

**CLINICAL PRIORITIES POLICY FOR COMMISSIONING**  
**SELECTED SERVICES: CLINICAL CONTENT**

**This policy applies to all patients registered with a General Practitioner  
within NHS Wiltshire**

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## NHS Wiltshire Clinical Priorities Policy for Commissioning Selected Services: Clinical Content

### Interventions commissioned on a restricted basis (requiring prior approval)

NHS Wiltshire commissions certain interventions on a restricted basis, in order to manage demand, prioritise according to need, and rationalise service provision.

Prior approvals are requested via the appropriate application form. Decisions on prior approvals are led by the Prior Approvals Panel and managed via the Exceptions Manager.

NHS Wiltshire does not normally fund private treatment. If there are exceptional reasons why a patient needs private treatment and no appropriate provision is available through the NHS, full clinical details should be submitted to the Exceptions Committee.

Please note that under no circumstances will private treatment be funded without prior authorisation.

Intervention	Approval level	Criteria
Atorvastatin/simvastatin 80mg for Acute Coronary Syndrome (ACS)	Hospital Trust to approve if patient meets PCT criteria.	NHS Wiltshire will fund treatment with either atorvastatin or simvastatin for 3 months post ACS
Bariatric surgery for morbid obesity	Prior approval required	As per NICE guidance. Providers: <ul style="list-style-type: none"> <li>• North Bristol Trust</li> <li>• Royal Bournemouth &amp; Christchurch NHS Foundation Trust</li> <li>• Taunton &amp; Somerset NHS Foundation Trust</li> </ul>
Bone anchored hearing aids	Hospital Trust to approve if patient meets PCT criteria.	Considered in patients who: <ul style="list-style-type: none"> <li>• Have abnormalities of the middle, outer or external parts of the ear or a chronic ear infection, which makes wearing a conventional hearing aid difficult or impossible</li> <li>• Have a hearing loss in both ears that cannot be operated on and for which conventional hearing aids are not felt to be suitable</li> <li>• Can hear sounds well via bone conduction</li> </ul>

Bone Marrow Transplants	SWSCG Prior approval	Details are located at: <a href="http://www.swscg.nhs.uk">www.swscg.nhs.uk</a>
Botulinum Toxin for spasticity	Provider to approve if patient meets criteria.	As per NHS Wiltshire's Botulinum Toxin (Botox) Spasticity Policy Statement
Bunions	Prior approval required	Criteria as per NHS Wiltshire's policy on surgical treatment of Bunions
Caesarian Section for non-clinical reasons	Prior approval required	No restriction where there is a clinical need
Cardiac Resynchronisation Therapy with defibrillator and pacing devices (CRT-D & CRT-P) & Implantable cardiac defibrillators (ICD)	Prior approval required	SUHT UBHT Royal Bournemouth & Christchurch Trust  As per NICE Technology Appraisal Guidance
Carpal tunnel	Criteria Based Access	As per NHS Wiltshire's policy on treatments carried out by GPwSI.
Chronic fatigue syndrome/ME - (Paediatric and adult)	Prior approval required for providers other than listed	Providers: <ul style="list-style-type: none"> <li>Care &amp; Support Swindon, Adult CFS Service, Eldene Health Centre, Eldene, Swindon, SN3 3RZ</li> <li>RNHRD (Paediatric &amp; adult outpatient care)</li> </ul>
Cochlear implant surgery	SWSCG Prior approval	Details are located at: <a href="http://www.swscg.nhs.uk">www.swscg.nhs.uk</a>
Deep brain stimulation	SWSCG Prior approval	Details are located at: <a href="http://www.swscg.nhs.uk">www.swscg.nhs.uk</a>
Dental Implants (osseo-integrated)	Hospital Trust to approve if patient meets PCT criteria.	Only for congenital abnormalities, cancer and trauma.
Dermatofibromas excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Dilatation and curettage in women under 40 years of age	Prior approval required	Criteria as per NHS Wiltshire policy, see Appendix E

