



# Commissioning Policy

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## Excluded and Restricted Procedures

### Version 4.8

February 2017

<b>Name of Responsible Board / Committee for Ratification:</b>	North Staffordshire CCG and Stoke on Trent CCG – Joint Planning Committee
<b>Date Issued:</b>	9 <sup>th</sup> February 2017
<b>Review Date:</b>	1 <sup>st</sup> Oct 2017

Version Number	Date	Outline of Amendments
4.1	03/06/2011	Facet Joint/Epidural policy amendments
4.2	17/06/2011	OPCS codes verified
4.2	03/08/2011	Version Control references in the body of the document corrected.
4.2	03/08/2011	Reference to the Regional Commissioning Board amended to read "Regional Commissioning Board (once established)"
4.3	15/05/2012	<ul style="list-style-type: none"> <li>• Changes to the Blepharoplasty criteria</li> <li>• Additional policy as an appendix for gender reassignment</li> <li>• Removal of bobath therapy and pulmonary rehabilitation as both services routinely commissioned</li> <li>• Wisdom teeth criteria changed from excluded to restricted</li> <li>• Criteria added around spinal cord stimulation/dorsal column stimulation – changed from excluded to restricted</li> <li>• Removal of medicines management section of the policy</li> <li>• North Staffs CCG fertility criteria – additional policy as an appendix</li> <li>• Dermatology and Plastics merged</li> <li>• Carpal Tunnel criteria altered</li> </ul>
4.4	20/03/2013	<p>PCT removed and changed to CCG</p> <p>Addition of an excluded procedure based upon clinical evidence – Closure of PFO for prevention of Stroke</p> <p>Removal of the following due to move to specialised commissioning on the 1<sup>st</sup> April 2013:</p> <ul style="list-style-type: none"> <li>• Bi ventricular pacing for heart failure</li> <li>• Cardiac electrophysical ablation</li> <li>• Implantable cardioverter defibrillators</li> <li>• ECLS</li> <li>• Cochlear implants (adult and paediatric)</li> <li>• Gender Reassignment</li> <li>• Bariatric surgery</li> <li>• Carotid endarterectomy for carotid stenosis</li> <li>• Extra corporeal photopheresis</li> <li>• Spinal cord stimulation for chronic pain</li> <li>• BTA for children with cerebral palsy</li> <li>• Therapy for Facial Nerve Palsy</li> <li>• All oral surgery</li> <li>• All maxillofacial surgery</li> <li>• Autologous chondrocyte implantation</li> </ul> <p>Wording amended for the following:</p>

		<ul style="list-style-type: none"> <li>• Skin procedures and lesions – clarity on criteria for commissioning</li> <li>• Abdominoplasty (Stoke CCG) – clarity on criteria for commissioning – no changes to the criteria</li> <li>• IUD’s and Mirena Coils – criteria for commissioning extended and criteria changed to restricted</li> <li>• Hip and Knee replacements – criteria remains the same but correction on the thresholds added as requested by Mr Lim</li>   <li>• Codes amended and corrected as highlighted in the main text</li>   <li>• Commissioning statement on non-specific low back pain added</li> </ul>
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4.5		<p>Amalgamation of North Staffordshire CCG and Stoke on Trent CCGs Excluded and Restricted Procedures Policy April 2013(v 4.4) with the South Staffordshire Procedures of Low Priority Policy 2014(v.1.0).</p> <p>Wording amended for the following:</p> <ul style="list-style-type: none"> <li>• Lesions – removal of wording Lesion is causing itching, bleeding, pain, active inflammation. It was felt that this would be captured under malignancy.</li> <li>• Lipomas – change from SIGN guidance to suspicion of malignancy</li> <li>• Sebaceous cysts moved under the criteria for lesions.</li> <li>• Criteria for Paediatric haemangiomas added</li> <li>• Split earlobe repair now excluded</li> <li>• Inclusion of removal of Supernumerary Nipples (Polymastia) – excluded procedure</li> <li>• Silicone Gel Sheeting for Preventing or Treating Hypertrophic Scarring included as an excluded procedure</li> <li>• Laser treatment for rosacea now excluded</li> <li>• Electrolysis treatment for any condition now excluded</li> <li>• Surgery for asymptomatic gallstones removed as cannot determine this through audit. Separate policy being developed around the treatment of gallstones.</li> <li>• Caesarean sections updated in line with NICE 2012 guidance.</li> <li>• Varicose Vein criteria reworded</li> <li>• Hip and knee and Carpal Tunnel criteria changed in line with CPAG scores and alignment with South Staffordshire policies.</li> </ul>
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		<ul style="list-style-type: none"> <li>• Addition of first ring pessary to be fitted in secondary care</li> <li>• Prior approval added for a number of procedures outlined within the policy.</li> <li>• Electrolysis statement changed following clinical feedback from UHNM clinicians</li> <li>• Spinal MRI statement changed following clinical feedback from UHNM clinicians</li> <li>• Tonsillectomy age changed to under 16 following clinical feedback from UHNM clinicians</li> <li>• Face lift moved to restricted following clinical feedback from UHNM clinicians</li> <li>• Supernumerary nipples moved from excluded to prior approval following clinical feedback from UHNM clinicians</li> </ul>
4.7	31/03/16	<p>5.3 Populations – new paragraphs</p> <p>5.6.7 addition: commissioners’ requirements for standards of evidence</p> <p>Specifies psychotherapy as treatment for Borderline Personality Order which is excluded</p> <p>Minor skin lesions – delete ‘functional limitation on movement or activity’ as criterion</p> <p>Lipoma – delete criterion about multiple lesions</p> <p>Lesion of eyelid – delete ‘recurrent nuisance’ as criterion</p> <p>Port wine stain – new exclusion</p> <p>Cosmetic procedures on ear – excluded, no exceptions</p> <p>Refashioning of scars etc – excluded</p> <p>Gynaecomastia – excluded</p> <p>Blepharoplasty – revised criteria</p> <p>Hair depilation – conditions specified</p> <p>Adenoidectomy – excluded except if required under policy for tonsils and grommets</p> <p>Documented evidence absolute requirement</p> <p>Tonsillo-adenoidectomy for OSA – criteria introduced</p> <p>Myringotomy +/- grommets - Revised criteria</p>

		<p>Septoplasty and septorhinoplasty – revised criteria</p> <p>Hernia – new criteria – amendments included following feedback from UHNM clinicians.</p> <p>Single rectal bleed – deleted, revised criteria tbc</p> <p>Haemorrhoidectomy – revised criteria</p> <p>Management of GORD – new exclusions</p> <p>Gallstones – simplified criteria</p> <p>Raynaud’s disease – sympathectomy excluded</p> <p>Menorrhagia – revised criteria for hysterectomy</p> <p>Pelvic organ prolapse – new criteria</p> <p>Blepharoplasty – revised criteria</p> <p>Cataract – revised criteria</p> <p>OSA – as per commissioning policy</p> <p>Hip and knee replacement – revised criteria</p> <p>Carpal tunnel – revised criteria</p> <p>Dupuytren’s – revised criteria</p> <p>Back pain – revised section</p> <p>Shoulder surgery – new section and revised criteria following discussions with UHNM clinicians</p> <p>Hallux valgus – new section</p> <p>Varicose veins – revised criteria</p> <p>Surgery for prostatism – retention of urine added as an indication for surgery</p> <p>ICD 10 codes included to support the clinical criteria and monitoring of the policy.</p>
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4.8	09.02.2017	Raynaud's disease – OPCS and ICD 10 codes updated  Incisional Hernia – criteria revised  Sebaceous Cysts – Criteria revised
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## **1.0 Purpose**

- 1.1 The purpose of this Commissioning Policy (which replaces the current Policies on Procedures of Limited Clinical Value and Low Priority Treatments, or Exclusions and Restrictions) is to clarify the commissioning intentions of the Clinical Commissioning Groups across Staffordshire, namely North Staffordshire CCG, Stoke on Trent CCG, Stafford and Surrounds CCG, Cannock Chase CCG, South East Staffordshire and Seisdon CCG and East Staffordshire CCG.

## **2.0 Introduction**

- 2.1 This Policy supports the decision making process associated with the allocation of resources for commissioning. It will be used to support the development of effective, efficient and ethical Service Level Agreements with provider organisations, and the procurement of interventions on an exceptional basis.
- 2.2 The Policy establishes the framework within which the CCGs can demonstrate that their decision making processes are fair, equitable, ethical and legally sound.

## **3.0 Background**

- 3.1 NHS Commissioners receive funding to commission health services for their resident population and make decisions within the context of statutes, statutory instruments, regulations and guidance. NHS Commissioners have a responsibility to seek the greatest health advantage possible for local populations using the resources allocated to them.
- 3.2 NHS Commissioners are required to commission comprehensive, effective, accessible services which are free to users at the point of entry (except where there are defined charges) within a finite resource. It is, therefore, necessary to make decisions regarding the investment of resources in interventions which achieve the greatest health gain for the population.
- 3.3 This Policy is designed to help the CCGs to meet their obligation in providing equitable access to health care. It aims to achieve this by supporting a robust decision making process that is reasonable and open to scrutiny.

