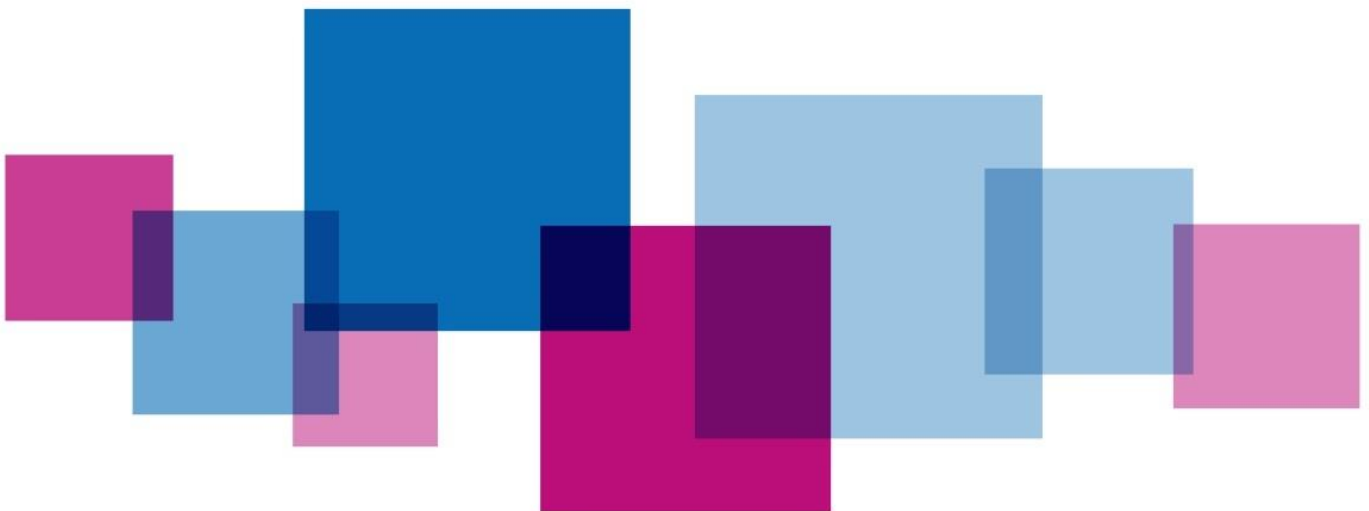


BNSSG CCG Commissioning Policies

June 2018



BNSSG CCG Commissioning Policies

This document contains a list of all interventions that have been considered by the Commissioner and to which access has been restricted within the Bristol, North Somerset and South Gloucestershire (BNSSG) area. In addition to the interventions listed, new interventions are not routinely commissioned unless explicitly agreed with the Commissioners.

The Individual Funding processes are explained in detail in the IFR Policy and IFR Appeals Policy. These policies and a guidance document for clinicians regarding who should apply for funding can be found on the [Individual Funding Requests](#) section of the BNSSG CCG website.

Interventions Funded - Subject to Criteria

Criteria Based Access (CBA) – Application form NOT required

If the patient demonstrably meets the specific criteria for treatment, the patient can be referred directly via the appropriate Referral Service with a standard referral letter ensuring it includes a full explanation as to how the patient meets the criteria.

Prior Approval (PA) – See list for current version of application form

This is a process that requires the referrer to obtain prior authorisation for patients who meet the criteria. If the patient demonstrably meets the criteria, then the application, along with relevant supporting evidence such as clinic letters and relevant extracts of Primary Care Records, should be sent to the IFR Team for approval.

Confirmation of funding approval must be received before a referral is made. This usually applies to assessment/opinion.

Interventions Not Normally Funded

Individual Funding Requests (IFR)

Referrals for treatment for these interventions can only be made following authorisation from the CCG Individual Funding Request Panel.

Applications should **only** be made if there is clear evidence that the patient's clinical circumstances and/or condition are “**exceptional**”, i.e. there is something about the patient's condition and/or circumstances that differentiate them on the basis of need from other patients with a similar diagnosis and/or condition, which would justify funding being provided in an individual case when it is not routinely funded for others.

