

Title of paper:	Revision to “Procedures with restrictions and thresholds” policy		
Author:	Thomas Foot		
Exec Lead:	Claire Fuller		
Date:	27 February 2015		
Meeting:	Governing Body		
Agenda item:	16	Attachment:	10
For:	Decision		
Executive Summary:			
<p>To agree revisions to the “Procedures with restrictions and thresholds” policy, as outlined in “Summary” below. These are for breast implant removal and replacement, and further revisions to a range of clinical issues as recommended by the priorities committee.</p>			
Compliance section			
Please identify any significant issues relating to the following			
Risk Register and Assurance Framework	N/A		
Patient and Public Engagement	N/A		
Patient Safety & Quality	Revised text is more likely to ensure robust and consistent decision-making by clinical triage / IFR panel.		
Financial implications	<i>Not significant</i>		
Conflicts of interest	None		
Information Governance	None		

Equality and Diversity	Provides greater clarity for those seeking breast implant removal / replacement than presently available
Any other legal or compliance issues	None
<p>Accompanying papers (please list):</p> <p>None</p>	
<p>Summary:</p> <p>At present, breast implants will be removed if the implant is causing a risk to the patient's health, this will be funded by Surrey CCGs. However, at present Surrey CCGs do not have criteria in place for the removal of breast implants. Furthermore, breast implants will <u>not</u> be replaced after removal (even if the patient can fund this themselves).</p> <p>At its December meeting the Surrey Priorities Committee considered evidence for proposed eligibility criteria for breast removal and the clinical effects of re-insertion of implants.</p> <p>The Governing Body is asked to agree the following text, for insertion in the policy under "Other treatments" and the heading "Breast implant removal and replacement", which was agreed for recommendation by the Surrey Priorities Committee:</p> <p>"Removal of implants will be considered, but not replacement, if at least one of the following criteria are met:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rupture of silicone-filled implant. <input type="checkbox"/> Implants complicated by recurrent infections. <input type="checkbox"/> Extrusion of implant through skin. <input type="checkbox"/> Implants with Baker Class IV contracture. <input type="checkbox"/> Implants with a contracture that interferes with mammography <input type="checkbox"/> Intrinsic breast disease <p>Surrey CCGs do not replace breast implants for aesthetic reasons. Re-insertion of implants following removal:</p> <p>(i) Where implants were originally funded by the NHS for non-cosmetic reasons (such as breast cancer or severe trauma) then replacements should be considered in line with the reason for the original funding for implants.</p> <p>(ii) Where implants were originally funded solely for cosmetic reasons they will not be</p>	

replaced. If implants are bilateral and one implant has to be removed for a sound clinical reason, it will not be replaced so the woman should be given the choice as to whether she wishes only one or both implants to be removed.

Privately funded implants: where implants have been previously funded privately and require removal for a sound clinical reason and this has occurred within 12 months of insertion, the applicant should in the first instance approach the private provider to correct the problem rather than pursuing NHS funding.

Where cases fall outside of these criteria and there is a possibility that they may be considered either rare or exceptional or both, they can be considered through the usual IFR process.”

Summary: What is the Governing Body being asked to do and why?

The Governing Body is asked to AGREE the revision to the “Procedures with restrictions and thresholds” policy as set out above and on the attached document from Dr Liz Saunders

**ADDENDUM: FURTHER CHANGES TO LoPRT - RECOMMENDED FOR APPROVAL BY
PRIORITIES COMMITTEE FOLLOWING ITS JANUARY 2015 MEETING**

The following changes to the criteria for specific clinical conditions in the LoPRT were recommended by the Priorities Committee at its meeting in January 2015:

1. Chalazion

The current criteria for funding for removal of chalazia are:

- (a) when the chalazion has been present for more than 4 months or
- (b) when it is causing blurring of vision.

The Priorities Committee recommended:

- 1. Continuing funding for excision of chalazion as per the current criteria but also:
- 2. Extending the watchful waiting period after which excision of chalazion will be funded from 4 months to 6 months.
- 3. Funding excision of chalazion that is a source of regular infection that has required medical attention twice or more.

2. Ganglion

The current criteria for funding for surgical removal of ganglia are:

- 1. Where there is evidence of nerve or blood vessel compression or
- 2. Evident functional impairment.

The Priorities Committee recommended removing these criteria and instead adopting the British Society for Surgery of the Hand (BSSH) referral criteria and classification:

Classification

Mild

- Asymptomatic lump

Moderate

- Symptomatic lump; long duration of symptoms¹
- Occult ganglia²
- Cancer- phobia³

1. Pain lasting 3 to 6 months. 2. A hidden ganglion 3. An excessive fear of malignancy

Severe

- Nerve or blood vessel compression with restriction of activities of daily living or

- Concern re diagnosis.

Based on this classification the guidelines recommend the following criteria or treatment:

Treatments

All patients should be informed that most ganglia resolve spontaneously with the passage of time.

Mild

-Reassure / Observe

Moderate

-Reassure / Observe

-Aspiration for cancer reassurance

-Refer for ultrasound / MRI if concerns re diagnosis

Severe

-Refer for surgery

3. Circumcision

The current criteria for funding for circumcision are:

1. Severe phimosis
2. Severe recurrent balanitis
3. Suspected cases of cancer.

The Priorities Committee recommended replacing these criteria with:

1. Where this is clinically indicated.

Examples of clinical indications (not to be taken as an exhaustive list) are:

- (a) Severe phimosis, recurrent balanitis and where cancer is suspected
- (b) When congenital urological abnormalities require skin grafting
- (c) Cases of traumatic foreskin injury where it cannot be salvaged
- (d) Symptomatic cases of paraphimosis when conservative treatment has failed
- (e) When there is interference with normal sexual activity in an adult male

4. Hernia repair

The current criteria for funding hernia repair are:

(a) Inguinal Hernia

- A history of incarceration of, or real difficulty reducing, the hernia.
- An inguino-scrotal hernia.
- Increase in size month to month.
- Pain or discomfort significantly interfering with activities of daily living.
- Work related issues e.g. of work/missed work/unable to work/on light duties due to hernia.
- Patients with femoral hernias should be referred for consultation.

(b) Umbilical Hernia

- Pain/discomfort interfering with activities of daily living
- Hernia increases in size month on month
- To avoid incarceration and strangulation of bowel

(c) Incisional Hernia

- Pain/discomfort interfering with activities of daily living.
- Appropriate conservative management has been tried first e.g. weight reduction where appropriate.
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The Priorities Committee recommended:

1. To continue with access to funding for hernia surgery as per current criteria but in addition:
2. Funding treatment for all cases of suspected femoral hernia but also for all groin hernias in women in order to exclude femoral hernia.

Dr.Liz Saunders
04.02.15