referenced to other related specialties including surgery, ENT, urology, dermatology etc. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**GENERAL COSMETIC PROCEDURES** **Varicose Veins** Commissioned for severe varicose veins Surgical treatment of asympotomatic and mild and moderate varicose veins is not available routinely except in the following circumstances: • ulcers/history of ulcers secondary to superficial venous disease; or • liposclerosis; or • varicose eczema; or • history of phlebitis Most varicose veins require no treatment. The most common complaint about varicose veins is their appearance. When bleeding or ulceration occurs referral may be appropriate and of that number some may benefit from surgical intervention. Evidence from recent population surveys indicates very little relationship between symptoms and varicose veins – substantial numbers of patients without varicose veins have similar symptoms **Skin and Subcutaneous Procedures** **Minor skin lesions (**e.g. benign pigmented moles, milia, skin tags, molluscum contagiosum, keratoses (basal cell papillomata), sebaceous cysts, corn/callous, dermatofibromas, comedones) will only be funded in the following circumstances: • Symptomatic lipoma • Functional impairment or significant face disfigurement • Painful, persistent or extensive lesions • Treatment of multiple lipomatosis or neurofibromatosis All vascular lesions except benign, acquired vascular lesions such as thread veins and spider naevi. Uncomplicated benign skin lesions should **NOT** be referred. **Suspected malignant melanoma or squamous cell carcinoma should**

	always be referred under two-week rule for referral of suspected cancers GPs must ensure that all alternative treatments have been sought. Community Dermatology Service may be available for advice. **BacktoAtoZProcedureList**
NHS Wirral Local Commissioning Policy	**Skin Resurfacing Techniques** Not available for skin rejuvenation. These may include laser, dermabrasion and chemical peels and may be considered for post traumatic scarring or severe acne scarring once the active disease is controlled or which demonstrate severe psychological problems. **BacktoAtoZProcedureList** **Thread Veins.** Referrals generally not considered unless severe facial telangectasias which is treatment induced or as a result of skin disorder. **Skin Lesions.** Referrals for skin lesions should only be made if there is suspicion of malignancy or where a lesion is subject to repeated trauma or causing a functional problem. Congenital lesions should only be referred if there is long term risk of malignancy or disfigurement. Services for children and adults with facial and neck port wine stains or children with strawberry haemangioma which interferes with function are commissioned. Treatment of viral (not genital) warts is not commissioned. Other exceptional cases may be appropriate on the advice of a consultant plastic or Maxillofacial surgeon
Cheshire and Merseyside Commissioning Policy	**Viral warts** Will only be funded in the following circumstances • Painful, • Persistent or • Extensive warts (particularly in the immuno-suppressed patient) Patients with the above exceptional symptoms may need specialist assessment, usually by a dermatologist. For a small proportion surgical removal (cryotherapy, cautery, laser or excision) may be appropriately performed within Primary Care. Most viral warts will clear spontaneously or following application of topical treatments. **Xanthelasma palpebrum (**Fatty deposits on the eyelids) Funding will only be considered for: • Larger lesions OR • those that have not responded to these treatments AND

	• if the lesion is disfiguring. The following treatments should be considered for patients with xanthelasma: • Many Xanthelasma may be treated with topical trichloroacetic acid (TCA) or cryotherapy • Xanthelasma may be associated with abnormally high cholesterol levels and this should be tested for before referral to a specialist • Patients with xanthelasma should always have their lipid profile checked before referral to a specialist. **Scar revision** Patients may be eligible for treatment of scars which interfere with function following burns or treatments for keloid or post surgical scarring **Tattoo Removal** Only funded in the following circumstances: • Tattoo is result of trauma inflicted against the patient's will • The patient was a child and not responsible for his/her actions at the time of tattooing Inflicted under duress • During adolescence or disturbed periods (only in very exceptional circumstances where tattoo causes marked limitations of psycho-social function). **BacktoAtoZProcedureList**
NHS Wirral Local Commissioning Policy	**Breast Procedures** **Breast Surgery following Cancer.** Breast reconstruction, breast reduction and mastopexy following breast surgery for cancer are commissioned and do not require prior approval by the HTP. The PCT will support treatments that will allow the patient to return to their pre operative condition. This should be read in conjunction with the paragraphs on the removal and replacement of silicone implants below. **Breast augmentation.** Refer only for congenital absence or significant chest wall deformity or significant asymmetry resulting in obvious body disproportion. Revision surgery is permissible where clinically indicated and where the original was carried out under the NHS. Routine replacement of implants and revision following private operations will not be funded. Surgery may be supported when there is a pathological condition relating directly to the implant. In all cases the BMI should be close to the patients ideal and <26. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning	**Female Breast Reduction** (Reduction mammoplasty) Only Funded in the following circumstances:

