

BEST EVENT

Clinical Thresholds Wave 2

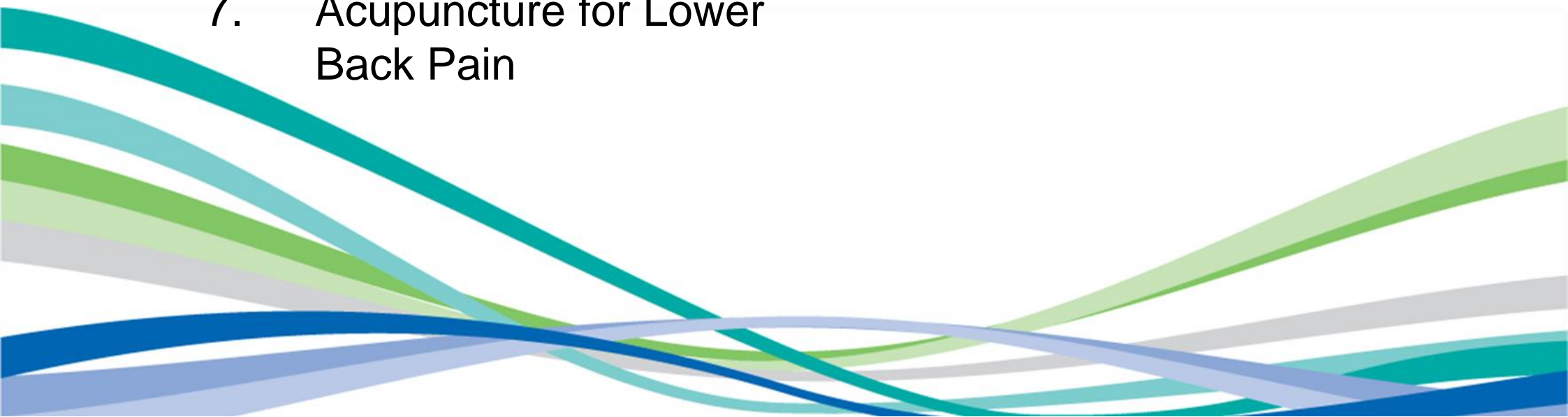
20th September 2017

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NHS Barnsley CCG

A decorative graphic at the bottom of the slide consisting of several overlapping, wavy lines in shades of teal, light blue, green, and dark blue, creating a sense of movement and depth.

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Implementation

- CCG adopted CTP based on NICE guidelines
- Reviewing proposal for Clinical Thresholds wave 2
 - Across SYB- to ensure consistency



Procedures not routinely commissioned

- Homeopathy (various procedures)
 - Osteopathy & Chiropractic
 - Anti TNFs
 - Percutaneous Pulmonary Vein Ablation
 - Dental implants
 - Wireless capsule Enteroscopy
 - Laser surgery for short sight
 - Surgery for correction of short sight
 - Cranial banding for positional plagiocephaly
 - Spinal Cord Stimulation for pain
 - Hip Arthroscopy for hip impingement
 - Autologous Cartilage transplantation
 - Sacral nerve stimulation for faecal incontinence
 - Residential Pain management
 - Therapeutic Community method for treatment of borderline personality disorder
 - Out of area referrals to the independent sector for children with autism
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Clinical Thresholds

Existing Clinical Thresholds (Wave 1) 1st April 2017

1. Carpel Tunnel
2. Dupuytren's Disease
3. Trigger Finger
4. Ganglion Cyst
5. Hip Replacement (THR)
6. Knee replacement (TKR)
7. Benign Skin Lesions
8. Gall stones
9. Hernia Repair
10. Cataract surgery

