

Low Priority Procedures (LPP) NHS Policy and Procedure

Introduction

In today's times of financial constraints there is a need to improve value by focusing on reducing or stopping the commissioning of procedures of limited or lower clinical value on the basis of available current medical evidence.

The NHS must demonstrate that it is making the most effective use it can of public money to deliver quality healthcare. There are policies in place in Devon which set out an overview of the interventions or procedures considered to be of low clinical priority, such as surgery for cosmetic reasons. The role of the commissioner is to ensure that public funding is directed to best meet the identified health needs of the population and therefore must take a view on population level prioritisation of relevant interventions and treatments.

Exceptionality

Commissioning, by its very nature, focusses on the high level. However, it is recognised that every patient is an individual and that there may be particular circumstances which give grounds for funding treatment in an individual case contrary to the decision not to fund in general.

In making a case for special consideration it needs to be demonstrated that:

- The patient is significantly different to the general population of patients with the condition in question;
and
- The patient is likely to gain significantly more health benefit from the intervention than might be normally expected from patients with that condition.

The fact that a treatment is likely to be efficacious for a patient is not in itself, a basis for exceptionality.

Process and Procedure

A referral to secondary care services should not be made prior to approval for the procedure being given by the Restricted Treatment Funding Panel, unless the relevant criteria.

The Panel, consisting of clinicians and commissioning managers meets on a monthly basis.

All applications should be made in writing by the patients GP. The Panel is unable to accept requests for funding directly from the patient.

Following the meeting of the Panel, the decision will be conveyed to the requesting GP. It is the responsibility of the requesting GP to convey the decision of the Panel to the patient in a timely manner. Should a negative decision be reached, details of the Appeals and Complaints process will also be provided.

Applications for consideration for funding approvals should be sent to:

Restricted Treatment Funding Panel, Bridge House, Collett Way, Newton Abbot, Devon, TQ12 4PH

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Blepharoplasty (Upper and Lower Lid) Including Brow Lift

Blepharoplasty (eyelid Surgery) and brow lift is regarded as a low priority procedure and is therefore not routinely funded by the NHS.

Blepharoplasty with and without brow lift will be funded when the following criteria are met:

- Impairment of visual fields in the relaxed, non-compensated state: Evidence will be required that eyelids impinge on visual fields, reducing field to 120 degrees laterally and 40 degrees vertically (20 above and 20 below)
- Correction of ectropion (eyelid turns outwards) or entropion (eyelid turns inwards towards the eye) with ocular irritation and causing functional implications.

The average cost to have this procedure privately is approximately £2,000 (bilateral)

Meibomian Cysts (Chalazia)

The removal of a benign skin lesion, wherever it appears on the body is regarded as a procedure of low clinical priority. Surgery to improve appearance alone is not provided.

Meibomian Cysts are benign, granulomatous lesions of the upper or lower eyelid that will normally resolve within 6 months with conservative management.

Conservative treatment consists of regular (for time a day) application of heat packs and massage.

Incision and curettage of meibomian cysts will be funded where the following criteria are met:

- The meibomian cyst has been present continuously for more than 6 months
- Where conservative treatment has failed

AND IS EITHER

- Present on the upper eyelid and interfering with vision **OR** The meibomian cyst is regularly infected (eg: 2 times within six month time frame) and in need of medical treatment for infection

Meibomian cysts that keep recurring or have atypical features require biopsy to rule out malignancy. Suspected eyelid malignancy should be referred for specialist opinion.

Once it is established that a lesion is a simple meibomian cyst and that it is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding.

Exceptions – Meibomian Cysts may cause astigmatism and visual development could potentially be at risk up until the age of 10. In these circumstances the removal of the cyst may be undertaken as an exception to the decision not to fund the procedure.

The average cost to have this procedure privately is approximately £308 per cyst.

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Benign Skin Lesions

The removal of a benign skin lesion, wherever it appears on the body is regarded as a procedure of low clinical priority. Surgery to improve appearance alone is not provided.

The below list gives examples of lesions covered by the policy but is not exhaustive:

- Benign pigmented melanocytic naevi (moles)
- Dermatofibromas (skin growths)
- Hair Removal
- Lipomata (fat deposits underneath the skin)
- Molluscum Contagiosum
- Port wine stains
- Post acne scarring
- 'Sebaceous' cysts (pilar and epidermoid cysts)
- Seborrhic keratoses (benign skin growths, basal cell papillomas, warts)
- Skin tags
- Spider naevi
- Telangectasia
- Thread veins
- Warts and Plantar Warts
- Xanthelasmas (cholesterol deposits underneath the skin)

Diagnostic Uncertainty - Suspected malignancy should be referred via the two week wait suspected cancer system (with the exception of suspected basal cell carcinoma). Skin lesions are often referred for specialist opinion because of concerns that there may be malignancy.

Once it is established that a lesion is not malignant its removal will not normally be funded by the NHS though a clinician may request exceptional funding.

Patients who are not eligible for treatment under the Benign Skin Lesions policy as with all restricted treatment policies may be considered on an individual basis where their GP or consultant believes there is an exceptional clinical need that warrants a deviation from the rules of this policy.

ALL REFERRALS FOR LOW PRIORITY PROCEDURES ARE TO BE MADE VIA THE GP (PATIENT TO BE REFERRED TO THEIR GP FOR APPLICATION FOR EXCEPTIONAL TREATMENT FUNDING)