Policy	• There is at least a two-year history with documented evidence of visiting the GP throughout the duration of the problem. • Evidence that all other approaches E.g. NSAIDS, physiotherapy or other have been tried. • Evidence that the patient has had unresponsive treatment for functional symptoms and is suffering from gravitational pain, shoulder dysfunction, neck ache, backache, Lordotic posture (curvature of the spine), or Ulnar pain from the thoracic nerve root compression. • Evidence that the patient has had unresponsive treatment for Intertigo between the breasts and the chest wall. • Evidence that the wearing of a professionally fitted brassiere has not relieved the symptoms. • Evidence that the patient has a body mass index (BMI) of less than 26 kg/m2 for a period of not less than twelve months. • The waist to hip ratio should be 0.85 or less for women (0.94 for men). • Where there is a proposed reduction of greater than 500g per side medical association criteria i.e. referral is indicated if there is more than the equivalent of half a bag of sugar to remove from each side. For younger patients the application for the procedure should be delayed until any planned family is complete. Ideally best not performed on young teenagers and delayed until any planned family is complete. **Revision of Breast Augmentation** (Removal and Replacement Of Silicone Implants Revisional surgery will ONLY be considered if the NHS commissioned the original surgery and complications arise. If revisional surgery is being carried out for implant failure, the decision to replace the implant(s) rather than simply remove them will be based upon the clinical need for replacement and whether the patient meets the policy for augmentation at the time of revision. Patients should be made aware that implant removal in the future might not be automatically followed by replacement of the implant **Breast lift (mastopexy)** Patients may be considered in gross cases where nipple areola lies below the infra-mammary fold. **BacktoAtoZProcedureList** **Correction of Nipple Inversion** Surgical intervention may be funded if there is a history of recurrent infection. Exclude malignancy as a cause - any recent nipple inversion might be suggestive of breast cancer and will require referral to the breast service under the rapid access two-week rule This condition responds well to non-invasive suction device e.g. Nipplette device, for up to three months.

	BacktoAtoZProcedureList **Male Breast Reduction (Gynaecomastia)** Funding may be considered for: Post pubertal patients and BMI < 25 kg/m^2 Ensure breast cancer has been excluded as a possible cause especially if there is a family history of breast cancer. **Body Contouring Procedures** **'Tummy tuck'** (Apronectomy or Abdominoplasty) This procedure is not routinely funded post bariatric surgery (for abdominoplasty following bariatric surgery refer to local policy as additional criteria may apply) Only funded in the following circumstances: Stable BMI between 18 and 25 kg per m^2 AND Patients have severe functional problems that are refractory and for at least 6 months which may include: • severe difficulties with daily living i.e. ambulatory restriction • post-trauma or surgical scarring leading to poor appearance and resulting in disabling psychological • distress • severe intertrigo beneath the skin fold • Poorly-fitting stoma bags. Maintenance of a stable weight is important so that the risks of recurrent obesity are reduced. If there is severe and disabling psychological distress as a result of abdominal wall scarring, psychological therapy should be the initial treatment. **BacktoAtoZProcedureList** **Other skin excisions/body contouring** (e.g. Buttock lift, Thigh lift, Arm lift (brachioplasty) The functional disturbance of skin excess in these sites tends to be less than that in excessive abdominal skin folds and so surgery is less likely to be indicated except for appearance. Therefore it will not be available on the NHS. **Liposuction** is sometimes an adjunct to other surgical procedures e.g. thinning of a transplanted flap.

