

## List of Procedures That Are Not Routinely Funded Requiring Individual Funding Applications

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Version:	2.7
Ratified by:	CCG Governing Body
Name of originator/author:	Dr Liz Saunders
Name of responsible committee/individual:	Clinical Governance, Clinical Quality and Patient Safety Committee
Date issued:	(Treatments Not Routinely Funded policy April 2008).Low Priority Procedures Policy (LPP) came into effect on 1 <sup>st</sup> January 2010.This list of treatments that are not routinely funded (TNRF) requiring individual funding (IFR) applications was implemented on 19 <sup>th</sup> December 2014 by the CCG Governing Body
Last review date:	June 2018
Next review date:	December 2018



## Equality Statement

The Surrey Collaborative Clinical Commissioning Groups (CCG's) aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting treatment has language difficulties or difficulty in understanding this policy, the use of an interpreter will be considered.

The CCG's embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

## Equality Analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	<b>Gender</b> (Men and Women)	Yes	The introduction of criteria for labiaplasty should beneficially impact women by making it clearer when intervention is likely to be successful. Changes to breast related procedures for both men and women will be considered pending the outcome of evidence reviews
	<b>Race</b> (All Racial Groups)	No	
	<b>Disability</b> (Mental, Physical and Carers of Disabled people)	No	
	<b>Religion or Belief</b>	No	
	<b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)	No	
	<b>Pregnancy and Maternity</b>	Yes	Female sterilisation reversal – variations in policies in surrounding areas are not

			based on NICE guidance but are based on local variations / priorities / clinical judgement. It is for this reason the Priorities Committee has decided not to change or review them in depth at present but instead adhere to the NICE Guidance.
	<b>Marital Status (Married and Civil Partnerships)</b>	No	
	<b>Transgender</b>	Yes	The policy now includes the need to consider interventions that may be part of the Gender Dysphoria clinical pathway through the IFR application process.
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, of your CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

<b>Names and Organisation of Individuals who carried out the Assessment</b>	<b>Date of the Assessment</b>
Laura Saunders – Public Health Surrey County Council, Public Health Lead	22 <sup>nd</sup> October 2014
Justin Dix – Surrey Downs CCG, Governing Body Secretary	

## Version Control

Version	Date	Author	Status	Comment
1	March 2013	Amended from NHS Surrey policy CLIN 13 (a) version 1 Oct 2012.	Draft	Adapted for approval by the Executive and Governing Body
	April 2013	Adapted for CCG	Draft	For approval by Executive Committee
	July 2013	Adapted for CCG	Final	For approval by CCG Governing Body
	July 2013	Adapted for CCG	Final	Final version approved by Governing Body 19 July 2013
2	August 2014	Dr. Liz Saunders	Final	<p>Changes approved by Priorities Committee:</p> <ul style="list-style-type: none"> <li>• Breast Reduction removed and transferred to TNRF2 policy. Breast augmentation: need for approved Gender Dysphoria cases to be considered via IFR process.</li> <li>• Blepharoplasty/ptosis surgery removed and transferred to TNRF2 policy.</li> <li>• Benign skin lesions removed as already in TNRF2 policy.</li> <li>• Rhinoplasty removed as already in TNRF2 policy.</li> <li>• Labial reduction removed and transferred to TNRF2 policy.</li> <li>• Metal on metal hip resurfacing new addition. Removed from TNRF2 policy.</li> <li>• Varicose veins removed as already in TNRF2 policy. Surgery for blushing and sweating are under review.</li> <li>• Extracorporeal electrophoresis for chronic graft-versus-host disease in cutaneous T Cell Lymphoma removed as it is standard practice.</li> <li>• FES for drop foot: details of commissioning added</li> </ul>
2.2	January 2016	Surrey Priorities Committee	Final	<ul style="list-style-type: none"> <li>• Radiofrequency Spinal Denervation new addition. Removed from TNRF2 policy.</li> <li>• MLD/Complex Decongestive Therapy amended</li> <li>• Enhanced External Counter Pulsation (EECP) added</li> <li>• Breast Augmentation guidance notes reworded</li> <li>• Breast Implant Removal</li> </ul>

