

VISUAL ACUITY - LASER SURGERY TO CORRECT INDIVIDUAL FUNDING REQUEST POLICY

Version:	1819.v1.2
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Application Form	Generic IFR Application

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INDIVIDUAL FUNDING REQUEST POLICY
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VERSION CONTROL

Document Status:	Current policy
Version:	1819.v1.2

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	2015	Removed from SCCG Guidance for Clinicians Documents to individual policy
1516.v1.1	July 2017	Change CSU template to SCCG template
1516.v1.1a	June 2018	3 year review, update template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20151203 v1a
Quality Impact Assessment QIA. Date:	April 2018
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1 GENERAL PRINCIPLES

- 1.1 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
- 1.2 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking surgery
- 1.3 The CCG does not commission surgery for cosmetic purposes alone
- 1.4 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
- 1.5 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
- 1.6 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
- 1.7 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
- 1.8 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
- 1.9 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)
- 1.10 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)
- 1.11 Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year

2 POLICY CRITERIA

- 2.1 Excimer Laser Eye Surgery to correct visual acuity is not commissioned by the CCG for treatment of visual acuity

3 BACKGROUND

- 3.1 Visual acuity refers to the ability to discern the shapes and details of the things you see. It's just one factor in the overall vision
- 3.2 Laser surgery isn't usually available on the NHS because other treatments, such as glasses or contact lenses, are considered to be equally if not more effective

4 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS

- 4.1 Individual cases may be reviewed at the Commissioner's Individual Funding Requests Panel where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy
- 4.2 Completion of a **Generic IFR Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 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
- 4.5 IFR applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 4.6 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

5 ACCESS TO POLICY

5.1 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

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

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 NHS Choices. (2014, September 7). NHS Choices - Treating Long-Sightedness. Retrieved November 17, 2015, from <http://www.nhs.uk/Conditions/Long-sightedness/Pages/Treatment.aspx>

6.2 NHS Choices. (2015, September 2). NHS Choices - Treating Short-Sightedness. Retrieved November 17, 2015, from <http://www.nhs.uk/Conditions/Short-sightedness/Pages/Treatment.aspx>