

Appendix 1 - Clinical Thresholds Phase 2

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
Phase 2					
Urology	1.1 Male circumcision	<p>Not Routinely Commissioned</p> <p>Circumcision will only be considered for a small number of therapeutic reasons in line with policy</p> <ul style="list-style-type: none"> • True “pathological” Phimosis either primary or secondary to circumcision • True recurrent Balanoposthis (recurrent bacterial infection of the prepuce). 		Clinical threshold – refer using checklist. IFR for exceptionality	
Urology	1.2 Vasectomy	<p>Not Routinely Commissioned in Secondary Care</p> <p>Provision of vasectomy should only be undertaken in a primary care setting, it is not commissioned as a secondary care service. However it is noted that referral to secondary care may be required in some circumstances e.g. GA for Needle phobics</p> <p>Fear of the procedure or patient choice is not an adequate reason for requesting vasectomy under general anaesthetic. In cases of severe phobia, application for treatment may be made by individual funding request</p>		Clinical threshold – refer using checklist. IFR for exceptionality	
Orthopaedics	1.3 Acupuncture for lower back pain	In accordance with NICE NG59.	https://www.nice.org.uk/guidance/NG59/chapter/recommendations		

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
General Surgery	1.4 Benign Perianal Skin Tags	<p>Referral should only be undertaken when the following criteria have been met:</p> <ul style="list-style-type: none"> • There is doubt about the benign nature of the skin lesion • Viral warts in immunocompromised patients where underlying malignancy may be masked. <p>Recommended by GU Med when conservative treatment has failed</p>	<p>NHS England. Interim Clinical Commissioning Policy: Anal Skin Tag Removal</p> <ul style="list-style-type: none"> • https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC002.pdf <p>McKinnell and Gray, 2010, QIPP Programme Right Care: Value Improvement Identifying Procedures of Low Value, Public Health Commissioning Network.</p> <ul style="list-style-type: none"> • Lumps and swellings NHS Choices <p>http://www.nhs.uk/conditions/lumps-swellings/Pages/Introduction.aspx (accessed January 2017)</p>	Clinical threshold – refer using checklist. IFR for exceptionality	

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
General Surgery	1.5 Haemorrhoid ectomy	<ul style="list-style-type: none"> Haemorrhoidectomy is not routinely funded for Grades I and II. <p>The CCG will fund Haemorrhoidectomy when the following criteria are met:</p> <ul style="list-style-type: none"> Recurrent third or fourth degree combined internal/external haemorrhoids AND Irreducible and large haemorrhoids with frequently reoccurring, persistent pain or bleeding AND Failed conservative treatment (including non-operative interventions: rubber band ligation, injection sclerotherapy, infrared coagulation/photocoagulation, bipolar diathermy and direct current electrotherapy.) 	<p>SSAT Patient Care Guidelines, Surgical Management of Hemorrhoids. http://www.ssat.com/cgi-bin/hemorr.cgi (accessed 16/04/17)</p> <p>[Haemorrhoids CKS]. 2016 [cited 23 May 2016]. Available from: http://cks.nice.org.uk/haemorrhoids</p> <p>Reese, G.E., von Roon, A.C. and Tekkis, P.P. (2009) Haemorrhoids. Clinical Evidence BMJ Publishing Group. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907769/pdf/2009-0415.pdf (accessed 16/04/17)</p> <p>Kaidar-Person, O., Person, B. and Wexner, S.D. (2007) Hemorrhoidal disease: a comprehensive review. Journal of the American College of Surgeons 204(1), 102-117.</p> <p>Cataldo, P., Ellis, C.N., Gregorcyk, S. et al. (2005) Practice parameters for the treatment of hemorrhoids (revised). Diseases of the Colon & Rectum 48(2), 189-194.</p> <p>Northwest London collaboration of clinical commissioning group.</p>	Clinical threshold – refer using checklist. IFR for exceptionality	

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
			<p>Haemorrhoidectomy. http://www.hounslowccg.nhs.uk/media/40064/21-Haemorrhoidectomy-v33.pdf (accessed 16/04/17)</p> <p>Wakefield Clinical commissioning group. Clinical compact for haemorrhoids. https://www.wakefieldccg.nhs.uk/wp-content/uploads/2015/06/Clinical-Compact-for-Haemorrhoids-procedures-v0.3-final.pdf (accessed 16/04/17)</p> <p>Herefordshire Clinical Commissioning Group Low Priority Treatment Policy 2015 http://tinyurl.com/h7a28ov (accessed 16/04/17)</p> <p>Nottingham North East CCG http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2014/04/10.-Policy-for-Procedures-of-Low-Clinical-Value-PLCV-Version-D-March-2011-NNE.pdf (accessed 16/04/17)</p>		

