Procedures of Low Clinical Priority
(NHS Cheshire and Merseyside Commissioning Policy)

Version 9 – 15 October 2025

NOTE:
April 2023 – Document updated to reference Cheshire and Merseyside Integrated Care Board (ICB) harmonised policies.
September 2023 – Document updated to include hyperlinks to ICB harmonised policies.
18 March 2024 – Document updated to include additional hyperlinks to ICB harmonised policies.
17 July 2024 – Document updated to reinsert unilateral breast reduction policy and update IFR Team telephone number and address
10 June 2025 – Document updated to include additional hyperlinks to ICB harmonised policies.
25 September 2025 – Updated document to include interim varicose veins policy.
15 October 2025 – Dupuytren's Contracture release in adults policy updated to remove medication no longer available in UK

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	Previous CCG PLCP documents for – NHS Cheshire West CCG, NHS Cheshire East CCG, NHS Warrington CCG, NHS Halton CCG, NHS Knowsley CCG, NHS St Helens CCG, NHS Liverpool CCG, NHS Sefton CCG and NHS Wirral CCG.
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Document control:		
Date:	**Version Number:**	**Section and Description of Change**
2017	1	First published by individual CCG organisations NHS Eastern Cheshire, NHS West Cheshire, NHS South Cheshire and NHS Vale Royal.
April 2019	2	Single policy adopted and ratified by NHS Cheshire CCG
April 2023	3	Policy amended to illustrate removal of policy positions as superseded by Cheshire and Merseyside ICB policies 01/04/2023 as referenced and as listed in Appendix 5. Readers should note the following standalone NHS Cheshire CCG commissioning policies are documented separately, outside of this document, these will be subject to review and update as part of the ICB's policy harmonisation programme of work: • Continuous Glucose Monitoring • Gluten Free • Subfertility
September 2023	4	Policy document amended to include hyperlinks to ICB policies (Phase 1).
18 March 2024	5	Policy document amended to include additional hyperlinks to ICB policies (Phase 2).
17 July 2024	6	Policy document amended to reinsert unilateral breast reduction policy and amend IFR Team telephone number, email and address
10 June 2025	7	Policy document amended to include additional hyperlinks to ICB policies (Phase 3).
26 September 2025	8	Document updated to include interim policy for varicose veins
15 October 2025	9	Document updated with link to revised Dupuytren's Contracture release in adults policy to remove references to collagenase as a treatment as this is no longer available in the UK

Contents

A. INTRODUCTION

Integrated Care Boards (ICB's) are legally obliged to have in place and publish arrangements for making decisions and adopting policies on whether particular health care interventions are to be accessed. This document is intended to be a statement of such arrangements made by the ICB and act as a guidance document for patients, clinicians and other referrers in primary and secondary care. It sets out the eligibility criteria under which NHS Cheshire and Merseyside ICB will commission the service, either via existing contracts or on an individual basis. It gives guidance to referrers on the policies of the ICB in relation to the commissioning of procedures of low clinical priority, thresholds for certain treatment and those procedures requiring individual approval.

In making these arrangements, the ICB have given regard to relevant legislation and NHS guidance, including their duties under the National Health Service Act 2006, the Health and Social Care Act 2012, Equality legislation – duties discharged under the Public Sector Equality Duty 2011, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, the Joint Strategic Needs Assessment, relevant guidance issued by NHS England and the NHS Constitution.

The ICB has a duty to secure continuous improvement in the quality of services and patient outcomes but are also under a duty to exercise their functions effectively, efficiently and economically. Therefore, health benefits must be maximised from the resources available. As new services become available, demand increases and procedures that give maximum health gain must be prioritised. This means that certain procedures will not be commissioned by the ICB unless exceptional clinical grounds can be demonstrated. The success of the scheme will depend upon commitment by GPs and other clinicians to restrict referrals falling outside this protocol.

The NHS Standard Contract requires that the provider must manage referrals in accordance with the terms of any Prior Approval Scheme. If the provider does not comply with the terms of any Prior Approval Scheme in providing a service, the commissioners will not be liable to pay for that service. This includes compliance with terms SC28 to SC31 of the contract which specifically reference procedures included in this policy.

ICB's will not pay for activity unless it meets the criteria set out in the document or individual approval has been given and the Referral and Approval Process as set out has been followed. This prior approval scheme will be incorporated into all NHS standard NHS contracts agreed by ICBs. Compliance with this policy will be monitored via regular benchmarking reports and case note audits.

To support this approach a set of Core Clinical Eligibility Criteria have been developed and are set out below; patients may be referred in accordance with the referral process if they meet these criteria. In some limited circumstances, a 'Procedure of Lower Clinical Priority' (PLCP) may be the most clinically appropriate intervention for a patient. In these circumstances, agreed eligibility criteria have been established and these are explained in the later sections of the document, if the criteria are met the procedure will be commissioned by the ICB.

B. CORE CLINICAL ELIGIBILITY

Patients may be referred in accordance with the referral process where they meet any of the following Core Clinical Eligibility criteria:

- All NICE Technology Appraisals will be implemented.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually available on the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis. Any patient who needs urgent treatment will always be treated.
- No treatment is completely ruled out if an individual patient's circumstances are exceptional. Requests for consideration of exceptional circumstances should be made to the patient's responsible ICB – see the exceptionality criteria in this policy and the contact details at Appendix 1.
- Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress.

C. REFERRAL & APPROVAL PROCESS

Interventions specified in this document are not commissioned unless clinical criteria are met, except in exceptional circumstances. Where clinical criteria are met treatment identified will form part of the normal contract activity.