				<p>guidance notes reworded</p> <ul style="list-style-type: none"> <li>• Male Breast Reduction for Gynaecomastia moved to TNRF2</li> <li>• Iontoporesis, botox or surgical procedures for hyperhidrosis amended</li> </ul>
2.3	January 2017	Surrey Priorities Committee	Final	<ul style="list-style-type: none"> <li>• Guidance notes for Spinal Cord Stimulation amended</li> </ul>
2.4	March 2017	Surrey Priorities Committee	Final	<ul style="list-style-type: none"> <li>• Soft Palate Implants inserted</li> <li>• Surgical treatment for OSAS inserted</li> </ul>
2.5	May 2017	Surrey Priorities Committee	Final	<ul style="list-style-type: none"> <li>• Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica inserted</li> </ul>
2.6	July 2017	Surrey Priorities Committee & Local Management Team	Final	<ul style="list-style-type: none"> <li>• Extracorporeal Shockwave Therapy inserted – omitted from SPC updates April 2016</li> <li>• Included details relating to funding requests for equipment/devices under 'Treatments Not Routinely Funded'</li> </ul>
2.7	June 2018	Surrey Priorities Committee	Final	<ul style="list-style-type: none"> <li>• Subacromial Shoulder Decompression inserted</li> <li>• Repair of Diastasis of the Rectus Abdominis Muscle inserted</li> </ul>

## Contents

1. Alternative Therapies.....	2
2. Cosmetic/plastic surgery.....	3
2.1 Body Contouring Procedures.....	3
2.2 Breast Surgery.....	4
2.3 Facial Procedures.....	5
2.4 Skin and Subcutaneous Procedures.....	5
3. Dermatology.....	6
4. Dental.....	7
5. Ear Nose and Throat.....	7
6. Gynaecology.....	8
7.1 Pain Management.....	8
8. Neurology/neurosurgery.....	9
9. Oncology.....	10
10. Ophthalmology.....	10
11. Weight Management.....	10
12. Other Surgery.....	11
13. Urology.....	11
14. Other Procedures/Equipment.....	12

## Appendix 1: NICE Interventional Procedure Guidance

## **Treatments not routinely funded**

The Clinical Commissioning Group's (CCG's) have considered evidence of clinical effectiveness and experience, information on current activity, resources, costs and provision across the South East Coast in order to formulate the following recommendations. The CCG has also undertaken a comparative analysis with policies adopted by CCGs in Brighton, Kent and London and acknowledges with thanks the permission given to utilise their policy statements. There is no blanket ban on these procedures. There is an established mechanism for dealing with individual funding requests (IFR)/exceptions. The application form for clinicians wishing to request funding for individuals that are eligible against the definitions of a "rarity request" or an "exceptionality request" as set out in the CCGs Policy and Operating Procedures for dealing with Individual Funding Requests (IFRs).

The specific OPCS codes to which each of the treatments could be assigned are listed in the document embedded below and will be updated as and when national PbR guidance is released. Local coding will also be monitored and reflected in the listing.

**All procedures contained in this policy, with the exception of any equipment/device requests, will require an Individual Funding Request application before the procedure can take place (unless related to the treatment of cancer). This policy will be updated periodically as new clinical evidence emerges and in line with the Surrey Priorities Committee work plan.**

**For details on the process for securing funding for equipment/devices, please see the Operating Process for dealing with IFR's.**

