

**LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED
TRANSANAL RESECTION OF THE RECTUM (STARR)
SECONDARY CARE PRIOR APPROVAL POLICY**

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Application Form	LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL RESECTION OF THE RECTUM (STARR) PRIOR APPROVAL APPLICATION FORM

**LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL
RESECTION OF THE RECTUM (STARR) SECONDARY CARE PRIOR
APPROVAL POLICY**

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LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL RESECTION OF THE RECTUM (STARR) SECONDARY CARE PRIOR APPROVAL POLICY

VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.v1	July 17	Change CSU template to SCCG template
1516.v1a	July 17	Removal of significant functional impairment to fall in line with all policies

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20160303 1516.v1
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LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL RESECTION OF THE RECTUM (STARR)

Laparoscopic Ventral Rectopexy & Stapled Transanal Resection of the Rectum (STARR) is not routinely funded by the CCG

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. 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. 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.
5. 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.
6. 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.
7. 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)
8. 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

Laprascopic Ventral Rectopexy & STARR

Treatment for full thickness prolapse can often present as an emergency and does not require Prior Approval.

If the Multidisciplinary Team agrees ventral mesh rectopexy or STARR is the most appropriate treatment for the patient's condition, a request for Prior Approval should be made to the relevant Commissioner.

Policy – Criteria to Access Treatment – PA

Surgical treatment will only be provided by the NHS for patients meeting criteria set out below:

1. Each patient to be considered by a Multidisciplinary pelvic floor team, consisting of a Gynaecological Surgeon, a Colorectal Surgeon and Pelvic Floor Physiologists and will not be quorate unless a representative from each of these groups is present;

AND The MDT confirms that:

2. They recommend this treatment for this patient over all alternatives
3. The potential benefit outweighs potential harms
4. The MDT is satisfied that the necessary capacity and expertise available to handle this intervention is in place in the proposed delivery setting

AND

5. Conservative Management has been tried and has failed
 - a) This includes a selection of the following appropriate for the individual:
Dietary advice; pelvic floor exercises; osmotic and stimulant laxatives; bulking agents and antispasmodics; glycerine and bisacodyl suppositories and biofeedback.

AND

6. The patient has unresolved faecal incontinence or obstructed defecation syndrome

AND

7. The risks, benefits, and side effects of the procedure have been discussed with the patient, and the patient wishes to be considered for this treatment.

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 demonstrate 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:

- 1 BNSSG IFR Policy 1516.1