If a General Practitioner/Optometrist/Dentist considers a patient might reasonably fulfil the eligibility criteria for a Procedure of Lower Clinical Priority, as detailed in this document (i.e. they meet the specific criteria listed for each treatment) the General Practitioner/Optometrist/Dentist should follow the process for referral. If in doubt over the local process, the referring clinician should contact the General Practitioner. Failure to comply with the local process may delay a decision being made. The referral letter should include specific information regarding the patient's potential eligibility.

Diagnostic procedures to be performed with the sole purpose of determining whether or not a Procedure of Lower Clinical Priority is feasible should not be carried out unless the eligibility criteria are met or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the ICB as an exceptional case.

The referral process to secondary care will be determined by the responsible ICB's. Referrals will either:

Have received prior approval by the ICB.
OR
Clearly state how the patient meets the criteria.
OR
Be for a clinical opinion to obtain further information to assess the patient's eligibility.

GPs should not refer unless the patient clearly meets the criteria as this can raise unrealistic expectations for the patient and lead to disappointment. In cases where there may be an element of doubt the GP should discuss the case with the IFR Team in the first instance.

If the referral letter does not clearly outline how the patient meets the criteria, then the letter should be returned to the referrer for more information and the ICB notified. Where a GP requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given to the GP and the patient returned to the GP's care, in order for the GP to make a decision on future treatment.

The secondary care consultant will also determine whether the procedure is clinically appropriate for a patient and whether the eligibility criteria for the procedure are fulfilled or not and may request additional information before seeing the patient. Patients who fulfil the criteria may then be placed on a waiting list according to their clinical need. The patient's notes should clearly reflect exactly how the criteria were fulfilled, to allow for case note audit to support contract management. Should the patient not meet the eligibility criteria this should be recorded in the patient's notes and the consultant should return the referral back to the GP with a copy to the ICB, explaining why the patient is not eligible for treatment.

Should a patient not fulfil the clinical criteria but the referring clinician is willing to support the application as **clinically exceptional**, the case can be referred to the IFR Team for assessment contact details for the IFR team can be found in Appendix 1.

Where the treatment has changed in the middle of a care pathway and a decision to treat has been made based on the old criteria the treatment can be completed i.e. if the patient has been listed for surgery. Where a clinical decision as to the nature of treatment has not yet been made then the new criteria should be applied with immediate effect.

D. EXCEPTIONALITY

In dealing with exceptional case requests for an intervention that is considered to be a poor use of NHS resources, the ICB have endorsed through the ICB Alliance the following description of exceptionality contained in a paper by the NW Medicines and Treatment Group:

- *The patient has a clinical picture that is significantly different to the general population of patients with that condition* ***and as a result of that difference****; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition.*

The ICB are of the opinion that exceptionality should be defined solely in clinical terms. To consider social and other non-clinical factors automatically introduces inequality, implying that some patients have a higher intrinsic social worth than others with the same condition. It runs contrary to a basic tenet of the NHS namely, that people with equal need should be treated equally. Therefore non-clinical factors will not be considered except where this policy explicitly provides otherwise.

In essence, exceptionality is a question of equity. The ICB must justify the grounds upon which it is choosing to fund treatment for a particular patient when the treatment is unavailable to others with the condition.

E. PSYCHOLOGICAL DISTRESS

Psychological distress alone will not be accepted as a reason to fund surgery except where this policy explicitly provides otherwise. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery.

Unless specifically stated otherwise in the policy, any application citing psychological distress will need to be considered as an IFR. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention.

F. PERSONAL DATA (INCLUDING PHOTOGRAPHS)

In making referrals to the IFR Team, clinicians and other referrers in primary and secondary care should bear in mind their obligations under the Data Protection Act 1998 and their duty of confidence to patients. Where information about patients (including photographs) is sent to the IFR Team and is lost or inadvertently disclosed to a third party before it is safely received by the IFR Team, the referrer will be legally responsible for any breach of the Data Protection Act 1998 or the law of confidence.

Therefore, please consider taking the following precautions when using the Royal Mail to forward any information about patients including photographic evidence: Clearly label the envelope to a named individual i.e. first name & surname, and job title.
Where your contact details are not on the items sent, include a compliment slip indicating the sender and their contact details in the event of damage to the envelope or package.

Use the Royal Mail Signed for 1st Class service, rather than the ordinary mail, to reduce the risk of the post going to the wrong place or getting lost.

Information in Payment: Costs incurred for photographic evidence will be the responsibility of the referrer. Photographic evidence is often required in cases which are being considered on exceptionality. They are reviewed by clinical member/s of the IFR team only.

G. MEDICINES MANAGEMENT

Prior approval for treatment should always be sought from the responsible Medicine Management Team when using medicines as follows:

- Any new PbR excluded drug where the drug has not yet been approved/prioritised for use in agreement with the local ICB.
- Any existing PbR excluded drugs to be used outside of previously agreed clinical pathways/indication.
- Any PbR excluded drugs that are being used out with the parameters set by NICE both in terms of disease scores or drug use. It must not be assumed that a new drug in the same class as one already approved by NICE can be used, this must be subject to the process in Point 1.
- Any drug used out with NICE Guidance (where guidance is in existence).
- Any proposed new drug/new use of an existing drug (whether covered by NICE or PBR excluded or not) should first be approved by the relevant Area Medicines Management Committee, and funding (where needed) agreed in advance of its use by the relevant ICB.
- Any medicines that are classed by the ICB as being of limited clinical value.
- Any medicines that will be supplied via a homecare company agreement.

The Clinical Commissioning Group does not expect to provide funding for patients to continue treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.

Conditions & Interventions: The conditions & interventions have been broken down into speciality groups.

GPs should only refer if the patient meets the criteria set out or individual approval has been given by the ICB as set out in the ICB's process as explained above. Requests for purely cosmetic surgery will not be considered except where this policy explicitly provides otherwise. Patients meeting the core clinical eligibility criteria set out above can be referred, all other referrals should be made in accordance with the specified criteria and referral process. The ICB may request photographic evidence to support a request for treatment.