## **4.0 Definition of “Low Priority Treatments”**

- 4.1 The term “treatment” describes clinical care and programmes of care that include:-
- Medicines
  - Surgical procedures
  - Therapeutic and other healthcare interventions
- 4.2 On systematic evaluation, some interventions have been identified as being either marginally effective or ineffective with limited clinical value in the vast majority of cases. Others have been shown to be an inefficient use of resource given their high cost per quality adjusted life year gained.

## **5.1 Operating Policy for the Development and Implementation of this Policy**

## **5.2 Scope**

- 5.2.1 A number of national organisations, such as NICE in England, SIGN in Scotland, and the Medical Colleges are committed to producing evidence-based commissioning policies. The emphasis is on high value care pathways. In addition Public Health clinicians from across Staffordshire and the West Midlands have developed evidence-based advice to inform both the prioritisation process and commissioning decisions on low priority treatments. Throughout this Policy these treatments or procedures are categorised as Excluded or Restricted. Excluded treatments or procedures will not be funded by the NHS Commissioners. Restricted treatments or procedures will only be funded for those patients where an appropriate threshold for the intervention as stated in this Policy has been met.

## **5.3 Determining the Evidence Base**

- 5.3.1 Evidence for treatment effectiveness and efficacy is available from many sources, including NICE, the Cochrane Institute, Royal Colleges, other professional guidelines, and sources such as peer reviewed journals or technical notes. Evidence varies in its robustness, ranging from meta-analyses of randomised control trials with large populations of participants, to traditional consensus about best practice. The NHS Commissioners in arriving at this Policy have taken advice from Public Health locally on the source, extent and quality of the evidence in reaching their decisions, and assessed the relative clinical value of many specific procedures through the local prioritisation process.

## **5.3 Populations**

Unless stated otherwise the restrictions within this policy apply to both paediatrics and adults. A paediatric case is defined as a child between the ages of 0 and 18.

Unless stated otherwise the restrictions within this policy apply to patients within North Staffordshire CCG, Stoke CCG (and South Staffordshire CCGs).

## **5.4 Ethical and Legal Policy for Decision Making**

- 5.4.1 The NHS Commissioners have Prioritisation Frameworks which are reviewed on an ongoing basis. Utilisation of these prioritisation frameworks informs the review of this policy and the procedures and treatments that it covers.

## **5.5 Implementation**

- 5.5.1 The schedule showing low priority treatments is set within this policy. This can be incorporated into contractual and service level agreements. NHS Commissioners will require primary and secondary care service providers and other organisations acting on behalf of NHS Commissioners to embrace and abide by the policy and to advise patients accordingly.
- 5.5.2 The Policy is implemented by GPs and Primary Care health professionals when advising and referring patients and by providers when considering the treatment options for patients. Those making referrals should not refer to any provider for a treatment or procedure covered by this Policy. Providers should not suggest, recommend or otherwise offer excluded treatments or procedures covered by this Policy to any patient. Providers should only suggest, recommend or otherwise offer restricted treatments or procedures covered by this Policy to patients who satisfy the appropriate threshold statement for that treatment or procedure.



- 5.5.3 Within the policy, and as stated against individual treatments or procedures listed in Appendix 1, treatments and procedures are classified as Excluded or Restricted. Unless specifically stated all treatments and procedures are classified as Excluded or Restricted by all NHS Commissioners.
- 5.5.4 Excluded procedures and treatments are not commissioned by the NHS Commissioners. Where individual patient circumstances require the escalation of their care and a procedure or treatment classified as excluded is being proposed then providers should refer to the Policy and Procedure for the Authorisation and Management of Individual Funding Requests.
- 5.5.5 Restricted procedures and treatments are not commissioned by the NHS Commissioners except where an individual patient satisfies the threshold statement or criteria against a procedure or treatment. Clinicians considering offering a patient a restricted procedure or treatment should satisfy themselves that the threshold statement or criteria against the procedure or treatment are satisfied. Where a patient satisfies the threshold statement or criteria the procedure or treatment is prior approved and can be undertaken. Where the threshold statement or criteria are not met then the procedure or treatment is excluded for that patient and paragraph 5.5.4 above applies.
- 5.5. This Policy is distributed to all providers, primary care contractors and CCG Localities.

## **5.6 Monitoring the Policy**

- 5.6.1 NHS Commissioners will monitor the adherence to this policy through the contractual process, using contractual levers where breaches of the Policy are identified.
- 5.6.2 Referrals to secondary care that are outside of this Policy will be routinely monitored by the Commissioning Management and the Contracts Management Teams of the NHS Commissioners.
- 5.6.3 NHS Commissioners will provide periodic reports to their Boards reporting the number and nature of breaches of the Policy, by provider and by procedure.
- 5.6.4 Where there are defined thresholds, the compliance with the criteria will be subject to regular clinical audits carried out or organised by NHS Commissioners. The audit process will require providers to produce patient specific evidence that confirms the threshold criteria for procedures were satisfied at the time the decision to offer the procedure to the patient was taken. Where audit shows that the evidence is not available or is deficient or fails to satisfy the auditor that the threshold criteria were met at the time the decision to perform the procedure was taken, then the default will be to consider the procedure was excluded and therefore it will not attract payment from the NHS Commissioners.
- 5.6.5 NHS Commissioners reserve the right to reduce the value of all payments for procedures with OPCS codes that match those for Excluded and Restricted procedures (as listed within this policy)
- 5.6.6 Any procedures marked as 'Requires Prior Approval' must be approved by CCGs before the surgery is undertaken using the agreed form. Commissioners will not pay for any procedures undertaken without the required approval from the responsible commissioner.

- 5.6.7 This policy is only applicable to elective / planned activity and non-elective activity is excluded from all of the terms and conditions of this policy with no restrictions of exclusions applying. With the exception of paediatric tonsillectomies where audit will apply (paediatric tonsillectomies will not be subject to blue-teq roll out). The policy also does not apply to patients who are on a 2ww/cancer pathway and this activity will be excluded from any challenge or audit process.
- 5.6.8 This policy covers activity undertaken by the named speciality under which the OPCS code (or procedure description in the event there is no assigned OPCS Code) is listed in accordance with the restricted and excluded tables laid out from page 9 onwards.

## **Audit**

- 5.6.7** Blue Teq prior approval system will be used to pre authorise procedures where restrictions apply. This forms part of a CQUIN for 2016/17 and the system will pre authorise in line with the agreed roll-out plan over the year. It is recognised that as there is a 12 month roll out plan, not all POLCV activity will be on Blue-teq from 01.04.16, therefore, Commissioners reserve the right to undertake audits in line with GC15.
- 5.6.8** All monitoring will exclude any procedures where Commissioners have identified that the OPCS code is either not applicable or not relevant or a not directly linked to an OPCS code or where the OPCS code is not specified as the Trust is unable to 'track' this activity.

## **5.7 Maintaining an Up-to-Date Policy**

- 5.7.1 NHS Commissioners will abide by this policy when making decisions relating to the provision of low priority treatments. Specifically, the role of the NHS Commissioners is to:
- Monitor the implementation of the Policy and the impact it has on clinical decision making;
  - Inform referrers of the Policy;
  - Inform all service providers with whom the NHS Commissioners have formal contractual arrangements of the Policy;
  - Review the policy and the accompanying schedule on an ongoing basis and/or where an urgent consideration of new evidence is justified.

## **6.0 Managing Expectations**

- 6.1 In their dealings with patients and the public providers should, if necessary, make it clear that the decision by NHS Commissioners to consider treatments or procedures to be of low priority under this policy is a considered decision made against their responsibility to seek the greatest health advantage possible for local populations using the resources allocated to them and that it is necessary for the NHS Commissioners to make decisions regarding the investment of resources in interventions which achieve the greatest health gain for the local population.
- 6.2 Where individual patient circumstances require the escalation of their care providers should refer to the Policy and Procedure for the Authorisation and Management of Individual Funding Request.