	Not commissioned simply to correct fat distribution May be commissioned as part of the management of true lipdystrophias or non-excisable clinical significant lipomata. There is NICE guidance on liposuction for chronic lymphoedema. If used this procedure is to be used with special arrangements for clinical governance, consent and audit or research. **BacktoAtoZProcedureList**
NHS Wirral Local Commissioning Policy	**Head, Face and Neck Procedures** **Rhinoplasty.** Cosmetic Rhinoplasty not commissioned. Functional septoplasty to be carried out as ENT procedure. Post traumatic rhinoplasty, complex congenital conditions (e.g. cleft lip and palate or airway problems) are commissioned. BacktoAtoZProcedureList **Pinnaplasty, Otoplasty or Prominent Ears.** Commissioned for children less than 19 years where child (not parents alone) expresses concern. Independent evidence of level of psychological distress from health professional or teacher required. **BacktoAtoZProcedureList** **Repair of External Ear Lobes** Only available for the repair of totally split ear lobes as a result of direct trauma. **BacktoAtoZProcedureList** **Face Lifts and Brow Lifts** Not commissioned for cosmetic reasons or to treat the natural process of ageing. They will be commissioned for treatment of congenital facial abnormalities; facial palsy; facial paralysis; the correction of deformity following surgery; the correction of the consequences of trauma; the treatment of specific conditions affecting facial skin (e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis). **BacktoAtoZProcedureList** **Facial Atrophy** New fill procedures are not commissioned **These policies should be cross referenced with the section on ENT procedures.**
Cheshire and Merseyside Commissioning Policy	**Skin resurfacing techniques** (including laser dermabrasion and chemical peels). Only be funded in the following circumstances:

	Severe scarring following acne, chicken pox or trauma (including post surgical). Skin resurfacing techniques, including laser, dermabrasion and chemical peels may only be considered for post-traumatic scarring and severe acne scarring once the active disease is controlled **Correction of hair loss** (Alopecia) Only funded in the following circumstances: Result of previous surgery, result of trauma, including burns.
NHS Wirral Local Commissioning Policy	**HAIR** **Abnormally placed hair.** Referrals for treatment for patients with underlying congenital and endocrine abnormality resulting in abnormally placed or excessive hair (e.g. patients with Spina Bifida, Occulta, Stein Leventhal Syndrome or Giant Hairy Naevi) will be treated. This should be read in conjunction with the policy on hirsuitism within the Dermatology section. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Hair transplantation** Funded only in exceptional circumstances (e.g. reconstruction of the eyebrow following cancer or trauma). Will not be available on the NHS, regardless of gender for cosmetic reasons. **BacktoAtoZProcedureList** **Correction of hair loss** (Alopecia) Only funded in the following circumstances: Result of previous surgery, result of trauma, including burns. **Correction of male pattern baldness** “Male pattern” baldness is a normal process for many men at whatever age it occurs. **BacktoAtoZProcedureList** **Face or Brow lift (Rhytidectomy)** This procedure is NOT available under the NHS on cosmetic grounds May be funded in the following circumstances:

Paediatric Services

Range of services	The NHS Wirral Health Treatment Panel consider individual funding applications in relation to adults (and children subject to Para below) registered with Wirral GPs, for special, complex or exceptional treatments and/or in exceptional circumstances. Adults are patients over 18. The majority of patients below 16 (generally with complex and/or continuing health care needs) will be considered by the Children's Panel. Patients between 16 and 18 and selected patients below 16, generally with acute medical conditions, will be considered by the Health Treatment Panel subject to their clinical condition, the nature of the request and/or the proposed provider (this generally relates to children on parenteral nutrition, insulin pumps or those requiring treatment for specialist or acute episodes of care generally at either the Royal Liverpool Children's Hospital or Wirral University Hospital Trust or out of area NHS Trusts).