From time to time, ICB's may need to make commissioning decisions that may suspend some treatments/criteria currently specified within this policy.

Where ICB's have variations in their local clinical policies/pathways or clinical thresholds then this will be highlighted in the comments section indicating there is a local icb addendum.

H. EVIDENCE

At the time of publication the evidence presented was the most current available. Where reference is made to publications over five years old, this still represents the most up to date view.

I. POLICIES

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
1. Complementary Therapies				
1.1	**Complementary Therapies**	CMICB_Clin067 – Complementary and alternative therapies		
2. Dermatology				
2.1	**Skin Resurfacing Techniques (including laser dermabrasion and chemical peels)**	CMICB_Clin055 - Treatment (laser or chemical peels) for scarring		
2.2	**Surgical or Laser Therapy Treatments for Minor Benign Skin Lesions e.g. sebaceous cyst**	CMICB_Clin005 – Benign skin lesions		
2.4	**Treatments for Skin Pigment Disorders**	CMICB_Clin009 – Camouflage Treatment for Skin Pigmentation and other disorders		
2.5	**Surgical/Laser Therapy for Viral Warts (excluding Genital Warts) from Intermediate Tier/ Secondary Care Providers**	CMICB_Clin050 - Viral Warts - Referral to Secondary Care		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
2.6	**Secondary Care treatment for Acne Vulgaris**	CMICB_Clin051 - Acne Vulgaris - secondary care treatment		
2.7	**PMLE (Polymorphic Light Eruption) Treatment - Desensitising Light Therapy using UVB (ultra-violet shortwave) or PUVA (Psoralen combined with UVA)**	CMICB_Clin054 - Polymorphic light eruption treatment		
3. Diabetes				
3.1	**Continuous Glucose Monitoring (CGM) Systems for Continuous Glucose Monitoring in Type 1 Diabetes Mellitus**	*At the NHS Cheshire & Merseyside ICB Board Meeting held on 27 October 2022, it was agreed that the former CCG commissioning polices in respect of CGMs be retired, and the recommendations within NICE guidance NG17, NG18 and NG28 be adopted.*		
3.2	**Monogenic Diabetes Testing Maturity Onset Diabetes of the Young (MODY)**	CMICB_Clin031 – Monogenic Diabetes Testing		
4. ENT				
4.1	**Adenoidectomy**	CMICB_Clin002 – Adenoidectomy		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
4.2	**Pinnaplasty – for Correction of Prominent Ears**	CMICB_Clin101 - Pinnaplasty for prominent ear		
4.3	**Insertion of Grommets for Glue Ear (otitis media with effusion)**	CMICB_Clin023 – Grommets for glue ear in children		
4.4	**Tonsillectomy for Recurrent Tonsillitis (excluding peri-tonsillar abscess) Adults and Children**	CMICB_Clin046 – Tonsillectomy		
4.5	**Surgical Remodelling of External Ear Lobe**	CMICB_Clin045 – Split (cleft) Earlobe, surgical repair		
4.6	**Use of Sinus X-ray**	CMICB_Clin044 – Sinus X-Ray		
4.7	**Rhinoplasty - Surgery to Reshape the Nose**	CMICB_Clin102 - Reshaping the nose (Rhinoplasty / Septoplasty): surgical management to address cosmetic appearance or associated respiratory impairment		
4.8	**Septorhinoplasty**			
4.9	**Surgery of Laser Treatment of Rhinophyma**	CMICB_Clin041 - Rhinophyma, surgical management		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
4.10	**Ear Wax removal including microsuction (excluding primary care)**	CMICB_Clin057 – Ear wax removal - secondary care referral		
5. Equipment				
5.1	**Use of Lycra Suits**	CMICB_Clin071 – Lycra™ Suits and Orthotics (Dynamic Elastomeric Fabric Orthoses)		
6. Fertility				
6.1	**Infertility Treatment for Subfertility e.g. medicines, surgical procedures and assisted conception. This also includes reversal of vasectomy or female sterilisation.**	See separate Place based policies.	CG156 Fertility: Assessment and treatment for people with fertility problems – NICE 2013. Contraception – sterilization – NICE Clinical Knowledge Summaries 2012 http://cks.nice.org.uk/contraception-sterilization#!scenario	Individual CCG addendums apply.
7. General Surgery				
7.1	**Haemorrhoidectomy - Rectal Surgery** **Removal of Haemorrhoidal Skin Tags**	CMICB_Clin024 – Haemorrhoids, surgical management		
7.2	**Surgery for Treatment of Asymptomatic Incisional and**	CMICB_Clin083 – Minimally symptomatic inguinal hermia repair		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	Ventral Hernias **Surgical correction of Diastasis of the Recti**	CMICB_Clin014 – Diastasis (divarication) of the Recti Repair		
7.3	**Surgery for Asymptomatic Gallstones**	CMICB_Clin021 – Gallstones (Asymptomatic), Surgical Management		
7.4	**Lithotripsy for Gallstones**	Lithotripsy not routinely commissioned.		Lithotripsy rarely performed as rate of recurrence is high.
7.5	**Rectopexy and STARR (Stapled Transanal Resection of the Rectum)**	CMICB_Clin108 – Rectal Prolapse (Internal or External), Surgical Management Policy		
8. Gynaecology				
8.1	**Surgical Procedures – for the Treatment of Heavy Menstrual Bleeding** **Hysterectomy with or without Oophrectomy**	CMICB_Clin026 – Heavy Menstrual Bleeding, Hysterectomy		
8.2	**D&C (dilatation and curettage)**	CMICB_Clin025 - Heavy Menstrual Bleeding, Dilatation and Curettage		
8.3	**Hysteroscopy**	CMICB_Clin076 – Heavy menstrual bleeding – hysteroscopy policy		
8.4	**Fibroid Embolisation / uterine artery embolisation**	CMICB_Clin075 – Fibroids (myoma, leiomyoma), uterine artery embolisation (UAE)		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
8.5	**Surgical correction of vaginal/ uterovaginal prolapse**	CMICB_Clin095 - Vaginal / Uterovaginal Prolapse - Surgical management		
8.6	**Secondary Care follow up of mirena coil insertion**	CMICB_Clin078 – Intrauterine devices: secondary care checking following insertion		
9. Mental Health				
9.1	**Inpatient Care for Treatment of Chronic Fatigue Syndrome (CFS)**	CMICB_Clin066 – Chronic fatigue syndrome/Myalgic Encephalomyelitis (CFS/ME): Inpatient Management		
9.2	**Gender Dysphoria**	CMICB_Clin069 – Gender incongruence services		
9.3	**Non-NHS Drug and Alcohol Rehabilitation (non-NHS commissioned services)**	CMICB_Clin072 – Private Drug and Alcohol Rehabilitation		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
9.4	**Private Mental Health (MH) Care - Non-NHS Commissioned Services: including Psychotherapy, adult eating disorders, general in-patient care,post-traumatic stress adolescent mental health**	CMICB_Clin073 – Mental health disorders, specialist, general and non-NHS services		
10. Neurology				
10.1	**Bobath Therapy**	CMICB_Clin063 – Bobath Therapy		
10.2	**Trophic Electrical Stimulation for Facial/Bells Palsy**	CMICB_Clin062 – Idiopathic Facial Paralysis (Bell's Palsy) -Trophic Electrical Stimulation		
10.3	**Functional Electrical Stimulation (FES)**	CMICB_Clin064 – Foot Drop, Functional Electrical Stimulation (FES)		
11. Ophthalmology				
11.1	**Upper Lid Blepharoplasty - Surgery on the Upper Eyelid**	CMICB_Clin096 - Blepharoplasty and Ptosis Surgery		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
11.2	**Lower Lid Blepharoplasty - Surgery on the Lower Eyelid.**			
11.3	**Surgical Treatments for Xanthelasma Palpebrum (fatty deposits on the eyelids)**	This policy has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin005 – Benign skin lesions		
11.4	**Surgery or Laser Treatment for Short Sightedness (myopia) or Long Sightedness (hypermetropia)**	CMICB_Clin034 - Myopia, Hyperopia and Astigmatism, Laser Treatment		
11.5	**Cataract Surgery**	CMICB_Clin097 – Cataract Surgery		
11.6	**Coloured (irlens) Filters for Treatment of Dyslexia**	CMICB_Clin017 - Visual stress and reading difficulties treatment_using coloured filters or lenses		
11.7	**Intra Ocular Telescope for Advanced Age-Related Macular Degeneration**	CMICB_Clin003 - Age-Related Macular Degeneration (AMD), implantable miniature telescope (IMT)		
11.8	**Surgical Removal of Chalazion or Meibomian Cysts**	CMICB_Clin011 - Chalazia (meibomian cysts), removal		
11.9	**Surgical treatment for Proptosis/ Dysthyroid eye**	Only commissioned if: • condition caused by thyroid disease • artificial tears have been tried for at	http://patient.info/doctor/thyroid-eye-disease-pro	