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
Othopaedics	1.6 Ingrowing Toe Nail	<p>Referral should only be undertaken when:</p> <ul style="list-style-type: none"> the patient is in clinical need of surgical removal of ingrowing toe nail, has been seen by a community podiatrist and has a documented allergic reaction to local anaesthetic preventing treatment in the community and a general anaesthetic will be needed. OR People of all ages with infection and/or recurrent inflammation due to ingrown toenail AND who have high medical risk*. <i>*Medical risk is determined by the referring clinician</i> 	<p>Eekhof JAH, Van Wijk B, Knuistingh Neven A, van der Wouden JC. Interventions for ingrowing toenails. Cochrane Database of Systematic Reviews 2012, Issue 4. Art. No.: CD001541. DOI: 10.1002/14651858.CD001541.pub3 Nice.org.uk. (2016). Clinical Assessment Service: foot and ankle pathway QP Case Study Local practice NICE. [online] Available at: https://www.nice.org.uk/savingsandproductivityandlocalpracticeresource?ci=http%3a%2f%2farms.evidence.nhs.uk%2fresources%2fQIPP%2f959489%2fattachment%3fniceorg%3dtrue</p>	<p>Clinical threshold – refer using checklist. IFR for exceptionality</p>	<p>April 2017</p>
Othopaedics	1.7 Hallux Valgus (Bunions)	<p>Not routinely commissioned – prior approval for treatment outside of guidelines</p> <p>This procedure is not funded for cosmetic reasons or for asymptomatic or mild symptomatic hallux valgus.</p> <p>Surgery for hallux valgus will be funded if the following criteria are met and evidenced in clinic letters:</p> <ul style="list-style-type: none"> Significant and persistent pain when walking AND conservative measures tried for at least six months (eg. Toe spacers, bunion pads, medication or altered footwear) do not provide symptomatic relief OR 	<p>NICE Clinical Knowledge Summaries – Bunions https://cks.nice.org.uk/bunions</p>		

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
		<ul style="list-style-type: none"> ulcer development at the site of the bunion or the sole of the foot OR evidence of severe deformity (overriding toes) OR Physical examination and X-ray show degenerative changes in the 1st metatarsophalangeal joint, increased intermetatarsal angle and/or valgus deformity >15 degrees 			
Ophthalmology	1.8 Meibomian Cyst (Chalazion)	<p>Referral should only be made for the following indications</p> <ol style="list-style-type: none"> Where conservative treatment has been tried for 6 months and has failed AND Where the meibomian cyst/chalazion is on the upper eyelid and interferes with vision OR Is causing persistent inflammation and pain. 	<p>Clinical Knowledge Summaries: Management of Meibomian cyst (accessed April 2017)</p> <p>https://cks.nice.org.uk/meibomian-cyst-chalazion#!scenariorecommendation</p> <p>Paper A, Tuttle DJ, Mahar TJ. Differential diagnosis of the swollen red eyelid. Am Fam Physician. 2007 Dec 15;76(12):1815-24</p> <p>http://www.ncbi.nlm.nih.gov/pubmed/12399770</p> <p>McKinnell and Gray, 2010, QIPP</p>	Clinical threshold – refer using checklist. IFR for exceptionality	

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
			<p>Programme Right Care: Value Improvement Identifying Procedures of Low Value, Public Health Commissioning Network http://www.aafp.org/afp/2007/1215/p1815.pdf</p> <p>Cottrell D. G., Bosanquet R. C., Fawcett I. M. Chalazions: the frequency of spontaneous resolution. <i>British Medical Journal</i>. 1983;287(6405, article 1595) doi: 10.1136/bmj.287.6405.1595. [PMC free article]</p>		
Ophthalmology	1.9 Blepharoplasty	<p>Referral should only be made for the following indication:</p> <ol style="list-style-type: none"> To relieve symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue. OR Following skin grafting for eyelid reconstruction OR Following surgery for ptosis <p>For all other individuals, the following criteria apply:</p> <ol style="list-style-type: none"> Documented patient complaints of interference with vision or visual field related activities such as difficulty 	<p>Minhas A, Ronoh J., Badrinath P., 2008. "Upper Eyelid Blepharoplasty for the Treatment of Functional Problems: A Brief to the Suffolk PCT Clinical Priorities Group". Suffolk PCT.</p> <p>Hacker H.D. and Hollsten D.A, 1992. "Investigation of automated perimetry in the evaluation of patients for upper lid blepharoplasty". <i>Ophthalmic, Plastic & Reconstructive Surgery</i> 8 (4) pp. 250-255.</p> <p>Purewal B.K. and Bosniak S., 2005. "Theories of upper eyelid</p>	Clinical threshold – refer using checklist. IFR for exceptionality	