Ear wax removal	Prior approval required for providers other than patient's GP	Referral criteria as per NHS Wiltshire policy, see Appendix F	
Epilepsy Surgery	SWSCG Prior approval	Details are located at: <a href="http://www.swscg.nhs.uk">www.swscg.nhs.uk</a>	
Erectile dysfunction - drug treatment	Prior approval required	Low Priority	
Fertility treatment	Prior approval required	SHCT ORHT Bath Assisted Conception Unit	As per NHS Wiltshire's Policy on Fertility Treatment as per Appendix G
Functional electrical stimulation	Prior approval required for requests outside criteria	Only for dropped foot due to stroke or MS as per NICE guidelines.	
Ganglia excision	Criteria Based Access	GP to aspirate at least once under 'Minor Surgery DES' before referring into Secondary care	
Grommet (Myringotomy) Insertion for glue ear in Adults	Prior approval required	Criteria as per NHS Wiltshire policy for Grommet Insertion for Adults	
Grommet (Myringotomy) Insertion for glue ear in Children	Prior approval required	Criteria as per NHS Wiltshire policy, see Appendix H	
Growth Hormone Treatment	Prior approval required	Criteria as per NICE Technology Appraisal Guidance.	
Hyperbaric oxygen therapy	a - Trust to approve  b - Prior approval required	Only for: a - gas embolism, decompression sickness, carbon monoxide poisoning and,  b - oral and maxillofacial surgery	
Hysterectomy	Prior approval required	Criteria as per NHS Wiltshire policy, see Appendix I	
Ingrown finger/toe nail	Prior approval required for all other providers	Patient to be referred to the Community Podiatry team	
Injections - joint or spinal (Working with Providers to go live 01/06/2011)	Prior approval required for day cases	Only outpatient cases	
Laser surgery	Prior approval required	Referral criteria as per NHS Wiltshire policy, see Appendix J	
Lipomata excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L	

Lower back surgery for non-specific back pain	Prior approval required	Referral criteria as per NHS Wiltshire policy, see Appendix K
Lucentis for Wet Age-related Macular Degeneration	SFT, GWH & RUH Hospital Trusts may approve	With NHS Wiltshire commissioned providers. Criteria as per NICE Guidance TA155
Lymphoedema	Prior approval required	Prior approval required for non-cancer patients until service contracts are in place
Molluscum contagiosum excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Naevi - asymptomatic, non-suspicious excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Pain Management – elective inpatient treatment	Prior approval required	Secondary and Tertiary care
PET Scanning	Hospital Trust to approve if patient meets PCT criteria.	Only in accordance with agreed local inclusion criteria.
Plastic surgery	Hospital Trust to approve if patient meets PCT criteria.	As per NHS Wiltshire criteria see Appendix L
Psychology – clinical psychology at acute trusts (delivered as a separate package of care with a dedicated tariff)	Prior approval required for non-cancer patients	Prior approval required for providers other than the Avon & Wiltshire Mental Health Trust, with the exception of patients with a cancer diagnosis.
Residential detox	Prior approval required for providers outside Wiltshire DAAT	Wiltshire Drug and Alcohol Action Team manage the commissioning of these services
Sacral Nerve Stimulation for urinary incontinence	Prior approval required	Approval only considered with evidence that all non surgical options have been tried as per NICE CG40/49
Sacral Nerve Stimulation for faecal incontinence	SWSCG Prior approval	Details are located at: <a href="http://www.swscg.nhs.uk">www.swscg.nhs.uk</a>
Scoliosis	Prior approval required	NHS Wiltshire criteria as per Appendix M

Sebaceous cysts excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Seborrhoeic keratoses excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Skin tag excision	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Stereotactic surgery	SWSCG Prior approval	Details are located at: <a href="http://www.swscg.nhs.uk">www.swscg.nhs.uk</a>
Tertiary referrals	Referring Trust approval required	GWH, RUH & SFT to review all tertiary referrals <u>except for cancer patients</u> . Monthly records of referrals should be sent to NHS Wiltshire; this information will be used to assess the need for local services.
Tonsillectomy	Prior approval required	Criteria as per NHS Wiltshire policy, see Appendix O
Varicose vein surgery	Prior approval required	Criteria as per NHS Wiltshire's policy on surgical treatment of Varicose Veins
Vasectomy	Criteria Based Access	As per NHS Wiltshire's policy on treatments carried out by GPwSI.
Verrucae	Prior approval required for all other providers	To be treated by patient's GP
Viral warts excision (excluding genital warts - treatment available from sexual health service)	Prior approval required for providers other than Primary Care	Only commissioned in Primary Care if clinically suspicious, causing symptoms (ie infected, painful) or facially disfiguring per Appendix L
Wessex rehabilitation	Prior approval required	

Hospital Trusts should maintain records of their approvals where a patient meets the PCT criteria. These records, showing how the criteria have been met, will be subject to audit by NHS Wiltshire.

Prior approval requests and applications for funding where a patient does not meet the criteria stated (but only if there is evidence of exceptional circumstances) may be made using an application for Exceptional funding form.

## Interventions not currently commissioned (requiring Exceptional Funding)

We have not prioritised the following interventions and they are not currently commissioned by NHS Wiltshire. Funding will not be supported by the Exceptions Committee unless there is unequivocal evidence that the case is exceptional, and that the proposed intervention will be of significant clinical benefit. This list is subject to review in the event of new research evidence and NICE guidance.

