Appendix 1: EXCLUDED PROCEDURES requiring Individual Funding Request

The procedures listed below are not routinely funded. Funding may be considered in exceptional circumstances, applying the definition detailed above of exceptionality provided by the NHS Confederation. The clinician will be required to complete the appropriate Individual Funding Request application form from appendices 4 and 5.

The following list is not exhaustive and will be subject to regular change as and when evidence is published and priority advice is taken around commissioning.

The recommendations and policy notes of the SHIP Priorities Committee, if endorsed by CCGs, will supersede or add to this list as will mandatory NICE Technology Appraisal Guidance. Where a Priorities Committee policy document is referenced, please consult http://www.southcsu.nhs.uk/documents/ifr

The specialties listed below are a guide only and patients may be treated under different treatment function codes	**Procedure**	**OPCS codes**	**Guidance notes**	**The exclusion does not apply in the following circumstances and patients may be treated without prior approval**
Plastic/ cosmetic procedures surgery	**CCGs do not fund the provision of plastic/ cosmetic procedures for cosmetic reasons as per the South Central Priorities Committee policy statement 15. See Appendix 6**			
	Liposuction	S621/2	CCGs do not routinely fund this procedure	
	Facelift	S01-	CCGs do not routinely fund this procedure	
	Buttock lift, thigh lift, upper arm lift (brachioplasty)	S03-	CCGs do not routinely fund this procedure	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS codes	Guidance notes	The exclusion does not apply in the following circumstances and patients may be treated without prior approval
	Breast and nipple procedures	B29, B30, B31, B35, B36	CCGs do not routinely fund this procedure	Reconstructive procedures may go ahead as part of established pathways and must take place within one year of the last cancer treatment
	Pinnaplasty/meatoplasty/ plastic operations on external ear	D03-	CCGs do not routinely fund this procedure	
	Female cosmetic genital surgery (labiaplasty)	P01-, P055/6/7, P153/8/9	CCGs do not routinely fund this procedure	
	Rhinoplasty/ reconstruction of nose	E02- E036 E072/3/8/9	CCGs do not routinely fund this procedure. Functional nasal surgery should not be confused for cosmetic rhinoplasty and is referenced as a separate policy under Appendix 2.	In cases of post-surgical reconstruction as part of the pathway following trauma and must be within 12 months of the trauma occurrence.

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS codes	Guidance notes	The exclusion does not apply in the following circumstances and patients may be treated without prior approval
Dermatology/ general surgery	Surgical removal of skin lesions.	S04, S05, S06, S08, S09, S10, S11, S60, Y08, Y11, Y13	CCGs do not routinely fund this procedure. Referrals to secondary care for skin lesions should only be made directly to dermatology/general surgery where there is suspicion of malignancy. All other referrals for benign lesions including lipomas are not routinely funded and can only be supported via **prior approval** including reported symptoms. Removal should not be offered except via prior approval where there is - Obstruction of an orifice or vision - Functional limitation to movement or activity - Moderate to large facial lesions causing disfigurement - Significant symptoms such as recurrent bleeding, infection or inflammation; marked itching or severe pain failing to respond to medical or conservative management - Located in an area of recurrent trauma Applications in cases which are asymptomatic but considered severely disfiguring may be made with appropriate photography to demonstrate the level of disfigurement. The DLQI (Dermatology Life	Hidradenitis suppurutiva (coded as L73.2) **Where there is a suspicion of malignancy, the patient is referred using a two-week wait referral form for suspected cancer or via the local BCC fast track pathway.** **The patient is coded with a cancer diagnosis.**