Criteria Based Access and Prior Approval Policies

Intervention	Who Applies for Funding	Referral Route	Policy Version	App Form Version
<u>Acupuncture</u>	GP/CONS	CBA	1516.1.01	-
<u>Adenoidectomy</u>	GP/CONS	CBA	1516.1.01	-
<u>Alfa Pumps</u>	CONS	PA	1617.1.01	1617.1.01
<u>Benign Skin Lesions</u>	GP	PA	1617.1.01	1617.1.01
<u>Blepharoplasty</u> <i>(Revised to reflect the new Ectropion and Entropion Policy)</i>	GP	PA	1516.1.01	1516.1.01
<u>Botox - Botulinum Toxin Treatment</u>	GP/CONS	CBA	1617.1.01	-
<u>Breast Reconstruction post-Cancer</u>	GP/CONS	CBA	1819.1.01	-
<u>Carpal Tunnel</u>	MATS/CAT S/MSK/GP	CBA	1617.1.02	-
<u>Cataracts</u>	GP	CBA	1718.1.01	-
<u>Chalazia</u>	GP	PA	1516.1.01	1516.1.01
<u>Chronic Fatigue Syndrome / ME Referral for Adults</u>	GP/CONS	CBA	1617.1.01	-
<u>Continuous Glucose Monitoring Systems</u>	CONS	PA	1718.2.02	1718.2.01
<u>CPAP for the Treatment of OSAHS</u>	GP	CBA	1718.2.02	-
<u>Desensitizing Light Therapy in the Management of Severe Polymorphic Light Eruption</u>	CONS	PA	1617.1.01	1617.1.01
<u>Direct Access DXA Scanning to help target Treatment in Adults at Potential Risk of Osteoporotic Fracture</u>	GP/CONS	CBA	1516.1.01	-
<u>Dupuytren's Contracture Release</u>	MATS/CAT S/MSK/GP	CBA	1718.3.02	-
<u>Ectropion and Entropion Repair Surgery</u>	GP/CONS	CBA	1718.1.01	-
<u>EXOGEN Ultrasound Bone Healing System</u>	CONS	PA	1617.1.01	1617.1.01
<u>Female Sterilisation</u>	GP/CONS	PA	1617.1.01	1617.1.02

Intervention	Who Applies for Funding	Referral Route	Policy Version	App Form Version
<u>Fertility Assessment (CBA) and Treatment (PA/IFR)</u> (see policy for details)	GP CONS	CBA/ PA/IFR	1718.3.03	1718.3.03 (EMIS 1718.3.01)
<u>Foot Treatments – Surgical Options</u>	MATS/CAT S/MSK/GP	PA	1617.1.01	1617.1.01
<u>Gallstones Removal (Laparoscopic Cholecystectomy) in Adults</u>	GP/CONS	CBA	1718.3.02	-
<u>Grommets – for Adults over 18 with Otitis Media with Effusion</u> <i>* prior approval for certain indications - see policy</i>	GP/CONS	CBA/ PA	1516.1.01	1516.1.01
<u>Grommets – for Children under 18 with Persistent Otitis Media with Effusion</u> <i>* prior approval for certain indications – see policy</i>	GP/CONS	CBA/ PA	1617.1.01	1617.1.01
<u>Grommets - for Children under 18 with Recurrent Otitis Media</u>	GP/CONS	PA	1516.1.01	1516.1.01
<u>Haemorrhoidectomy</u>	GP	CBA	1617.1.01	-
<u>Hernia Repair in Adults</u>	GP	CBA	1718.3.02	-
<u>Hip Replacement Surgery</u>	GP/CONS	CBA	1617.1.02	-
<u>Hip Surgery (Open or Arthroscopic) for Pain including Femoroacetabular Impingement</u>	GP/CONS	CBA	1617.1.02	-
<u>Homeopathy</u>	GP/CONS	PA	1516.1.01	1516.1.01
<u>Hysterectomy for Menorrhagia</u>	GP/CONS	CBA	1617.1.01	-
<u>Intrauterine Coil Insertion and Removal in Secondary Care</u>	GP	CBA	1617.1.01	-
<u>Knee Arthroscopy and Irrigation</u>	GP/CONS	CBA	1617.1.02	-
<u>Knee Replacement Surgery</u>	GP/CONS	CBA	1617.1.02	-
<u>Laryngeal (Voice Box) Surgery</u> <i>Note: NHS England covers this treatment for Gender Dysphoria</i>	GP	PA	1617.1.01	1617.1.01
<u>Low Back Pain and Sciatica in over 16s</u>	GP/CONS	CBA/ IFR	1718.1.03	-

