COMMISSIONING POLICY FOR PROCEDURES OF LIMITED CLINICAL VALUE (PLCV)

Date of updated issue: 1st September 2011
Review Date: 1st April 2012
Responsibility: Robyn Dewis/Judith Bell

Version 2.2 (Sept 2011)
### Version Control

#### Version 2.2
**Implemented 1st Sept 2011:**

| Annotated | ● Hip & Knee Revision: prosthesis reference amended to ‘standard’  
|           | ● Knee Replacement: prosthesis reference amended to ‘standard’  
|           | ● Cosmetic policy: reference to epidermal (sebaceous) cysts included for completeness  
|           | ● Tonsillectomy, section C, ‘Children’ added for clarity |

| Amended   | ● Dental Implants; to ensure clarity, aligned fully with Derbyshire Implant guidelines |

| Other changes | ● Introduction refreshed  
|               | ● Clarified Oxford scoring (Hip and Knee) must be completed prior to referral being made |

#### Version 2.1
**Implemented 1st April 2011:**

| Additional procedures | ● Dental Implants  
|                       | ● Third Molar Extraction, symptomatic and asymptomatic  
|                       | ● Vaginal (Ring) Pessaries  
|                       | ● Reversal of male sterilisation (included for completeness)  
|                       | ● Gastroscopy for Dyspepsia  
|                       | ● Acupuncture |

| Annotated | ● Grommets: additional information re watchful waiting, hearing loss and second disability.  
|           | ● Snoring treatments: reworded for clarity  
|           | ● Surgical treatment for sleep apnoea: reworded for clarity  
|           | ● Tonsillectomy and/or adenoidectomy: clarification on indications for prior approval consideration  
|           | ● Haemorrhoidectomy: Clarification re surgical/ non operative procedures  
|           | ● Irritable Bowel Syndrome: clarity re source of guidance  
|           | ● Caesarean Section: Clarification of procedure and funding status  
|           | ● D&C for menorrhagia: reworded for clarity  
|           | ● Hysterectomy for menorrhagia: reworded for clarity  
|           | ● Mirena Coils : reworded for clarity  
|           | ● Cataract Surgery: reworded for clarity  
|           | ● Back Pain: Injections & Elective Surgery: Clarification this applies only to elective, not emergency procedures.  
|           | ● Carpel Tunnel: note added regarding current pathway review  
|           | ● Dupuytrens Contracture: reworded for clarity  
|           | ● Hip replacement (primary) : reworded for clarity  
|           | ● Hip resurfacing: reworded for clarity  
|           | ● Knee wash out and debridement: reworded for clarity  
|           | ● Knee replacement (primary): reworded for clarity |
| Amended criteria | Other joint prosthetics: reworded for clarity  
| | Shoulder resurfacing arthroplasty: clarified IPG status  
| | Trigger finger: reworded for clarity  
| | Full list of procedures contained in EMSCG Cosmetics Policy added for consistency and clarity.  
| | Hernia – Incisional and Ventral & Other Hernia Procedures; Clarification regarding monitoring status. Considerations re weight management  
| | Varicose Veins: fully aligned with EMSCG Cosmetics Policy  
| Other changes | Background, overview and operating policy re-numbered for clarity.  
| | Patient Information: Added text to explain policy to patients  
| | Section 4.7 added, regarding submission of evidence based business cases (page 7)  
| | Section 4.8 added (page 7) clarifying process for commissioning of Interventional Procedure Guidance (IPG).  |
Patient guide to the policy & why your doctor has to observe it

NHS funds
- NHS Derby City and NHS Derbyshire County buy healthcare on behalf of the local population. The money for this comes from a fixed budget. By law, we are required to keep within this budget.
- Demand for healthcare is greater than can be funded from this fixed budget. Unfortunately, this means that some healthcare which patients might wish to receive and which professionals might wish to offer cannot be funded.
- This has always been the situation since the start of the NHS.

Assessing what the overall population most needs
- Our approach to this situation is to prioritise what we spend, so that the local population gets access to the healthcare that is most needed.
- This assessment of need is made across the whole population and, wherever possible, on the basis of best evidence about what works. We also aim to do this in a way that is fair, so that different people with equal need have equal opportunity to access services.
- This approach is not new. It is consistent with other NHS organisations who buy healthcare for their local populations.
- One result of this kind of assessment is a list of some of the treatments which can only be paid for by the local NHS in certain restricted circumstances, and also a number of treatments which don’t work well enough to justify any use within the local NHS. We aim to continue to review this list to ensure that it reflects the best available evidence and are affordable and fair.