### Behavioural Therapy

OPCS Codes	ICD 10 Codes	Procedures	Thresholds	Status
Not applicable	F60.3	Psychotherapy for Borderline Personality Disorder	Not routinely commissioned	Excluded – by prior approval only
X66.1, X66.2, X66.8, X66.9	G93.3	Chronic fatigue syndrome – inpatient cognitive behavioural therapy	Not routinely commissioned	Excluded – by prior approval only

### Cardiology

OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
K16.5	Q21.1	Closure of Patent Forale Ovale (PFO) for the prevention of stroke	Not routinely commissioned	Excluded

### Complementary Medicine/Therapies

OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
X61.1, X61.2, X61.3, X61.4, X61.8, X61.9, Y33.1, A70.6		Acupuncture	Acupuncture will only be commissioned as an adjunct to pain management and only through specialist pain clinics	Excluded
X61.2, X61.3, X61.4, X61.8, X61.9, Y33.1.		Complementary Therapies/medicines	Alexander technique Kinesiology Aromatherapy training Ayurveda Environmental medicine	Applied Autogenic Chiropractic Osteopathy

			Healing medicines Hypnosis Massage Naturopathy therapy Reflexology Shiatsu Chelation Therapy Therapy	Herbal  Homeopathy Meditation Nutritional  Reiki Gerson Therapy Radiation	
Dermatology and Plastic Surgery					
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status	
S05.1, S05.2, S05.3, S05.4, S05.5, S05.8, S05.9, S06.1, S06.2, S06.3, S06.4, S06.5, S06.8, S06.9, S08.1, S08.2, S08.3, S088, S08.9, S09.1, S09.2, S09.3, S09.8, S09.9, S10.1, S10.2, S10.3, S10.4, S10.8, S10.9, S11.1, S11.2, S11.3, S11.4, S11.8, S11.9, D02.1, F02.1, S60.8, C10.1, N27.1, E09.1, P11.1, H48.2, H48.3, N01.2	L98.9, I78.1, L84.X, D22.0, D22.1, D22.2, D22.3, D22.4, D22.5, D22.6, D22.7, D22.9, D23.0, D23.1, D23.2, D23.3, D23.4, D23.5, D23.6, D23.7, D23.9, D17.0, D17.1, D17.2, D17.3, D17.4, D17.5, D17.6, D17.7, D17.9, B08.1D + H03.1A, B08.1, L82.X, L91.8, Q82.8, B07.X, A63.0, H02.6, D36.1, L72.0, L72.1, L72.9	Treatment of Minor Skin Lesions including benign pigmented moles, comedones, corns/callous. milia, molluscum contagiosum, seborrhoeic keratosis, skin tags including anal tags, spider naevus, warts, xanthelasma and neurofibromata, epidermoid/Pilar (sebaceous) cysts,  Lipomas	Only commissioned where there is:  <ul style="list-style-type: none"> <li>Suspicion of malignancy OR</li> <li>Obstruction of orifice or vision OR</li> <li>Previous Infection</li> </ul> Will be routinely commissioned under the following circumstances:  <ul style="list-style-type: none"> <li>Severely functionally disabling and/or subject to repeated trauma due to size and/or position</li> </ul>	Restricted	Restricted
C12.1	H02.9	Excision of lesion of the eyelid	Will be routinely commissioned under the following circumstances:	Restricted	

			<ul style="list-style-type: none"> <li>• Potentially malignant <b>OR</b></li> <li>• Infected <b>OR</b></li> <li>• Symptoms of pain,irritation,discomfort <b>OR</b></li> <li>• Functional deficit <b>OR</b></li> <li>• Lid malposition <b>OR</b></li> <li>• Interference with vision</li> </ul> <p>Cosmetic eyelid surgery to correct puffy, hooded, wrinkled tired looking eyes will not be commissioned</p>	
S09.1, S09.2, S09.3, S09.8, S09.9	D18.0	Paediatric haemangiomas	<p>Treatment will be offered for those which:</p> <ul style="list-style-type: none"> <li>• Threaten life or function, including compromising eyesight, respiratory, cardiac or hepatic functions <b>OR</b></li> <li>• Other internal lesions sited in an area liable to scar <b>OR</b></li> <li>• Large facial haemangiomas that have failed to regress by school age <b>OR</b></li> <li>• Show a tendency to bleed or to become infected <b>OR</b></li> <li>• Kasabach-Merritt syndrome (coagulopathy)</li> </ul>	Restricted

S09.1,S09.2	Q82.5	Port Wine Stain	Not routinely commissioned	Excluded
S02.1, S02.2, S02.8, S02.9	Z42.2, Z41.1	Abdominoplasty/Apronectomy <b>North Staffordshire CCG and South Staffordshire CCGs</b>	Not routinely commissioned	Excluded
S02.1, S02.2, S02.8, S02.9	Z41.1	Abdominoplasty/Apronectomy <b>Stoke on Trent CCG</b>	<p>Will be considered providing that <b>ALL</b>of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• Documented evidence of clinical pathology due to the excess overlying skin e.g. recurrent infections, intertrigo which has led to ulceration requiring repeated courses of treatment for a minimum period of one year or disability resulting in severe restrictions in activities of daily living</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The patients BMI before weight loss must have been no less than 40kg/m<sup>2</sup></li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The patients current BMI must be between 18kg/m<sup>2</sup> and 25kg/m<sup>2</sup> and has been within this range for a minimum of 1 year as measured and recorded by the NHS. If this is not possible due to the weight of excess skin, the patient must have lost 50% of their excess weight and the clinician must confirm that no further reduction in BMI will be possible without the removal of excess skin.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The patients weight must have been stable and within this range for a minimum of 1 year as measured and recorded by the NHSAND</li> <li>• An abdominoplasty/apronectomy has not already been performed</li> </ul>	Restricted

D03.1, D03.2, D03.3, D03.8, D03.9, D06.2	Q17.5, H61.1,	Cosmetic operations on the external ear including Pinnaplasty, split earlobes, excision of lesion of external ear, others	Not routinely commissioned	Excluded
B29.5, B30.1, B30.2, B30.3, B30.8, B30.9, B31.1, B31.2, B31.3, B31.4, B31.8, B31.9, B33.2, S48.2, B35.1, B35.2, B35.3, B35.4, B35.6, B35.8, B35.9, B37.5		<p>Cosmetic Operations on Breast (female)  <b>North Staffordshire CCG and South Staffordshire CCGs</b></p> <p>Breast Augmentation</p> <p>Breast reduction</p> <p>Mastopexy</p> <p>Revision of breast augmentation</p>	<p>Will be routinely funded following mastectomy, post burns or for breast asymmetry following prophylactic bilateral mastectomy for cancer prevention in high risk cases.</p> <p>Not routinely commissioned</p> <p>Not routinely commissioned</p> <p>The CCG will fund the following:</p> <ul style="list-style-type: none"> <li>• Removal of implants</li> <li>• Removal of implants complicated by recurrent infection</li> <li>• Removal of implants with Baker class IV contracture associated with severe pain</li> <li>• Intra or extra-capsular rupture of silicone gel filled implants.</li> </ul> <p>Please note that the following will not be routinely commissioned as part of this treatment of as a stand-alone treatment:</p> <ul style="list-style-type: none"> <li>• Insertion of new implants</li> <li>• Correction of any asymmetry</li> </ul>	<p>Restricted</p> <p>Excluded</p> <p>Excluded</p> <p>Restricted</p>
B29.5, B30.1, B30.2, B30.3,	(Z42.1), (T85.4),	Cosmetic operations on breast		





		Breast Reduction	<p>commissioned by the NHS <b>AND ONE</b> of the following applies:</p> <ul style="list-style-type: none"> <li>• Breast disease OR</li> <li>• Implants with capsule formation that interferes with mammography OR</li> <li>• Implants complicated by recurrent infection OR</li> <li>• Implants with Baker Class IV contracture associated with pain OR</li> <li>• Intra or extra capsular rupture of silicone gel filled implants</li> </ul> <p>Please note that the following will not be routinely funded as part of this service:</p> <ul style="list-style-type: none"> <li>• Correction of any asymmetry as explained in the section above on breast enlargement</li> <li>• OR</li> <li>• Mastopexy and other similar surgical procedures</li> </ul> <p>Stoke on Trent CCG will commission the insertion of breast implants, and their replacement if they need to be removed, if the procedure was performed during or after mastectomy for breast disease or a prophylactic mastectomy.</p> <p>Will be routinely commissioned under the following circumstances:</p>	<p>Restricted</p> <p>Restricted</p>
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		<p>Mastopexy</p> <p>Surgery for inverted nipples</p>	<ul style="list-style-type: none"> <li>• Women with large breasts who are experiencing function symptoms which are not relieved by wearing a fitted brassiere (fitted by a trained bra fitter) AND</li> <li>• If there is back/shoulder pain, there should be documented evidence of visiting their GP for this, duration of the problem and evidence that other approaches such as physiotherapy or NSAIDS have been tried AND</li> <li>• There is an expected need to remove at least 500mg of tissue from each breast AND</li> <li>• The patient must have a BMI within the range 18kg/m2 and 25kg/m2.</li> </ul> <p>None</p> <p>None</p>	<p>Excluded</p> <p>Excluded</p>
B35.1, B35.2, B35.3, B35.4, B35.6, B35.8, B35.9,	Q83.3	Removal of Supernumerary Nipples (Polymastia)	Not routinely commissioned	By prior approval only
S60.4	L90.5, L90.6	Refashioning of scars/keloids including stretch marks	Not routinely commissioned	Excluded
B31.1, B31.4, B31.8, B31.9	N62.X	Gynaecomastia	Not routinely commissioned	Excluded
Not applicable		Silicone Gel Sheeting for Preventing or Treating	Not routinely commissioned	Excluded