## 1. Alternative Therapies

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 – 001	Acupuncture	This procedure is not routinely funded.
TNRF 1 - 002	Aromatherapy	This treatment is not routinely funded. (It is only available as part of palliative care packages)
TNRF 1 - 003	Chinese medicines	This treatment is not routinely funded.
TNRF 1 - 004	Chiropractic therapy	This treatment is not routinely funded.
TNRF 1 - 005	Clinical ecology	These procedures are not routinely funded.
TNRF 1 - 006	Herbal remedies	This treatment is not routinely funded.
TNRF 1 - 007	Homeopathy	This treatment is not routinely funded.
TNRF 1 - 008	Hydrotherapy, unless part of an established care package	This treatment is not routinely funded.
TNRF 1 - 009	Hypnotherapy	This procedure is not routinely funded.
TNRF 1 - 010	Massage	This treatment is not routinely funded. (It is only available as part of commissioned palliative care packages)
TNRF 1 - 011	Osteopathy	This treatment is not routinely funded.
TNRF 1 - 012	Reflexology	This procedure is not routinely funded.



**2. Cosmetic/plastic surgery**  
**2.1 Body Contouring Procedures**

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 013	Apronectomy/Abdominoplasty	This procedure is not routinely funded
TNRF 1 - 014	Removal of excess skin following weight loss	This procedure is not routinely funded, in line with South East Coast Policy Recommendation Committee (PR 2009-09). Bariatric Surgeons, GPs and other clinicians supporting patients in losing weight should document discussions with patients regarding the possibility of being left with excess skin after profound weight loss, and inform patients that surgery to remove excess skin is not routinely available on the NHS. Where appropriate, this should be part of the consent process.
TNRF 1 - 015	Body contouring	This procedure is not routinely funded
TNRF 1 - 016	Brachioplasty/Upper arm lift	This procedure is not routinely funded
TNRF 1 - 017	Buttock Lift	This procedure is not routinely funded
TNRF 1 - 018	Calf implants	This procedure is not routinely funded
TNRF 1 - 019	Excision of redundant skin or fat	This procedure is not routinely funded
TNRF 1 - 020	Liposuction	The CCG will not routinely fund cosmetic liposuction. (Liposuction may be used as part of other surgery, e.g. thinning of transplanted flap).
TNRF 1 - 021	Neck lift	This procedure is not routinely funded
TNRF 1 - 022	Plastic operations on umbilicus	This procedure is not routinely funded

TNRF 1 - 023	Refashioning of scar	This procedure is not routinely funded
TNRF 1 - 024	Submental lipectomy	This procedure is not routinely funded
TNRF 1 - 025	Thigh lift	This procedure is not routinely funded
TNRF 1 - 026	Upper arm reduction	This procedure is not routinely funded

## 2.2 Breast Surgery

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 027	Breast augmentation	This procedure is not routinely funded. This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer; South East Coast Policy Recommendation 2011-03. Patients requiring this procedure as part of a Gender Dysphoria care pathway approved by NHS England will be considered on an IFR basis.
TNRF 1 - 028	Breast Implant Removal	Surrey Downs CCG will consider a funding application for the removal of breast implant(s) where it is clinically indicated. The CCG will not fund replacement implants.
N/A	Breast reduction	See TNRF 2 List of Procedures with Restriction/Thresholds Policy
TNRF 1 - 028	Mastopexy	This procedure is not routinely funded. Mastopexy is not funded within the local NHS for any patient group. This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer; South East Coast Policy Recommendation 2011-06.

TNRF 1 - 029	Correction of inverted nipple	This procedure is not routinely funded. Nipple eversion is not funded within the local NHS for any patient group. This recommendation does not apply to patients undergoing breast reconstruction as part of treatment for breast cancer; South East Coast Policy Recommendation 2011-07.
N/A	Male Breast Reduction for Gynaecomastia	See TNRF 2 List of Procedures with Restriction/Thresholds Policy

### 2.3 Facial Procedures

Code	Procedure / Treatment	TNRF Guidance Notes
N/A	Blepharoplasty / Ptosis Surgery	See List of Procedures with Restriction/Thresholds Policy
TNRF 1 - 031	Face lift	This procedure is not routinely funded
TNRF 1 - 032	Brow lift	This procedure is not routinely funded
TNRF 1 - 033	Correction of brow ptosis	This procedure is not routinely funded

### 2.4 Skin and Subcutaneous Procedures

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 034	Hair transplant /Hair graft/ Hair replacement /Intralace hair system for abnormal hair loss	Procedures for this are not routinely funded. (Hair pieces and wigs for patients experiencing total hair loss as a result of alopecia totalis, cancer treatment, previous surgery or trauma are available from local NHS Trusts).

