

**VARICOSE VEIN SURGERY
PRIOR APPROVAL POLICY**

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APPLICATION FORM	Varicose Vein Prior Approval – E-Referral

VARICOSE VEIN SURGERY PRIOR APPROVAL POLICY

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Clinical Commissioning Group**VARICOSE VEINS PRIOR APPROVAL POLICY****VERSION CONTROL**

Document Status:	Current policy
Version:	1718.v3

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
V1	2016	Remove wording on criteria and change from CBA to PA
1516.v2c	23 March 2017	Amendment to criteria wording

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1617.v1
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Sponsoring Director:	Sandra Corry
Author(s):	
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General Principles

Funding approval will only be given in line with these general principles.

Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
2. The CCG does not commission surgery for cosmetic purposes alone.
3. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
4. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
5. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
6. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
7. The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.
8. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
9. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
10. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Background

Varicose veins treatment is not routinely funded by the CCG and is subject to this restricted policy.

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Varicose veins are veins which have become enlarged and tortuous, they are usually asymptomatic, but can be complicated by inflammation, skin changes including ulceration, rupture and bleeding as well as pain and discomfort. Conservative management is the first line of treatment.

Somerset CCG advises that this restricted policy currently does not implement in full the recommendations in NICE CG 168.

Patients who present with varicose veins should be given;

- An explanation of what varicose veins are
- Possible causes of varicose veins
- The likelihood of progression and possible complications, including deep vein thrombosis, skin changes, leg ulcers, bleeding and thrombophlebitis. Address any misconceptions the person may have about the risks of developing complications
- Treatment options, including symptom relief, an overview of interventional treatments and the role of compression

Advice on:

- weight loss (for guidance on weight management see Obesity [NICE clinical guideline 43])
- light to moderate physical activity
- avoiding factors that are known to make their symptoms worse if possible
- when and where to seek further medical help

POLICY CRITERIA TO ACCESS TREATMENT - PRIOR APPROVAL

A. Symptomatic primary or symptomatic recurrent varicose vein procedures are commissioned if one or more of the following apply:

1. a documented history of recurrent superficial thrombophlebitis or a single episode of ascending (migratory) thrombophlebitis
2. spontaneous bleeding (not including spontaneous bruising)
3. **severe** trophic skin changes
4. lipodermatosclerosis, atrophie blanche
5. **extreme** Varicose eczema associated with varicose veins
6. venous leg ulceration with evidence of varicose veins

B. Patients not suitable for NHS vascular surgical treatment

1. Patients with no symptoms or skin changes associated with venous disease
2. Patients whose concerns are cosmetic including telangiectasia and reticular veins
3. Patients with mild symptoms including itch, ache, mild swelling, minor changes of skin eczema and haemosiderosis
4. Pregnant women presenting with varicose vein should be given information on the effect of pregnancy on varicose veins. Interventional treatment for varicose veins during pregnancy should not be carried out other than in exceptional circumstances. Compression hosiery should be considered for symptom relief of leg swelling associated with varicose veins during pregnancy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** pals@somersetccg.nhs.uk

References

The following sources have been considered when drafting this policy:

*References used to support this policy:

1. This policy has been reviewed in the light of the revised NICE guidance CG168 published July 2013
2. Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. *Tijdschrift voor Geneeskunde*, vol./is. 70/4(187-192)
3. Thelwall 2015 Obesity & the risk of wound infection following surgery <https://www.ncbi.nlm.nih.gov/pubmed/26197212>