		Hypertrophic Scarring		
S01.1, S01.2, S01.3, S01.4, S01.5, S01.6, S01.8, S01.9	(G51.0)	Cosmetic excision of skin of head or neck – e.g face left, brow lifts	Only commissioned for severe facial nerve palsy	Excluded
S03.1, S03.2, S03.3, (S03.8 or S03.9 with Z49.5 or Z50.1)	Z42.2, Z42.3, Z42.4, Z42.8, Z42.9	Excision of excessive skin from thigh, leg, hip, buttock, arm, forearm. Buttock/Thigh/Arm lift or body contouring <b>North Staffordshire CCG and South Staffordshire CCGs</b>	Not routinely commissioned	Excluded
S03.1, S03.2, S03.3, (S03.8 or S03.9 with Z49.5 or Z50.1)	42.2, Z42.3, Z42.4, Z42.8, Z42.9	Excision of excessive skin from thigh, leg, hip, buttock, arm, forearm. Buttock/Thigh/Arm lift or body contouring <b>Stoke on Trent CCG</b>	Individual cases will be considered provided that all the criteria listed in the section on abdominoplasty/apronectomy are met. Prior approval to be sought.	Excluded unless by prior approval
S62.1, S62.2	Z42.2, Z42.3, Z42.4, Z42.8, Z42.9	Liposuction of subcutaneous tissue	Not routinely commissioned	Excluded
C13.1, C13.2, C13.3, C13.4, C13.5, C13.8, C13.9	(H02.1, H02.0, H02.9)	Blepharoplasty	Blepharoplasty will be routinely commissioned only for upper lids in the presence of: <ul style="list-style-type: none"> <li>• <b>visual field impairment</b> (reducing visual field to 120° laterally and 40°vertically)</li> <li>• <b>Severe congenital ptosis</b></li> </ul> <p>This is available on the NHS for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin.</p> <p>Note: Excessive skin in the lower lid may cause “eyebags” but does not affect function of the</p>	Restricted

			<p>eyelid or vision and therefore does not need correction.</p> <p>Blepharoplasty type procedures may form part of the treatment of pathological conditions of the lid or overlying skin and not for cosmetic reasons.</p> <p>The following procedures will not be funded:</p> <ul style="list-style-type: none"> <li>• Surgery for cosmetic reasons</li> <li>• Surgery for cyst of moll</li> <li>• Surgery for cyst of zeis</li> <li>• Removal of eyelid papillomas or skin tags</li> <li>• Surgery for pingueculum</li> <li>• Excision of other lid lumps</li> </ul>	
Not applicable	L90.9	Facial Atrophy – new fill procedures	Not routinely commissioned	Excluded – by prior approval only
P05.5, P05.6, P05.7, P05.8, P05.9, N29.1, N29.2, N29.8, N29.9	N90.6, N90.8, Z42.8, Z41.1, Z42.9	Aesthetic/Cosmetic Genital Surgery inclusive of labiaplasty	Not routinely commissioned	Excluded
S60.6, S60.7	L68.0, L68.9, L68.2, L68.1, L68.3, L68.8,	Hair Depilation for excess body hair, facila hirsutism or hypertrichosis	Not routinely commissioned	Excluded
S21.2, S21.8, S21.9, S33.1, S33.8, S33.9.	L65.9	Correction of hair loss	Not routinely commissioned	Excluded
S21.1, S21.2, S21.8, S21.9, S33.1, S33.2, S33.3, S33.8, S33.9.	L64.9	Correction of male pattern baldness	Not routinely commissioned	Excluded
S21.1, S21.2, S21.8, S21.9, S33.1, S33.2, S33.3, S33.8, S33.9.	L65.9	Hair Transplantation	Not routinely commissioned	Excluded
S09.1, S09.2, S10.3, S11.3,	Q82.5, L90.5, L91.0	Laser Treatment for birthmarks	Laser Treatment for birthmarks and scarring will	Restricted

S60.1, S60.2.		and scarring	only be routinely commissioned for large (in excess of 5cm x 5cm) and will be routinely commissioned under the following circumstances: <ul style="list-style-type: none"> <li>• The area to be treated is on the face AND</li> <li>• The patient has been through all other recognised treatments or it has been considered that the treatment would not be effective due to the size or condition of the area affected.</li> </ul>	
S09.1, S09.2, S09.3, S09.8, S09.9	L71.8, L71.9	Rosacea	Laser Treatment for this condition is not routinely commissioned regardless of age	Excluded
S09.1, S09.2, S09.3, S09.8, S09.9	N/A	Skin Resurfacing techniques: Dermabrasion, Chemical Peels and Laser treatment	Not routinely commissioned	Excluded
S11.4,	N/A	Electrolysis treatment for any condition	Only commissioned to manage misdirected lashes causing ocular irritation and corneal injury which would prevent need for further intervention/surgery.	Restricted
S53.2 with X85.1 (to identify Botulinum Toxin)	R61.0, R61.1, R61.9	Botox for excessive sweating	Not routinely commissioned.	Excluded
X85.1 with Z60.1, with or without X37.5	Z41.1	Botox for facial aging or excessive wrinkles	Not routinely commissioned	Excluded
Not applicable	D18.0, Q82.5, L98.0,	Congenital vascular abnormalities	Not routinely commissioned	Excluded – by prior approval only
S09.1, S09.2, S10.8, S10.9	L81.8	Tattoo removal	Not routinely commissioned	Excluded

Ear, Nose and Throat and Paediatric surgery(inclusive on NEL)

OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
E20.1, E20.8, E20.9 (Where primary procedure is in F34.1, F34.2, F34.3, F34.4, F34.5, F34.6, F34.7, F34.8, F34.9, F36.1, F36.8, F36.9)	N/A	Adenoidectomy	Adenoidectomy will only be funded if undertaken in conjunction with Tonsillectomy and/or Grommets ( <i>Please refer to policies for Tonsillectomy and/or Grommets</i> ).  For adenoidectomy only, prior approval will need to be sought.	Restricted
F34.1, F34.2, F34.3, F34.4, F34.5, F34.6, F34.7, F34.8, F34.9, F36.1, F36.8, F36.9	J03.0, J03.8, J03.9, J35.0	Tonsillectomy	To be undertaken in line with the SIGN 2010 guidance:-  The following are recommended as indications for consideration of tonsillectomy for recurrent acute sore throat in both children and adults: <ul style="list-style-type: none"> <li>• Seven or more <b>well documented</b>, clinically significant, adequately treated sore throats in the preceding year, OR</li> <li>• Five or more such episodes in each of the preceding two years OR</li> <li>• Three or more such episodes in each of the preceding three years AND</li> <li>• Sore throats are due to acute tonsillitis</li> <li>• AND</li> <li>• The episodes of sore throat are disabling and prevent normal functioning</li> </ul> When in doubt as to whether a tonsillectomy would be beneficial, a six month period of watchful waiting is recommended	Restricted

			<p>NB A child is considered to be under the age of 16 for the purpose of tonsillectomy</p> <p><b><u>An eligible episode must have three of the following criteria:</u></b></p> <p>Tonsillar exudates /Tender anterior cervical lymph nodes/ History of fever/ Absence of cough</p> <p>When in doubt as to whether a tonsillectomy would be beneficial, a six month period of watchful waiting is recommended.</p>	
E20.1, E20.8, E20.9 (Where primary procedure is in F34.1, F34.2, F34.3, F34.4, F34.5, F34.6, F34.7, F34.8, F34.9, F36.1, F36.8, F36.9)	G47.3	Tonsillo-adenoidectomy for OSA	<p>To be undertaken when diagnosis of SDB in children is confirmed based on history, physical examination, audio/video taping, pulse oximetry, and limited or full-night PSG.</p> <p>AHI&gt;5 indicative diagnosis OSA</p>	restricted
D15.1, D20.2,	H65.9	Myringotomy with/without grommets for Otitis Media	<p>To be undertaken in line with NICE clinical guideline 60 – Surgical Treatment of Otitis Media with Effusion</p> <p>.</p> <p>Children with persistent bilateral OME <b>documented over a period of 3 months</b>  <b>AND</b>  •A hearing level in the better ear of 25-30 dBHL  <b>OR</b>  •The worse ear averaged at 0.5, 1,2 and 4 kHz (or equivalent dBA where dNHL not available)</p>	Restricted

			<p>Alternative indications for Grommets.</p> <p>Children should only be considered for grommet insertion if:-</p> <ul style="list-style-type: none"> <li>• The child has experienced persistent hearing loss for more than a year with deficit estimated to be more than 25 decibels; OR</li> <li>• More than 6 episodes of <b>acute otitis media</b> in previous 12 months OR</li> <li>• The child has developmental impairment (e.g. speech/ language/ cognitive/ behavioural) likely to be due to, or exacerbated by, clinically suspected hearing loss. OR</li> <li>• Poor progress at school directly attributable to this condition, the child has proven hearing loss, plus a second disability such as Down's Syndrome or cleft palate.</li> </ul>	
F32.4, F32.5, F32.6	R06.5	Surgery for snoring (Uvulopalatopharyngoplasty)	Not routinely commissioned	Excluded
F32.8 plus Y02.1 (NICE guidance)	G47.3	Surgical Treatment for Sleep Apnoea (Obstructive sleep apnoea)	<p>Will be routinely commissioned under the following circumstances:</p> <ul style="list-style-type: none"> <li>• Patients have Epworth Sleepiness Score 15-18 or: Patient sleepy in dangerous situations such as driving</li> </ul>	Restricted



