

## Service Restriction Policy

<b>Document purpose</b>	<p>This policy details procedures where there are restrictions in place by NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG (Greater Nottinghamshire). Before any procedure contained in this policy is undertaken the agreed method of authorization needs to be met.</p> <p>This policy is based on and supersedes the Nottinghamshire (less Bassetlaw) Procedures of Limited Clinical Value Policy 2015 and the East Midlands Cosmetics Policy 2015 and should be read in conjunction with Service Restriction Policy Information and Procedures Not Funded Policy.</p>
<b>Version</b>	Version 4.0
<b>Title</b>	<b>Service Restriction Policy</b>
<b>Associated Policy</b>	Procedures Not Funded Policy (2017)
<b>Nominated Lead</b>	Director of Contract Delivery
<b>Approval Date</b>	October 2017
<b>Approving Committee</b>	NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG Governing Bodies
<b>Review Date</b>	This policy will be reviewed in 1 year or earlier if additions or changes are required.
<b>Groups/staff Consulted</b>	Clinical Leads all Greater Nottinghamshire CCGs
<b>Target audience</b>	All CCG staff All providers All Clinicians
<b>Circulation list</b>	CCG Websites All providers Primary Care Clinicians
<b>Associated documents</b>	Individual Funding Requests (IFR) V2 April 2011

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## Purpose of the policy

The purpose of this policy is to ensure that Greater Nottinghamshire Clinical Commissioning Groups (the Commissioners) fund treatment only for clinically effective interventions delivered to the right patients. It sets out the treatments deemed to be of insufficient priority to justify funding from the available fixed budget.

This policy lists a number of procedures and services that the Commissioners restrict funding for. Patients should only be referred for the procedures and services listed in this policy if they meet the eligibility criteria set out see Service Restrictions Policy Information. The onus is on the clinician to ensure that appropriate authorization from the commissioner is achieved, authorization will be achieved either by prior approval or, where there are significant numbers of procedures, by retrospective audit to assure compliance with criteria.. The clinician must provide sufficient information to evidence how the patient meets the criteria.

If a provider undertakes one of the procedures contained within this policy that requires prior approval and has not gained approval the commissioner will not pay for the procedure. If a provider undertakes one of the procedures contained within this policy that requires retrospective audit and is found not to meet the criteria when the audit is undertaken commissioners will not pay for the procedure.

This policy should be read in conjunction with the Not Funded Policy (2017). These two policies have been based on and include all the procedures that were part of the Procedures of Limited Clinical Value Policy (2015) or the East Midlands Cosmetic Policy (2015) which have now been superseded.

Approved prescribing of medicines falls outside the scope of this document and is covered in the guidelines and protocols produced by the Nottinghamshire Area Prescribing Committee. Further information can be obtained from the Pharmacy/Medicines Management Department or via [www.nottsapc.nhs.uk](http://www.nottsapc.nhs.uk).

## Introduction

This policy identifies procedures where the Commissioners have restricted the provision through a clear set of criteria and an appropriate assurance process. A number of these procedures were either restricted through the Procedures of Limited Clinical Value Policy 2015 and the East Midlands Cosmetics Policy 2015: however there are a number of additions, which although new the Commissioners relate these to procedures not routinely commissioned in a number of other CCGs.

In addition to these restrictions the Commissioners we will not fund interventions in the procedures not funded or as identified in the “do not do” recommendations database which is maintained by NICE.

<http://www.nice.org.uk/usingguidance/donotdorecommendations/index.jsp>

## Commissioning Principles

Commissioning decisions are made in accordance with the general principles set out below:

- Clear evidence of clinical and/or cost effectiveness will be sought before NHS resources are invested in the treatment.

- The cost of the treatment for individual patients and others within any anticipated cohort is a relevant factor.
- The extent to which the individual or patient group will gain a benefit from the treatment will be considered and balanced against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
- The process and policies will consider all relevant national standards and take into account all proper and authoritative guidance.

## Procedures not expressly covered in this policy

If a procedure is not covered in either this policy or the not funded policy and is documented on the indicative activity plan, with or without an activity value or finance value, this would indicate that both provider and commissioner recognize the activity as commissioned and therefore is chargeable.

If a procedure is not shown on the indicative activity plan and is also not covered in either this policy or the not funded policy this would indicate that both the provider and commissioner acknowledge that the procedure is unlikely to have been actively commissioned and on that basis the provider should seek clarification and appropriate approval before carrying out the procedure otherwise the procedure will not be funded.

## Policy Exclusions

Patients should not be referred or undergo the procedures listed in this policy , except in the case of:

- Emergency, OR
- A reasonable suspicion of cancer, OR
- As part of reconstruction following treatment for cancer, traumatic injury or the correction of congenital malformation
- Where the patients meets the criteria and prior approval is sought and approved.
- Where the patient meets the criteria and this can be evidenced through a retrospective audit.

## Implementation and Compliance

The policy will be implemented across providers in primary and secondary care. It will be formally incorporated into contracts and will be subject to routine monitoring for compliance.