Intervention	Who Applies for Funding	Referral Route	Policy Version	App Form Version
<u>Microsuction for Ear Wax, Discharge or Debris Removal in Secondary Care – All Ages</u>	GP	CBA/ PA	1718.3.05	1718.3.01
<u>MRI Breast Screening</u>	GP/CONS	CBA	1516.2.01	-
<u>Nasal Treatment – Non Cosmetic (all ages)</u>	GP	PA	1718.1.03	1718.1.03
<u>One-Step Nucleic Acid Amplification (OSNA)</u>	GP/CONS	CBA	1718.2.01	-
<u>Open MRI Scanner at Cobalt Health Cheltenham</u>	GP	CBA	1617.1.01	-
<u>Paediatric Speech and Language Therapy in Secondary Care</u>	CONS	PA	1718.2.01	1718.2.01
<u>Penile Conditions - Surgical Opinion and Treatment including Circumcision in all male patients over the age of 18 years</u> <i>(replaces Circumcision Policy)</i>	GP/CONS	PA	1718.1.01	1718.1.01
<u>Penile Conditions - Surgical Opinion and Treatment including Circumcision in all male patients under the age of 18 years</u> <i>(replaces Circumcision Policy)</i>	GP/CONS	PA	1718.1.02	1718.1.02
<u>Polysomnography Tests for Children</u>	GP/CONS	CBA	1516.1.01	-
<u>Radiofrequency Ablative Therapy for the Treatment of High Grade Dysplasia in Barrett's Oesophagus</u> <i>NOTE: NHS England commission all elements of Cancer treatment</i>	GP/CONS	CBA	1718.2.01	-
<u>Raised Intraocular Pressure</u>	GP/CONS	CBA	1516.1.01	-
<u>Rectopexy and STARR</u> <i>Note: NHS England commission Rectopexy for Complex Urology and Gynae</i>	CONS	PA	1718.1.01	1718.1.01
<u>Reversal of Vasectomy or Female Sterilisation (Tubal Ligation)</u>	GP	PA	1617.1.01	1617.1.01
<u>Selective Dorsal Rhizotomy Post Operative Physiotherapy</u>	CONS	PA	1516.1.01	1516.1.01
<u>Shoulder Impingement Surgery for Subacromial Pain</u>	CONS/MSK /GP	CBA	1617.1.04	-
<u>Skin Camouflage Services</u>	GP/CONS	PA	1617.1.01	1617.1.01
<u>Spinal Surgical Opinion – Referral for Assessment</u> <i>Note: NHS England commission all specialist Spinal surgeries</i>	MATS/CAT S/MSK/GP	PA	1516.1.01	1516.1.01
<u>SpyGlass® Direct Visualisation Cholangioscopy</u>	GP/CONS	CBA	1516.1.01	-

Intervention	Who Applies for Funding	Referral Route	Policy Version	App Form Version
<i>Note: NHS England commission surgical follow up procedures for Hepato-Pancreato-Biliary</i>				
<u>Strabismus or Amblyopia in Adults (Surgical Correction of)</u>	GP/CONS	PA	1718.1.01	1718.1.01
<u>Syndactyly – Surgical Correction of the Fingers</u>	GP/CONS	PA	1617.1.01	1617.1.01
<u>Tattoo Removal</u>	GP	PA	1617.1.01	1617.1.01
<u>Tongue-tie Division Surgery</u>	GP	CBA	1617.1.01	-
<u>Tonsillectomy - Referral for Assessment (All Ages)</u>	GP/CONS	PA	1617.1.01	1617.1.01
<u>Trigger Finger</u>	MATS/CAT S/MSK/GP	CBA	1617.1.02	-
<u>Varicose Veins Surgery</u>	GP	PA	1718.1.01	1718.1.01
<u>Vasectomy</u>	GP/CONS	CBA	1617.1.01	-
<u>Weight Management Service – Tier 3</u>	GP	CBA	1516.1.01	-
<u>Weight Management Service – Tier 4</u>	GP/CONS	CBA	1718.2.01	-

Individual Funding Request Policies

<u>Abdominal Loose Skin Removal</u>	GP/CONS	IFR	1718.2.01	IFR Form
<u>Anal Skin Tags</u>	GP	IFR	1617.1.01	IFR Form
<u>Breast Surgery - Female</u> <i>(not post-Mastectomy for Cancer)</i>	GP	IFR	1718.2.03	IFR Form
<u>Breast Surgery - Male</u>	GP	IFR	1718.2.01	IFR Form
<u>Chest Wall Deformity, (Correction of) for Cosmetic Purposes</u> <i>Note: NHS England commission all aspects of Adult Thoracic Surgery</i>	GP/CONS	IFR	1617.1.01	IFR Form
<u>Chiropractic Assessment and Treatment</u>	GP	IFR	1718.1.01	IFR Form
<u>Closure of Patent Foramen Ovale for Migraine</u>	CONS	IFR	1617.1.01	IFR Form
<u>Congenital Ear Deformity Correction Surgery including Pinnaplasty</u>	GP	IFR	1718.2.01	IFR Form
<u>Cosmetic Contact Lenses</u>	GP	IFR	1718.1.01	IFR Form

