

VARICOSE VEIN SURGERY PRIOR APPROVAL (PA) POLICY

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Application Form	<p>Varicose Vein Primary Care ERS PA form Secondary Care Prior Approval Application form</p>

**VARICOSE VEIN SURGERY
PRIOR APPROVAL POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	1920.v3a

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
1718.v3	March 2019	'Regard' to Section 14Z8 of the NHS Act 2006. IFR replaced with EBI name change. Template update

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1617.v1
Quality Impact Assessment QIA. Date:	March 2018 V1
Sponsoring Director:	Sandra Corry
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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 corrective 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
- 1.11 Where funding approval is given by the Evidence Based Interventions Panel, it will be available for a specified period of time, normally one year

2 POLICY CRITERIA – PRIOR APPROVAL

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

- 2.1 a documented history of recurrent superficial thrombophlebitis or a single episode of ascending (migratory) thrombophlebitis
 - 2.1.1 spontaneous bleeding (not including spontaneous bruising)
 - 2.1.2 **severe** trophic skin changes
 - 2.1.3 lipodermatosclerosis, atrophie blanche
 - 2.1.4 **extreme** Varicose eczema associated with varicose veins
 - 2.1.5 venous leg ulceration with evidence of varicose veins

2.3 Patients not suitable for NHS vascular surgical treatment

- 2.3.1 Patients with no symptoms or skin changes associated with venous disease
- 2.3.2 Patients whose concerns are cosmetic including telangiectasia and reticular veins
- 2.3.3 Patients with mild symptoms including itch, ache, mild swelling, minor changes of skin eczema and haemosiderosis
- 2.3.4 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

3 BACKGROUND

- 3.1 Varicose veins treatment is not routinely funded by the CCG and is subject to this restricted policy
- 3.2 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.
- 3.3 **Patients who present with varicose veins should be given;**
 - An explanation of what varicose veins are
 - Possible causes of varicose
 - Address any misconceptions the person may have about the risks of developing complications

- veins
- The likelihood of progression and possible complications, including deep vein thrombosis, skin changes, leg ulcers, bleeding and thrombophlebitis
- Treatment options, including symptom relief, an overview of interventional treatments and the role of compression

4 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

- 4.1 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
- 4.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward
- 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 EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context
- 4.5 EBI 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 This policy has been reviewed in the light of the revised NICE guidance CG168 published July 2013
- 6.2 Thelwall 2015 Obesity & the risk of wound infection following surgery
<https://www.ncbi.nlm.nih.gov/pubmed/26197212>
- 6.3 BNSSG Clinical Commissioning Group
- 6.4 Evidence Based Interventions Guidance for CCGs November 2018