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	disease	least 6 months and failed		
11.10	**Photodynamic Therapy for ARMD**	CMICB_Clin079 – Age Related Macular Degeneration (AMD)- Photodynamic Therapy		
11.11	**Multifocal (non-accommodative) intraocular lenses**	CMICB_Clin003 – Age Related Macular Degeneration (AMD) – implantable miniature telescope (IMT)		
12. Oral Surgery				
12.1	**Surgical Replacement of the Temporo-Mandibular Joint** **Temporo-Mandibular Joint Dysfunction Syndrome & Joint Replacement**	CMICB_Clin093 – Temporomandibular joint, surgical replacement		
13. Paediatrics				
13.1	**Cranial Banding for Positional Plagiocephaly**	CMICB_Clin039 - Positional Plagiocephaly/brachycephaly in children, helmet therapy		
14. Plastic & Cosmetic Surgery				
14.1	**Reduction Mammoplasty - Female Breast Reduction**	This policy for breast reduction when used to treat asymmetry has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin081 - Breast symmetrisation surgery for breast asymmetry		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
		This policy for standalone breast reduction has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin007 – Breast Reduction		
14.2	**Augmentation Mammoplasty - Breast Enlargement**	This policy for breast augmentation has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin081 - Breast symmetrisation surgery for breast asymmetry		
14.3	**Unharmonised Cheshire East and West / Wirral policy –** **Removal and/or Replacement of Silicone Implants - Revision of Breast Augmentation**	Revisional surgery will ONLY be considered if the NHS commissioned the original surgery and complications arise which necessitates surgical intervention. If revisional surgery is being carried out for implant failure, the decision to replace the implant(s) rather than simply remove them will be based upon the clinical need for replacement and whether the patient meets the policy for augmentation at the time of revision. Non-core procedure Interim Gender Dysphoria Protocol & Service Guidelines 2013/14. Where the provision of "non-core" surgeries is appropriate, the GIC should apply for treatment funding through the CCG; the GIC should endeavour to work in partnership with the CCG.	Procedures of Limited Clinical Effectiveness Phase 1 - Consolidation and repository of the existing evidence-base - London Health Observatory 2010. *Health Commission Wales. 2008 Commissioning Criteria – Plastic Surgery. Procedures of Low Clinical Priority/ Procedures not usually available on the National Health Service* Poly Implant Prothèse (PIP) breast implants: final report of the Expert Group Department of Health (June 2012). Interim Gender Dysphoria Protocol & Service Guidelines 2013/14. NHS England interim protocol NHS England (2013). Pages 13 & 14 describe non-core NHS England & CCG commissioning responsibilities.	1 in 5 implants need replacing within 10 years regardless of make. Prior to implant insertion all patients explicitly be made aware of the possibilities of complications, implant life span, the need for possible removal of the implant at a future date and that future policy may differ from current policy. Patients should be made aware that implant removal in the future might not be automatically followed by replacement of the implant.