Cosmetic Surgery or Treatment	GP/CONS	IFR	1718.2.01	IFR Form
Diagnostic Dilatation and Curettage (D&C) in Women <40 yrs with Menorrhagia	CONS	IFR	1617.1.01	IFR Form
Intervention	Who Applies for Funding	Referral Route	Policy Version	App Form Version
Divarication of Recti	GP/CONS	IFR	1718.2.01	IFR Form
Drop Foot - Surface Orthotic Functional Electrical Stimulation for Drop Foot of Central Neurological Origin	CONS	IFR	1617.1.01	IFR Form
Elective Treatment in Northern Ireland, Scotland and Wales	CONS/MATS /GP	IFR	1617.1.01	IFR Form
Epididymal Cysts	GP	IFR	1718.2.01	IFR Form
External Ear (Pinna) and Lobe Repair	GP	IFR	1617.1.01	IFR Form
Extracorporeal Shockwave Therapy (ESWT)	CONS	IFR	1617.1.01	IFR Form
Facial Surgery and Treatment	GP/CONS	IFR	1617.1.01	IFR Form
Female Genitalia Surgery	GP/CONS	IFR	1718.2.01	IFR Form
Ganglion Removal	MATS/CATS/ MSK/GP	IFR	1718.2.01	IFR Form
Hair Removal (including Electrolysis & Laser Therapy) <i>Note: NHS England covers this treatment for Gender Dysphoria</i>	GP	IFR	1516.1.01	IFR Form
Hydroceles in Males	GP	IFR	1718.2.01	IFR Form
Hyperhidrosis Treatment	GP	IFR	1617.1.01	IFR Form
Ingrown Toenail	GP/CONS	IFR	1718.2.01	IFR Form
Laser Eye Surgery for Refractive Error	GP	IFR	1617.1.01	IFR Form
Laser Hair Removal for Pilonidal Disease	GP/CONS	IFR	1617.1.01	IFR Form
Liposuction to Reduce Fat Pockets and Deposits	GP	IFR	1516.1.01	IFR Form
Multifocal Lenses	CONS	IFR	1718.2.01	IFR Form
Multiple Chemical Sensitivity (MCS) & Clinical Ecology/Environmental Medicine	CONS	IFR	1617.1.01	IFR Form

<u>Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary Incontinence in Adults</u>	CONS	IFR	1718.1.01	IFR Form
<i>Note: NHS England is responsible for commissioning highly specialist adult urology and gynaecology services.</i>				
Intervention	Who Applies for Funding	Referral Route	Policy Version	App Form Version
<u>Population Screening outside of National Screening Committee guidelines</u>	GP	IFR	1516.2.01	IFR Form
<u>Post Clinical Trial Treatment</u>	CONS	IFR	1617.1.01	IFR Form
<u>Skin Contouring</u>	GP	IFR	1516.1.01	IFR Form
<u>Snoring (Surgical Intervention for Simple Snoring)</u>	GP	IFR	1516.2.01	IFR Form
<u>Temporomandibular Jaw Motion Rehabilitation Devices</u>	GP/CONS	IFR	1617.1.01	IFR Form
<u>Testicular Prosthesis Insertion</u>	CONS	IFR	1718.2.01	IFR Form
<u>Treatments Partially Commissioned by Other Commissioners</u>	GP/CONS	IFR	1516.1.01	IFR Form
<u>Uvula Removal</u>	GP/CONS	IFR	1718.3.03	IFR Form
<u>Vitreous Floaters</u>	GP/CONS	IFR	1718.1.01	IFR Form
<u>Wigs, Hairpieces and Hair Replacement Systems</u>	GP/CONS	IFR	1718.2.01	IFR Form

All Medicines - please refer to the [BNSSG Joint Formulary](#) for all approved Formulary choices. Where medicines are not listed, and therefore non-formulary, you should **either** complete a [New Formulary Drug Application Form](#) to be considered for Formulary approval **or** for individual patient requests where exceptionality can be shown, please complete an [IFR Drug Application Form](#) for submission to the CCG IFR Panel for consideration. For further advice in Primary Care please contact your local CCG Head of Medicines Management or in Secondary Care your local Acute Hospital Trust Director of Pharmacy.

NHS England – since 1 April 2013, a number of interventions which were previously commissioned by the CCG transferred to NHS England. For the majority of NHS England policies it is the responsibility of the hospital consultant to apply for funding electronically via the Blueteq system. NHS England individual funding requests must be completed on separate NHS England forms – please email: england.ifr@nhs.net and mark for the attention of **IFR South** in the subject box or call: **0113 824 9927**. Please see the NHS England [website](#) and their [Prescribed Specialised Services Manual](#) for further information relating to NHS England policies.

Dental Requests - NHS England is also responsible for dental requests. Please follow the same process as above if you want to make a request, but if you wish to speak to the Dental Team directly please call: **0117 9766600** and ask to speak to the **NHS England Dental Team**.