Implications for you
- This may mean that your doctor is not able to offer you a certain treatment because it would not be funded by the local NHS.
- Although most doctors recognise the need for some kind of policy like this, she/he may be uncomfortable because of its implications for you as an individual.
- Even so, your doctor has to observe the policy because it is the policy of the local NHS, and is the best way to ensure that local NHS funds are spent on the things that will bring greatest overall benefit to local people in a way that is affordable and fair.
Purpose of the policy

The purpose of the Procedures of Limited Clinical Value (PLCV) Policy is to clarify the commissioning intentions of NHS Derby City and NHS Derbyshire County in respect of PLCV.

Please note, this document does not reference those interventions where the PCT has previously published policy statements setting out restrictions/criteria/prior approval requirements.

1. Introduction

The purpose of this policy is to ensure that NHS Derby City, NHS Derbyshire County and their successor organisations fund treatment only for clinically effective interventions delivered to the right patients at the right place. It sets out the treatments deemed to be of insufficient priority to justify funding from the available fixed budget.

This policy has been developed to support 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 agreements with provider organisations.

The policy establishes the framework within which NHS Derby City and NHS Derbyshire County can demonstrate that its decision making processes are fair, equitable, ethical and legally sound.

1.1 Definitions

Procedures of limited clinical value (PLCV) are those which deliver a relatively poor (improved) output/outcome to the population. In this policy, the term PLCV is extended to include procedures which may be effective but where there may be significant differences in value depending on the setting in which the procedure is delivered (usually due to large differences in pricing between providers).

Procedures of limited clinical value and low value procedures are those which:

1. Have clear evidence that they are ineffective.
2. Have no evidence of effectiveness and are not being delivered in a context that would allow the gathering of an evidence base to judge effectiveness, i.e. through ethically approved research.
3. Have evidence of effectiveness but are being offered to patients whose characteristics are different from the characteristics of the patients in the research studies which produced the evidence for effectiveness
4. Use resources that would produce more value, namely a better balance of benefit, if invested in some other service for the same group of patients for example, the procedure is of better value when delivered in a specific setting.

Within this document the terms “procedure of limited clinical value” and “low priority procedure” are used synonymously.
2. **Background**

Primary Care Trusts (PCTs) receive the funding to commission health services for their resident population and make decisions within the context of statutes, statutory instruments, regulations and guidance. PCTs have a responsibility to seek the greatest health advantage possible for local populations using the resources allocated to them. They 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.

This Policy is designed to help NHS Derby City and NHS Derbyshire County to meet this 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.

3. **Overview**

A synthesis of the evidence used in other PCTs combined with an analysis of the available evidence have identified a number of interventions that can be described as either marginally effective or, in the vast majority of case, ineffective with limited clinical value. Others have been shown to be an inefficient use of resource given their high cost per quality adjusted life year gained. This policy outlines the PCT’s intention to exclude or restrict the procedures contained within the attached schedule.

4. **Operating Policy for the development and implementation of this Policy**

A number of national and local organisations, such as NICE, have developed evidence-based advice to inform commissioning decisions on low priority treatments. These treatments or procedures are not usually funded by the NHS. In addition NHS Derby City and NHS Derbyshire County has responsibility to decide the priorities for commissioning in line with agreed criteria.

4.1 **Making commissioning decisions**

Commissioning involves specifying, securing and monitoring services that are evidence-based, cost effective, of high quality and meet individuals’ needs and provide “value for money in the use of public resources”.

4.2 **Determining the Evidence Base.**

Evidence for treatment effectiveness and efficacy is available from many sources, including NICE, the Cochrane Institute, Royal Colleges and 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. NHS
Derby City and NHS Derbyshire County have considered the source, extent and quality of the evidence in reaching their decisions.

4.3 Managing Exceptions

The PCT’s will commission against the policy criteria. Requests for individual funding will not normally be considered, unless there are exceptional circumstances.

4.4 Ethical and Legal Policy for decision making

The PCT has a Value Based Decision-Making Framework which is kept under review.

4.5 Implementation

The PLCV schedule is set out below and can be incorporated into contractual and service level agreements. NHS Derby City and NHS Derbyshire County will require primary and secondary care service providers to embrace and abide by the policy and advise patients accordingly.

4.5.1 The schedule of PLCV

The schedule is informed by indicative codes. There may be cases where a code is not included but the procedure is called the same; it should be assumed that the threshold will apply in the same way.

This policy should be read in conjunction with other policies e.g. East Midlands Cosmetics Policy.

4.5.2 Distribution

All providers, all referrers, secondary care services, primary care services, community care services, associate commissioners.