			<p>AND</p> <ul style="list-style-type: none"> <li>• Patient has significant sleep disordered breathing (as measured during sleep study, usually by the Apnoea/ Hypopnoea Index: 15-30/hr. = moderate, &gt;30/hr. = severe</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Patient has already tried CPAP unsuccessfully for 6 months prior to being considered for surgery OR patient has major side effects to CPAP such as significant nose bleeds</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• A clinical decision is that the patient will significantly benefit</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The patient is fully informed as to the limited effectiveness of procedures, the lack of long term outcomes and likely adverse effects including pain following surgery</li> </ul>	
E02.3, E02.4, E02.5, E02.6 E07.3 E02.1, E02.2, E02.6, E02.7, E02.8, E02.9	(J34.2), Z42.0, (M95.0) Z41.1, (Q35.1, Q35.2, Q35.3, Q35.5, Q35.7, Q35.9), Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q37.8, Q37.9	Operations on nose: septoplasty or septorhinoplasty	<p>Septoplasty or septorhinoplasty will be commissioned for the following clinical indications:</p> <ol style="list-style-type: none"> <li>1. Documented continuous nasal airway obstruction that results in nasal breathing associated with a septal/bony deviation of the nose</li> </ol> <p>or</p> <ol style="list-style-type: none"> <li>2. Post-traumatic nasal deformity associated with documented sustained interference of the</li> </ol>	Restricted

			airway;  or  3.As part of the treatment for congenital abnormalities e.g. cleft lip and palate	
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General Surgery				
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
T19.1, T19.2, T19.3, T19.8, T19.9, T201, T202, T203, T204, T208, T209, T211, T212, T213, T214, T218, T219	(K40.0), (K40.1), (K40.4), K40.2, (K40.3), K40.9	Inguinal Hernia	<p>Surgical repair will be commissioned when patients meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Incarcerated hernia or not amenable to simple reduction</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• symptomatic inguinal hernia</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• strangulated hernia (emergency surgery)</li> </ul> <p>Patients with occult/asymptomatic/minimally symptomatic primary or recurrent inguinal hernias <b>AND</b> who have significant co-morbidity (ASA 3 or 4) <b>AND</b> who do not want to have surgical repair (after appropriate information provided) <b>can be</b></p>	Restricted

			<p><b>managed conservatively at primary care level.</b></p> <ul style="list-style-type: none"> <li>• all children &lt;18 years with inguinal hernia should be referred to a paediatric surgical provider</li> <li>• any groin hernia in a woman should be referred urgently to a specialist</li> <li>• patients who are undergoing or plan to undergo peritoneal dialysis should be referred.</li> </ul>	
T24.1, T24.2, T24.3, T24.4, T24.8, T24.9	(K42.0), (K42.1), K42.9	Umbilical and Para Umbilical Hernia	<p>Not routinely commissioned unless the following exceptions are met:</p> <ul style="list-style-type: none"> <li>• To avoid incarceration or strangulation of bowel in narrow necked hernia OR</li> <li>• Patients who are undergoing or plan to undergo peritoneal dialysis.</li> </ul>	Restricted
T25.1, T25.2, T25.3, T25.8, T25.9	K43.0, K43.1, K43.2, K43.6, K43.7, K43.9	Incisional Hernia	<ul style="list-style-type: none"> <li>• Incisional hernias with moderate to severe pain will be repaired.</li> <li>• Asymptomatic incisional hernias will not be funded except where peritoneal dialysis is planned.</li> </ul>	Restricted
T19.1, T19.2, T19.3, T19.8, T19.9 T24.1, T24.2, T24.3, , T24.8, T24.9 with addition of Y75.2	(K40.0, K40.1, K40.2)	Laprascopic Hernia Repair	<p>Laparoscopic hernia repair is commissioned ONLY for</p> <ul style="list-style-type: none"> <li>• bilateral hernia repair (where the patient has bilateral hernias with external swelling on clinical examination)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Recurrent hernia after previous hernia surgery</li> </ul>	Restricted
H48.2	K64.4	Surgery for anal/rectal skin tags	Not routinely commissioned	Excluded

H22.1, H22.8, H22.9, H25.1, H25.8, H25.9, H28,1, H28,8, H28,9	K62.5	Rectal bleeding	Investigation should be undertaken in line with RCS guidance.  Colonoscopy will not be commissioned as a first line investigation	Restricted
H51.1, H51.2, H51.3, H51.8, H51.9	(K64.2, K64.3), K64.0, K64.1, K64.5, K64.8, K64.9	Haemorrhoidectomy	Will be routinely commissioned under the following circumstances: <ul style="list-style-type: none"> <li>• Patient has recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding OR</li> <li>• Irreducible and large external haemorrhoids</li> </ul>	Restricted
G44.8 + Y11.4 + O11.1		Endoscopic radiofrequency ablation for gastro Oesophageal Reflux Disease (GORD)	Not routinely commissioned	Excluded
		Linx Reflux Management system for Gastro Oesophageal Reflux Disease (GORD)	Not routinely commissioned	Excluded
J181, J182, J183, J184, J185, J189	K80.0, K80.1, K80.2, K80.4, K80.8	Cholecystectomy	Cholecystectomy for Asymptomatic Gallstones is not routinely commissioned  Cholecystectomy for Symptomatic Gallstones is commissioned in line with RCS and NICE guidance:	
A751, A752, A753, A754, A755, A758, A759, A761, A762, A763, A764, A765, A768, A769	I73.0	Sympathectomy for Raynaud's disease	Not routinely commissioned	Excluded

Gynaecology				
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status

Q131, Q132, Q133, Q134, Q135, Q136, Q137, Q138, Q139, Q383		Infertility and Assisted Reproduction	Please see CCGs Individual Commissioning Policy for Infertility and Assisted Reproduction	Restricted
Q131, Q132, Q133, Q134, Q135, Q136, Q137, Q138, Q139, Q383		Subfertility services	Please see CCGs Individual Commissioning Policy for Infertility and Assisted Reproduction	Restricted
Q12.1, Q12.2, Q12.3, Q12.4, Q12.8, Q12.9		Intra Uterine Contraceptive Devices (IUCDs) including mirena coils	<p>Insertion, removal and checks of IUCDs should only be undertaken within primary care. It is not commissioned as a stand-alone secondary care service.</p> <p>Patients requiring a fitting within secondary care for clinical reasons where a fitting in primary care is not possible.</p> <p>Removals of lost or displaced IUCDs will be commissioned within secondary care where circumstances dictate that this cannot be managed within primary care.</p> <p>IUCDs fitted as a secondary procedure/OPCS code will be commissioned within secondary care</p>	<p>Excluded</p> <p>Restricted</p> <p>Restricted</p> <p>Restricted</p>
P26.2, P26.3		<p>Vaginal Ring Pessaries</p> <p>Vaginal Shelf Pessaries</p>	<p>Insertion and removal of vaginal ring pessaries will only be commissioned within primary care. First fitting will be commissioned as part of a first outpatient appointment where clinically necessary and will be commissioned for follow up if complications arise.</p> <p>Insertion and removal of shelf pessaries will be commissioned within secondary care but only within an outpatient setting. The original shelf pessary plus</p>	<p>Restricted</p> <p>Restricted</p>

			subsequent replacements will be routinely commissioned.	
Q18.8, Q18.9		Hysteroscopy	This procedure will be routinely commissioned within an outpatient setting unless clinically indicated.  Treatment carried out within an inpatient or daycase setting is not routinely commissioned	Restricted
Q10.1, Q10.3, Q10.8, Q10.9		Dilatation and curettage (D&C) in women under 40 for Menorrhagia	Not routinely commissioned	Excluded
Q07.2, Q07.4, Q07.8, Q07.9, Q08.2, , Q07.5,	N92.0, N92.1, N92.4	Hysterectomy for menorrhagia	Will be routinely commissioned under the following circumstances:  <ul style="list-style-type: none"> <li>• There has been an unsuccessful trial with a levonorgestrel intrauterine system (e.g. Mirena®) and it has failed to relieve symptoms unless it is medically inappropriate, or contraindicated.</li> </ul> AND At least two of the following treatments have failed, are not appropriate or are contra-indicated in line with the National Institute for Health and Clinical Experience (NICE) guidelines: <ul style="list-style-type: none"> <li>• Non-steroidal anti-inflammatory agents</li> <li>• Tranexamic acid</li> <li>• Other hormone methods (injected progesterones,</li> </ul>	Restricted