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS codes	Guidance notes	The exclusion does not apply in the following circumstances and patients may be treated without prior approval
Plastic surgery	Laser removal of skin and excessive hirsutism		CCGs do not routinely fund this procedure. Usually offered at Salisbury laser service – and only with supporting photography considered via IFR	
	Appliances and devices for cosmetic purposes (high-grade silicon cosmesis and/or prosthesis)		CCGs do not routinely fund these appliances or devices.	
Ophthalmology	Short sight/long sight corrective (laser) surgery (Refractive keratoplasty)	C461	CCGs do not routinely fund this procedure May be considered via IFR where laser or operative correction is the only treatment available to restore reasonable visual acuity/or where there are substantial other medical reasons that make correction by external visual aids inappropriate.	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	**Procedure**	**OPCS codes**	**Guidance notes**	**The exclusion does not apply in the following circumstances and patients may be treated without prior approval**
ENT	Adenoidectomy in children with upper respiratory tract disorders	E201/4 as sole procedure	In line with Priorities Committee policy statement Feb 2016 CCGs do not routinely fund this procedure .	When offered in **combination** with myringotomy (grommet insertion) and/or tonsillectomy **which are subject to separate prior approval arrangements**
	Surgery for 'snoring'	Note **ICD10** code R06.5	In line with Priorities Committee policy statement Feb 2016 Any surgical procedure where. R06.5 (mouth breathing) is the primary diagnostic code will not be routinely funded routinely by CCGs.	
Dermatology	Surgical shaving/ laser treatment / chemical destruction of skin	E094/6	CCGs do not routinely fund this procedure. May be considered via IFR on submission of clinical photography e.g. for port wine stains, excessive disfigurement	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS codes	Guidance notes	The exclusion does not apply in the following circumstances and patients may be treated without prior approval
Urology	Reversal of sterilisation/ vasectomy	♀- Q37, Q29, ♂ - N18	CCGs do not routinely fund this procedure May be considered via IFR on the death of a partner or only child or where sterilisation caused by proven surgical accident that was not a foreseen consequence of such a procedure.	
	Penile prosthesis for erectile dysfunction	N29	CCGs do not routinely fund this procedure Reference SHIP Priorities Committee Policy 96a	
Alternative/ complementary/ homeopathic therapies	Complementary therapies/medicine	X61	CCGs do not routinely fund this	When included as an adjunct to usual therapy e.g. acupuncture within physiotherapy or pain management services. **Not** funded as a separate procedure
Mental health	In patient treatment for severe chronic Fatigue/ME		CCGs do not routinely fund this. Severe cases require an IFR but mild-to-moderate cases are available in the commissioned outpatient service run by South Coast Fatigue.	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS codes	Guidance notes	The exclusion does not apply in the following circumstances and patients may be treated without prior approval
	Non-NHS residential placements		CCGs do not routinely fund this	
	Adult ADHD		CCGs do not routinely fund this. Agreed via IFR	

Appendix 2: PRIOR APPROVALS AND PROCEDURES SUBJECT TO CLINICAL THRESHOLDS

Where the clinical and cost effectiveness of a procedure is only proven when certain criteria are met, this has been known as a Procedure of Limited Clinical Value (PLCV) though may be more appropriately named a '**procedure of defined benefit'** as the procedure itself can offer significant clinical benefit so long as its offered to the **right patient for the right indications.**

Prior approval

The procedures listed below require prior approval before treatment can commence. The following CCGs will require approval for the procedures listed below before treatment can commence.

Fareham & Gosport CCG
South Eastern Hampshire CCG
Portsmouth CCG
West Hampshire CCG
North Hampshire CCG

For Southampton CCG only - If during the course of 2016/17, the CCG sees an unexpected spike in activity then evidence will be sought from the provider to justify activity above the agreed Plan. If the evidence from the provider cannot be provided then the cost of the procedure will be withheld. Alongside this, there will be monitoring of GP referral trends and if practices are seen as outliers this could trigger a practice level audit.

Providers will not be paid for activity that has been carried out without evidence of prior approval. Prior approval codes are valid for 12 months from date of issue.