Intervention	Comments
Abdominoplasty	Consideration of funding only where extreme weight loss has been achieved.
Apicectomy	Low Priority
Botulinum Toxin (Botox) Treatment (does not include spasticity – refer to separate policy)	As per NHS Wiltshire's Botulinum Toxin (Botox) Treatment Policy Statement
Breast Surgery	As per NHS Wiltshire's Breast Surgery Policy Statement
Complementary therapies: All homoeopathy (including Bristol Homoeopathy Hospital); aromatherapy; acupuncture (except where used in Smoking Cessation and some Pain Clinics); osteopathy, chiropractic, reflexology, herbal medicine; Chinese herbal medicine. (not an exhaustive list)	There is limited evidence of benefit.
Daycase or inpatient procedures where treatment can be provided in an outpatient setting	Procedures listed per Appendix C
Dermatological excision of clinically benign asymptomatic skin lesions in secondary care	As per plastics policy, see Appendix L
Dorsal column stimulation for chronic pain	As per NICE Guidance TA159 via Exceptions
Gender reassignment for gender dysphoria	Priority for patients over 18. Consideration following full psychiatric assessment by local MH services. Referral by AWP to West London Mental Health NHS Trust
Moire Fringe diagnostic procedure	Low Priority
Pinnaplasty	Low Priority



Reversal of vasectomy or female sterilization	Exception considered only if there is evidence that appropriate counseling was not provided before surgery
Therapeutic use of ultrasound	Low Priority

## Appendix C

### Daycase and inpatient procedures where treatment can be provided in an outpatient setting.

Procedures leading to the following HRGs are expected to be provided in an outpatient setting as the most appropriate place for their delivery:

HRG Code	
AB05Z	Intermediate Pain Procedures
AB06Z	Minor Pain Procedures
BZ07A	Oculoplastics Category 1: 19 years and over
BZ07B	Oculoplastics Category 1: 18 years and under
BZ10A	Orbits / lacrimal Category 1: 19 years and over
BZ10B	Orbits / lacrimal Category 1: 18 years and under
BZ18Z	Glaucoma - category 2
CZ01T	Minor mouth Procedures 18 years and under without CC
CZ01Y	Minor mouth Procedures 19 years and over without CC
CZ02Y	Intermediate mouth Procedures 19 years and over without CC
CZ06Q	Minor throat Procedures without CC
CZ08T	Minor ear Procedures 18 years and under without CC
CZ12Y	Minor nose Procedures 19 years and over without CC
CZ13Y	Intermediate nose Procedures 19 years and over without CC
EA45Z	Complex echocardiogram (include congenital, transoesophageal and foetal echocardiography)
EA47Z	Electrocardiogram Monitoring and stress testing
JA11C	Minor Breast Procedures Category 1 without CC
JC03C	Major Skin Procedures Category 1 without CC
JC04C	Intermediate Skin Procedures without CC
JC05C	Minor Skin Procedures Category 3 without CC
JC07Z	Minor Skin Procedures Category 1
JC14Z	Skin Therapies level 2
JC15Z	Skin Therapies level 3
JC18Z	Electrical and other invasive therapy 2
LB27Z	Prostate or Bladder Neck Minor Endoscopic Procedure - Male, with length of stay 1 day or less
MA05B	Lower Genital Tract Minor Procedures without CC
MA10Z	Upper Genital Tract Laparoscopic / Endoscopic Minor Procedures
MA13B	Upper Genital Tract Minor Procedures 19 years and over without CC
NZ04A	Clinical contact for observation (ante- or post-natal) 19 years and over
NZ05A	Clinical contact with investigation (ante- or post-natal) 19 years and over
QZ05B	Miscellaneous Vascular Procedures without CC
QZ14B	Vascular Access except for Renal Replacement Therapy without CC
SA13Z	Single Plasma Exchange, Leucopheresis or Red Cell Exchange

NHS Wiltshire recognizes that it is not always straightforward to identify the HRG in advance so to add clarity, the following procedures are those which primarily drive the HRGs above. The procedure codes have been drawn from HRG code real data for Wiltshire and cross referenced to ensure procedures are largely found with the above HRGs.

These procedures are expected to be provided in an outpatient setting as the most appropriate place for their delivery: any exceptions to this need to go through the prior approval process as set out in this policy.