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
14.3	**Unharmonised Mersey policy –** **Removal and/or Replacement of Silicone Implants - Revision of Breast Augmentation** (This policy covers Liverpool Place, Sefton Place, St Helens Place, Knowsley Place, Warrington Place, Halton Place)	Removal and/or replacement of silicone implants is not routinely commissioned. The removal of ruptured silicone implants will only be commissioned in the following circumstances: Where a patient has implants that have ruptured or failed, the patient should be referred back to the provider of the implants. If the clinic no longer exists or refuses to remove the implants, the NHS will remove ruptured implants or implants that have failed only but will not replace them.	Poly Implant Prothèse (PIP) breast implants: final report of the Expert Group Department of Health (June 2012). NHS Choices: PIP breast implants http://www.nhs.uk/Conditions/PIP-implants/Pages/Introduction.aspx NHS Choices: Breast Enlargement http://www.nhs.uk/Conditions/cosmetic-treatments-guide/Pages/breast-enlargement.aspx Health Commission Wales. 2008 Commissioning Criteria – Plastic Surgery. Procedures of Low Clinical Priority/ Procedures not usually available on the National Health Service	**COSMETIC SURGERY** Cosmetic surgery is often carried out to change a person's appearance in order to achieve what they perceive to be a more desirable look. Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely funded by the CCG Commissioner. 1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment. 2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment 3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor. 4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
				5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community 6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance 7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered. A good summary of Cosmetic Surgery is provided by NHS Choices. Weblink: http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx and http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
14.4	**Mastopexy - Breast Lift**	CMICB_Clin030 – Mastopexy (breast lift)		
14.5	**Surgical Correction of Nipple Inversion**	CMICB_Clin035 – Nipple inversion, surgical correction		
14.6	**Male Breast Reduction Surgery for Gynaecomastia**	CMICB_Clin113 – Gynaecomastia surgery		
14.7	**Hair Removal Treatments including Depilation Laser Treatment or Electrolysis – for Hirsutism**	CMICB_Clin053 – Hirsutism, hair removal treatment (photo-epilation, laser or electrolysis)		
14.8	**Surgical Treatment for Pigeon Chest**	CMICB_Clin038 – Pectus Deformity, surgical treatment		
14.9	**Surgical Revision of Scars**	CMICB_Clin103– Scars, surgical revision		
14.10	**Laser Tattoo Removal**	CMICB_Clin056 – Tattoo - laser removal		
14.11	**Apronectomy or Abdominoplasty (Tummy Tuck)**	CMICB_Clin099 – Abdominoplasty or Apronectomy (tummy tuck)		
14.12	**Other Skin Excisions/ Body Contouring Surgery e.g. Buttock Lift, Thigh Lift, Arm Lift**	CMICB_Clin006 – Body Contouring and other excisions - Buttock lift, thigh lift (thighplasty) and arm lift (brachioplasty)		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	(Brachioplasty)			
14.13	**Treatments to Correct Hair Loss for Alopecia**	CMICB_Clin052– Correction of hair loss: Alopecia areata and Alopecia androgenetica		
14.14	**Hair Transplantation**			
14.15	**Treatments to Correct Male Pattern Baldness**			
14.16	**Labiaplasty, Vaginoplasty and Hymenorrhaphy**	CMICB_Clin077 – Labiaplasty, vaginoplasty and hymenorrhaphy		
14.17	**Liposuction**	CMICB_Clin100 – Liposuction		
14.18	**Rhytidectomy - Face or Brow Lift**	CMICB_Clin042 – Rhytidectomy		
14.19	**All procedures undertaken on cosmetic grounds**	CMICB_Clin013 – Cosmetic Procedures		
15. Respiratory				
15.1	**Treatments for Snoring Soft Palate Implants and Radiofrequency Ablation of the Soft Palate**	CMICB_Clin043 – Simple snoring, surgical management		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	Sodium Tetradecyl Sulfate (STS) Injection or 'snoreplasty' **Uvulopalatoplasty and Uvulopalatopharyngopl asy**			
15.2	**Investigations and treatment for Sleep Apnoea**	CMICB_Clin074 – Sleep Apnoea or Narcolepsy referral and management		
15.3	**Sleep studies/ Hypersomnia**	CMICB_Clin074 – Sleep Apnoea or Narcolepsy referral and management		
16. Trauma & Orthopaedics				
16.1	**Low back pain and sciatica in over 16's Diagnostic, Interventions and Treatments for acute and chronic low back pain.**	See the sections below and new policy for Spinal Injections. CMICB_Clin060 – Spinal Injections for Low Back Pain CMICB_Clin086 – Low Back Pain - Imaging		
16.2	**Radiofrequency Facet Joint Denervation**	CMICB_Clin089 – Chronic Low Back Pain, Radiofrequency Denervation		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
16.3	**Fusion**	This policy has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin087 – Spinal fusion surgery for non-specific, mechanical back pain		
16.4	**Epidural Injection**	CMICB_Clin060 – Spinal Injections for Low Back Pain		
16.5	**Spinal Decompression**	CMICB_Clin088 – Spinal decompression for low back pain and sciatica policy (adults aged 16 years or older)		
16.6	**Endoscopic Laser Foraminoplasty**	CMICB_Clin018 – Endoscopic Laser Foraminoplasty		
16.7	**Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain**	CMICB_Clin012 – Chronic Low Back Pain, Peripheral Nerve Field Stimulation		
16.8	**Endoscopic Lumbar Decompression**	CMICB_Clin088 – Spinal decompression for low back pain and sciatica policy (adults aged 16 years or older)		
16.9	**Percutaneous Disc Decompression using Coblation for Lower Back Pain**			
16.10	**Non-Rigid Stabilisation Techniques**	CMICB_Clin090 – Non-rigid stabilisation techniques for degenerative disease of the lumbar spine		
16.11	**Lateral (including extreme, extra and**	CMICB_Clin087 – Spinal fusion surgery for non-specific, mechanical back pain		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	direct lateral) Interbody Fusion in the Lumbar Spine			
16.12	**Percutaneous Intradiscal Laser Ablation in the Lumbar Spine**	CMICB_Clin088 – Spinal decompression for low back pain and sciatica policy (adults aged 16 years or older)		
16.13	**Transaxial Interbody Lumbosacral Fusion**	CMICB_Clin087 – Spinal fusion surgery for non-specific, mechanical back pain		
16.14	**Therapeutic Endoscopic Division of Epidural Adhesions**	CMICB_Clin019 – Epidural Adhesions, Therapeutic Endoscopic Division		
16.15	**Automated Percutaneous Mechanical Lumbar Discectomy**	CMICB_Clin088 – Spinal decompression for low back pain and sciatica policy (adults aged 16 years or older)		
16.16	**Prosthetic Intervertebral Disc Replacement in the Lumbar Spine**	CMICB_Clin029 – Low back pain, disc replacement		
16.17	**Bone Morphogenetic Proteins - Dibotermin Alfa; Eptotermin Alpha**	Dibotermin alfa is commissioned in the following situation: The treatment of acute tibia fractures in adults, as an adjunct to standard care using open fracture reduction and intramedullary unreamed nail fixation. Eptotermin alfa is commissioned in line with its licensed indication:	Clinical effectiveness and cost-effectiveness of bone morphogenetic proteins in the non-healing of fractures and spinal fusion: a systematic review Health Technology Assessment NHS R&D HTA Programme, 2007. Clinical effectiveness and cost-effect... [Health Technol Assess. 2007] - PubMed - NCBI	