Prior approval is requested via

1) Primary care or tier 2 intermediate care clinician via the Commissioning Support Unit using the proforma at www.southcsu.nhs.uk/documents/ifr (see 'Prior Approval forms')
2) The Prior Approval Tool https://priorapproval.hampshire.nhs.uk/.
3) Where the Tool is not used by, or is not available to, secondary care, the treating clinician should seek approval as per option 1

The decision to approve or reject a request is generally made within 5 working days. If a request is authorised a prior approval code will be issued.
For associate commissioners outside of this policy, approval should be sought from either the CCG 'in-house' service or from the CSU representing that commissioner.

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
ENT/ Audiology	Myringotomy/ grommet insertion for children	D151	This procedure is not routinely funded. Prior approval will be considered under the following conditions: • Children with disabilities such as Downs Syndrome and Cleft Palate where the insertion of grommets is part of an established pathway of care. • Children to treat a tympanic membrane retraction pocket. • Children aged over 3 years old with Otitis Media with Effusion (OME) and without a second disability (such as Downs Syndrome or Cleft Palate) when: o There has been a period of watchful waiting for three months in primary care from diagnosis of OME in primary care, followed by a further period of watchful waiting for up to three months in ; secondary care; and o OME persists after the three-six months of watchful waiting; and o The child has documented speech or language delay or behavioural problems;	Children under 3 years of age

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			and o The child has a documented hearing level in the better ear of 25-30dBHL or worse averaged at 0.5, 1, 2 and 4kHz (or equivalent dBA where dBHL not available)	
	Myringotomy/ grommet insertion for adults	D151, D222	This procedure is not routinely funded Prior approval will be considered under the following conditions This procedure is not routinely funded for adults (≥ 18 years old) except where prior approval is granted under the following conditions: - A middle ear effusion causing measured conductive hearing loss, persisting for 3 months and resistant to medical treatments. The patient must be experiencing disability due to deafness. The possible option of a hearing aid may be discussed, at the discretion of the clinician. - Persistent Eustachian tube dysfunction resulting in pain (e.g. flying) – 3-month wait not required - As one possible treatment for Meniere's disease. - Severe retraction of the tympanic membrane if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma – 3-month wait not	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			relevant - Grommet insertion as part of a procedure for the diagnosis or management of head and neck cancer and/or its complications NB It is important that conductive unilateral hearing loss present for 4 weeks should be referred to an ENT surgeon without delay	
	Tonsillectomy	F34, F361	This procedure is not routinely funded Prior approval will be considered under the following conditions Tonsillectomy will be funded subject to prior approval - in children and adults for cancer or suspected cancer; or - in children and adults for cases of quinsy requiring hospital admission; or - in children and adults in a high risk category e.g. Down's syndrome, cerebral palsy, cranio-facial disorders, chronic lung disease, sickle cell disease, neuro-muscular disorders, genetic or metabolic disease, central hyperventilation syndromes; or - severe halitosis due to tonsillar debris following conservative management - in children and adults with diagnosed obstructive sleep apnoea where other treatments have failed or are inappropriate; or	In children and adults for cancer where patient is coded with a cancer diagnosis. Patient is suspected with cancer and has been referred via the two-week wait referral form.

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			- in children and adults for tonsillitis if <u>all</u> of the following criteria are met: • Sore throats are due to tonsillitis **and** • There are <u>5 or more</u> episodes of sore throat per year **and** • There have been symptoms for at least a year **and** • Episodes of sore throat are disabling and preventing normal functioning **GP referrals must include the practice record detailing frequency of reported episodes and prescribing in line with the criteria above. Providers should alert commissioners/CSU where this is not being included.**	
	Functional nasal airways surgery (which may include (septo) rhinoplasty)	E02.3/4 E03- E04- E07.3 E07.8/9 E64.8/9	This procedure is not routinely funded Prior approval will be considered under the following conditions • There is continuous nasal airway obstruction causing significant symptoms such as diagnosed obstructive sleep apnoea; and • Obstructive symptoms persisting despite conservative management for > 3 months including nasal steroids or immunotherapy Correction of complex congenital conditions that are not otherwise covered under specialised commissioning	Emergency procedures recorded under admission method 21-28