OPCS Code
B323 - Wire guided biopsy of lesion of breast
B353 - Extirpation of lesion of nipple
C101 - Excision of lesion of eyebrow
C105 - Incision of lesion of eyebrow
C121 - Excision of lesion of eyelid NEC
C124 - Curettage of lesion of eyelid
C151 - Correction of ectropion NEC
C152 - Correction of entropion NEC
C178 - Other specified other repair of eyelid
C222 - Biopsy of lesion of eyelid
C272 - Dilatation of nasolacrimal duct
C273 - Irrigation of nasolacrimal duct
C292 - Enlargement of lacrimal punctum
C391 - Excision of lesion of conjunctiva
C601 - Trabeculectomy
D013 - Excision of preauricular abnormality
D073 - Removal of foreign body from external auditory canal
D151 - Myringotomy with insertion of ventilation tube through tympanic membrane
D203 - Removal of ventilation tube from tympanic membrane
D282 - Examination of ear under anaesthetic
E032 - Excision of lesion of septum of nose
E036 - Septoplasty of nose NEC
E042 - Excision of turbinate of nose NEC
E091 - Excision of lesion of external nose
E092 - Destruction of lesion of external nose NEC
E095 - Biopsy of lesion of external nose
E253 - Diagnostic endoscopic examination of nasopharynx NEC
E278 - Other specified other operations on pharynx
E352 - Endoscopic resection of lesion of larynx
E361 - Diagnostic endoscopic examination of larynx and biopsy of lesion of larynx
F021 - Excision of lesion of lip
F051 - Excision of excess mucosa from lip
F062 - Biopsy of lesion of lip
F091 - Surgical removal of impacted wisdom tooth
F093 - Surgical removal of wisdom tooth NEC
F095 - Surgical removal of retained root of tooth
F101 - Full dental clearance
F109 - Unspecified simple extraction of tooth

F145 - Surgical exposure of tooth  
 F181 - Enucleation of dental cyst of jaw  
 F324 - Operations on uvula NEC  
 F453 - Excision of lesion of sublingual gland  
 L671 - Biopsy of artery NEC  
 L751 - Excision of congenital arteriovenous malformation  
 L842 - Combined operations on primary short saphenous vein  
 L913 - Attention to central venous catheter NEC  
 L915 - Insertion of tunnelled venous catheter  
 M703 - Rectal needle biopsy of prostate  
 P054 - Excision of lesion of vulva NEC  
 P091 - Biopsy of lesion of vulva  
 P111 - Excision of lesion of female perineum  
 P154 - Incision of hymen  
 P293 - Biopsy of lesion of vagina  
 P298 - Other specified other operations on vagina  
 Q014 - Large loop excision of transformation zone  
 Q021 - Avulsion of lesion of cervix uteri  
 Q023 - Cauterisation of lesion of cervix uteri  
 Q033 - Cone biopsy of cervix uteri NEC  
 Q121 - Introduction of intrauterine contraceptive device  
 Q122 - Replacement of intrauterine contraceptive device  
 Q124 - Removal of intrauterine contraceptive device NEC  
 Q181 - Diagnostic endoscopic examination of uterus and biopsy of lesion of uterus  
 Q188 - Other specified diagnostic endoscopic examination of uterus  
 Q189 - Unspecified diagnostic endoscopic examination of uterus  
 Q352 - Endoscopic bilateral clipping of fallopian tubes  
 Q388 - Other specified other therapeutic endoscopic operations on fallopian tube  
 Q413 - Dye test of fallopian tube  
 Q491 - Endoscopic extirpation of lesion of ovary NEC  
 Q493 - Endoscopic drainage of cyst of ovary  
 Q494 - Endoscopic drilling of ovary  
 Q498 - Other specified therapeutic endoscopic operations on ovary  
 Q552 - Examination of female genital tract under anaesthetic NEC  
 Q554 - Colposcopy of cervix  
 S014 - Browlift NEC  
 S042 - Excision of sweat gland bearing skin of groin  
 S063 - Shave excision of lesion of skin of head or neck  
 S064 - Shave excision of lesion of skin NEC  
 S065 - Excision of lesion of skin of head or neck NEC  
 S069 - Unspecified other excision of lesion of skin  
 S091 - Laser destruction of lesion of skin of head or neck  
 S112 - Cryotherapy to lesion of skin NEC  
 S131 - Punch biopsy of lesion of skin of head or neck  
 S132 - Punch biopsy of lesion of skin NEC  
 S142 - Shave biopsy of lesion of skin NEC

S151 - Biopsy of lesion of skin of head or neck NEC  
 S152 - Biopsy of lesion of skin NEC  
 S424 - Resuture of skin NEC  
 S474 - Incision of lesion of skin NEC  
 S532 - Injection of therapeutic substance into skin  
 S573 - Toilet of skin NEC  
 S575 - Attention to dressing of skin NEC  
 S701 - Avulsion of nail  
 U197 - Removal of electrocardiography loop recorder  
 U199 - Unspecified diagnostic electrocardiography  
 U202 - Transoesophageal echocardiography  
 V092 - Reduction of fracture of nasal bone NEC  
 X292 - Continuous intravenous infusion of therapeutic substance NEC  
 X309 - Unspecified injection of therapeutic substance  
 X333 - Intravenous blood transfusion of platelets  
 X339 - Unspecified other blood transfusion  
 X363 - Venous sampling

## Appendix E

### Dilatation and Curettage

Dilation and Curettage alone should not be used as a diagnostic tool and should not be used as a therapeutic procedure.