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
		Treatment of non-union of tibia of at least 9 month duration, secondary to trauma, in skeletally mature patients, in cases where previous treatment with autograft has failed or use of autograft is unfeasible.	Annals of Internal Medicine | Safety and Effectiveness of Recombinant Human Bone Morphogenetic Protein-2 for Spinal Fusion: A Meta-analysis of Individual-Participant Data June 2013 BMPs: Options, indications, and effectiveness – Journal of Orthopaedic Trauma. 2010 Mar;24 Suppl 1:S9-16.	
16.18	**Surgery for Trigger Finger**	CMICB_Clin048 – Trigger Finger release in adults		
16.19	**Hyaluronic Acid and Derivatives Injections for Peripheral Joint Pain**	CMICB_Clin036 – Osteoarthritic induced changes in peripheral joints (knee, hips, ankle & thumb), intra-articular hyaluronan (hyaluronic acid)		
16.20	**Secondary Care Administered Steroid Joint Injections**	CMICB_Clin037 – Osteoarthritis-induced joint pain, secondary care administration of intra-articular corticosteroids		
16.21	**Dupuytren's Disease Palmar Fasciectomy/Needle Faciotomy** **Radiotherapy Collagenase Injections for**	CMICB_Clin016 – Dupuytren's Contracture release in adults		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	Dupuytren's Disease **Dupuytren's Disease Surgical treatment** **Dupuytrens Contracture – conservative treatment**			
16.24	**Hip and Knee Replacement Surgery & Hip Resurfacing**	CMICB_Clin084 – Hip and knee replacement surgery		
16.25	**Diagnostic Arthroscopy for Arthritis of the Knee**	CMICB_Clin004 – Arthroscopic Surgery of the Knee for Meniscal Tears		
16.26	**Arthroscopic Lavage and Debridement for Osteoarthritis of the Knee**	CMICB_Clin028 – Knee Osteoarthritis, Arthroscopic Lavage and Debridement		
16.27	**Patient Specific Unicompartmental Knee Replacement**	ICB Policy CMICB_Clin094 – Patient-specific unicompartmental knee replacement		
16.28	**Patient Specific Total Knee Replacement**	CMICB_Clin047 – Total Knee Arthroplasty, patient specific instrumentation/implants		
16.29	**Surgical Treatment for Carpal Tunnel Syndrome**	CMICB_Clin010 – Carpal Tunnel interventions and surgery		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
16.30	**Nerve Conduction Studies for Carpal Tunnel Syndrome**	CMICB_Clin112 – Carpal Tunnel Syndrome, Nerve Conduction Testing		
16.31	**Surgical Removal of Mucoid Cysts at Distal Inter Phalangeal Joint (DIP)**	CMICB_Clin033 – Mucoid Cysts of the Fingers at the Distal Interphalangeal (DIP) Joint, surgical removal		
16.32	**Surgical Removal of Ganglions**	CMICB_Clin022 – Ganglia, surgical removal and general management		
16.33	**Hip Arthroscopy for Femoro–Acetabular Impingement**	CMICB_Clin085 – Femoroacetabular impingement syndrome, arthroscopic correction		
16.34	**Surgical Removal of Bunions/Surgery for Lesser Toe Deformity**	CMICB_Clin008 – Bunions, surgical removal		
16.35	**Surgical Treatment of Morton's Neuroma**	CMICB_Clin032 – Morton's Neuroma, surgical treatment		
16.36	**Surgical Treatment of Plantar Fasciitis**	CMICB_Clin091 – Plantar fasciitis - surgical treatment		
16.37	**Treatment of Tendinopathies Extracorporeal Shock Wave Therapy Autologous**	CMICB_Clin001 - Achilles Tendinopathy, Refractory Tennis Elbow and Plantar Fasciitis: treatment with extracorporeal shockwave therapy, autologous blood or platelet rich plasma injections		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
	Blood or Platelet Injection			
16.38	**Injections for Tendonitis (Jumpers Knee)**	CMICB_Clin061 – Patellar tendinopathy (jumper's knee) injection into the patellar tendon		
16.39	**Shoulder Arthroscopy (including arthroscopic shoulder decompression for subacromial shoulder pain)**	CMICB_Clin092 – Subacromial shoulder pain, arthroscopic shoulder decompression surgery		
16.40	**Hip Injections**	CMICB_Clin059 – Hip pain, intra-articular injections of corticosteroids		
17. Urology				
17.1	**Circumcision**	CMICB_Clin104 – Penile circumcision in children and young people under 16 years		
17.2	**Penile Implant: A Surgical Procedure to Implant a Device into the Penis**	CMICB_Clin020 – Erectile dysfunction, penile prosthesis surgery		
17.3	**Erectile Dysfunction – secondary care**	CMICB_Clin110 – Erectile Dysfunction – secondary care referral		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
17.4	**Male sterilisation under Local Anaesthetic**	These policies have been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin106 - Male Sterilisation - secondary care management		
	Male sterilisation under General Anaesthetic			
17.5	**Reversal of Male Sterilisation**	ICB Policy CMICB_Clin040 – Reversal of Male Sterilisation		
17.6	**ESWT (extracorporeal shockwave therapy) for Prostadynia or Pelvic Floor Syndrome**	CMICB_Clin111 – Chronic Pelvic Pain Syndrome in Men, Hyperthermia, Extracorporeal Shockwave Therapy and Sacral Neuromodulation		
17.7	**Hyperthermia Treatment for Prostadynia or Pelvic Floor Syndrome**	This policy has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin111 – Chronic Pelvic Pain Syndrome in Men, Hyperthermia, Extracorporeal Shockwave Therapy and Sacral Neuromodulation		
17.8	**Surgery for Prostatism**	This policy has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin107 – Benign prostatic hyperplasia - related bladder outlet obstruction, surgical referral		
17.9	**Surgical treatment for Hydroceles – adults and children**	CMICB_Clin105 – Hydrocele - Surgical management (adults and children)		
17.10	**Surgical removal of benign epididymal cysts**	CMICB_Clin109 - Benign epididymal cyst (spermatocele) Surgical management		
18. Vascular				