4.6 Monitoring the policy

NHS Derby City and NHS Derbyshire County will utilise a combination of appropriate tools including prospective and spot audits to monitor this policy and ensure that the criteria is being adhered to.

4.7 Maintaining an up-to-date policy

NHS Derby City and NHS Derbyshire County will abide by this policy when making decisions relating to the provision of low priority treatments. Specifically, the role of the PCT is to:
• monitor the implementation of the policy and the impact it has on clinical decision making;
• inform referrers including all Primary Care Practices and Dental Practices of the Policy;
• inform all service providers, with whom the PCT has formal contractual arrangements, of the Policy;
• review the policy and the accompanying schedule on an annual basis or where an urgent consideration of new evidence is justified.
• Should new evidence emerge a provider must submit a robust evidenced based business case for consideration if it wishes the commissioner to fund a service, as would be the case for any new service. The PCTs reserve the right at all times to maintain their current commissioning decisions for all procedures/treatments contained within this Policy, including after consideration of such a business case should it not meet the criteria of clinical effectiveness, cost effectiveness and affordability.

4.8 Commissioning of NICE Interventional Procedure Guidance (IPG).

Whilst information regarding the commissioning of NICE Interventional Procedure Guidance (IPGs), is not included within the scope of this policy, it should be noted that the PCTs will not commission any IPG without the submission and subsequent approval of a robust, evidence based business case.
## COSMETIC Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic Procedures</td>
<td>The following procedures are not routinely funded (for further information see East Midlands Cosmetic Policy)</td>
<td>Not Funded</td>
</tr>
</tbody>
</table>
| (procedures not found elsewhere in this policy) | - Excision of excessive skin  
- Facelifts - unless part of the treatment of facial nerve palsy/congenital facial abnormalities/ treatment of specific facial skin condition e.g. cutis laxa, pseudoxanthoma elasticum  
- Fat grafts except in post-trauma cases and/or as part of planned reconstruction surgery e.g. for cancer  
- Suction assisted lipectomy (liposuction) except as part of planned reconstruction surgery e.g. for cancer or a congenital syndrome  
- Phalloplasty  
- Chin implant (genioplasty, mentoplasty)  
- Cheek implants except in post-trauma cases and/or as part of planned reconstruction following surgery e.g. for cancer  
- Collagen implant except in post-trauma cases and/or as part of planned reconstruction following surgery e.g. for cancer  
- Cranial banding for positional plagiocephaly  
- Otoplasty  
- Earlobe repair unless there is a complete tear of the lobe  
- Botulinum Toxin for wrinkles, frown lines or aging neck  
- Resurfacing by laser for skin conditions causing scarring  
- Correction of nipple inversion  
- Procedures related to gender reassignment not included in the original package of care  
- Hair depilation (removal) for excessive hair growth (hirsutism)  
- Laser treatment for facial hyperpigmentation  
- Electrolysis treatment for any condition | Please see EMSCG Cosmetics Policy for full detail of all elements. |
| The following procedures are restricted by explicit criteria (for further information please see East Midlands Cosmetic Policy) | - Abdominoplasty (Apronectomy/ Panniculectomy)  
- Female Breast Reduction/ Asymmetry Surgery  
- Female Breast Enlargement/Asymmetry Surgery | Restricted                  |
- Breast Implant Removal/ Reinsertion
- Male Breast Reduction Surgery for Gynaecomastia
- Surgical Removal of Benign Skin Lesions, including lipomas, sebaceous (epidermal) cysts and congenital pigmented skin lesions.
- Laser Treatment
- Botulinum Toxin Treatment for Axillary Hyperhidrosis
- Septo-Rhinoplasty or Rhinoplasty
- Blepharoplasty/ Brow Lift
- Scar Revision: Repair of scars that result from burns, trauma, keloid formation or surgery that are either functionally disabling or result in facial disfigurement
- Pinnaplasty/otoplasty (surgical “correction” of prominent ears).
- Congenital pigmented lesions on face.

### DENTAL /MAXILLOFACIAL

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
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<tbody>
<tr>
<td>Dental Implants</td>
<td>Dental implants will only be undertaken under the direction of a Consultant in Restorative Dentistry. Approval by the PCT is required prior to the procedure and relates to the current course of treatment only. Any subsequent courses of treatment will require individual approval. In young people implants should only be used when growth is complete. The use of single implants should be the exception rather than the rule and the PCT will not commission dental implants for cosmetic reasons alone. The following conditions will be considered for dental implant treatment when there is no other appropriate dental care (i.e. implants are the only available treatment) and the Consultant considers there is a good likelihood of success: Surgical reconstruction following surgery for cancer or severe facial trauma. Congenital abnormalities including Cleft Lip and Palate and severe Hypodontia/Anodontia, where the abnormality or the care correcting it are adverse indications for other prostheses.</td>
<td>Restricted Referral by Consultant Restorative Dentist with prior approval from the PCT</td>
</tr>
</tbody>
</table>
• Significant neuromuscular disorders or other conditions, e.g. Parkinson's disease, Bell's palsy, where the patient cannot functionally manage conventional denture prostheses.
• Oral mucosal conditions affecting the function of conventional dentures.