NHS Wiltshire will fund dilation and curettage only if either of the following criteria is met:

- The patient has had outpatient negative pressure endometrial sampling (e.g. Pipelle™ sampling) with an unsatisfactory histological result; or
- The patient has had a hysteroscopy and endometrial biopsy with an unsatisfactory histological result.
- The treatment is performed as a single procedure

Requests for treatment outside these criteria will not be funded.

First Developed 7 July 2009.

## Appendix F

### Ear Wax Removal

#### Background

Following the establishment of an interest group of ENT nurses under the umbrella of *Action On ENT*, a need has been identified for explicit advice about ear syringing. This has become pressing as more and more general practitioners are not themselves trained in this technique thus throwing more responsibility onto their practice nurses.

NHS Wiltshire has reviewed this technique and described which patients may be suitable for ear syringing and who should be excluded, as outlined below.

#### Referral Criteria

NHS Wiltshire will fund treatment for ear wax removal where a patient meets the following criteria:

- Patient has a history of tympanic membrane perforation recent or healed
- Patient has had complications in the past
- Patient has had a middle ear infection in last six weeks
- Patient has a cleft palate
- Patient has a history of mucous discharge in the last year
- Patient has grommets or T tubers
- Patient has a bulging tympanic membrane
- Patient has had ear surgery in the last 18 months
- Patient has otitis externa with pain and tenderness of the pinna

Clinical guidelines recommend that prior to undertaking ear irrigation, wax removal should be attempted first by use of olive oil or sodium bicarbonate ear drops, instilled for between 14-21 days depending on the condition of the ear.

NHS Wiltshire will not fund ear wax removal for any other reason.

## Appendix G

### Fertility Treatment

In line with guidance from the National Institute for Health and Clinical Excellence (NICE) (*Clinical Guideline 11, February 2004*), NHS Wiltshire has developed a policy for the provision of assisted conception services. The criteria for access to these services have been agreed with NHS Swindon.

#### Policy and criteria for access 2010/11

1. NHS Wiltshire will fund **three cycles** of IVF\* or ICSI\*  
OR  
**three cycles** of IUI\* or DI\*.

If women have had three cycles of IUI they will be entitled to **two** further cycles of IVF.

2. One cycle of fertility treatment is defined as one full fresh cycle including ovulation induction, egg retrieval or egg donation, fertilization and implantation, or the storage of the remaining embryos and transplantation.
  - Patients will receive a maximum of six embryo transfers with a maximum of three fresh embryo transfers.
  - 2<sup>nd</sup> or a 3<sup>rd</sup> fresh cycle should not be attempted until there is only one frozen embryo available for replacement.

Single embryo transfer is the recommended norm; however, the number of embryos for transfer in an IVF treatment cycle should be agreed following full discussion between the woman / her partner and the managing consultant in view of the health risks and benefits and according to clinical judgement.

To balance the chance of a live birth and the risk of multiple pregnancy and its consequences, no more than two embryos should be transferred during any one cycle of in-vitro fertilisation treatment, when single embryo transfer is not appropriate.

For couples who are eligible for treatment, fertility treatment that is terminated for medical reasons prior to cycle completion will not be deemed as having undergone a full cycle and these patients will be eligible for recommencement of treatment until a full cycle has been completed. However, patients who terminate their fertility treatment for non-medical reasons will need to submit a new application for funding for assisted conception services.

3. It is anticipated that, rarely, patients who would not be eligible for treatment because they do not fulfil the eligibility criteria stated below may, by virtue of extenuating circumstances, be considered an exceptional case for NHS funding. For NHS Wiltshire residents, if there are thought to be exceptional circumstances, the patients' GP or consultant should submit their request to relevant director/assistant director of commissioning. Exceptional funding



requests from patients without the endorsement of their managing clinician will not be accepted.