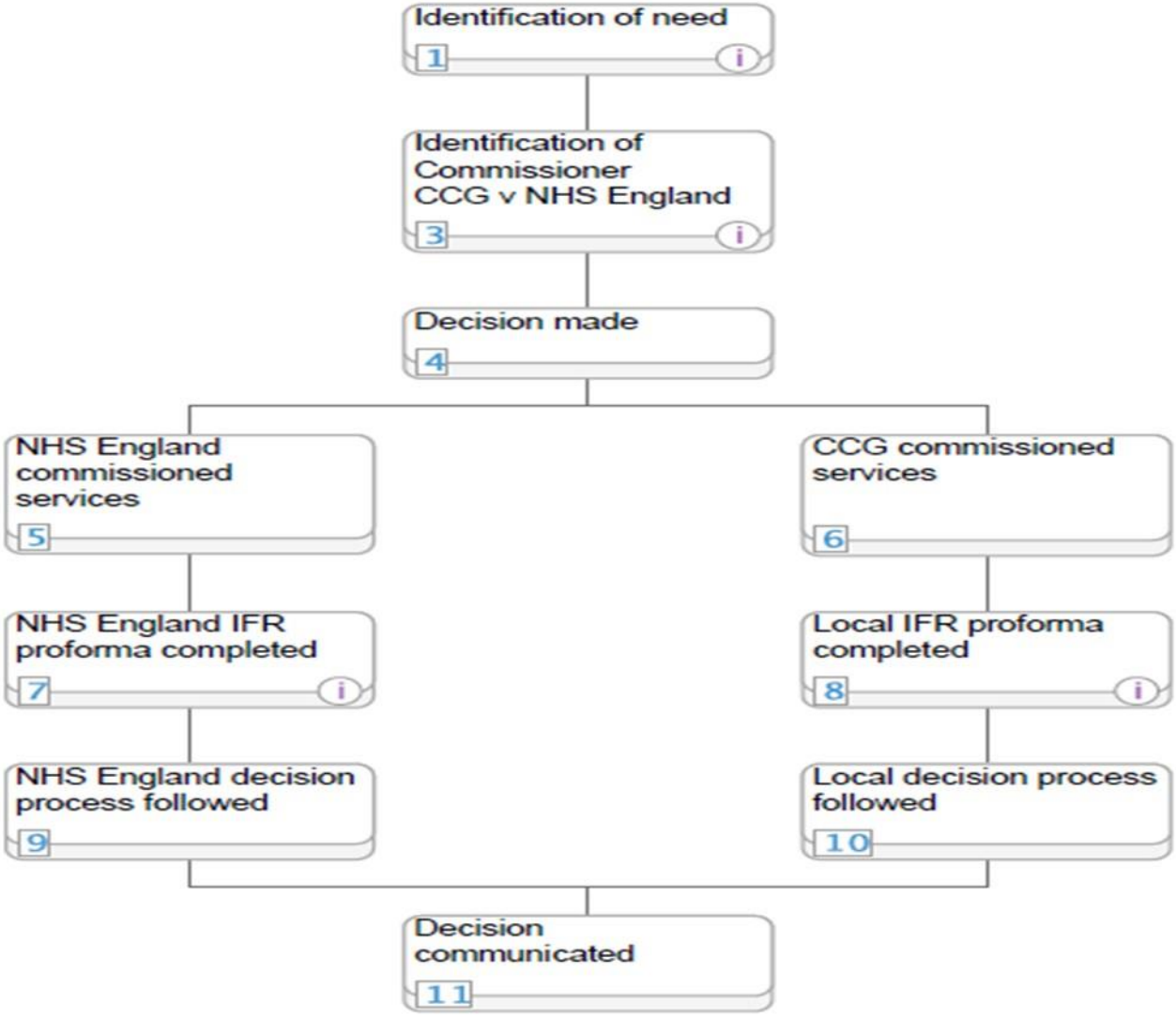
	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
18.1	**Surgery for Extreme Sweating** **Hyperhydrosis – all areas** **Surgical Resection Endoscopic Thoracic Sympathectomy**	CMICB_Clin027 – Hyperhidrosis (excessive sweating), Surgical Management		
18.2	**Chelation Therapy for Vascular Occlusions**	CMICB_Clin015 – Disodium Ethylenediaminetetraacetic Acid (EDTA) in prevention of Cardiovascular Events in patients with a previous Myocardial Infarction		
18.3	**Interim Policy Varicose Veins Interventional Treatments**	CMICB_Clin049 – Interim Varicose Veins		
19. Other				
19.1	**Botulinum Toxin A & B Used in several types of procedures e.g. to treat muscle disorders, excessive sweating hyperhidrosis) and migraine.**	The use of botulinum toxin type A is commissioned in the following indications: • Anal fissures only following a minimum of two months with standard treatment (lifestyle and topical pharmaceutical products) for chronic anal fissures that have not resulted in fissure healing; and only a maximum of 2 courses of injections. • Blepharospasm and hemifacial spasm. • Probable contracture of joint in multiple sclerosis, in conjunction with prolonged stretching modalities (i.e. in line with NICE	NICE TA260 June 2012 – Migraine (chronic) botulinum toxin type A http://guidance.nice.org.uk/TA260 Idiopathic detrusor instability - only commissioned in accordance with NICE CG171 Sept 2013 - Urinary incontinence in women http://guidance.nice.org.uk/CG171 Diagnosis and management of hyperhidrosis British Medical Journal.	