<table>
<thead>
<tr>
<th>Third molar extraction</th>
<th>Asymptomatic</th>
<th>Not Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third molar extraction</td>
<td>Symptomatic - Limited to patients with evidence of pathology.</td>
<td>Restricted</td>
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<td></td>
<td>• unrestorable caries</td>
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<td>• non-treatable pulpal and/or periapical pathology</td>
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<td>• cellulitis, abscess, osteomyelitis,</td>
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<td>• internal/external resorption of the tooth or adjacent teeth</td>
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<td>• fracture of tooth</td>
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<td>• disease of follicle including cyst/tumour</td>
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<td>• tooth/teeth impeding surgery or reconstructive jaw surgery</td>
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<td></td>
<td>• tooth involved in or within the field of tumour resection.</td>
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<td></td>
<td>• Second or subsequent episodes of pericoronitis</td>
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Any referrals to secondary care should be via a General Dental Practitioner.

**N.B. Funding for secondary care treatment is restricted to patients with more complex conditions.**

Indications for extraction in a Primary Care Location:
• Within NICE Guidelines
• Partially erupted
• Vertical impaction with <5mm bone removal
• Mesio-angular impaction with <5mm bone removal without decoronation
• Disto-angular impaction with <5mm bone removal
• Horizontal impaction, provided surgeon competent to decoronate
• No associated pathology
• No ID Canal involvement
• Other considerations – complex medical history, age of patient
<table>
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<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>See Cosmetic section and East Midlands Cosmetic Policy</td>
<td>Restricted</td>
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<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
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</table>
| Grommets | The PCT will fund treatment with grommets for children with otitis media with effusion (OME) where:  

OME persists after a period of at least three months watchful waiting from the date that the problem was first identified by the GP to the date of referral.  

**AND**  

The child is over three years of age or over 2 if there are exceptional clinical circumstances.  

**AND**  

There is hearing loss of at least 25dB, particularly in the lower tones (low frequency loss) and evidence of a disability as a result of this hearing loss with either:  

Delay in speech development  
Educational or behavioural problems attributable to the hearing loss.  

**OR**  

A significant second disability that may itself lead to developmental problems e.g. Down’s syndrome, Turner’s syndrome or cleft palate.  

The PCT will fund treatment for grommets in children with acute otitis media when there have been at least 5 recurrences of acute otitis media, which required medical assessment and/or treatment, in the previous year.  

The PCT will fund grommets in adults with OME only in the following circumstances:  

Significant negative middle ear pressure measured on two sequential appointments **AND** significant ongoing associated pain.  

**OR**  

Unilateral middle ear effusion where a post nasal space biopsy is required to exclude an underlying malignancy. Restricted | Restricted |
| Tonsillectomy and/or adenoidectomy | The PCT will fund tonsillectomy for the following indications:  
| A. | Suspected malignancy  
| | More than one episode of Peri-tonsillar abscess (Quinsy)  
| | Acute upper airways obstruction  
| B. | Recurrent sore throat where the following applies:  
| | 7 or more eligible episodes in the last year  
| | OR  
| | 5 or more eligible episodes in the last 2 years  
| | AND  
| | A significant and documented impact on quality of life e.g. absence from school/ work.  
| NB. An eligible episode must have three of the following criteria:  
| | Tonsillar exudates  
| | Tender anterior cervical lymph nodes  
| | History of fever  
| | Absence of cough  
| (Centor clinical prediction score, SIGN guidelines 117 - management of sore throat)  
| CHILDREN: | The PCT will consider funding for tonsillectomy and/or adenoidectomy for the following indications with approval for each case required prior to the procedure:  
| | :  
| | Failure to thrive due to difficulty eating solid foods.  
| | A strong clinical history suggestive of sleep apnoea.  
| | A significant impact on quality of life e.g. parental concern regarding continuing to breathe through the night, loud and persistent noisy/ mouth breathing leading to social difficulties, difficulty eating solid foods that creates unreasonably slow eating, difficulty exercising.  
| NB: The case is much more likely to be approved where there is supporting evidence such as growth charts, letters from GPs, employer or school.  
| Surgery/Treatment for snoring | No treatments or procedures are funded. | Not Funded  
| Surgical treatment for sleep apnoea | The PCT will fund surgical treatment of sleep apnoea when all the following criteria are met:  
| | Patient has moderate to severe symptoms | Restricted |
(measured for example by the Epworth Sleepiness Score: 15-18 = moderate, >18 = severe)