4. Pre-implantation genetic diagnosis (PGD) and sperm washing will not normally be funded by NHS Wiltshire.

PGD is a technique used to identify genetic defects in embryos that are created through IVF before transferring them into the uterus. Only embryos unaffected by genetic defects are transferred to the uterus for implantation, and therefore PGD provides an alternative to post conception diagnostic procedures which may lead to a decision to terminate a pregnancy. Rarely, PGD may be provided to fertile and infertile couples, and Wiltshire residents requesting PGD, either as part of their infertility treatment or to avoid passing a genetic defect in otherwise fertile couples, will need their GP or Consultant to submit an application for exceptional funding to the Individual Funding Request Panel in the first instance.

Sperm washing is a technique to prevent the transfer of HIV between sero-discordant couples (i.e., HIV positive male partner and HIV negative female partner). Wiltshire residents requesting sperm washing either as part of their infertility treatment or to avoid passing HIV to their female partner, will need their GP or Consultant to submit an application for exceptional funding to the Individual Funding Request Panel.

5. For fertile or infertile post pubertal individuals who are about to undergo treatment that may potentially affect their fertility e.g. chemotherapy, cryo-preservation of embryos, oocytes and sperm will be considered in line with the NICE Clinical Guideline No 11 *Fertility*.
6. NHS Wiltshire will not part-fund assisted conception services for individuals or couples that are ineligible for NHS-funded services under this policy.
7. Individuals or couples who are found to be ineligible for NHS-funded assisted conception services under this policy may appeal against the decision. Individuals and couples should appeal through the exceptional process available through their PCT. Information on this can be obtained through the Patient Advice and Liaison Service (PALS) and NHS Wiltshire's website.
8. A review of NHS Wiltshire's eligibility criteria for assisted conception services will be undertaken in advance of the year commencing April 2011.

### Eligibility criteria for in-vitro fertilisation treatment

Ref	Feature	Criteria
1	Age of woman at time of referral for IVF / ICSI / IUI / DI	The age of the female partner should be after the female partner's 30 <sup>th</sup> birthday and before the female partner's 40 <sup>th</sup> birthday.
2	Age of male partner	The age of the male partner should be; before the male partner's 55 <sup>th</sup> birthday.

3	Previous infertility treatment	Individuals who have undergone three or more previous IVF / ICSI cycles either NHS or privately funded, in any relationship, will be ineligible for further NHS funding.
4	Childlessness	Treatments for sub-fertility will be funded if the couple has no living children (including adopted children) from the partnership and one of the partners has no living children. Once accepted for treatment, should a child be adopted or a pregnancy leading to a live birth occur, the couple will no longer be eligible for treatment.
5	Sterilization	Fertility treatment will not be available if the sub-fertility is a result of a sterilization procedure in either partner.
6	Time period trying to conceive	Minimum of three years of unexplained sub-fertility or an identified cause for the fertility problems (such as azoospermia or bilateral tubal occlusion).
7	Body Mass Index	Women must have a BMI of between 19 and 30 inclusive for a period of 6 months prior to referral for treatment. Women must be informed of this criterion at the earliest opportunity and offered the support of local NHS services to optimise their BMI.
8	Smoking status	Both the male and female partner must be non-smoking for a minimum of 6 months prior to referral for treatment to assisted conception treatment. They must be informed of this criterion at the earliest opportunity and, if relevant, offered the support of local NHS services to help them to stop smoking.
9	Same sex couples / individuals not in a partnership	Sub-fertility treatment will be funded for same sex couples or individuals not in a partnership if those seeking treatment are demonstrably sub-fertile (Sub-fertility will be defined as no live birth following insemination at or just prior to the known time of ovulation on at least ten documented non-stimulated cycles or fertility problem demonstrated at investigation) and have had access to professional experts in reproductive medicine to obtain advice on the options available to them to enable them to proceed along this route if they so wish. In the case of same sex couples in which only

		one partner is sub-fertile, clinicians should discuss the possibility of the other partner receiving treatment before proceeding to interventions involving the sub-fertile partner. NHS funding will not be available for access to donor insemination facilities for fertile women who are part of a same sex partnership or those not in a partnership. In circumstances in which those in a same sex partnership or individuals are eligible for sub-fertility treatments, the other criteria for eligibility for sub-fertility treatments will apply.
10	Surrogacy	Fertility treatment will be funded for women with a non-functioning uterus as long as the eligibility criteria are met for transfer to a surrogate mother.  NHS Wiltshire will not fund the pre treatment screening which the patient needs to arrange and self fund.
11	Residency	Female partner should be registered with an NHS Wiltshire GP or, if unregistered, live in Wiltshire on a permanent basis.
12	Ethics	Individuals and couples not conforming to the **HFEA's code of ethics will be excluded from NHS funded sub- fertility treatment. This includes consideration of the "welfare of the child which may be born which may take into account the importance of a stable and supporting environment for children as well as the pre-existing health status of the parents".