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
		Clinical Guideline 8). http://guidance.nice.org.uk/CG8 • Focal dystonia, where other measures are inappropriate or ineffective. • Focal spasticity in patients with upper motor neurone syndrome, caused by cerebral palsy, stroke, acquired brain injury, multiple sclerosis, spinal cord injuries and neurodegenerative disease, where other measures are inappropriate or ineffective. • Idiopathic cervical dystonia (spasmodic torticollis). • Prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine) that has not responded to at least three prior pharmacological prophylaxis therapies, and whose condition is appropriately managed for medication overuse (i.e. in line with NICE Technology Appraisal 260). http://guidance.nice.org.uk/TA260 • Refractory detrusitor overactivity, only line with NICE Clinical Guideline 171 (women) http://guidance.nice.org.uk/CG171 and Clinical Guideline 97 (men) http://guidance.nice.org.uk/CG97 where conservative therapy and conventional drug treatment has failed to control symptoms.		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
		• Sialorrhoea (excessive salivary drooling), when all other treatments have failed. Botulinum toxin type A is not routinely commissioned in the following indications: • Canthal lines (crow's feet) and glabellar (frown) lines. • Hyperhidrosis. • Any other indication that is not listed above The use of Botulinum Type B is not routinely commissioned. Where the use of botulinum toxin is used to treat an indication outside of the manufacturer's marketing authorisation, clinicians and patients should be aware of the particular governance requirements, including consent (which must be documented) for using drugs outside of their licensed indications. For patients with conditions which are not routinely commissioned, as indicated above, requests will continue to be considered by Cheshire & Wirral Clinical Commissioning Groups processes for individual funding requests, if there is evidence that the patient is considered to have clinically exceptional		

	Treatment / Procedure	Eligibility Criteria	Evidence	Comments
		circumstances to any other patient experiencing the same condition within Cheshire & Wirral. Requests to commission the use of botulinum toxin as an option to treat other indications, where a known cohort of patients can be identified, should be processed in accordance with the relevant CCG's defined processes. If a subsequent CCG approved policy supersedes the information above, this section will be reviewed and updated.		
19.2	**Correction of privately funded treatment**	This policy has been superseded by NHS Cheshire & Merseyside ICB Policy: CMICB_Clin068 - NHS management of patient-funded treatment carried out privately		
19.3	**Planned routine monitoring following Privately Funded Bariatric Surgery**	CMICB_Clin119 - Planned routine monitoring following Privately Funded Bariatric Surgery		
19.4	**Open MRI**	CMICB_Clin080 – Open MRI		

J. Appendix 2 – IEFR Process



K. Appendix 3 – IEFR Panel Contact Details

IFR contact information follows, however please refer to the ICB IFR policy for more information:

CONFIDENTIAL
1829 Building – Mail Account
Individual Funding Request Team (MLCSU)
Countess of Chester Hospital NHS Foundation Trust
Liverpool Road, CHESTER, Cheshire CH2 1UL
Telephone: 01782 916876

Email address - Ifr.manager@nhs.net

L. Appendix 4 – Fusion Surgery – Clinical exceptions permitted

This policy has been superseded by NHS Cheshire & Merseyside ICB Policy:

CMICB_Clin087 – Spinal fusion surgery for non-specific, mechanical back pain