NHS Wirral Local Commissioning Policy	**Nocturnal Non-Invasive Ventilation for Muscular Dystrophy** This treatment will be considered on an individual basis where patients' blood CO2 levels are high enough.
	• Congenital facial abnormalities • Facial palsy • Treatment of specific conditions affecting the facial skin, e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis • To correct consequences of trauma • To correct deformity following surgery Changes to the face and brow result due to normal ageing; however, there are a number of specific conditions for which these procedures may form part of the treatment to restore appearance and function

Pain Management Services

Range of services	Dorsal Column Stimulator

NHS Wirral Local Commissioning Policy	Dorsal column stimulators will be funded on an individual basis in cases where patients meet set criteria. These are: • Linked to management of Angina pectoris. • Linked to peripheral vascular disease. The procedure is not commissioned for back pain. All cases are subject to prior approval on a case by case basis by the PCT HTP. **BacktoAtoZProcedureList**

Relevant Background	This policy should be cross referenced with Alternative/Complementary therapies.

Trauma & Orthopaedics Services

Range of services	• Endoscopic Lumbar Decompression • Minimally Invasive Spinal Surgery • Ponseti Technique for Clubfoot • Hip Arthroscopy • Autologus Chrondrocyte implantation

NHS Wirral Local Commissioning Policy	**Endoscopic Lumbar Decompression** This treatment will not be routinely commissioned but funding will be considered for endoscopic lumbar decompression as part of peer reviewed randomised control trials that compare endoscopic laser foraminoplasty to either conservative therapy or to conventional surgery such as spinal fusion. **BacktoAtoZProcedureList** **Minimally Invasive Spinal Surgery** These services are rarely commissioned and only as part of an approved randomised controlled trial. **BacktoAtoZProcedureList** **Ponseti Technique for Clubfoot** This treatment is recommended. Individual requests are not necessary. **BacktoAtoZProcedureList** **Hip Arthroscopy** Commissioning policy to be developed. As an interim arrangement prior approval required on basis that current clinical advice suggests they are rarely clinically indicated. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Autologus Chrondrocyte Implantation** Not routinely commissioned as per NICE guidance 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 this procedure. **BacktoAtoZProcedureList**

Urological Services

Range of services	• Reversal of Male Sterilisation • Botulinum for Urinary Incontinence • Circumcision • Sacral Nerve Modulation • Penile Implants

NHS Wirral Local Commissioning Policy	All cases are subject to prior approval on a case by case basis by the PCT HTP **Reversal of Male Sterilisation** Male sterilisation is provided by the NHS as an irreversible procedure. This should be made clear to patients at referral and prior to treatment. The PCT will not fund reversal of procedures undertaken in the private sector. Reversal of NHS sterilisation is not commissioned except in exceptional circumstances including: • Death of a spouse. • Death of an only child or all children within current relationship. • Psychiatric illness at time of sterilisation. • Sterilisation at a very young age (<24 years of age) if this was not fully explained at the time of consent. Supporting evidence will be required. In exceptional individual circumstances applications will be considered by the PCT HTP. Decisions on exceptionality will take into account the following: • The age of the couple involved. • The likely outcome. • The existence of children from the present or any previous relationship. An adopted child or a child adopted in a previous relationship is considered to have the same status as a biological child. • Previous requests or attempts at reversal. • Advice on the medical feasibility of the procedure from a secondary care consultant. **BacktoAtoZProcedureList** **Botulinum for Urinary Incontinence** This treatment is usually commissioned on an individual basis where urinary incontinence results from idiopathic or neurogenic detrusor overactivity, which is refractory to treatment with anticholinergics, with BTX-A or BTX-B. BTX-A is the preferred treatment as BTX-B appears to have only a short duration of action. **BacktoAtoZProcedureList**

	Circumcision Circumcision is now available for non-therapeutic reasons for children of 7 days to 18 months under local anaesthetic and 18 months – 16 years under general anaesthetic on the NHS. These are subject to prior approval on an interim basis whilst the level of demand is being assessed. GPs are advised to obtain consent from both parents at the time of referral and the patient if appropriate (subject to age and understanding) Circumcision for therapeutic reasons will only be considered in line with the guidelines including: • Redundant prepuce, phimosis (inability to retract the foreskin due to a narrow prepucial ring) and paraphimosis (inability to pull forward a retracted foreskin). • Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin). • Balanoposthis (recurrent bacterial infection of the prepuce). **BacktoAtoZProcedureList** **Sacral Nerve Modulation** This treatment is usually commissioned on an individual basis for patients in one or more of the following categories: • Individuals with urinary urge incontinence where conventional treatment has failed. • Individuals with urgency-frequency where conventional treatment has failed. • Individuals with faecal incontinence and a structurally intact anal sphincter. **BacktoAtoZProcedureList**
Cheshire and Merseyside Commissioning Policy	**Penile Implants** • Not routinely commissioned. **BacktoAtoZProcedureList**