\* DI – donor insemination                      ICSI - intracytoplasmic sperm injection  
 IUI - intrauterine insemination              IVF - in vitro fertilisation  
 \*\*HFEA - Human Fertilisation and Embryology Authority

## Appendix H

### Grommets (myringotomy) in children (under 12 years of age)

1. NHS Wiltshire will fund treatment with grommets in children with disabilities such as Downs Syndrome and Cleft Palate where the insertion of grommets is part of an established pathway of care.
2. NHS Wiltshire will fund treatment with grommets in children to treat a tympanic membrane retraction pocket.
3. NHS Wiltshire will fund treatment with grommets in children with Otitis Media with Effusion (OME) and without a second disability (such as Downs Syndrome or Cleft Palate) only when:
  - There has been a period of at least 3 months watchful waiting (active monitoring), not resulting in a recovery.
  - and
  - There are documented concerns about speech and language delay or behavioural problems affecting the child related to the ear problems.
  - The child has documented hearing level in the better ear of 25-30dBHL or worse averaged at 0.5, 1, 2 and 4 kHz (or equivalent dba where dBHL not available), associated with persistent bilareral OME.
4. Exceptionally, NHS Wiltshire will fund grommet insertion in children with recurrent acute otitis media that has not responded to the appropriate antibiotic treatment, if the case has been reviewed by the lead ENT consultant
5. NHS Wiltshire will fund grommet insertion for children with permanent childhood hearing impairment where OME is contributing to a deterioration of normal functioning.

First developed 24 September 2009.

## Appendix I

### Hysterectomy

NHS Wiltshire will fund hysterectomy for heavy menstrual bleeding or dysmenorrhoea if all the following criteria are met:

- a) Other treatments for heavy menstrual bleeding (in accordance with NICE Clinical Guideline 44 'Heavy Menstrual Bleeding') or dysmenorrhoea have failed or are contraindicated.
- b) NHS Wiltshire will fund hysterectomy for the treatment of uterine problems amenable (where surgery is the most appropriate treatment) to surgery that are **not** related to heavy menstrual bleeding or dysmenorrhoea.

In cases when:

- there is a wish for amenorrhoea
- the woman requests it
- the woman no longer wishes to retain her uterus and fertility

Hysterectomy should be offered **only** after the woman has been fully informed of the: other potential treatments, potential risks, and of side-effects and complications arising with hysterectomy

Requests for treatment outside these criteria will not be funded.

First developed 7 July 2009.

## Appendix J

### Laser Exclusion

#### Exclusions:

Condition	Exclusions
Dermatological excision of clinically benign asymptomatic skin lesions	Will not treat as NHS
Inflammatory acne vulgaris	Will not treat as NHS
Rosacea	Will treat if the area is large and the erythema severe
Scars	Will not treat as NHS
Seborrhoeic keratoses	Will not treat as NHS
Short sight	Will not treat as NHS
Spider naevi	Will not treat as NHS
Tattoo removal	Will not treat as NHS
Telangiectasia	Will not treat as NHS unless due to radiotherapy and conspicuous
Thread veins / Venus flares	Will not treat as NHS
Warts	Will not treat as NHS

#### Will treat:

Condition	Comments
Haemangioma	Prior approval required
Port wine stains / non-malignant lesions that are on the face or those that are large and subsequently disfiguring.	Prior approval required
Hair removal if clinically symptomatic / significantly disfiguring and due to underlying hormonal disorder such as Polycystic Ovary Syndrome	Only facial hair, and only if disfiguring and causing psychological distress
A condition that is judged to be clinically suspicious or symptomatic.	Trust may approve
Resurfacing	Only if undertaken as an alternative to dermabrasion

## Appendix K

### Non-specific low back pain

1. NHS Wiltshire endorse the NICE guidance for management of non-specific low back pain (Guideline 88), and will fund services that are in line with the recommended principles of management for all patients.
2. NHS Wiltshire will fund treatment with surgery for non-specific low back pain only if the following criteria are met (treatment details, with outcomes should be attached to all referrals):
  - There has been a period of at least 1 year of management under an optimal package of care (e.g. exercise programme, manual therapy, acupuncture), and
  - Appropriate treatment of psychological distress.

Note: This funding protocol should be viewed in conjunction with the NICE protocol on low back pain (NICE Guideline 88, quick reference guide, May 2009).