OR
Patient is sleepy in dangerous situations such as driving (i.e. has significant symptoms regardless of Epworth Sleepiness Score)

AND

Patient has significant sleep disordered breathing (as measured during a sleep study, usually by the Apnoea/Hypopnoea Index: 15-30/hr = moderate, >30/hr = severe)

AND

Patient has already tried continuous positive airways pressure (CPAP) unsuccessfully for 6 months prior to being considered for surgery OR patient had major side effects to CPAP such as significant nosebleeds

The PCT will consider funding surgical treatment out with this pathway when a specialist believes the individual patient will benefit from a procedure i.e. there is a clear surgical cause which can be easily remedied and sleep studies/ CPAP is felt to be inappropriate. In these circumstances approval for each case is required prior to the procedure.

[Additional notes:
This guidance does not make detailed recommendations on the use of individual surgical procedures, although studies have shown varying levels of effectiveness in terms of outcomes and adverse effects between the different surgical procedures.
However exceptional circumstances/prior approval panels should take account of the fact that palatal surgery, such as UPPP and LAUP is not recommended by SIGN (2003) and it may compromise the patient’s subsequent ability to use nasal CPAP, although the extent of this risk is not known. Current evidence on soft-palate implants for obstructive sleep apnoea (OSA) raises no major safety concerns, but there is inadequate evidence that the procedure is efficacious in the treatment of this potentially serious condition for which other treatments exist. Therefore, soft-palate implants should not be used in the treatment of this condition.]

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### GENERAL SURGERY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
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<tbody>
<tr>
<td>Anal/rectal skin tags</td>
<td>Not Funded</td>
<td>Not Funded</td>
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<tr>
<td>Procedure</td>
<td>Funding Details</td>
<td>Description</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Cholecystectomy for asymptomatic gallstones</td>
<td>Not Funded</td>
<td>Not Funded</td>
</tr>
<tr>
<td>Surgical Haemorrhoidectomy</td>
<td>Recurrent and persistent bleeding that fails to respond to conservative treatment (including non-operative interventions e.g. rubber band ligation). Haemorrhoids that cannot be reduced.</td>
<td>Restricted</td>
</tr>
<tr>
<td>Hernia – Incisional and Ventral &amp; Other Hernia Procedures</td>
<td>The PCT will not fund asymptomatic hernias which are easily reducible and are not a significant risk of strangulation. Individuals with a raised BMI should be given appropriate weight management advice.</td>
<td>For information only-restricted. Ongoing monitoring via data and audit.</td>
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<tr>
<td>Gastroscopy for Dyspepsia</td>
<td>Gastroscopy for dyspepsia is only funded when in line with NICE guidance (CG 17 Dyspepsia in adults). Urgent endoscopy is indicated for patients of any age with dyspepsia when presenting with any of the following: - gastrointestinal bleeding - progressive unintentional weight loss - progressive difficulty swallowing - persistent vomiting - iron deficiency anaemia - epigastriac mass - suspicious barium meal Urgent endoscopy is also indicated in patients aged 55 years and older with unexplained and persistent recent onset dyspepsia alone. Routine endoscopic investigation of patients of any age, presenting with dyspepsia and without alarm signs, is not usually necessary and will not be funded unless the patient fits the following criteria: - dyspepsia that is responding poorly to medical treatment - atypical symptoms e.g. satiety, nausea, bloating - investigation of upper abdominal pain/ non-cardiac chest pain - being considered for anti-reflux surgery No restrictions are applied to gastroscopy for indications other than dyspepsia</td>
<td>Restricted</td>
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<tr>
<td>Varicose Veins</td>
<td>The PCT will only fund surgical treatment of varicose veins when ALL the following criteria are met: - Appropriate weight management advice has been given to those with a raised BMI - Non-smoker or confirmed abstinence for at</td>
<td>Restricted</td>
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least 6 weeks prior to procedure

- Photographic evidence

**AND** one or more of the following clinical indications are present:

- Patient has varicose eczema which has not responded to the regular use of compression hosiery for a period of six months
- Patient has lipodermatosclerosis or a varicose ulcer
- Patient has had at least two episodes of documented superficial thrombophlebitis
- Patient has had a major episode of bleeding from the varicosity

*See East Midlands Cosmetic Policy*

**Irritable Bowel Syndrome**

The following tests will not be funded (in the absence of red flag symptoms of malignancy) for confirmation of diagnosis in people who meet the IBS diagnostic criteria:

- ultrasound
- rigid/flexible sigmoidoscopy
- colonoscopy; barium enema
- thyroid function test
- faecal ova and parasite test
- faecal occult blood
- hydrogen breath test (for lactose intolerance and bacterial overgrowth).