Vascular Surgery Services

Range of services	• Chelation Therapy for Vascular Occlusions • EVAR (Endovascular Aortic Repairs)

NHS Wirral Local Commissioning Policy	All cases are subject to prior approval on a case by case basis by the PCT HTP **Chelation Therapy for Vascular Occlusions** This treatment is not currently supported. **BacktoAtoZProcedureList** **Endovascular Repair of Aortic Aneurysm (EVAR)** • Procedures are undertaken at either the Royal Liverpool Hospital or the Countess of Chester Hospital. • A patient pathway and patient selection criteria have been agreed and therefore prior approval is not required. • This pathway has been developed by the NWSSCT. • Cases which sit outside the current agreed care pathway will need to be approved on a case by case basis. This service is commissioned on a named patient basis. Referral is via a WHT consultant to the RLBUH(T). **BacktoAtoZProcedureList**

Miscellaneous

Range of services	Environmental Medicine/ Clinical Ecology for Multiple Chemical Sensitivity (MCS) Electro-magnetic Field Sensitivity (EMFS) Fatigue Syndromes (including CFS/ME) Other conditions

NHS Wirral Local Commissioning Policy	• NHS Wirral considers that there is currently insufficient evidence available to support the approach advocated by **Environmental Medicine/Clinical Ecology** practitioners in terms of diagnosis and treatment of ill-defined, multi-symptom conditions including multiple chemical sensitivity and electro-magnetic field sensitivity; or fatigue syndromes (including those meeting diagnostic criteria for CFS/ME). **BacktoAtoZProcedureList** • Current evidence is insufficient to demonstrate a causal connection between environmental chemicals, foods or exposure to **electromagnetic fields** and the patients' symptoms. • A number of systematic reviews have been published summarising the current lack of evidence to support the diagnostic procedures and treatments advocated by **Environmental Medicine/Clinical Ecology** practitioners. Advice from such practitioners regarding vitamin and mineral supplements may conflict with the evidence based guidance recently published by the Foods Standards Agency. • There is currently insufficient evidence to regard either **MCS or EMFS** as distinct clinical entities. Patients with unexplained illness should be offered care within local NHS services which may include medical, psychological and therapeutic assessment and treatment. **BacktoAtoZProcedureList** • Patients with **CFS/ME** should be offered management within local NHS services following an evidence-based approach. **BacktoAtoZProcedureList**

APPENDIX 1

Guidance on the relationship between NHS and Privately Funded Care

DRAFT POLICY

1 Introduction

1.1 This document is designed to clarify the NHS Wirral policy on the relationship between NHS and private care.

1.2 It addresses the issue of NHS patients who wish to pay for additional private care (top up payments).

1.3 It also addresses the issue of transfer from private to NHS care

2 Top up payment (Background)

2.1 Over the past few years there has been a significant increase in the number of drugs available for various medical conditions. Whilst this has resulted in opportunities to offer better treatment, some of the drugs are very expensive and may have only limited clinical benefit.

2.2 Part of the remit of the National Institute for Health and Clinical Excellence (NICE) is to ensure that drugs supplied by the NHS are cost-effective and as a result some drugs have not been approved by NICE. Although a patient may apply to the PCT for exceptional funding the result is often that the PCT declines to pay and the patient is therefore unable to receive that particular treatment unless they transfer to the private sector. Should they choose to do so until recently they were, in some cases, obliged to relinquish their right to NHS treatment for their relevant condition. This was widely-thought to be unfair.

2.3 In June 2008 the Secretary of State for Health asked Professor Michael Richards to review the regulations concerning top-up payments. In so doing he was asked to reconcile the patient's right to choice with the basic NHS principle that NHS treatment is based on clinical need and not the ability to pay. The Richards report (Improving access for medicines to NHS patients) was accepted in full by the government in November 2008. Following publication of the Richards Review, Trusts were given the option of offering or refusing to administer top-up treatments. Where Provider Trusts do not offer top-up treatments they should direct a patient requesting top-up treatment to an alternative provider.