			combined oral contraceptives, Gn-RH analogue) AND <ul style="list-style-type: none"> <li>• Surgical treatments such as endometrial ablation or myomectomy have failed to relieve symptoms, or are not appropriate, or are contra-indicated</li> </ul>	
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Obstetrics				
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
R42.1, R42.2		Routine Doppler ultrasound of umbilical and uterine artery in low risk pregnancies	Not routinely commissioned	Excluded
R17.1, R17.2, R17.8, R17.9		A planned Caesarean Section should NOT be routinely offered to women with:	<ul style="list-style-type: none"> <li>• With a 'small for gestational age' baby.</li> <li>• On the grounds of HIV status to prevent mother-to-child transmission of HIV to: <ul style="list-style-type: none"> <li>o women on highly active anti-retroviral therapy (HAART) with a viral load of less than 400 copies per ml or;</li> <li>o women on any anti-retroviral therapy with a viral load of less than 50 copies per ml.</li> </ul> </li> <li>• with hepatitis B</li> <li>• with hepatitis C</li> <li>• with a recurrence of genital herpes simplex virus (HSV) at birth</li> <li>• with a body mass index (BMI) of over 50 alone as an indicator</li> </ul>	Excluded
R17.1, R17.2, R17.8, R17.9		A planned Caesarean Section should be offered to women with:	<ul style="list-style-type: none"> <li>• With a singleton breech presentation at term, for whom external cephalic version is contraindicated or has been unsuccessful,</li> <li>• In twin pregnancies where the first twin is breach</li> </ul>	Restricted



			<ul style="list-style-type: none"> <li>• A placenta that partly or completely covers the internal cervical os (minor or major placenta praevia)</li> <li>• A previous caesarean section where it is clinically indicated</li> <li>• With injury/tears to the vagina and/or perineum/rectum</li> <li>• With orthopaedic anomalies impeding the patient's ability of having a vaginal delivery</li> <li>• In patients with HIV who: <ul style="list-style-type: none"> <li>o are not receiving any anti-retroviral therapy or</li> <li>o are receiving any anti-retroviral therapy and have a viral load of 400 copies per ml or more.</li> </ul> </li> <li>• With both hepatitis C virus and HIV</li> <li>• With primary genital herpes simplex virus (HSV) infection occurring in the third trimester of pregnancy</li> </ul> <p>Pregnant women who may require a planned caesarean section should have consultant involvement in the decision-making process.</p>	
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Ophthalmology				
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
C13.1, C31.2, C31.3, C31.4, C31.8, C13.9		Blepharoplasty	Blepharoplasty shall be routinely commissioned only for upper lids in the presence of:	Restricted

			<ul style="list-style-type: none"> <li>• <b>visual field impairment</b> (reducing visual field to 120° laterally and 40°vertically)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>Severe congenital ptosis</b></li> </ul> <p>This is available on the NHS for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin.</p> <p>Note: Excessive skin in the lower lid may cause “eyebags” but does not affect function of the eyelid or vision and therefore does not need correction.</p> <p>Blepharoplasty type procedures may form part of the treatment of pathological conditions of the lid or overlying skin and not for cosmetic reasons.</p> <p>The following procedures will not be funded:</p> <ul style="list-style-type: none"> <li>• Surgery for cosmetic reasons</li> <li>• Surgery for cyst of moll</li> <li>• Surgery for cyst of zeis</li> <li>• Removal of eyelid papillomas or skin tags</li> <li>• Surgery for pingueculum</li> <li>• Excision of other lid lumps</li> </ul>	
C44.2, C44.4, C44.5, C46.1		Laser Treatment for myopia (short sightedness)	Not routinely commissioned	Excluded
Not applicable		Screening for diabetic retinopathy by consultant ophthalmologists	Not routinely commissioned	Excluded – by prior approval only
Not applicable		Screening for glaucoma by consultant ophthalmologists	Not routinely commissioned	Excluded

<p>C71.1, C71.2, C71.3, C71.8, C71.9, C72.1, C72.2, C72.3, C72.8, C72.9, C74.1, C74.2, C74.3, C74.8, C74.0, C75.1, C75.8, C75.9</p>		<p>Cataract Surgery</p>	<p>The CCG will fund this treatment if the patient meets the following eligibility criteria <b>for each eye:</b>  *The patient should have sufficient cataract to account for the visual symptoms (6/9 or worse)  [US 20/30 or worse  Decimal 0.66 or worse  LogMar 0.18 or worse  VAS 91 or worse]</p> <p><b>AND</b> The patient's lifestyle is affected:  - Difficulty carrying out everyday tasks such as recognising faces, watching TV, cooking, playing sport/cards etc.  - Reduced mobility, unable to drive or experiencing difficulty with steps or uneven ground.  - Ability to work, give care or live independently is affected.</p> <p>This information, together with a report from a recent sight test, should form the minimum data on the referral form.</p> <p><b>AND/OR</b>  Other indications for cataract surgery include facilitating treatment for one or more of the following:</p> <ul style="list-style-type: none"> <li>• Monitoring posterior segment disease e.g. diabetic retinopathy</li> <li>• Correcting anisometropia</li> <li>• Patient with Glaucoma who require cataracts surgery to contract intraocular pressure.</li> </ul> <p><b>Patients with single sight (monocular vision)</b>  The indications for cataract surgery in patients with</p>	<p>Restricted</p>
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			monocular vision and those with severe reduction in one eye e.g. dense amblyopia, are the same as for patients with binocular vision, but the ophthalmologist should explain the possibility of total blindness if severe complications occur.	
Not applicable		Implantable Intraocular Lens Systems for Age Related Macular Degeneration	Not routinely commissioned	Excluded

Respiratory				
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
Not Applicable		Non-surgical treatment for sleep apnoea (Obstructive sleep apnoea)	Will be routinely commissioned in line with the commissioning policy for the sleep service	Restricted
Not applicable		Sinus X ray	Not routinely commissioned	Excluded

Trauma and Orthopaedics

Unless stated as an exemption, all cases for patients aged 16 years and over will be referred from primary care to the MSK interface service. Any case with clinical 'red flags' or paediatrics should be referred directly to the orthopaedic service.

The MSK service will be responsible for ensuring appropriate conservative and non-surgical treatment options are tried and have failed before referral for surgical opinion.

Referrals should include appropriate imaging.

The assumption is that all cases referred for surgical opinion by the MSK service will be eligible for surgery in keeping with the criteria set out for various conditions in this policy.

OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
W37.1, W37.2, W37.8, W37.9, W38.1, W38.2, W38.8, W38.9, W39.1, W39.2, W39.8, W39.9, W40.1, W40.2, W40.8, W40.9, W41.1, W41.2, W41.8, W41.9, W42.1, W42.2, W42.8, W42.9		Hip and Knee Replacement	<p>Patients will be referred for surgery only through the interface musculoskeletal service.</p> <p>Pain and disability should be sufficiently significant to interfere with the patients' daily life and or ability to sleep/patients whose pain is so severe</p> <p><b>OR</b></p> <p>The destruction of their joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure.</p>	Restricted
Not applicable		Bespoke Knee Prosthetic	Not routinely commissioned	Excluded
No directly linked OPCS code for endoscopic decompression	NO ICD CODES	Endoscopic Lumber decompression	Not routinely commissioned	By prior approval only

A65.1, A65.9		Carpal Tunnel Syndrome	<p>All patients referred into secondary care must have been through the MSK service for to optimise access to conservative treatment.</p> <p>OR</p> <p>Patients must have had a prior referral to a Neurologist who will make a diagnostic referral to Neuro-Physiology for confirmation of CTS. Patients with confirmed diagnosis will have a direct onward referral for assessment to the Orthopaedic team and therefore not required to have accessed the MSK service only where the criteria for surgery is met in line with the below</p> <p>The CCGs will fund carpal tunnel surgery where:</p> <ol style="list-style-type: none"> <li>1. Patient has acute, severe symptoms that persist for more than three months after conservative therapy with either local corticosteroid injection and/or nocturnal splinting</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>2. Mild to moderate symptoms persist for at least four months after conservative therapy with either local corticosteroid injection (if appropriate) and/or nocturnal splinting (used for at least eight weeks)</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>3. There is neurological deficit or median nerve denervation for example sensory blunting, muscle wasting or weakness of thenar abduction</li> </ol>	Restricted
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T59.1, T59.2, T59.4, T59.8, T59.9, T60.1, T60.2, T60.3, T60.4, T60.8, T60.9	M67.4, M71.3	Surgical removal of ganglion on wrist/feet  Surgical removal of seed ganglia at base of digits  Surgical Removal of mucoid cysts at DIP joint	Will be routinely commissioned where there is evidence of:  <ul style="list-style-type: none"> <li>• Persistent pain</li> <li>• Functional restriction</li> <li>• Nerve compression or vascular compromise</li> </ul>	Restricted
T52.1, T52.2, T52.5, T52.6, T54.1		Dupuytren's Disease – palmar fasciectomy	Surgery will be routinely commissioned where function is impaired, contracture is progressing, or severe deformity is disabling. Referral is indicated when the MCP joint contracture reaches 30 degrees or if PIP joint contracture occurs at any degree.  <ul style="list-style-type: none"> <li>• The Hueston tabletop test is a good indication for referral to the MSK service.</li> </ul>	Restricted
T69.1, T69.2, T69.8, T69.9, T70.1, T70.2, T71.8, T71.9, T72.3, T72.8, T72.9	M65.3	Trigger Finger – surgical treatment	Moderate: Triggering with: <ul style="list-style-type: none"> <li>• difficulty actively extending finger</li> <li>• need for passive finger extension</li> <li>• loss of complete active flexion</li> </ul> Treatment option is steroid injection to flexor sheath.  The patient should be counselled that failure/relapse occurs after injection treatment in 42-57% and in 1% of open or percutaneous release. Surgery may be offered if steroid injection has not worked or there is a relapse, or if the patient refuses injection	Restricted