**GYNAECOLOGY & Fertility**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Elective/Planned Caesarean Section</td>
<td>A planned CS should be offered to women with:</td>
<td>Restricted</td>
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<td></td>
<td>- A term singleton breech (if external cephalic version is contraindicated or has failed)</td>
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<td>- A twin pregnancy with breech first twin</td>
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<td></td>
<td>- HIV</td>
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<td>- Both HIV and hepatitis C</td>
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<td>- Primary genital herpes in the third trimester</td>
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<td></td>
<td>- Grade 3 and 4 placenta praevia</td>
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</tbody>
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A planned CS should not be routinely offered to women with:

- Twin pregnancy (first twin is cephalic at term)
- Preterm birth
- A ‘small for gestational age’ baby
- Hepatitis B virus
- Hepatitis C virus

(except where other clinical indications arise outside this criteria – in which case prior approval may be sought)
- Recurrent genital herpes at term

Caesarean Section for non-clinical reasons will not be funded. Maternal request is not on its own an indication for Caesarean Section.

<table>
<thead>
<tr>
<th>D&amp;C for menorrhagia</th>
<th>The PCT will not fund D&amp;C as a diagnostic tool or as a therapeutic treatment for menorrhagia. It will be funded in the following circumstances:</th>
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<tbody>
<tr>
<td></td>
<td>- As an investigation for structural or histological abnormalities where the outcomes of hysteroscopy/ ultrasound are inconclusive</td>
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<td></td>
<td>- post-dilatation, pre-procedure when undertaking endometrial ablation</td>
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<td></td>
<td>Restricted</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Hysterectomy for menorrhagia</th>
<th>The PCT will fund hysterectomy for <strong>heavy menstrual bleeding</strong> only when there has been:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>- 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.</td>
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<td></td>
<td><strong>AND</strong></td>
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<td></td>
<td>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 Excellence (NICE) guidelines:</td>
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<tr>
<td></td>
<td>- Non-steroidal anti-inflammatory agents.</td>
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<td></td>
<td>- Tranexamic acid</td>
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<td></td>
<td>- Other hormone methods (injected progesterones, combined oral contraceptives, Gn-RH analogue)</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
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<tr>
<td></td>
<td>Surgical treatments such as endometrial ablation or myomectomy have been offered and failed to relieve symptoms or are not appropriate or are contra-indicated</td>
</tr>
<tr>
<td></td>
<td><strong>Restricted</strong></td>
</tr>
<tr>
<td></td>
<td>Hysterectomy can be offered to patients with <strong>heavy menstrual bleeding due to fibroids</strong> greater than 3 cm when the following apply:</td>
</tr>
<tr>
<td></td>
<td>Other symptoms (e.g. pressure) are present. <strong>AND</strong></td>
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<tr>
<td></td>
<td>There is evidence of severe impact on quality of life. <strong>AND</strong></td>
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<tr>
<td></td>
<td>Other pharmaceutical options have failed. <strong>AND</strong></td>
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<tr>
<td></td>
<td>Patient has been offered myomectomy (unless medically contraindicated or inappropriate).</td>
</tr>
<tr>
<td></td>
<td><strong>Restricted</strong></td>
</tr>
</tbody>
</table>

| Labial reduction | Not funded. See East Midlands Cosmetic Policy |

<table>
<thead>
<tr>
<th>Mirena Coils</th>
<th>The fitting of/ removal of Mirena coils or IUCDs are only commissioned in secondary care in one of the</th>
</tr>
</thead>
</table>
## Insertion and Removal of Inter Uterine Contraceptive Device/Mirena Coils

Following circumstances:
- A medical issue requires the procedure to be performed in secondary care
- Fitting is offered in conjunction with termination of pregnancy
- Fitting is performed at the same time as another secondary care procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reversal of female sterilisation</td>
<td>Not funded See also Derbyshire Policy for Sub Fertility Services, and see also East Midlands Specialised Commissioning Group’s Commissioning Policy for In Vitro Fertilisation (IVF),</td>
<td>Not Funded</td>
</tr>
<tr>
<td>Reversal of male sterilisation</td>
<td>Not funded See also Derbyshire Policy for Sub Fertility Services, and see also East Midlands Specialised Commissioning Group’s Commissioning Policy for In Vitro Fertilisation (IVF),</td>
<td>Not funded</td>
</tr>
</tbody>
</table>
| Vaginal Pessaries              | Replacement/ reinsertion of vaginal **ring pessaries** should only be undertaken in a primary care setting, it is not commissioned as a secondary care service.  