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			arrangements will also be considered	
Vascular Surgery	Varicose vein procedures	L84, L85, L86, L87, L88	This procedure is not routinely funded Prior approval will be considered under the following conditions Reference: SHIP Priorities Committee policy statement no. 001. http://www.southcsu.nhs.uk/documents/ifr People with a body mass index less than 32 kg/m^2 who satisfy **at least one** of the following criteria may be considered for interventions to treat varicose veins: • a first venous ulcer persists despite a six-month trial of conservative management of the ulcer • a recurrent venous ulcer • haemorrhage from a superficial varicosity	Emergency procedures recorded under admission method 21-28
Gynaecology	Hysterectomy in heavy menstrual bleeding/ dysmennorhea	Q07- (except Q076), Q08	This procedure is not routinely funded Requests for hysterectomy for heavy menstrual bleeding or dysmenorrhoea will be considered if **all** the following criteria are met: Other treatments for heavy menstrual bleeding (in accordance with NICE Clinical Guideline 44 “Heavy	Hysterectomy for uterine problems amenable to surgery and not related to heavy menstrual bleeding or dysmenorrhoea will be funded and do not require prior approval.

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			Menstrual Bleeding") or dysmenorrhoea • Such as a trial of a Mirena coil have failed or are medically contraindicated; • An alternative first line treatment has failed including tranexamic acid, NSAIDs, combined oral contraceptives, oral progesterone or injected progesterone; • Endometrial resection/ablation has failed to relieve symptoms, or is contraindicated e.g. fibroids >3cm, abnormal uterus; and • There is a wish for amenorrhoea; and • The woman no longer wishes to retain her uterus and fertility	
	Female sterilisation	Q27, Q28, Q35, Q36	This procedure is not routinely funded Prior approval will be considered under the following conditions • Sterilisation will not be available on non-medical grounds unless the woman has had at least 12 months' trial using Mirena or Implanon and found it unsuitable. • Where sterilisation is to take place at the time of another procedure such as caesarean section. • Where there is a clinical contraindication to the	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			use of a Mirena/Implanon. • Where there is an absolute clinical contraindication to pregnancy. These are:- ▪ young women (under 45 years of age) undergoing endometrial ablation for heavy periods ▪ women with severe diabetes ▪ women with severe heart disease Women should be informed that vasectomy carries a lower failure rate in terms of post-procedure pregnancies and that there is less risk related to the procedure.	
Urology	Male circumcision	N303	This procedure is not routinely funded Prior approval will be considered under the following conditions - Suspected cancer - Balanitis xerotica obliterans (BXO) - Congenital urological abnormality where skin grafting is required - Interference with normal sexual activity - Phimosis interfering with urine flow and/or recurrent urinary tract infections - Symptomatic paraphimosis - Symptomatic or minor hypospadias - Recurrent balanophosphitis resistant to	Patients coded with a cancer diagnosis Patient is suspected with cancer and has been referred via the two-week wait referral form