TNRF 1 - 035	Irregularities of aesthetic significance	Procedures for this are not routinely funded
TNRF 1 - 036	Repair of chronic tear of lobe of external ear	This procedure is not routinely funded
TNRF 1 - 037	Repair of chronic clefts due to avulsion of body piercing	This procedure is not routinely funded
TNRF 1 - 038	Skin grafts for scars	This procedure is not routinely funded. The CCG will fund this treatment for burns and as part of reconstruction following major trauma.
TNRF 1 - 039	Tattoo removal	This procedure is not routinely funded

### 3. Dermatology

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 040	Chemical peels	This procedure is not routinely funded
TNRF 1 - 041	Dermabrasion of skin	This procedure is not routinely funded
TNRF 1 - 042	Electrolysis	This procedure is not routinely funded with the exception of the treatment of ingrowing eyelashes, which is routinely funded
TNRF 1 - 043	Hirsutism procedures	Hair removal procedures for hirsutism are not routinely funded.
TNRF 1 - 044	Iontophoresis or Botox for Hyperhidrosis	This procedure is not routinely funded
TNRF 1 - 045	Laser therapy / Laser treatment/ Tunable dye laser for aesthetic reasons	These procedures are not routinely funded

TNRF 1 - 046	Tattooing of the skin	This procedure is not routinely funded. Removal of nipple tattooing will be funded as part of breast reconstruction for cancer patients.
N/A	Removal of benign skin lesions	See TNRF 2 List of Procedures with Restriction/Thresholds Policy

#### 4. Dental

Code	Procedure / Treatment	TNRF Guidance Notes
N/A	Dental Implants	This service is commissioned and applications are managed by the NHS England Area Team.
N/A	Orthodontics (Grade 3.5 and below on the Index of Orthodontic Treatment Need)	This service is commissioned and applications are managed by the NHS England Area Team.
N/A	Orthognathic surgery	This service is commissioned and applications are managed by the NHS England Area Team.

#### 5. Ear Nose and Throat

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 – 047a	Procedures to correct Rhinophyma	Surgical procedures/treatments for this condition are not routinely funded.
TNRF 1 – 047b	Rhinoplasty for cosmetic reasons	This procedure is not routinely funded
N/A	Rhinoplasty	See TNRF 2 List of Procedures with Restriction/Thresholds Policy
TNRF1 – 47c	Soft Palate Implants	This procedure is not routinely funded

TNRF1 – 47d	Surgical treatment for Obstructive Sleep Apnoea Syndrome	Surgical procedures for the treatment of this condition will only be funded if a sleep clinic or respiratory consultant makes a recommendation for a surgical assessment of a patient with sleep apnoea and the subsequent surgical assessment confirms the need for a surgical intervention to address the sleep apnoea
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## 6. Gynaecology

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 048	Reversal of female sterilisation	The CCG will not routinely fund female sterilisation reversals. Patients who have a sterilisation procedure should be made aware that subsequent reversal of sterilisation will not normally be available on the NHS.
N/A	Labial reduction	See TNRF 2 List of Procedures with Restriction/Thresholds policy

## 7. Musculoskeletal

### 7.1 Pain Management

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 057	Epidural Injections for non-radicular pain	This procedure is not routinely funded
TNRF 1 - 058	Radiofrequency Denervation (RFD) to treat osteoidosteoma	This procedure is not routinely funded