Proposed Clinical Thresholds (Wave 2) Proposed Launch: 1st Dec 2017

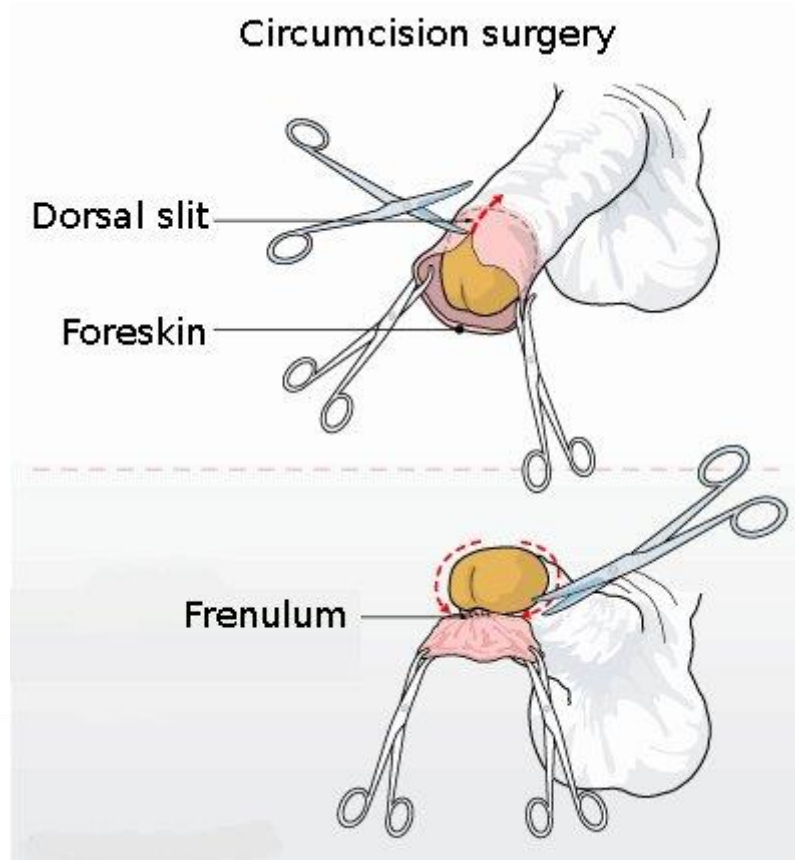
1. Male Circumcision
2. Vasectomy
3. Acupuncture for lower back pain
4. Benign Perianal Skin Tags
5. Haemorrhoidectomy
6. In growing Toe Nail (IGT)
7. Hallux Valgus (Bunions)
8. Meibomian Cyst
9. Belpharoplasty
10. Spinal Joint Injections

Timeline

- Proposed launch- 1st December 2017

	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Clinical Forum	■						
Membership Council		■					
BEST Event				■			
Governing Body approval					■		
Launch							■

Male Circumcision



Male Circumcision

Not Routinely Commissioned

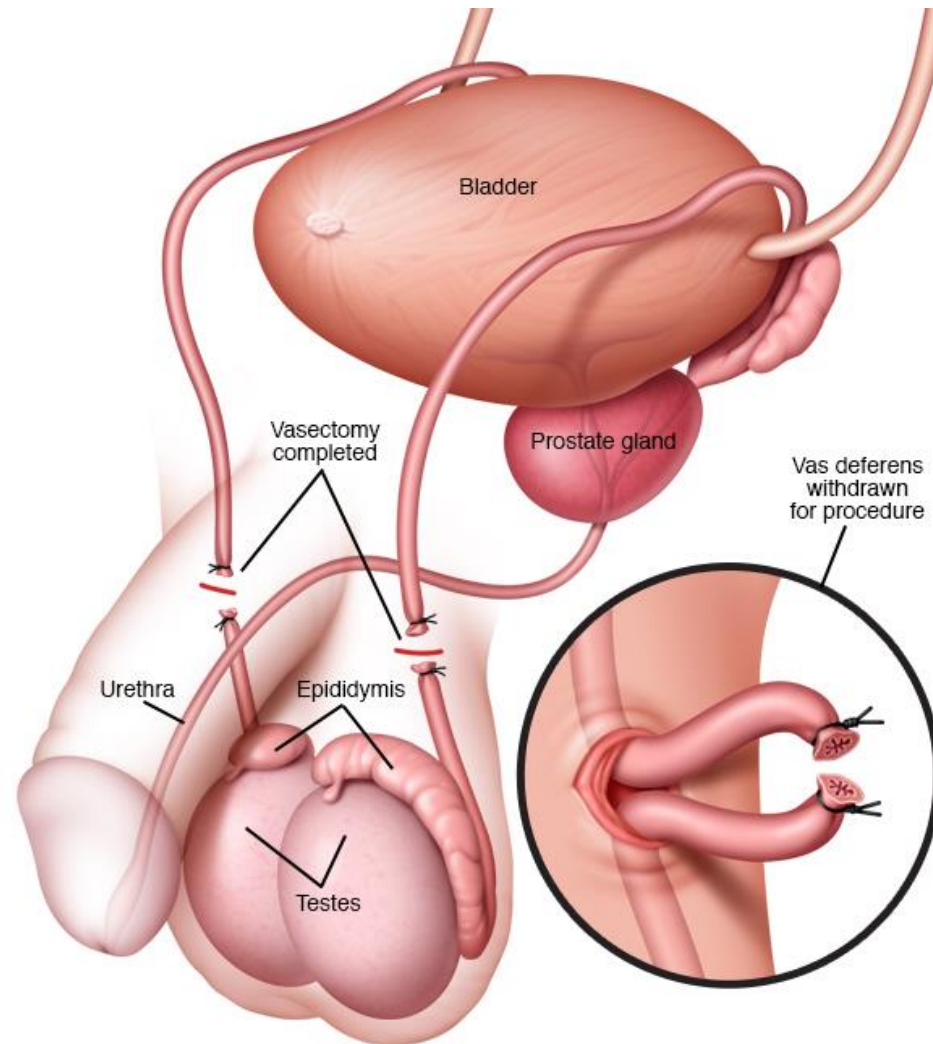
- The CCG will only fund when criteria is met:

