NHS
Somerset
Clinical Commissioning Group

LAPAROSCOPIC CHOLECYSTECTOMY FOR ASYMPTOMATIC GALL STONES CRITERIA BASED ACCESS POLICY

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Application Form	Generic IFR application form

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1617.v1a	July 2017	Change from the CSU template to the SCCG template

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Laparoscopic Cholecystectomy for Asymptomatic Gall Stones

Laparoscopic Cholecystectomy for Asymptomatic Gall Stones
is subject to this restricted policy

General Principles

Treatment should 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 may be sought from the CCG's Individual Funding Request (IFR) Panel by submission of an IFR application.

1. Clinicians should assess their patients against the criteria within this policy prior to treatment.

2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment.

3. 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.

4. 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)

5. 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)

Background

Gallstones are small stones, usually made of cholesterol, that form in the gallbladder.

About 15% of adults are thought to have gallstone disease. Of these, around 80% have asymptomatic gallbladder stones (stones that are only found in the gallbladder and that cause no symptoms). They are often found by investigations for other conditions, and adults with asymptomatic gallbladder stones may never develop symptoms or complications.

Around 20% of people with the condition have symptomatic gallstone disease. The symptoms of gallstone disease range from mild, non-specific symptoms that can be difficult to diagnose, to severe pain and/or complications that are often easily recognised as gallstone disease by healthcare professionals.

Adults with mild, non-specific symptoms of gallstone disease may think their symptoms are caused by other conditions, or they may be misdiagnosed and have unnecessary investigations and treatment. This can have a negative effect on their quality of life and can be an unnecessary cost for the NHS. There is a need to identify whether there are any specific signs, symptoms or risk factors for gallstone disease and the best method of diagnosing it.

POLICY – CRITERIA TO ACCESS TREATMENT

The removal of the gallbladder for asymptomatic gallstones is regarded as a procedure of low clinical value and therefore not routinely funded by the Commissioner.

1. A watch-and-wait approach is recommended for asymptomatic gall stones, with referral for active treatment only recommended if the stones begin to cause symptoms.

2. The removal of the gallbladder for asymptomatic (or symptoms subsequently deemed related to) gallstones is commissioned for patient fulfilling any one of the following criteria;

   Treatment for patients fulling any one of the criteria should be in line with NICE CG188 and the associated quality standard.

   a) Patients with diabetes mellitus/transplant recipient patients/patients with cirrhosis who have been managed conservatively and subsequently develop symptoms

   b) Where there is clear evidence of patients being at risk of gallbladder carcinoma

   c) Where there is clear evidence of patients being at risk of gallbladder complications

   d) Confirmed episode of gall stone induced pancreatitis

   e) Confirmed episode of cholecystitis

   f) Episode of obstructive jaundice caused by biliary calculi

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.

An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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: somccg.pals@nhs.net

References

The following sources have been considered when drafting this policy:

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