TNRF 1 – 058A	Radiofrequency facet joint denervation (RFD) of lumbar and cervical facet joints for chronic facet pain	This procedure is not routinely funded
TNRF 1 – 058B	Radiofrequency spinal denervation	This procedure is not routinely funded
TNRF1 058C	Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica	This procedure is not routinely funded
<b>7.2 Orthopaedic</b>		
TNRF 1 - 059	Metal-on-metal hip resurfacing	This procedure is not routinely funded in line with South East Coast policy.
TNRF1 – 065	Extracorporeal Shockwave Therapy	This procedure is not routinely funded
TNRF1 - 066	Subacromial Shoulder Decompression	This procedure is not routinely funded

## 8. Neurology/neurosurgery

Code	Procedure / Treatment	TNRF Guidance Notes
N/A	Cerebellar stimulator implants	This service is commissioned and applications are managed by the NHS England Area Team.
TNRF 1 - 064	Spinal cord stimulation (SCS)	This procedure is commissioned in highly specialist pain management centres by NHS England. Applications are managed by the NHS England Area Team.  Where commissioning responsibility falls with the CCG (outside of highly specialist pain management centres) the procedure is not routinely funded.
N/A	Neurosurgery for cerebral metastases	This service is commissioned and applications are managed by the NHS England Area Team.

## 9. Oncology

Code	Procedure / Treatment	TNRF Guidance Notes
N/A	Indwelling pleural catheter for the treatment of malignant pleural effusions in a community setting.	This service is commissioned and applications are managed by the NHS England Area Team.
N/A	Stereotactic Radiation Therapy	This service is commissioned and applications are managed by the NHS England Area Team.

## 10. Ophthalmology

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 049	Arteriovenous crossing_sheatotomy for branch retinal vein occlusion	This procedure is not routinely funded. If NHS clinicians undertake this procedure as part of a research project, the CCG should be notified and informed of research governance arrangements.
TNRF 1 – 050a	Excimer laser surgery for short sight/long sight or Astigmatism	This procedure is not routinely funded
TNRF 1 – 50b	Xanthelasma	This procedure is not routinely funded

## 11. Weight Management

Code	Procedure / Treatment	TNRF Guidance Notes
N/A	Bariatric surgery in adults	See TNRF 2 List of Procedures with Restriction/Thresholds policy



## 12. Other Surgery

Code	Procedure / Treatment	TNRF Guidance Notes
N/A	Endoscopic thoracic sympathectomy for facial blushing and sweating.	See TNRF 2 List of Procedures with Restriction/Thresholds policy
N/A	Gender reassignment	This Gender Dysphoria service is commissioned and applications are managed by the NHS England Area Team. 'Non-core' procedures are the commissioning responsibility of the CCG but are not routinely funded,  i.e. Breast Reduction, Facial Feminisation Surgery, Lipoplasty/contouring and gametes storage so can only be considered as part of an IFR application.
TNRF1 - 067	Repair of Diastasis of the Rectus Abdominis Muscle	This procedure is not routinely funded.

## 13. Urology

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 060	Penile Implants	This procedure is not routinely funded.
TNRF 1 - 061	Reversal of vasectomy	This procedure is not routinely funded. Patients who have a sterilisation procedure should be made aware that subsequent reversal of sterilisation will not normally be available on the NHS.
TNRF 1 - 062	Retractile penile surgery	This procedure is not routinely funded.