In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria.	Delete as appropriate	
<u>Phimosis</u> (inability to retract the foreskin due to narrow prepuce ring) OR recurrent <u>para-phimosis</u> (inability to pull forward a retracted foreskin)	Yes	No
Balanitis Xerotica Obliterans – BXO (chronic inflammation leading to a rigid fibrous foreskin)	Yes	No
<u>Balanoposthitis</u> (recurrent bacterial inf of the prepuce)	Yes	No
Recurrent febrile <u>UTI</u> due to an anatomical abnormality as confirmed by 2* care e.g. Urologist, Paediatrician	Yes	No

*IFR



Vasectomy



Vasectomy

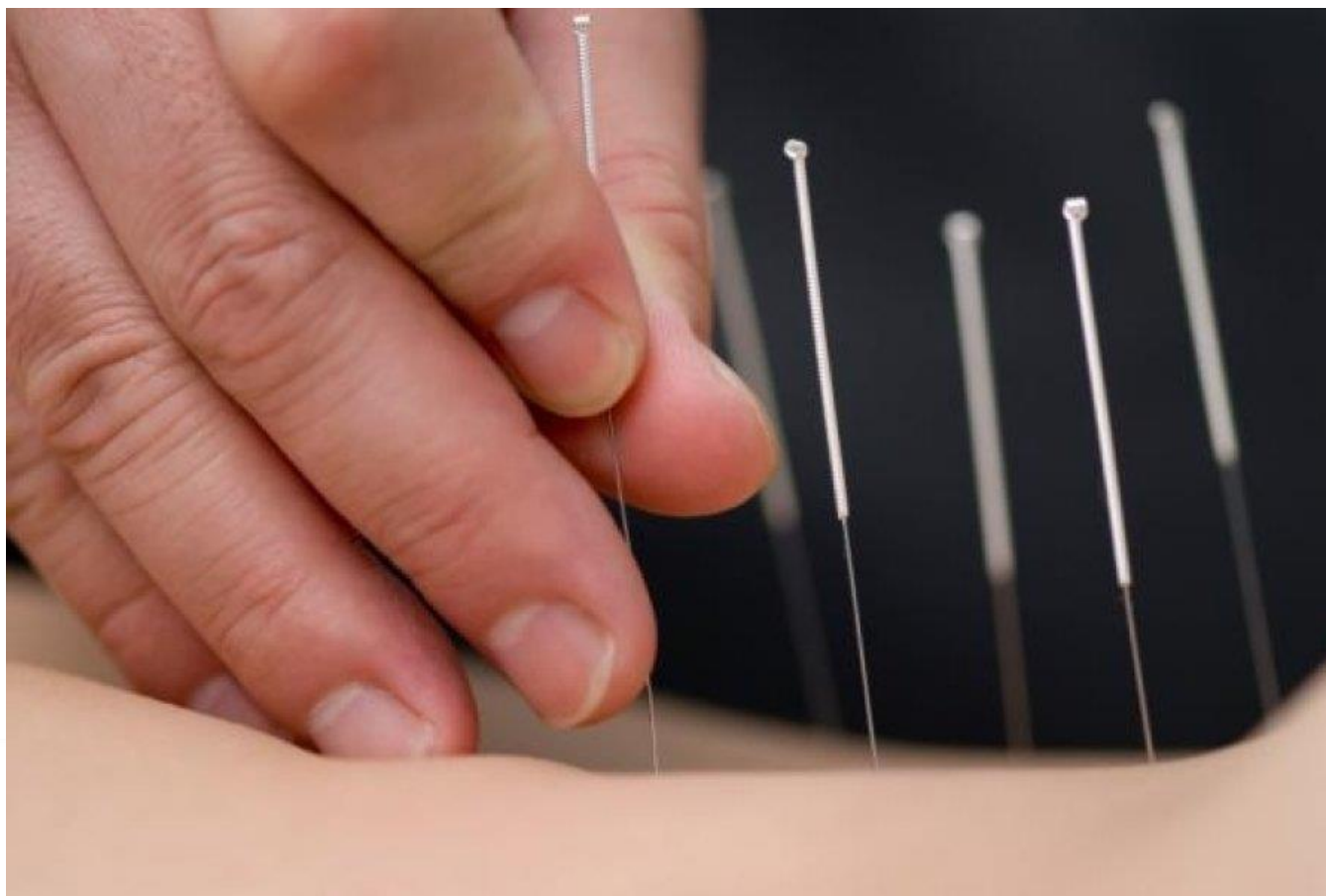
- The CCG will only fund **under GA** when criteria is met:

In ordinary circumstances*, referral should not be considered unless the patient meets <u>ALL</u> of the following criteria.	Delete as appropriate	
Any previous documented <u>adverse reaction to local anaesthetic</u> ? OR	Yes	No
Is there <u>scarring or deformity</u> distorting the anatomy of the scrotal sac or content making identification and/or manipulation of the spermatic cord through the skin difficult to achieve? (If clinical uncertainty please refer as appropriate) OR	Yes	No
The patient is on <u>anticoagulation therapy</u>	Yes	No

*IFR



Acupuncture for lower back pain



Acupuncture for Lower back pain

- Not Commissioned
 - NICE NG59



Benign Perianal Skin Tags



Benign Perianal Skin Tags

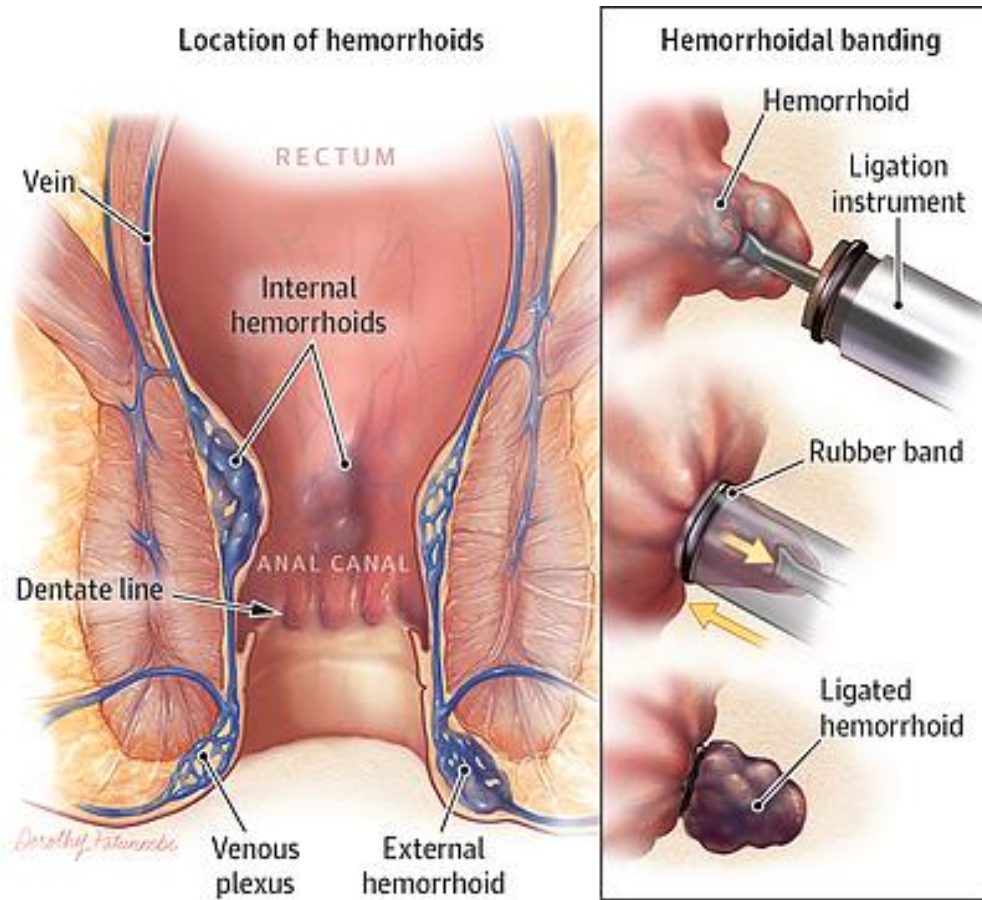
- The CCG will only fund surgical treatment when criteria is met:

In ordinary circumstances*, referral should not be considered unless the patient meets <u>one or more</u> of the following criteria.	Delete as appropriate	
There is <u>clinical uncertainty</u> about the benign nature of the skin lesion	Yes	No
Viral warts in <u>immunocompromised</u> patients where underlying malignancy may be masked	Yes	No
Recommended <u>by GU Med</u> when conservative Rx has failed	Yes	No

*IFR



Haemorrhoidectomy



Haemorrhoidectomy

- The CCG will only fund when criteria is met:

In ordinary circumstances*, referral should not be considered unless the patient meets <u>one or more</u> of the following criteria.	Delete as appropriate	
Recurrent 3* OR 4* Piles AND	Yes	No
<u>Irreducible and large</u> Piles with frequently reoccurring, persistent PAIN or bleeding AND	Yes	No
<u>Failed conservative Rx</u> (including non-operative interventions: rubber band ligation, injection sclerotherapy, infrared coagulation/photocoagulation, bipolar diathermy and direct-current electrotherapy.)	Yes	No

*IFR



Ingrowing Toe Nail



Ingrowing Toe Nail

- The CCG will only fund surgery when criteria is met:

In ordinary circumstances**, referral should not be considered unless the patient meets one of the following criteria.	Delete as appropriate	
Patient is in clinical need of surgical removal of ingrowing toe nail has been seen by a <u>community podiatrist</u> and has a documented <u>allergic reaction to local anaesthetic</u> preventing Rx in the community and a GA will be needed.	Yes	No
Patient has <u>infection</u> and/or recurrent inflammation due to ingrown toenail AND has <u>high medical risk</u> .*	Yes	No

*IFR



Hallux Valgus



Hallux Valgus

- The CCG will only fund management when criteria is met:

NOT funded for cosmetic reasons.

In ordinary circumstances*, referral should not be considered unless the patient meets one of the following criteria.	Delete as appropriate	
Significant and persistent <u>PAIN</u> when walking AND conservative RX tried for <u>at least 6m</u> (eg. Toe spacers, bunion pads, medication or altered footwear) do not provide sym relief OR	Yes	No
ULCER development at the site of bunion or the sole of foot OR	Yes	No
Evidence of severe DEFORMITY (overriding toes) OR	Yes	No
Physical examination and X-RAY show degenerative changes in the 1 st MTP joint, increased inter-metatarsal angle and/or valgus deformity >15*	Yes	No

*IFR

Chalazion



Chalazion

- The CCG will only fund management when criteria is met:

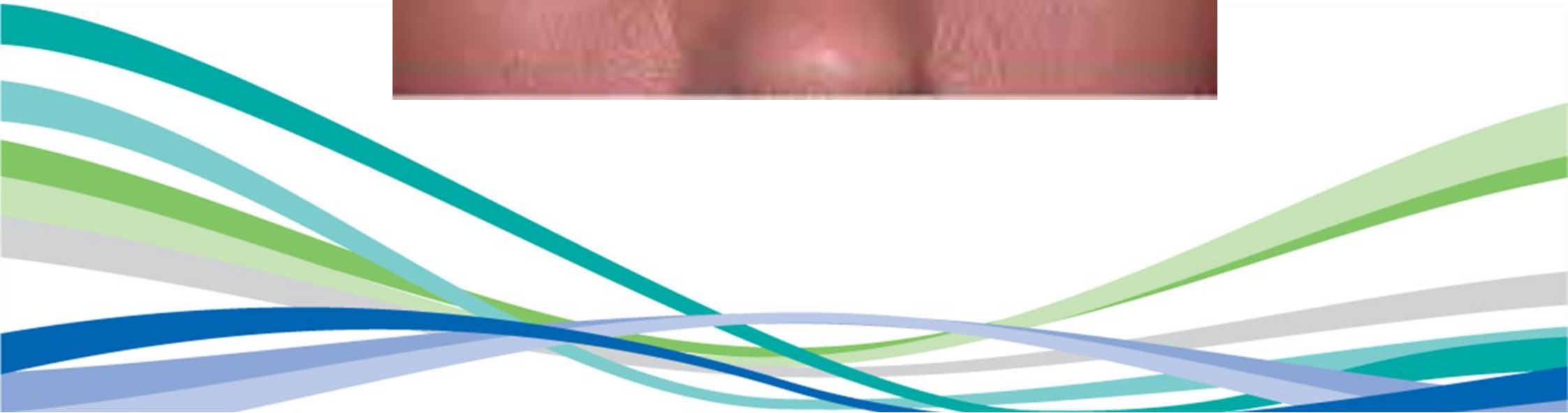
In ordinary circumstances*, referral should not be considered unless the patient meets two or more of the following criteria	Delete as appropriate	
Conservative Rx has been tried for at least 6m AND	Yes	No
Interferes with VISION OR	Yes	No
Is causing persistent inflammation and PAIN	Yes	No