			<p>Severe:</p> <ul style="list-style-type: none"> <li>• Fixed contracture</li> </ul> <p>Treatment option is surgical release</p>	
V38.2, V38.3, V38.4, V38.8, V38.9, V39.3, V39.4, V39.5, V39.6, V39.7, V38.5, V38.6	G95.2, G99.2, M47.0, T09.3, M48.0, M53.2	Spinal Fusion	<p>Will be routinely commissioned under the following circumstances:</p> <ul style="list-style-type: none"> <li>• Where the patient has unequivocal root compression OR</li> <li>• Where the patient has spinal stenosis OR</li> <li>• Where there is spinal instability OR</li> <li>• Where there has been a failure of an adequate conservative trial of over 6 month duration.</li> </ul>	Restricted
A52.1, A52.2, (A52.8, A52.9 with Z06.3), (X30.6, X30.8, or X30.9 with Z06.3) V54.4	M54.5, M54.4	Back pain Spinal epidural injections/ therapeutic lumbar epidural injection/radiofrequency denervation/facet joint injections	<p>Epidural steroid injections are not permitted for isolated back or neck pain.</p> <p>The first epidural steroid injection will be funded if the patient meets ALL of the criteria in Box A OR Box B.</p> <p>Box A Leg pain is rated at a level of <math>\geq 6</math> on a scale of 0 to 10. The level of pain must be assessed using a validated tool (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score);</p> <p>AND Pain causes significant impact on daily functioning</p>	Restricted



			<p>which has been assessed using a validated tool (e.g. a score of <math>\geq 6</math> using the Brief Pain Inventory, <math>&gt;40\%</math> using the Oswestry Disability Index);</p> <p>AND Pain has not responded to physiotherapy interventions or appropriate medication.</p> <p>AND For leg pain diagnosed as radicular in nature (i.e. related to compression or irritation of spinal nerve roots) based on clinical examination and best available imaging (ideally MRI if not contraindicated);</p> <p>AND Leg pain is worse than any associated back pain;</p> <p>AND Pain has lasted for more than 6 months</p> <p>BOX B For leg pain diagnosed as radicular in nature (i.e. related to compression or irritation of spinal nerve roots) based on clinical examination and best available imaging (ideally MRI if not contraindicated);</p> <p>AND Leg pain is rated at a level of <math>\geq 9</math> on a scale of 0 to 10 sufficient to mandate emergency hospital admission OR leg pain is <math>\geq 7</math> on a scale of 0 to 10 and coexistent disability prevents the patient being managed in the home environment. The level of pain must be</p>	
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			<p>assessed using a validated tool (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score)</p> <p>Repeat Epidural Injections Repeat epidural steroid injections at a minimum interval of 6 months are permitted for the management of persistent radicular or nerve root pain in patients when ALL of the following criteria are met:</p> <p>Patient has met policy criteria for a first epidural steroid injection (see 5.52);</p> <p>AND Pain has returned following previous epidural steroid injection;</p> <p>AND Previous epidural steroid injection gave <math>\geq 50\%</math> reduction in pain and associated disability as assessed by validated tools (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score, Brief Pain Inventory, Oswestry Disability Index) for at least 6 months;</p> <p>AND All other available conservative pain management options (e.g physiotherapy interventions, medication) have been exhausted;</p> <p>AND Patient either is not a suitable candidate for surgical</p>	
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			<p>intervention to decompress the nerve roots or does not want surgery.</p> <p>NHS Stoke on Trent and NHS North Staffordshire will fund facet joint injections, medial branch blocks and radiofrequency denervation for the management of chronic back (or neck) pain when ALL of the following criteria are met:</p> <p>Chronic back (or neck) pain lasting of at least 12 months duration;</p> <p>AND  Back (or neck) pain rated at a level of <math>\geq 6</math> on a scale of 0 to 10. The level of pain must be assessed using a validated tool (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score);</p> <p>AND  Back (or neck) pain causes significant impact on daily functioning which has been assessed using a validated tool (e.g. a score of <math>\geq 6</math> using the Brief Pain Inventory, <math>&gt;40\%</math> using the Oswestry Disability Index);</p> <p>AND  All available conservative management options have been tried for at least 12 months and failed e.g. advice to remain active/ continue usual activities as far as possible, exercise, physiotherapy interventions as appropriate (e.g. manual therapy, structured exercise programme), appropriate analgesic medications (see NICE Guideline CG88 on Early management of persistent non-specific low back</p>	
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			<p>pain).</p> <p>Diagnostic phase The facet joints must be confirmed as the primary source of the pain by controlled diagnostic local anaesthetic blocks under X-ray screening. Where radiofrequency denervation is being considered these must be medial branch blocks.</p> <p>Therapeutic phase Radiofrequency denervation may be offered to those patients meeting the following criteria: There is at least an 80% documented improvement in back (or neck) pain during activities which normally generate back (or neck) pain following one set of diagnostic local anaesthetic blocks as assessed using a validated tool (e.g. Pain Visual Analogue Score).</p> <p>A radiofrequency procedure will be considered successful in those patients who experience a documented improvement in back (or neck) pain of at least 80% following the procedure when this is accompanied by an <math>\geq 60\%</math> improvement in those aspects of function previously limited by back (or neck) pain as assessed by a validated tool (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score, Brief Pain Inventory).</p> <p>If the back (or neck) pain returns as before, a repeat radiofrequency procedure may only be offered to those patients with a previous successful response (as above) if the benefits of the procedure lasted for at least 6 months.</p>	
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			<p>Repeat radiofrequency denervation is only permitted at a minimum interval of 12 months. Therefore those patients who consistently experience less than 12 months relief following two radiofrequency procedures will not be offered further radiofrequency treatment.</p> <p>Therapeutic facet joint injections Repeat medial branch blocks or intra-articular facet joint injections are only permitted for those patients who obtained at least 50% reduction in pain and 50% improvement in function as assessed by validated tools (e.g. McGill Pain Questionnaire, Pain Visual Analogue Score, Brief Pain Inventory) where the benefits of the procedure in terms of pain and function lasted for at least 6 months and where all other available therapeutic options (in terms of multidisciplinary pain management) have been exhausted.</p> <p>OR The patient met the criteria for radiofrequency denervation but did not have a successful response to the radiofrequency procedure BUT the benefit from the diagnostic blocks in terms of pain relief and improved function lasted at least 6 months and all other available therapeutic options (in terms of multidisciplinary pain management) have been exhausted.</p>	
W87.1, W87.8, W87.9		Diagnostic arthroscopy of the knee	Not routinely commissioned	Excluded

W82.2, W82.3, W83.3, W83.6, W85.2, W85.8, W85.9		Therapeutic arthroscopy of the knee	Knee Washout and Debridement will only be routinely commissioned where the patient has mechanical features of locking that are associated with patient reported severe pain. Not routinely commissioned for symptoms of 'giving way' or x-ray evidence of loose bodies without true locking	Restricted
W551, , W562, IN COMBINATION WITH - Z843		Hip Arthroscopy	Not routinely commissioned	Excluded
U13.3, U13.4		Plain X Ray and MRI of back	<p>Plain x-rays are restricted in line with the criteria set out in NICE clinical guideline 88 and the Royal College of Radiologists guidelines.</p> <p>No not offer x-ray of the lumbar spine for the management of non-specific low back pain</p> <p>MRI scans should only be offered in the context of a referral for an opinion on spinal fusion or if one of the following diagnoses are suspected:</p> <ul style="list-style-type: none"> <li>• spinal tumour</li> <li>• infection</li> <li>• fracture</li> <li>• Cauda Equina Syndrome</li> <li>• Ankylosing Spondylitis or other</li> <li>• Spinal stenosis or Root nerve compression</li> </ul> <p>All other spinal referrals are expected to be referred though the MSK service where full work up will be undertaken including MRI where appropriate.</p>	<p>Restricted</p> <p>Restricted</p>