## 14. Other Procedures/Equipment

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 051	Intralace hair system for abnormal hair loss	This procedure is not routinely funded
N/A	Prostheses for body parts (Prosthetic components not covered by the NHS contract will not be funded)	A range of prosthetics are available on the NHS. Prosthetic components not routinely provided by the NHS will not be funded. This service is commissioned and applications are managed by the NHS England Area Team.
TNRF 1 - 052	Surgical implantation of bioelectrical or kineplastic equipment in limbs	A range of prosthetics are available on the NHS. Prosthetic components not covered by the NHS contract will not be funded.
N/A	Extracorporeal photopheresis for the treatment of chronic graft versus host disease for cutaneous T cell lymphoma	Removed as this is standard practice.
N/A	Hyperbaric oxygen therapy for wound healing	This service is commissioned and applications are managed by the NHS England Area Team.
TNRF 1 - 053	Manual lymphatic drainage(MLD)	Manual lymphatic drainage (MLD) for lymphoedema is currently routinely funded.  However if clinicians wish to provide Complex Decongestive Therapy of which MLD is usually a component, then pre-authorisation will need to be sought.
TNRF 1 - 054	Polysomnography in the investigation of children with sleep-related disorders	This procedure is not routinely funded

TNRF 1 - 055	NHS patient transfers to private treatment providers.	When clinicians retire from the NHS they may continue to practice privately. Patients may wish to continue seeing them rather than see a new NHS clinician. The CCG will not routinely fund private consultations or treatment where previously provided as an NHS funded service.
N/A	Residential pain management programmes	This service is commissioned and applications are managed by the NHS England Area Team.
TNRF 1 - 056	Trans-cranial doppler ultra-sonography with frequent transfusion to prevent stroke in children with sickle cell disease	This procedure is not routinely funded.
N/A	Functional electrical stimulation (FES) in dropped foot	Advice may be given about other aspects of mobility/postural management such as use of vehicles, static seating, standing frames etc. NHS England would in certain circumstances supply items for use in specialised centres whilst an inpatient.  If the device is to be used within the community, it would be commissioned by the patient's CCG. However, NHS England specialist centres are available to offer advice.
TNRF 1 – 057	Enhanced External Counter Pulsation (EECP)	This procedure is not routinely funded.

## 15. Vascular Surgery

Code	Procedure / Treatment	TNRF Guidance Notes
TNRF 1 - 063	Varicose Vein Surgery – Classes 1 and 2	See TNRF 2 List of Procedures with Restriction/Thresholds policy

## APPENDIX 1

### NICE Interventional Procedure Guidance

NICE issues Interventional Procedure Guidance (IPGs) with the aim of protecting the safety of patients and supporting the NHS in the process of introducing new procedures. The IPGs are not covered by the Secretary of State's directions to NHS organisations to fund the implementation of NICE recommendations within a given timescale because this direction relates only to NICE Technology Appraisal Guidance (TAGs). Interventional Procedure Guidance makes recommendations on the safety of the procedure and how well it works. The guidance does not recommend whether the NHS should fund a procedure or not and these decisions are therefore for the CCGs. The CCG recognises that it is not within the remit of the NICE IPG Programme to evaluate the cost-effectiveness of interventional procedures or to advise the NHS whether interventional procedures should be funded.

Details can be found on the following website:

<http://www.nice.org.uk/guidance>

### The specific commissioning position with respect to different categories of IPG

#### Special Arrangements

The CCG will not routinely fund health care interventions that are subject to a NICE IPG where the IPG states: *'current evidence on safety is inadequate, current evidence on efficacy is inadequate, evidence of safety and efficacy is on small numbers of patients and of limited quality, no major safety concerns but efficacy has not been shown, evidence is limited to a small number of patients, good short term efficacy but little evidence of long term efficacy, there is adequate evidence of safety and efficacy but the technical demands are such that it should not be used without special arrangements, evidence for short term efficacy is limited and long term outcomes are uncertain'*.

#### Research Only

The CCG will not routinely fund health care interventions that the NICE IPG programme has recommended should only be undertaken in the context of research. Clinicians wishing to undertake such procedures should ensure they fulfill the normal requirements for undertaking research. Where there is a possibility that there may be impacts on NHS funded care following the cessation of the trial, or a patient's completion of a trial, clinicians are strongly encouraged to discuss this with the CCG at the earliest opportunity.

#### Do not use

The CCG will not fund health care interventions where a NICE IPG recommends that the intervention should not be used in the NHS.