3 Richards Review

3.1 The essential conclusion of the Richards review was that patients have the right to pay for top-up drugs without losing their right to basic NHS care "*No patient should lose their*

entitlement to NHS care that they otherwise would have received, simply because they opt to purchase additional treatment for their condition".

3.2 Recognising both that patients should be properly informed of, and protected from, conflicts of interest and that there should be equality of care within the NHS facility he recommended that:

- Clinicians should exhaust all reasonable avenues for securing NHS funding before a patient considers whether to purchase additional drugs*.
- Providers should establish clear Clinical Governance arrangements to ensure that patients who do elect to purchase additional private treatment do receive continuity of care.
- Patients should be able to receive additional private drugs as long as these are delivered separately from the NHS elements of their care.

*Securing NHS funding normally involves application to the PCT Health Treatment Panel.

3.3 Following further consultations the Department of Health published its final guidance document in March 2009. In summary this document states that:

- NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care
- Private and NHS care should be kept 'as clearly separate as possible'.
- The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care
- Private care should be carried out at a different time to the NHS care that a patient is receiving.
- The NHS must never charge for NHS care and must never subsidise private care.
- NHS Trusts and Foundation Trusts should have clear policies in place, in line with these principles, to ensure effective implementation of this guidance in their organisations. This includes protocols for working with other NHS or private providers where the Trust has chosen not to provide additional private care.

3.4 The guidance introduces a degree of pragmatism in respect of the requirement for private drugs and NHS-funded treatment to be provided separately where separate delivery could present overriding concerns of patient safety. Where for reasons of safety a patient cannot be moved to a facility physically separate from the NHS facility it is permissible for the provider Trust to administer private drugs to a patient in an NHS facility concurrently with their NHS care.

4 The Policy

4.1 This policy applies to any patient for whom the PCT is the Responsible Commissioner.

Entitlement to NHS Care

4.2 NHS care is made available to patients in accordance with the policies of the PCT. However, individual patients are entitled to choose not to access the NHS care and/or to pay for their own healthcare through a private arrangement with doctors and other healthcare professionals. Save as set out in this policy, a patient's entitlement to access NHS healthcare should not be affected by a decision by a patient to fund part or all of their healthcare needs privately.

4.3 An individual who is having treatment which would have been commissioned by the PCT, but who has commenced that treatment on a private basis can at any stage request to

transfer to complete the treatment in the NHS. In this event, the patient will, as far as possible, be provided with the same treatment as the patient would have received if the patient had had NHS treatment throughout. This may mean the patient having to wait for the continuation of treatment, to ensure that he or she receives care on the same basis as any other NHS patient and is not advantaged by having begun their treatment on a private basis.

4.4 Patients are entitled to seek part of their overall treatment for a condition through a private healthcare arrangement and part of the treatment as part of NHS commissioned healthcare. However the NHS commissioned treatment provided to a patient is always subject to the clinical supervision of the NHS treating clinician. There may be times when an NHS clinician declines to provide NHS commissioned treatment if he or she considers that any other treatment given, whether as a result of privately funded treatment or for any other reason, makes the proposed NHS treatment clinically inappropriate.

4.5 An individual who has chosen to pay privately for an element of their care, such as a diagnostic test, is entitled to access other elements of care as NHS commissioned treatment, provided the patient meets NHS commissioning criteria for that treatment. However, at the point that the patient seeks to transfer back to NHS care, the patient should:

- be reassessed by the NHS clinician (this may be either a primary or secondary care clinician depending on the point along the pathway that the request is raised);
- not be given any preferential treatment by virtue of having accessed part of their care privately; and
- Be subject to standard NHS waiting times.

4.6 A patient whose private consultant has recommended treatment with a medication normally available as part of the NHS commissioned care in the patient's clinical circumstances can ask his or her NHS GP to prescribe the treatment as long as:

- the GP considers it to be medically appropriate in the exercise of his or her clinical discretion;
- the drug is listed on the PCT's formulary or the drug is normally funded by the PCT; and
- The GP is willing to accept clinical responsibility for prescribing the medication.