*IFR

A Chalazion that keeps reoccurring should be biopsied to rule out malignancy



Blepharoplasty



Blepharoplasty

- The CCG will only fund management when criteria is met:

One or more:

In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria	Delete as appropriate	
Does the patient c/o sym of BLEPHAROSPASM or significant DERMATITIS on the upper eyelid caused by redundant tissue?	Yes	No
Did the patient develop sym after SKIN GRAFTING for eyelid reconstruction?	Yes	No
Did the patient develop sym after surgery for PTOSIS ?	Yes	No

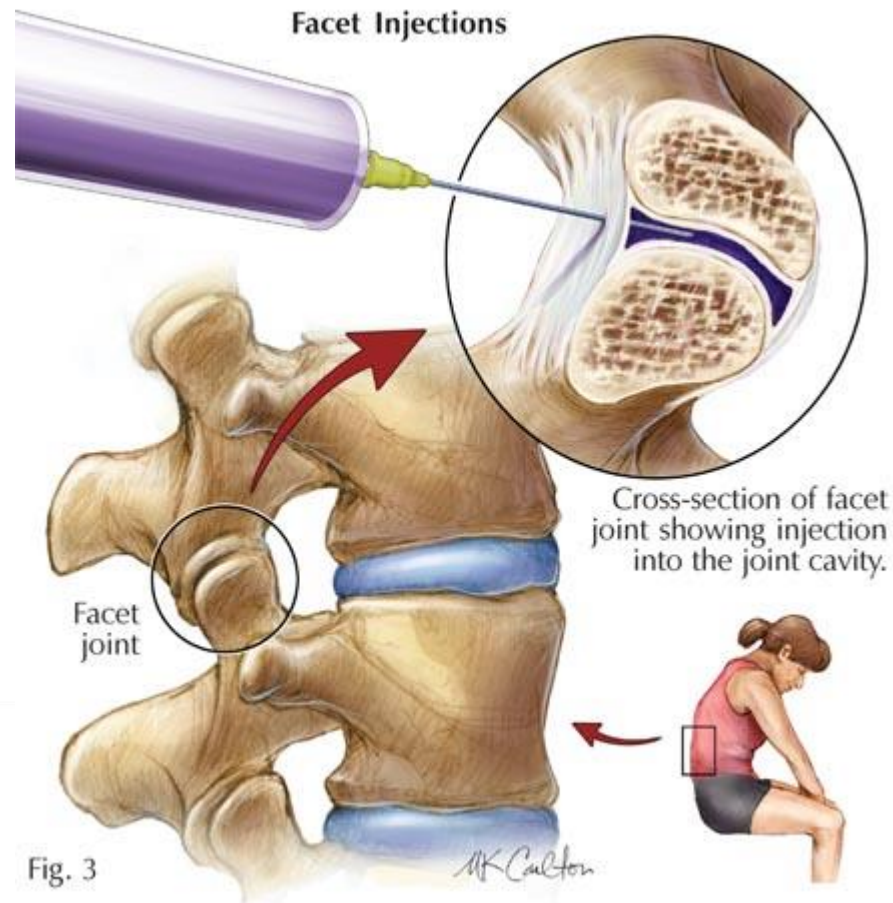
ALL of:

OR

Is there documentation that the patient c/o interference with VISION or visual field related activities such as difficulty reading or driving due to upper eye lid skin DROOPING, looking through the eyelids or seeing the upper eye lid skin AND	Yes	No
Is there REDUNDANT SKIN overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead AND	Yes	No
Evidence from VISUAL FIELD TESTING that eyelids impinge on visual fields reducing field to 120° laterally and/or 20* or less superiorly	Yes	No



Spinal Joint Injections



Spinal Joint Injection

- Currently under BGGC review



Q & A

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