There is no restriction applied to the first fitting of ring pessaries                                                                                                           | Restricted by place of treatment                                                                                                           |

## OPHTHALMOLOGY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approved indications or thresholds</th>
<th>Status</th>
</tr>
</thead>
</table>
| Cataract Surgery| **FIRST EYE**  
The PCT will fund cataract surgery where the visual acuity after refractive correction is 6/12 or worse in the worst eye (the eye to be treated).  
OR  
The patient has Diabetes  
OR  
The patient has Glaucoma and requires cataract surgery to control the intra ocular pressure.  
OR  
Patients for whom good acuity is essential for their occupation e.g. watchmaker  
OR  
Patients with posterior subcapsular or cortical cataracts who experience problems with glare                                                                                     | Restricted       |
and a reduction in acuity in bright conditions. OR
Patients who need to drive and experience significant glare that is significantly related to the cataract which affects driving OR
Patients with visual field defects borderline for driving, in whom cataract extraction would be expected to significantly improve the visual field.

SECOND EYE
The PCT will not fund cataract surgery in the second eye if the first eye has achieved a visual acuity of 6/9 or better, with refractive correction, and the acuity of the second eye is 6/24 or better with refractive correction. These patients should be reviewed by their optometrist annually or earlier if there is any deterioration in vision.

The PCT will fund cataract surgery in the second eye if:
- the first does not achieve an acuity of 6/9 or better, with refractive correction, and the procedure is clinically indicated for the patients individual circumstances.
- There are circumstances, where despite good acuities, there may still be a clinical need to operate on the second eye fairly speedily e.g. where there is resultant anisometropia (a large refractive difference between the two eyes) which would result in diplopia or an uncorrectable loss of acuity in the second eye (with first eye corrected) that effectively renders the second eye vision worse than 6/24.

| Laser treatment of myopia | Not funded | Not Funded |

<table>
<thead>
<tr>
<th>ORTHOPAEDICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procedure</strong></td>
</tr>
<tr>
<td>Autologous Chondrocyte Implantation</td>
</tr>
<tr>
<td>Back Pain: Injections &amp; Elective Surgery</td>
</tr>
</tbody>
</table>
**AND**
The patient has a corresponding neurologic deficit (asymmetrical depressed reflex, decreased sensation in a dermatomal distribution, or weakness in a myotomal distribution, altered bowel or bladder function);

**OR**
The patient has radicular pain (below the knee for lower lumbar herniations, into the anterior thigh for upper lumbar herniations) consistent with the level of spinal involvement;

**OR**
There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise—positive between 30° and 70° or positive femoral tension sign);

**AND**
Symptoms persist despite some non-operative treatment for at least 6 weeks (e.g. analgesia, physical therapy etc).

### B. Spinal Fusion
The PCT will fund when there is
- unequivocal root compression
- spinal stenosis
- instability
- failure of adequate conservative trial of >6 months duration

### C. Spinal epidural injections
Not funded for patients who have non-specific low back pain.

### D. Facet joint injections
Not funded for patients who have non-specific low back pain.

The PCT will fund when used as:
- A diagnostic/screening tool prior to radiofrequency denervation or surgery in order to show probability of benefit
- as treatment where co-morbidities preclude other interventions

<table>
<thead>
<tr>
<th>Carpal Tunnel</th>
<th>Patients with a score of 5 or more on the modified CTS questionnaire (modified version of the Levine self assessment questionnaire) with any of the following to be referred without delay to secondary care:</th>
</tr>
</thead>
</table>
|              | evidence of thenar wasting  
|              | permanent numbness  
|              | symptoms are severe/frequent/functionally impairing  
|              | the condition makes daily activities impossible. |