4.7 There may be cases where a patient's private consultant has recommended treatment with a medication which is specialised in nature and the patient's GP is not prepared to accept clinical responsibility for the prescribing decision recommended by another doctor. If the GP does not feel able to accept clinical responsibility for the medication, the GP should consider whether to offer a referral to an NHS consultant who can consider whether to prescribe the medication for the patient as part of NHS funded treatment. In all cases there should be proper communication between the consultant and the GP about the diagnosis or other reason for the proposed plan of management, including any proposed medication. Patients referred to an NHS consultant on this basis will be seen by an NHS consultant in accordance with NHS waiting times.

4.8 Medication recommended by private consultants may be more expensive than the medication options prescribed for the same clinical situation as part of NHS treatment. In such circumstances, local prescribing advice from the PCT should be followed by the NHS GP without being affected by the privately recommended medication. This advice should be explained to the patient who will retain the option of purchasing the more expensive drug via the private consultant.

Joint NHS and Private Funding

4.9 NHS care is free of charge to patients unless regulations have been brought into effect to provide for a contribution towards the cost of care being met by the patient. Such charges include prescription charges and some clinical activity undertaken by opticians and dentists. These charges are not "co-funding" but constitute a rarely permitted form of "co-payment". The specific charges are set by Regulations. These charges have always been part of the NHS.

4.10 Co-funding and other forms of co-payment, other than those limited forms permitted by Regulations, are currently contrary to NHS policy. The PCT will not consider any funding requests of this nature.

4.11 Patients are entitled to contract with NHS Acute Trusts to provide privately funded patient care as part of their overall treatment. It is a matter for NHS Trusts as to whether and how they agree to provide such privately funded care. However NHS Trusts must ensure that private and NHS care are kept as clearly separate as possible. Any privately funded care must be provided by an NHS Trust at a different time and place to NHS commissioned care. In particular:

- Private and NHS funded care cannot be provided to a patient in a single visit to an NHS hospital
- If a patient is an in-patient at an NHS hospital, any privately funded care must be delivered for the patient in a separate building or separate part of the hospital, with a clear division between the privately funded and NHS funded elements of the care, unless separation would pose overriding concerns for patient safety (see 4.14 below).
- Subject to the patient safety exception outlined above, a patient is not entitled to "pick and mix" elements of NHS and private care within the same treatment, and so is unable to have privately funded and NHS funded treatment provided as part of the same episode of care. (e.g.: a patient undergoing a cataract operation as an NHS patient cannot choose to pay an additional private fee to have a multi-focal lens inserted during his or her NHS surgery instead of the standard single focus lens inserted as part of NHS commissioned surgery)

4.12 Private prescriptions may not be issued during any part of NHS commissioned care. A common enquiry concerns fertility treatment, where a patient who is paying for IVF treatment, asks their GP to issue NHS prescription drugs required as part of that treatment or to seek NHS funding for investigations which are part of the privately funded IVF treatment. This is not permitted. If the patient does not meet the PCT's commissioning criteria for funding IVF, the NHS should not prescribe drugs or support other medical procedures required as part of the privately funded treatment.

4.13 If a patient is advised to be treated with a combination of drugs, some of which are not routinely available as part of NHS commissioned treatment, the patient is entitled to access the NHS funded drugs and can consult a clinician privately for those drugs which are not commissioned by the NHS. Department of Health guidance indicates that the administration of NHS-funded and self-funded drugs should be kept as separate as is practically possible. The responsibility for ensuring compliance with these obligations rests with provider organisations. Subject to paragraph 4.14 below, the principle of separate care must be complied with at all times except where patient safety considerations make it imperative for the NHS and privately funded treatments to be delivered simultaneously. Any such decision to depart from the policy of clearly separating private and NHS treatment should be taken by the provider organisation's Medical Director and the reasons should be fully recorded in the patient's medical records.