*First developed 7 August 2009.*

## Appendix L

### Plastic and dermatological procedures

NHS Wiltshire commissions the use of plastic procedures and dermatological surgery, where appropriate, for treatment of the following conditions:

- Burns
- Tissue infection
- Trauma (particularly associated with impaired physical function)
- Skin damage (e.g. pressure sores)
- Malignant lesions
- Disfiguring facial lesions
- Endocrine disease complications
- Congenital abnormalities (e.g. cleft lip and palate, hypospadias, hamartoma)
- Port wine stain treatment with pulsed dye laser
- Neurological conditions (e.g. Bell's Palsy)
- Functional problems which are correctable

Plastic procedures and dermatological surgery outside the above categories are not commissioned by NHS Wiltshire, and will not be supported unless there is unequivocal evidence that the case is exceptional, and that the proposed intervention will be of significant clinical benefit. (see also Breast Surgery policy)

No clinical procedures may be undertaken in secondary care for purely cosmetic reasons.

Skin Surgery involving cryotherapy, curettage and cauterization are commissioned within our Primary Care contracts and is not commissioned in secondary care.

NHS Wiltshire does not commission referral to secondary care of asymptomatic, clinically benign dermatological lesions, other than where there is significant facial disfigurement. Occasionally benign lesions will be excised because they were referred as potentially malignant; where this is the case the excision of the benign lesion will be coded and charged as a diagnostic OP or OP procedures as the expectation is that the diagnosis will be made in the OP department. Any benign lesions which need excision as a daycase must be prior approved by the PCT.

Routine excision of the following lesions is not commissioned in secondary care.

- Asymptomatic, non-suspicious naevi
- Dermatofibromas
- Ganglia
- Lipomata
- Molluscum contagiosum
- Sebaceous cysts
- Seborrhoeic keratoses
- Skin tags
- Viral warts



## Minor surgery in primary care

No clinical procedures may be undertaken in primary care for purely cosmetic reasons. Removal of skin lesions in primary care will only be funded if the lesion is:

- Clinically suspicious
- Causing symptoms (e.g. infected, painful)
- Facially disfiguring

## Appendix M

### Scoliosis surgery

Scoliosis is an abnormal curvature of the spine to one side. In people with the condition, the spine bends either to the left or right. The curvature in the spine can vary from being slight to severe and the most common regions to be affected by scoliosis are:

- the chest area (thoracic scoliosis)
- the lower part of the back (lumbar scoliosis)

Treatment options for patients with scoliosis include:

1. Observation – Specialists will try to assess whether the degree of scoliosis is likely to increase and this may involve a period of observation.
2. Bracing – In order to try to prevent the curve from worsening and where the curve is between 25 and 45 degrees, a brace may be recommended. A brace cannot cure scoliosis, or correct the curve but it may stop the curve from getting worse.
3. Surgery – When curves reach 45 to 50 degrees the option of surgery may be suggested by the specialist. The aims of surgery are to safely correct the curve and to prevent further progression.

Prior approval of funding is required.

NHS Wiltshire will consider funding requests for surgery in either of the following circumstances:

- For patients with a scoliosis between 25 – 45 degrees where the non-surgical options have been tried and failed to stop the worsening of the curve
- For patients with a scoliosis of 45 degrees or more

**and where the following also apply:**

- Where the scoliosis is having a significant impact on the patient's quality of life
- Where patients have had a discussion with their Consultant, have been fully informed of the surgical risks involved and wish to proceed with this option

First developed 28<sup>th</sup> June 2010

## Appendix O

### Tonsillectomy

1. NHS Wiltshire will fund tonsillectomy in children and adults as part of cancer treatment / management.
2. NHS Wiltshire will fund tonsillectomy in children and adults for cases of quinsy, if considered necessary.
3. NHS Wiltshire will fund tonsillectomy in children and adults for obstructive sleep apnoea where other treatments have failed or are inappropriate.
4. NHS Wiltshire will fund tonsillectomy in children and adults if **all** of the following criteria are met:
  - The Sore throats presenting are due to tonsillitis as confirmed by the patients GP.
  - There have been more than 5 episodes per year of tonsillitis, and these episodes have been severe enough to disrupt their normal behaviour or day-to-day activity.
  - Symptoms have been present for at least a year.
  - Episodes of tonsillitis are disabling and prevent normal functioning.
  - The benefit of tonsillectomy is judged to be above the potential harms.
5. Tonsillectomy will be funded to aid the management of other chronic conditions where these are exacerbated by acute infective episodes eg psoriasis / psoriatic arthritis / febrile convulsions / epilepsy, and where there is evidence that these are being exacerbated by tonsillitis.
6. Tonsillectomy will be funded where there is chronic infection of the tonsils failing to respond to medical management and where symptoms (of the chronic infection) have been present for at least one year.
7. Tonsillectomy will be funded for sleep disruption where there is evidence that this is preventing normal functioning and where the problem is proven to be caused by Tonsil hypertrophy and where other treatment has failed.

Requests for treatment outside these criteria will not be funded

First developed 7 July 2009.