W90.3, W90.4		General Joint Injections for pain (peripheral joints)	<p>Not commissioned when a patient could be a candidate for joint replacement in the next 6-12 months except as a diagnostic tool prior to joint replacement in order to confirm the joint as the major source of pain/ symptoms and for patients who are currently unfit or unsuitable for surgery or who do not wish to proceed to surgery.</p> <p>Not commissioned in a sterile theatre unless x-ray screening or general anaesthesia is required</p> <p><b>OR</b></p> <p>where they are performed with other procedures i.e. nerve blocks or manipulation.</p>	Restricted
Not applicable – Commissioning Statement		Persistent non-specific low back pain	<p>NICE guidance recommends that the following treatments should not be offered for the early management of persistent low back pain:</p> <ul style="list-style-type: none"> <li>• SSRIs for treating pain</li> <li>• Injections of therapeutic substances into the back</li> <li>• Laser therapy</li> <li>• Interferential therapy</li> <li>• Therapeutic ultrasound</li> <li>• TENS</li> <li>• Lumbar Supports</li> <li>• Traction</li> </ul> <p>NICE guidance recommends that the following referrals should not be offered for the early management of persistent non-specific low back pain:</p>	Excluded – by prior approval only

			<ul style="list-style-type: none"> <li>• Radiofrequency facet joint denervation</li> <li>• IDET</li> <li>• PIRFT</li> </ul>	
O29.1, (W08.5 or 08.9 or 57.2 with Z81.2)		Excision acromioclavicular joint; Surgical decompression subacromial space	Will be routinely commissioned where there is evidence of a conservative trial or treatment and temporary improvement has been demonstrated using injection surgery	Restricted
Not applicable		Therapeutic ultrasound in physiotherapy	Not routinely commissioned	Excluded - by prior approval only
Not applicable – no OPCS available		Low Intensity Ultrasound (Exogen) for the Healing of Fractures	Not routinely commissioned	Excluded - by prior approval only
W85.1 in combination with W31.1		Autologous Chondrocyte Implantation in the Ankle	Not routinely commissioned	Excluded - by prior approval only
Not applicable – no OPCS available		Bone Stimulators for Non-Union (LIPUS)	Not routinely commissioned	Excluded - by prior approval only
Not applicable – no OPCS available		Bone Stimulators for Non-Union (PEMF- Pulsed Electromagnetic Field)	Not routinely commissioned	Excluded - by prior approval only
Not applicable – no OPCS available		Modular Rotating Hinge Knee System	Not routinely commissioned	Excluded - by prior approval only



Not applicable – no OPCS available		Intramedullary Nail in Lower Limb Length Discrepancy	Not routinely commissioned	Excluded - by prior approval only
T79.1, T79.8, T79.9, T79.4, T79.3	M75.1, M75.0, M75.3, S46.0, S43.3, S43.0, S43.1, S43.2, S43.3, M24.4	Shoulder surgery	<p>Surgical interventions will not be routinely commissioned except:</p> <p><b>1. Rotator cuff</b></p> <p>Tendinosis and partial thickness rotator cuff tears may benefit from subacromial steroid injection and supervised exercise. If there is no improvement after 6 months, operative management should be considered.</p> <p>Full thickness tears need early repair, if occurring in those who are active and physiologically young</p> <p><b>2. Frozen shoulder</b></p> <p>Under review</p> <p><b>3. Glenohumeral instabilities</b></p> <p>Surgical Management for first time anterior shoulder dislocation for younger persons may be considered</p> <p><b>4. Recurrent dislocation</b></p> <ul style="list-style-type: none"> <li>• Surgical intervention should be considered after the second dislocation.</li> </ul> <p>5. Instability</p>	Restricted

			<ul style="list-style-type: none"> <li>• Includes anterior, posterior and multidirectional instability, as well as labral injuries</li> </ul> <p>6. Shoulder Replacement</p> <p>Pain and disability should be sufficiently significant to interfere with patients daily life and/or ability to sleep or the destruction of the joint is of such severity that delaying surgical correction would increase technical difficulty of the procedure. Please note that this section is under review .</p>	
<p>W15.1, W15.2, W15.3, W15.4, W15.5, W15.8, W15.9, W59.1, W59.2, W59.3, W59.4, W59.5, W59.6, W59.8, W59.9, W79.1, W79.2, W79.3, W79.8, W79.9</p>	<p>M20.1, M20.2, M20.3, M20.4, M20.5</p>	<p>Hallux valgus</p>	<p>The presence of a bunion does not indicate a need for surgery. The decision to refer a patient for surgery should be based on pain, disability, and functional impairment.</p> <p>Bunion surgery will be commissioned when: the patient experiences persistent significant pain and functional impairment that is interfering with the activities of daily living.</p> <p>AND</p> <p>all appropriate conservative measures have been tried over a 6 month period and failed to relieve symptoms, including:</p> <p>up to 12 weeks of evidence based non-surgical treatments, i.e.</p>	<p>restricted</p>

			<ul style="list-style-type: none"> <li>• analgesics/painkillers.</li> <li>• bunion pads</li> <li>• footwear modifications</li> </ul> <p>AND</p> <p>the patient understands that they will be out of sedentary work for 2-6 weeks and physical work for 2-3 months and they will be unable to drive for 6-8 weeks, (2 weeks if left side and driving automatic car)</p> <p>OR</p> <p>there is a higher risk of ulceration or other complications, for example, neuropathy, for patients with diabetes. Such patients should be referred for an early assessment.</p> <p>A patient should not be referred for surgery for prophylactic or cosmetic reasons for asymptomatic bunions.</p>	
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Urology				
OPCS Codes	ICD 10 codes	Procedures	Thresholds	Status
<b>N30.3</b>		<b>5.5.1 Male Circumcision</b> Male Circumcision for cosmetic, social, cultural and religious reasons	Not routinely commissioned	Excluded
N30.3	N47,N47X N48.0, N48.1	Circumcision	Will be routinely commissioned under the following circumstances:	

			<p><b>Patients under 16 years of age</b></p> <ul style="list-style-type: none"> <li>• Symptomatic phimosis or paraphimosis and recurrent (&gt;3) balanitis or balanoposthitis</li> </ul> <p>Not commissioned for social, cultural or religious reasons</p> <p><b>Patients over the age of 16</b></p> <ul style="list-style-type: none"> <li>• Redundant prepuce, phimosis (inability to retract the foreskin due to a narrow prepuce ring) and paraphimosis (inability to pull forward a retracted foreskin).</li> <li>• Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin).</li> <li>• Balanoposthitis (recurrent bacterial infection of the prepuce)</li> </ul>	
Q29.1, Q29.2, Q29.8, Q29.9 Q30.3, Q30.8, Q30.9, Q37.1, Q37.8, Q37.9. N18.1, N18.2, N18.8, N18.9		Reversal of Sterilisation: reversal of vasectomy or reversal of tubal ligation (Male and Female)	Not routinely commissioned	Excluded
M67.1, M67.2, M67.3, M67.4, M67.8, M67.9		Surgery for prostatic hypertrophy	Will be routinely commissioned where there is evidence of one of the below: <ul style="list-style-type: none"> <li>• International prostate symptom score &gt;7;</li> <li>• Dysuria;</li> <li>• Post voided residual vol &gt;150ml;</li> </ul>	Restricted

			<ul style="list-style-type: none"> <li>• Recurrent UTI;</li> <li>• Deranged renal function;</li> <li>• PSA &gt; Age adjusted normal values</li> <li>• Retention of urine</li> </ul>	
N29.8, N29.9		Drug Treatment for Erectile Dysfunction – injection of therapeutic substance into penis	Not routinely commissioned	Excluded
N29.1, N29.8, N29.9		Penile Implants	Not routinely commissioned	Excluded
N17.1, N17.2, N17.8, N17.9		Vasectomy	Not routinely commissioned within secondary care unless there is a clinical reason why the patient needs a general anaesthetic	Restricted

Vascular Surgery				
OPCS codes	ICD 10 codes	Procedure	Thresholds	Status
L832, L841, L842, L843, L844, L845, L846, L848, L849, L851, L852, L853, L858, L859, L861, L862, L868, L869, L871, L872, L873, L874, L875, L876, L877, L878, L879, L881, L882, L883, L888, L889	I83.0, I83.1, I83.2, I83.9, , I80.3	<p>Surgical Treatment of uncomplicated varicose veins and reticular veins or telangiectasia</p> <p>Asymptomatic or mild to moderate carotid stenosis</p>	<p>Surgery (stripping of veins) is routinely commissioned when the patient meets one or more of the following criteria.</p> <ul style="list-style-type: none"> <li>• Varicose veins which have bled and are at risk of bleeding again</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A history of varicose ulceration</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Signs of prolonged venous hypertension (haemasiderin pigmentation, eczema, induration lipodermatosclerosis), or significant oedema associated with skin changes)</li> </ul> <p>OR</p>	Restricted

			<ul style="list-style-type: none"><li>• Superficial thrombophlebitis in association with varicose veins</li></ul> <p>OR</p> <ul style="list-style-type: none"><li>• Significant symptoms attributable to chronic venous insufficiency which are resulting in significant functional impairment.</li></ul>	Restricted
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