4.14 In addition to those cases where simultaneous administration of NHS and privately funded treatment is necessitated by patient safety considerations, there may be circumstances in which simultaneous administration is preferable in order to achieve the best possible

outcome for the patient. Current Department of Health guidance is silent as to whether provider organisations may depart from the principle of separate care in such circumstances. In the event that a provider organisation is unwilling to facilitate simultaneous administration in such circumstances the PCT will consider an application made by the patient concerned for funding of those drugs which would otherwise ordinarily be funded by the NHS but which he or she has been asked to self-fund because of the need for simultaneous administration. Any decision reached by the PCT in response to such an application shall have regard to any legal advice obtained at that time. The fact that a patient was prepared to fund part of their own treatment is not a proper ground to support a claim for exceptional circumstances.

4.15 When a patient wishes to pay privately for a treatment not normally funded by the patient's PCT, the patient will be required to pay all costs associated with the privately funded episode of care. The costs of all medical interventions and care associated with the treatment include assessments, inpatient and outpatient attendances, tests, staff time, and use of equipment, consumables and rehabilitation.

4.16 The PCT will not make any contribution to the privately funded care to cover treatment that the patient could have accessed via the NHS.

4.17 Any privately funded arrangement which is agreed between a patient and a healthcare provider (whether an NHS Trust or otherwise) is a commercial matter between those parties. Save as set out above, the PCT is not a party to those arrangements and will not assume any responsibility for the terms of the agreement, its performance or the consequences for the patient of the treatment.

NHS Continuation funding of care which was commenced on a private basis

4.18 The following points from the guidance are relevant:

- "The patient shall meet any additional costs associated with the private element of care, such as additional treatment needed for the management of side-effects"
- "The private provider should normally deal with non-emergency complications resulting from the private element of care"
- Accordingly if a patient commences a course of treatment that the PCT would not normally fund, the PCT will not pick up the costs of treatment (e.g. after care or revision surgery). However, this general principle should be qualified by the following two caveats drawn from the Guidance;
- The NHS should never refuse to treat patients simply because the cause of the complication is unclear
- The NHS should continue to treat any patient in an emergency. Therefore, if a patient develops sepsis as a result of a private procedure the NHS should provide emergency care.

4.19 A patient is entitled to apply for funding by means of an individual funding request, alleging that his or her clinical circumstances are exceptional. However, where the PCT has decided not to fund a treatment routinely, the fact that the patient has demonstrated a benefit from the treatment to date (in the absence of any other evidence of exceptionality) would not be a proper basis for the PCT to agree to change its policy. Such an approach would result in the PCT approving funding differentially for persons who could afford to fund part of their own treatment. It is the responsibility of the Private Healthcare Provider to ensure the patient is fully informed of the PCTs position relating to ongoing funding before commencing the private treatment.

4.20 If a patient commences treatment privately for a drug or other medical intervention that the PCT agrees to fund routinely, then, provided that the patient's clinical circumstances are within those defined in the PCT's commissioning policy, the patient is entitled to transfer to NHS funded treatment at any stage. However, the PCT will not reimburse the patient for any treatment received as a private patient before a request is made for NHS funded treatment. Such a patient, should not however, be given what could be perceived as an advantage because they have previously been seen privately (as set out in sections 4.3 and 4.5)

4.21 If a patient seeks funding from the PCT for a drug or other treatment that is not routinely funded and this application is approved on the grounds of exceptionality, the PCT will not meet the costs of any prior privately funded treatment.

4.22 Patients who wish to apply to the PCT to pick up funding in respect of treatments that are not routinely commissioned should refer to the PCTs separate policy "The Commissioning and Management of High Cost and Complex Cases, Exceptional Cases and Individual Funding Requests".

4.23 Continuation funding for treatment which has been commenced on a private basis will not be approved in any other circumstances.

4.24 Patients can access treatment on the NHS if and when the treatment is made available to all patients and/or where the PCT services and the patient's clinical needs meet PCT commissioning policies for that particular treatment.

5 Procedure

5.1 The attached Annex 1 describes how enquiries should be dealt with in the first instance

5.2 If not locally resolved all enquiries may be referred to the Complex Case Team and/or Health Treatment Panel for consideration

5.3 The HTP will seek MD or CE approval before cases are approved.

Ken Cooper
Health Care Consultant
19th April 2010

Annex 1

FLOWCHART: GUIDANCE ON THE RELATIONSHIP BETWEEN NHS AND PRIVATELY FUNDED CARE