Speciality	Procedure	Criteria for treatment	Evidence Base	Process	Date of review
		<p>reading or driving due to upper eye lid skin drooping, looking through the eyelids or seeing the upper eye lid skin AND</p> <p>2. There is redundant skin overhanging the upper eye lid margin and resting on the eyelashes when gazing straight ahead AND</p> <p>3. Evidence from visual field testing that eyelids impinge on visual fields reducing field to 120° laterally and/or 20° or less superiorly.</p>	<p>blepharoplasty". Ophthalmology Clinics of North America 18 (2) pp 271-278.</p> <p>American Academy of Ophthalmology, 1995. "Functional Indications for Upper and Lower Eyelid Blepharoplasty". Ophthalmic Procedures Assessment American Journal of Ophthalmology 102 (4) pp. 693-695.</p> <p>Kosmin A.S., Wishart P.K., Birch M.K., 1997. "Apparent glaucomatous visual field defects caused by dermatochalasis". Eye 11 pp. 682-686</p>		
Orthopaedics	1.10 Spinal Joint injections	Not Routinely Commissioned	<p>NICE Guidance NG 59 does not recommend offering spinal injections for low back pain https://www.nice.org.uk/guidance/NG59/chapter/Recommendations#invasive-treatments-for-low-back-pain-and-sciatica</p>	Clinical threshold – refer using checklist. IFR for exceptionality	

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Male Circumcision

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy and complete the box below prior to referral and provide evidence to support the criteria selected.

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund male circumcision when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria.</i>	Delete as appropriate	
Phimosis (inability to retract the foreskin due to a narrow prepuce ring) or recurrent paraphimosis (inability to pull forward a retracted foreskin)	Yes	No
Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin)	Yes	No
Balanoposthitis (recurrent bacterial infection of the prepuce).	Yes	No
Recurrent febrile urinary tract infections due to an anatomical abnormality as confirmed by a secondary care Consultant e.g. Urologist, Paediatrician	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to The CCG's Individual Funding Request policy for further information.*

This policy does not apply to

- Penile malignancy. Use the 2ww cancer referral pathway
- Traumatic foreskin injury where it cannot be salvaged

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Vasectomies under General Anaesthetic

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy prior to referral and provide evidence to support the criteria selected.

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund Vasectomy under General Anaesthetic when the following criteria are met:

Fear of the procedure or patient choice is **not** an adequate reason for requesting vasectomy under general anaesthetic. In cases of severe phobia, application for treatment may be made by individual funding request.

<i>In ordinary circumstances*, referral should not be considered unless the patient meets ALL of the following criteria.</i>	Delete as appropriate	
Any previous documented adverse reaction to local anaesthetic? OR	Yes	No
Is there scarring or deformity 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 anticoagulation therapy	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to The CCG's Individual Funding Request policy for further information.*

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Treatment of benign perianal skin lesions in secondary care

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy prior to referral and provide evidence to support the criteria selected.

To Consultants: Please refer to the full policy, complete the box below and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund surgical treatment of benign skin lesions when the following criteria are met:

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

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the CCG's Individual Funding Request policy for further information.*

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Haemorrhoidectomy

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy prior to referral and provide evidence to support the criteria selected.

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund haemorrhoidectomy when the following criteria are met:

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

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to The CCG's Individual Funding Request policy for further information.*

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Surgery for Ingrown Toenails

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy prior to referral and provide evidence to support the criteria selected.

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund surgery for ingrown when the following criteria are met:

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

**Medical risk is determined by the referring clinician - including, but not limited to, vascular disease, neurological disease or diabetes which are categorised as having high medical need due to the risk of neuropathic complications.*

***If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the CCG's Individual Funding Request policy for further information.*

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Meibomian cyst/chalazion

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer for assessment of Meibomian cyst/chalazion if deemed clinically appropriate

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund management of benign skin lesions when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets two or more of the following criteria</i>	Delete as appropriate	
Conservative treatment has been tried for at least 6 months AND	Yes	No
Interferes with vision OR	Yes	No
Is causing persistent inflammation and pain	Yes	No

** If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to CCG's Individual funding request policy for further information.*

A meibomian cyst/chalazion that keeps coming back should be biopsied to rule out malignancy. Use the appropriate referral route for suspected malignancy in this case.

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Upper Eyelid Blepharoplasty

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer for assessment of Upper Eyelid Function Blepharoplasty if deemed clinically appropriate

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund management of benign skin lesions when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria</i>	Delete as appropriate	
Does the patient complain of symptoms of blepharospasm or significant dermatitis on the upper eyelid caused by redundant tissue?	Yes	No
Did the patient develop symptoms following skin grafting for eyelid reconstruction?	Yes	No
Did the patient develop symptoms following surgery for ptosis?	Yes	No

** If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to CCG's Individual funding request policy for further information.*

If the above criteria are not met, does the patient meet ALL of the following exceptions:–

Is there documentation that the patient complains of 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

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Hallux Valgus Surgery

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy prior to referral and provide evidence to support the criteria selected.

To Consultants: Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund hallux valgus surgery when the following criteria are met:

This procedure is **not** funded for cosmetic reasons or for asymptomatic or mild symptomatic hallux valgus.

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one of the following criteria.</i>	Delete as appropriate	
Significant and persistent pain when walking AND conservative measures tried for at least six months (eg. Toe spacers, bunion pads, medication or altered footwear) do not provide symptomatic relief OR	Yes	No
Ulcer development at the site of the bunion or the sole of the 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 metatarsophalangeal joint, increased intermetatarsal angle and/or valgus deformity >15 degrees	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to The CCG's Individual Funding Request policy for further information.*