## Schedule of procedures where prior approval must be sought:

Procedure	Previous Status
Adenoids/Grommets	Previously restricted
Blepharoplasty	Previously restricted

<b>Breast Asymmetry Female</b>	<b>Previously restricted</b>
<b>Breast Reduction Female</b>	<b>Previously restricted</b>
<b>Breast Enlargement Female</b>	<b>Previously restricted</b>
<b>Breast Implant removal and insertion Female</b>	<b>Previously restricted</b>
<b>Biological Mesh</b>	<b>New</b>
<b>Carpal Tunnel</b>	<b>Previously restricted</b>
<b>Removal of Chalazion</b>	<b>Not previously within policy</b>
<b>Dupuytren's Contracture</b>	<b>Previously restricted</b>
<b>Dilatation and Curettage (D&amp;C) / Hysteroscopy Including the treatment of menorrhagia (Heavy Menstrual Bleeding)</b>	<b>Previously restricted</b>
<b>Ganglion Cysts</b>	<b>Previously restricted</b>
<b>Grommets insertion for "Glue Ear"</b>	<b>Previously restricted</b>
<b>Hemorrhoidectomy</b>	<b>Previously restricted</b>
<b>Hallux Valgus (bunions)</b>	<b>New</b>
<b>Hysterectomy for heavy menstrual bleeding – Non Cancer</b>	<b>Previously restricted</b>
<b>Insulin Pump</b>	<b>New</b>
<b>Knee arthroscopy</b>	<b>Previously restricted</b>
<b>Micro-suction for the removal of earwax</b>	<b>Previously restricted</b>

<b>Mirena Coils –secondary care</b>	<b>Previously restricted</b>
<b>Shoulder arthroscopy</b>	<b>Previously restricted</b>
<b>Sleep Studies –snoring</b>	<b>Previously restricted</b>
<b>Snoring ENT referrals</b>	<b>Previously restricted</b>
<b>Spinal epidural injections for back pain</b>	<b>Previously restricted</b>
<b>Spinal Surgery for Non-Acute Lumbar Conditions including Discectomy for lumbar disc prolapsed</b>	<b>Previously restricted</b>
<b>Tonsillectomy</b>	<b>Previously restricted</b>
<b>Varicose Veins</b>	<b>Previously restricted</b>
<b>Vasectomy – if undertaken in secondary care</b>	<b>New</b>

**Schedule of procedures where retrospective audit of compliance will be applicable:**

<b>Procedure</b>	<b>Previous Status</b>
<b>Cataracts</b>	<b>Previously restricted</b>
<b>Hernia Repair</b>	<b>Previously restricted</b>
<b>Hip arthroscopy</b>	<b>New</b>
<b>Hip replacement – elective</b>	<b>New</b>
<b>Joint Injections</b>	<b>Previously restricted</b>
<b>MRI low back pain</b>	<b>Previously restricted</b>

**Where prior approval is required the following will apply;**

- a) At the point of decision to refer for a specific procedure, which requires prior approval, the referrer will ensure that the clinical criteria are met. The referrer must then apply for pre-approval, informing the patient of the pre-approval process.
  - i. **Please note prior approval is not required if a patient is being referred to secondary care for consultant management other than a procedure listed in this policy e.g. if referral is for diagnostic tests or investigations or treatment options**
- b) A consultant who wishes to undertake a procedure covered by this policy must seek approval in the same way and using the same criteria as their GP colleague. This process applies regardless of the hospital at which the patient may be treated and only applies to NHS commissioned secondary care, but is applicable in all provider settings where that care is provided. Providers should ensure that the prior approval code is recoded in the free text field in the SUS entry to ensure that the procedure is not queried.

**Where Retrospective Audit is required the following will apply;**

- a) Where the decision to refer for a procedure covered by retrospective audit is taken the GP should ensure that the patient meets the criteria as laid out in the Service Restrictions Policy Additional Information and refer in the usual manner.
- b) Where a consultant wishes to undertake a procedure covered by the retrospective audit element of this policy they must ensure that the patient meets the criteria as outlined in Service Restrictions Policy Additional Information in the same way and using the same criteria as their GP colleague. The patient can then be listed in the usual manner. There will be a requirement to evidence compliance with the criteria via the retrospective audit. This process applies regardless of the hospital at which the patient may be treated and only applies to NHS commissioned secondary care, but is applicable in all provider settings where that care is provided.

**Prior approval Process**

On receipt of the prior approvals request the CCG, or those conducting triage on their behalf, will ensure that the requests receive appropriate clinical and financial review to confirm compliance with policy and equity with other approval decisions.

The CCG will have a 10 working day turnaround from date of receipt for all Primary Care requests. For the purposes of patient confidentiality we only accept e-mail requests which should be sent to [Maccg.ifrteam-nottscountycggs@nhs.net](mailto:Maccg.ifrteam-nottscountycggs@nhs.net)

**Primary Care**

Once approval has been issued, a referral can then be sent to secondary care in the normal way. Please attach a copy of the prior approval form with your referral letter and clearly state the prior approval reference number.

If the referral is not complete with the approved application form/approval number, the Secondary Care provider will not be able to carry out the procedure or respond to contractual challenges and can return the referral to the GP.

Procedures undertaken by primary care that are listed in either the Greater Nottinghamshire Service Restriction Policy (2017) or the Greater Nottinghamshire Procedures not funded Policy (2017) must have prior approval from the CCG.

### Secondary Care

The patient can be added to the waiting list for the requested treatment only if prior approval has been received. Patients must not be listed for treatment until prior approval has been sought and approved. Providers should ensure that the prior approval code is recoded in the free text field in the SUS entry to ensure that the procedure is not queried

### Retrospective Audit Process

If a procedure falls under this policy in the area of retrospective audit then the consultant should ensure that the patients meets the criteria for treatment. Periodically patient notes will be audited to assure compliance and any patients found not to comply will not be funded by commissioners. Retrospective audits may be undertaken on all the patients receiving the procedure or may be undertaken on a sample basis.

### Approval Pathways

Prior Approval Request Forms can be accessed via [Mid Nottinghamshire Clinical Pathways web site](#)