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			antibiotics Where appropriate conservative measures e.g topical steroids should have been exhausted first. Paraphimosis is not a routine indication for circumcision	
Pain management	Interventional treatments for back pain (spinal/epidural injections; facet joint and medial branch blocks; radio-frequency lesioning/denervation)	A52-A54.2 A57.3 A60.4 V48-V544	These procedures are not routinely funded Prior approval will be considered under the following conditions **NON-SPECIFIC BACK PAIN** As per NICE Guidance, injections of therapeutic substances into the back for non-specific low back pain should not be offered. Therapeutic facet joint injections should only be offered in the context of either special arrangements for clinical governance and clinical audit or research and are not routinely funded. Epidural injections (either sacral or interlaminar) or nerve root injections are not of value for patients with non-specific low back pain. **SPECIFIC BACK PAIN** Interventional treatments should only be offered in the context of a comprehensive multi-disciplinary programme of care with arrangements for ongoing assessment and following a trial of treatment that shows no evidence of response.	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			Diagnostic facet joint injections and medial branch block or spinal/ epidural injections should be part of a comprehensive MDT led programme. They are only funded for patients with chronic back pain if performed by a clinician trained in the assessment, diagnosis and management of back pain as part of an MDT. These should only be funded • As a diagnostic tool to improve the specificity of radio-frequency lesioning where this is being considered **OR** • One injection where all the following criteria are met - Pain lasting > 12 months **AND** - Failed conservative treatment including maximal oral and topical analgesia **AND** - The patient has been assessed by a clinician trained in the management, diagnosis and management of back pain who considers it would enable mobilisation and participation in rehabilitation **AND** - There is documented use of a standardised Pain and Quality of Life tool before and after the procedure	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			Repeat injections will only be funded as part of that pain management pathway where there is significant improvement in the Pain and Quality of Life score. No more than **TWO** injections will be funded within any one year **Where appropriate it is expected that some procedures will be offered on an outpatient basis and priced accordingly.** See British Pain Society and Royal College of Anaesthetists (Faculty of Pain Medicine) guidelines 'Standards of good practice for spinal interventional procedures in pain medicine (2015)' **CHRONIC BACK PAIN** Radiofrequency denervation/ endothermal ablation should be part of a comprehensive MDT-led plan with ongoing assessment and only following a trial of treatment (medial branch/facet joint block) demonstrating evidence of response. **ONE** diagnostic medial branch/ facet joint block may be funded prior to denervation techniques and this should demonstrate >50% improvement in pain using a validated scoring tool before proceeding with denervation. **Repeat** denervation procedures may only be offered following a previous successful response (as above) with benefits lasting > 6 months. This should only be	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			permitted with a minimum interval of 12 months. Therefore those patients experiencing <12 months relief following two procedures will not be offered further denervation treatment	
Orthopaedics/ MSK	Trigger finger surgery	T723	These procedures are not routinely funded Prior approval will be considered under the following conditions for patients diagnosed with trigger finger: • who fail to respond to conservative treatment, including no response from up to two corticosteroid injections; and • moderate to severe pain/locking sufficient to cause interference with hand function; and • persistent symptoms > 3 months	
	Carpal tunnel release/ nerve entrapment at wrist	A65-	These procedures are not routinely funded Prior approval will be considered under the following conditions • All conservative measures (e.g. wrist splint, anti-inflammatories or injection into the carpal tunnel) have failed; and • There have been symptoms for longer than 6 months or • Evidence of neurological deficit such as sensory blunting or weakness of thenar (thumb base) abduction.	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	**Procedure**	**OPCS code(s)**	**Comments/ guidance for prior approval**	**Exclusion (may be treated without prior approval)**
	Palmar fasciectomy /Dupuytren's contracture	T521/2 T541	These procedures are not routinely funded Prior approval will be considered under the following conditions ○ patient has a fixed flexion in one or more joints exceeding 25° or • Patients under 45 years of age with 2 or more affected digits and fixed flexion exceeding 10° and • there is functional impairment which may include safety concerns	
	Treatment of bunions (hallux valgus)	W791/2 W151-4	These procedures are not routinely funded Prior approval will be considered under the following conditions • Have been managed via MSK or podiatry services first before consideration of orthopaedic surgery AND • Has documented functional impairment AND • Inability to wear suitable footwear AND • Patient is fully aware of pros and cons of surgery having used patient decision aids	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
	Arthroscopic lavage and debridement with or without partial meniscectomy of the knee in patients with non-traumatic and persistent knee pain	W82- (combined with diagnostic codes M179 or M232….)	These procedures are not routinely funded Reference SHIP Priorities Committee policy statement no 010 - April 2016. http://www.southcsu.nhs.uk/documents/ifr a. Where the patient has clear mechanical symptoms of locking (not gelling, 'giving way' or X-ray evidence of loose bodies).	Cases of traumatic knee pain will not require prior approval
