

## OPEN & UPRIGHTMRI PRIOR APPROVAL POLICY

Version:	1516.1.2a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	09 December 2015
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	December 2015
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p><b>SCCG:</b></p> <ul style="list-style-type: none"> <li>• Contracts Team</li> <li>• Providers</li> <li>• GP Practices SCCG</li> <li>• GP Bulletin</li> <li>• Web Site IFR Page</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Taunton &amp; Somerset NHS FT</li> <li>• Yeovil District Hospital NHS FT</li> <li>• Royal United Hospitals Bath NHS FT</li> <li>• United Hospitals Bristol NHS FT</li> <li>• Weston Area Health NHS Trust</li> <li>• Somerset Partnership NHS FT</li> </ul>
Application Form	Open/Upright MRI Prior Approval Application Form

**OPEN & UPRIGHT MRI  
PRIOR APPROVAL POLICY**

**CONTENTS**

<b>Section</b>		<b>Page</b>
	VERSION CONTROL	i
	GENERAL PRINCIPLES	1
	BACKGROUND	
	POLICY	
	REVIEW	
	MONITORING, COMPLIANCE AND EVALUATION	
	ASSOCIATED DOCUMENTS	
<b>Appendices</b>		
APPENDIX 1	Use Title Case	

**OPEN & UPRIGHT MRI  
PRIOR APPROVAL POLICY****VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	1516.v1.2a

<b>DOCUMENT CHANGE HISTORY</b>		
<b>Version</b>	<b>Date</b>	<b>Comments</b>
1516.v1.2	July 17	Change CSU template to SCCG template

<b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b>	1516.v1 November 2015
---	-----------------------

<b>Sponsoring Director:</b>	Sandra Corry
<b>Author(s):</b>	
<b>Document Reference:</b>	1516.v1.2a

**OPEN & UPRIGHT MRI**

OPEN & UPRIGHT MRI IS NOT ROUTINELY FUNDED BY THE CCG AND IS SUBJECT TO THIS RESTRICTED POLICY

**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/secondary care prior to referring/treating 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)

**Clinical Commissioning Group**

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****Open MRI scanners**

Open MRI scanners are an alternative to the traditional closed MRI scanners, and can offer a more comfortable experience to those patients who suffer from claustrophobia and therefore cannot tolerate being in a closed environment for the duration of the scan.

There is much more space in comparison with a cylindrical MRI. Open MRI scanners are also more comfortable for patients with limited body movement or for patients with a higher BMI.

Open MRI scanners have a typical magnetic field strength of about 1 tesla (T), whereas closed MRI scanners are more powerful. Closed MRI scanners generally provide superior quality images, and require less time to complete a scan.

**Upright MRI**

Standing or positional MRI (uMRI) is a type of vertical open MRI that has been developed in recent years. Such systems are open at the front and top, with the magnetic poles placed on either side of the patient and allow for vertical (upright, weight bearing), horizontal (recumbent) positioning, and dynamic kinetic flexion and extension manoeuvres.

Current uMRI scanners generally use medium field magnets of 0.5T or 0.6T; uMRI here refers to any system of 0.5T or greater that allows for scanning in various positions, regardless of manufacturer. By comparison, the most advanced standard MRI scanners have a magnet strength of at least 1.0T and up to 3.0T, allowing for the greatest resolution generally in a shorter amount of time. With 0.6T magnets, uMRI scanners require more time to obtain images with lower resolution.

Slower imaging times with uMRI may create difficulty for patients who are unable to remain still while in a standing or sitting position; are not comfortable secondary to pain; or are unstable in such positions.

**POLICY – CRITERIA TO ACCESS TREATMENT – PA**

Prior Approval for Open or upright MRI will only be provided by the NHS for patients meeting criteria set out below.

The CCG will only fund open and upright MRI of the specific anatomy requested.

1. Patients who suffer from claustrophobia where an oral prescription sedative has not been effective (flexibility in the route of sedative administration may be required in paediatric patients as oral prescription may not be appropriate)

**OR**

2. Patients who are obese and cannot fit comfortably in conventional MRI scanners as determined by a Consultant Radiologist/Radiology department policy

**OR**

3. The broadness of a patients shoulders means the they would not fit the standard MRI scanning machine available

**Upright Scanning Machine**

1. Patients who cannot lie properly in conventional MRI scanners because of severe pain

**AND**

2. There is a clear diagnostic need consistent with supported clinical pathways

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

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.

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.

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

***Clinical Commissioning Group***

patient has a reasonable expectation of the outcome of the application and its context.

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: [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

**References**

The following sources have been considered when drafting this policy:

- 1 <http://www.cobalthhealth.co.uk/>
- 2 <http://www.nhs.uk/conditions/claustrophobia/pages/introduction.aspx>
- 3 <http://www.southdevonandtorbayccg.nhs.uk/about-us/policies/Documents/policy-former-pct-mri.pdf>