Patients who score 3 or 4 – refer to OT service for

| Restricted | The Carpel Tunnel Pathway is currently under review |

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Criteria</th>
<th>Funding Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 week trial of neutral wrist splinting (or provide in house).</td>
<td>Patients who score 3 or 4 and receive no relief from neutral wrist splinting, to be referred by GP to hand surgeon / neurologist</td>
<td>Restricted</td>
</tr>
<tr>
<td><strong>Dupuytrens Contracture</strong></td>
<td>The PCT will fund when;</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>- The patient has loss of extension in one or more metacarpophalangeal (mcp) joints exceeding 25 degrees</td>
<td></td>
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<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The patient is under 45 with &gt;10 degree loss extension in 2 or more mcp joints</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- There is any evidence of proximal interphalangeal (pip) joint contracture</td>
<td></td>
</tr>
<tr>
<td><strong>Ganglion Cysts</strong></td>
<td>The PCT will only fund surgery in the following circumstances;</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>A. Ganglion on wrist with evidence of neurovascular compromise or significant pain</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>B. Seed ganglia at base of digits with significant pain</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>C. Mucoid cysts at DIP joint which has disrupted the nail growth or there are cysts that tend to discharge</td>
<td>Restricted</td>
</tr>
<tr>
<td><strong>Hip Arthroscopy</strong></td>
<td>Not funded</td>
<td>Not funded</td>
</tr>
<tr>
<td><strong>Hip and Knee and other joint revisions</strong></td>
<td>The PCT will fund revisions using standard prosthesis. Non standard prostheses will not be funded</td>
<td>Restricted</td>
</tr>
<tr>
<td><strong>Hip replacement (primary)</strong></td>
<td>The PCT will fund Joint replacement for people who experience joint symptoms (pain, stiffness and reduced function) when:</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>There is evidence that conservative means have failed to alleviate pain and disability</td>
<td></td>
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<tr>
<td></td>
<td><strong>AND</strong> The Oxford score is 30 or above. (must be assessed prior to referral being made)</td>
<td></td>
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<tr>
<td></td>
<td><strong>AND</strong> Symptoms have a substantial impact on their quality of life</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong> Symptoms are refractory to non-surgical treatment.</td>
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</tbody>
</table>
The prostheses used meet the guidelines set out in NICE Technology Appraisal Guidance 2. Referral should be made before there is prolonged and established functional limitation and severe pain.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Funding Details</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip resurfacing</td>
<td>The PCT will fund for those who otherwise qualify for primary total hip replacement, but are likely to outlive conventional primary hip replacements.</td>
<td>Restricted (as per TAG 44)</td>
</tr>
<tr>
<td>Knee – diagnostic arthroscopy</td>
<td>Not funded</td>
<td>Not funded</td>
</tr>
<tr>
<td>Knee – washouts &amp; debridement</td>
<td>The PCT will fund when the patient has mechanical features of true locking. The PCT will <strong>not fund</strong> for symptoms of ‘giving way’ or x-ray evidence of loose bodies without true locking.</td>
<td>Restricted</td>
</tr>
<tr>
<td>Knee replacement (primary)</td>
<td>The PCT will fund Joint replacement for people who experience joint symptoms (pain, stiffness and reduced function) when: There is evidence that conservative means have failed to alleviate pain and disability <strong>AND</strong> The Oxford score is 30 or above (must be assessed prior to referral being made) <strong>AND</strong> Symptoms have a substantial impact on their quality of life <strong>AND</strong> Symptoms are refractory to non-surgical treatment. <strong>AND</strong> The prostheses used are standard. Referral should be made before there is prolonged and established functional limitation and severe pain.</td>
<td>Restricted</td>
</tr>
<tr>
<td>Other joint prosthetics</td>
<td>The PCT will fund Joint replacement for people who experience joint symptoms (pain, stiffness and reduced function) <strong>AND</strong> have a substantial impact on their quality of life <strong>AND</strong> are refractory to non-surgical treatment.</td>
<td>Restricted</td>
</tr>
<tr>
<td>Procedure</td>
<td>Approved indications or thresholds</td>
<td>Status</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
<tr>
<td>Acupuncture (all)</td>
<td>Acupuncture is not commissioned. N.B. NICE has recommended acupuncture in its Guidelines for low back pain. However the evidence it cites is of poor quality. Neither of the two trials with some form of sham acupuncture showed a statistically significant benefit for real acupuncture. All trials showed a benefit of acupuncture vs. none, but all suffer from non-blinding bias, a problem seen particularly in trials of pain treatments. These trials demonstrate a powerful placebo effect only.</td>
<td>Not funded</td>
</tr>
</tbody>
</table>

**THERAPIES**

- **Shoulder resurfacing arthroplasty**
  - Not Funded

- **Therapeutic use of ultrasound in Hip and knee osteoarthritis**
  - Not Funded

- **Trigger Finger**
  - The PCT will fund when there is:
    - A failure to respond to conservative measures
    - **AND**
    - A fixed/non-correctable deformity
  - Restricted

- **X-ray (pain) & MRI of back for low back pain**
  - Commissioned according to the Back Pain Pathway
  - Refer to Pathway