	Hip resurfacing	W580/1/2 + Z843	These procedures are not routinely funded Prior approval will be considered under the following conditions Reference SHIP Policy Recommendation 105 on Metal on Metal (MOM) hip resurfacing http://www.southcsu.nhs.uk/documents/ifr As an alternative to hip replacement in men younger than 55 years of age provided the risks and benefits have been explained and the patient is keen to proceed. In older men and in women of all ages, funding for hip resurfacing is not funded.	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	**Procedure**	**OPCS code(s)**	**Comments/ guidance for prior approval**	**Exclusion (may be treated without prior approval)**
	Primary hip and knee replacement in patients with a BMI above 35	W371/381 (hip) W40/W41 / W42 (knee)	These procedures are not routinely funded for patients with a BMI above 35 Prior approval will be considered under the following conditions a) In patients whose pain is so severe and/or mobility compromised that they are at risk of losing their independence and that joint replacement would relieve this risk b) In patients whose destruction of the joint is of a severity that delaying surgery would increase the technical difficulty of the procedure Referral should also have been made for referral to the commissioned tier 2 or tier 3 obesity management programme prior to offering surgery.	**Emergency procedures recorded under admission method 21-28**
	Arthroscopic hip surgery in impingement	X22.8, W084/5, W091, W581, W83-, W84-, W861/8, W891 **(+ Y76.7 + Z84.3)**	In line with SHIP Priorities Committee policy statement 006 Arthroscopic femero-acetabular surgery for hip impingement should be considered as a second line treatment option for patients who are symptomatic, have significant impaired activities of daily living and have undergone activity modification as part of conservative treatment. Patients with evidence of osteoarthritis in the hip joint are not suitable for arthroscopic hip impingement	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			surgery. All arthroscopic surgery for hip impingement procedure data should be submitted to the registry set up by the British Hip Society Registry (in line with NICE guidance).	
Ophthalmology	Chalazia (meibomian cysts)	C121	Chalazia (meibomian cysts) are benign, granulomatous lesions that will normally resolve within 6 months. Treatment consists of regular (four times daily) application of heat packs. These procedures are not routinely funded Prior approval will be considered under the following conditions - The chalazia has been present for more than 6 months - Where it is situated subcutaneously in the upper or lower eyelid - Where it is causing impairment of vision	Patients coded with a cancer diagnosis Patient is suspected with cancer and has been referred via the two-week wait referral form
	Eyelid surgery/ blepharoplasty	C13-, C16-, C18-	These procedures are not routinely funded Prior approval will be considered under the following conditions - There is significant effect on visual fields as documented by formal clinical photography or a	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			visual field test which should be provided with the prior approval application; or - for relief of ectropion or entropion; or - other demonstrated complications causing visual dysfunction as detailed by the referring clinician	
	Second eye cataract surgery	C71/2/3/4/5	Requests should come from either primary care or community optometry services. Requests from secondary care ophthalmology should only involve patients on long-term follow-up or listed for bilateral two-stage procedures. These procedures are not routinely funded Prior approval will be considered under one of the following conditions; • Best corrected visual acuity worse than 6/9 in the second eye for drivers (6/12 or worse for non drivers) • Best corrected binocular visual acuity of 6/18 or worse irrespective of the visual acuity of the first eye • Anisometropia +/- 2D or where symptomatic • Surgery indicated for control of glaucoma or to facilitate further surgery (as determined by consultant ophthalmologist) • Surgery indicated for view of diabetic retinopathy or retinal disease (where cataract impairs retinal	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			view) • Severe glare • Patient wishes to/is required to drive and does not meet DVLA sight test requirements • The cataract is preventing the management of other co-morbid eye conditions Where visual acuity is a criterion, the referring clinician should demonstrate the level via Snellen test score.	
Cosmetic/Plastic/ Aesthetic surgery	Excision of skin following massive weight loss	S02-	These procedures are not routinely funded Removal of excess skin including abdominoplasty, mammoplasty and removal of skin folds from the inner thighs following significant weight loss may be considered under **all** the following conditions : 1. The patient's starting BMI before weight loss must have been no less than 45kg/m^2 (the threshold for access to bariatric surgery in HIOW). 2. The patient's BMI must be less than 30kg/m^2. (In some patients a BMI of less than 30kg/m^2 may not be achievable, due the weight of excess skin. In these circumstances an exception to the policy may be considered, provided that the patient has lost at least 50% of their excess weight, and their clinician confirms that no further	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			reduction in BMI will be possible without removal of excess skin.) 3. The patient's weight must have been stable for a minimum of 2 years, 4. There must be documented evidence of clinical pathology or disability due to the skin fold in question (e.g. recurrent infection, intertrigo, cellulites, restricted mobility, inability to undertake physical exercise to maintain cardiovascular fitness). Purely cosmetic procedures, such as removal of surplus skin from the arms, will not be funded.	
Gastroenterology	Gastric fundoplication for chronic reflux oesophagitis	G241 G243 G461	These procedures are not routinely funded Prior approval will be considered under the following conditions - regular, significant symptoms of gastro-oesophageal reflux despite receiving at least one year of continuous pharmacological treatment up to the maximum dose licensed for reflux oesophagitis - significant volume reflux placing them at risk of aspiration - anaemia because of oesophagitis Reference: South Central Priorities Committees policy statement no 51.	For all other indications, treatment is funded

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
General surgery/ hand surgery/	Treatment of **asymptomatic** inguinal hernias		These procedures are not routinely funded Prior approval will be considered where one of the following conditions are met • History of incarceration of or real difficulty in reducing the hernia • An inguinal-scrotal hernia • An increase in size • Pain or discomfort significantly interfering with activities of daily living directly related to the hernia	Emergency procedures recorded under admission method 21-28
	Treatment of ganglions	T59-, T60	There is a reasonable chance that ganglia will disappear spontaneously and even if they persist they do not cause adverse long term effects. These procedures are not routinely funded Prior approval will be considered where one ofll the following conditions are met: • the ganglion is the likely cause of persistent pain, either through local effects or likely pressure on a nerve • the ganglion is the cause of reduced function, perhaps through loss of range of movement or pain • there is a sudden increase in size raising suspicion of an alternative diagnosis	
Various services	Intensive	n/a	In line with SHIP Priorities Committee policy statement	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
	decongestive therapy for lymphoedema		004 Assessment and treatment (particularly skincare, compression, remedial exercise, and self-management education) should be available for patients with lymphoedema within existing NHS services, for all patients who have lymphoedema irrespective of the cause. Patients, who receive treatment which may cause lymphoedema in the short or medium term, should be properly informed about the risk of lymphoedema (through consent arrangements) and educated in its management. Intensive courses of decongestive therapy for refractory lymphoedema must be sought via **prior approval**	
	Functional electrical stimulation in drop foot	n/a	In line with SHIP Priorities Committee policy statement 005 Functional Electrical Stimulation may be considered as a second line treatment option for carefully selected patients with drop foot (most commonly due to multiple sclerosis or stroke) who have clearly failed trials of orthosis (for example due to pressure sores, spasticity). It should be considered a **low priority** for all other	

The specialties listed below are a guide only and patients may be treated under different treatment function codes	Procedure	OPCS code(s)	Comments/ guidance for prior approval	Exclusion (may be treated without prior approval)
			patients All cases must be sought via **prior approval**	
Infertility treatments	In vitro fertilisation (including the prescriptions of infertility drugs) and ICSI (intracytoplasmic sperm injection)	n/a	This treatment is not routinely funded Prior approval will be considered in line with the SHIP Priorities Committee policy statement 002 - September 2014 where endorsed by individual CCGs http://www.southcsu.nhs.uk/documents/ifr	
Children's Services	Assessment and admission to Bursledon House in Southampton for in-patient treatment	n/a	Admissions to Bursledon House are not routinely funded. Children considered for referral to Bursledon House must have referrals prior approved before assessment is carried out and, if agreed, further approval must be sought after assessment where admission is requested	