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North of England
Commissioning Support

VALUE BASED CLINICAL COMMISSIONING POLICIES CLARIFICATIONS

OCTOBER 2018

For inclusion in revised VBCC Policy - V6.1

Intended implementation date of VBCC Policy V6.1 – 01/11/18

Value Based Clinical Commissioning Policies
Clarifications to Policies – October 2018

The below list is a set of clarifications on existing policies or where specific guidance has been released to commissioners which requires incorporation within the VBCC Policy.

1. Nipple Tattooing

Clarification to be added to policy:

Nipple Tattooing to be added under a separate policy under the title of 'Revisions of Breast Reconstruction Surgery and Repeated Courses of Nipple Tattooing', in order to provide clarity around all elements of the breast reconstruction process. The policy will read as follows:

Revisions of Breast Reconstruction Surgery and Repeated Courses of Nipple Tattooing

Background: Breast reconstruction is surgery to make a new breast after removal of the breast or part of the breast due to cancer. The aim is to make a breast of similar size and shape to the original breast. Breast reconstruction can be done at the same time as the cancer surgery (immediate reconstruction), or after cancer surgery (delayed reconstruction) and may involve the use of implants to achieve the desired effect. Nipple tattooing is also a recognised procedure in relation to breast reconstruction surgery following treatment for breast cancer in order to improve the appearance of the breast.

Policy: A full course of treatment will be funded for patients undergoing either immediate or delayed breast reconstruction surgery, to include all aspects of the reconstruction. This includes the provision of implant(s) for the reconstruction, and one course of treatment for Nipple Tattooing.

Revisions of reconstruction surgery for purely cosmetic reasons and further courses of Nipple Tattooing will not be funded.

Please Note: Breast Reconstruction Surgery Post Mastectomy does NOT require Prior Approval

2. Septorhinoplasty

Policy to be clarified:

- Septorhinoplasty for nasal deformities

Clarification to be added to policy:

The title of the policy will now be amended to be clear that it applies to all three procedures. The title will read as follows; 'Septorhinoplasty, Rhinoplasty, and Septoplasty for nasal deformities'

Clarity will also be added to the background information, and the policy description, that the policy relates to all three procedures.

In addition, the VBC Checker site will be updated to allow a PAT to be generated under the three separate procedures.

3. Dupuytrens Contracture

Policy to be clarified:

- Dupuytren's Contracture – Surgery
- Dupuytren's Contracture – Collagenase clostridium histolyticum (CCH) Injections

Clarification to be added to policy:

Dupuytren's Contracture – Surgery; title of policy to be amended to 'Dupuytren's Contracture – Referral for Secondary Care Opinion'.

Criteria for obtaining prior funding approval to now read that patients need to have rapidly progressive disease AND interferes with lifestyle.

Clarity added to the policy that if a primary care clinician refers for a specialist opinion and includes the PAT as the criteria are fully met, then the specialist does not need to obtain a further PAT if their decision is to treat via surgery.

Dupuytren's Contracture – Collagenase clostridium histolyticum (CCH) Injections; policy to reflect consistent wording in the criteria as seen in the policy for referral for secondary care opinion, regarding interfering with lifestyle.

These changes will be reflected in the policies for Dupuytren's Contracture as detailed below:

Dupuytren's Contracture - Referral for Secondary Care Opinion

Policy: Referral for Secondary Care Opinion of Dupuytren's contracture will only be funded in accordance with the criteria specified below:

- Flexion deformity >30° at the MCP Joint or PIP Joint

OR

- Rapidly progressive disease

AND

- Contracture interferes with lifestyle and/or occupation

NB: If the above criteria are fulfilled and PAT obtained, the specialist will not need to obtain a further PAT for surgery

Dupuytren's Contracture - Collagenase clostridium histolyticum (CCH) Injections

Policy: Collagenase clostridium histolyticum (CCH) Injections

CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply:

- There is evidence of moderate disease that includes:
    - Contracture interferes with lifestyle and/or occupation

    AND

    - Metacarpophalangeal joint contracture of 30° to 60°

    AND

    - Proximal interphalangeal joint contracture of less than 30° or first web contracture

    AND

    - Up to 2 affected joints

AND

- Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon

AND

- The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available

AND

- One injection is given per treatment session by a hand surgeon in an outpatient setting.

4. Spinal Fusion

Policy to be clarified:

- Low Back Pain – Spinal Fusion

Clarification to be added to policy:

Spinal Fusions whilst previously not routinely commissioned will now be recognised as a commissioned procedure where a specific set of criteria are met, as detailed in the re-issued policy below:

Low Back Pain – Spinal Fusion

Spinal Fusions will only be funded for patients in accordance with the following criteria:

- Failed Conservative Treatment for at least 3 months (including targeted physiotherapy and appropriate analgesia)

AND

- Discussion and Agreement at Regional Spinal MDT

AND

- Symptomatic Instability (spondylolisthesis)

OR

- Destabilising Decompression

OR

- Revision of Non-Union (previous attempted fusion)

OR

- Revision discectomy

This policy excludes patients where there is evidence of Trauma, Tumour, Infection, Degenerative Scoliosis, or Progressive neurological deficit - including cord or cauda equine compression.

NB: this policy will be effective from 1st November 2018; however, for reconciliation and challenge purposes activity will only appear in challenge files from January 2019, using a Decision to Admit Date of 1st January 2019 as the date by which providers should ensure prior approval is in place.

5. Rhizolysis

Policy to be clarified:

- Low Back Pain – Radiofrequency denervation (Rhizolysis)

Clarification to be added to policy:

Criteria around non-surgical treatment including CPPP made more explicit and to address where a pain programme is not available.

Criteria relating to the intervals between treatment provided has been updated to 16 months.

This is reflected in the policy as detailed below:

Low Back Pain – Radiofrequency denervation (Rhizolysis)

Radiofrequency denervation for chronic non-specific low back pain will only be funded in accordance with the criteria below:

- Comprehensive non-surgical treatment, including CPPP where available, or where not available, analgesia, physiotherapy, and modified activity has not been successful

AND

- The main source of pain is thought to come from structures supplied by the medial branch nerve

AND

- Moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral

AND

- Positive response to a diagnostic medial branch block.

AND

Where a patient has had a previous rhizolysis then the interval should be a minimum of 16 months.

6. Continuous Glucose Monitoring

This is an additional policy to be added in response to NTAG issued guidance. The following commissioning policy document will be incorporated into the overall VBCC Policy, with corresponding criteria reflected within the VBC Checker.

Continuous Glucose Monitoring

Background: Continuous Glucose Monitoring (CGM) is a device including a sensor self-inserted subcutaneously, which records blood glucose levels through the day and night. This can help individuals with variable and unpredictable glucose levels achieve safer and more stable overall control, improve metabolic control, reduce hypoglycaemia episodes and improve quality of life.

Policy: Continuous Blood Glucose Monitors for Type 1 Diabetes will only be funded in accordance with the criteria specified below, and where requests are made by a Consultant Diabetologist :

- Disabling hypoglycaemia despite optimal self-management supported by a secondary care specialist team

OR

- Inability to recognise hypoglycaemia due to age or communicate about, symptoms of hypoglycaemia (for example, because of cognitive or neurological disabilities)

OR

- Dangerously erratic glucose levels leading to decompensated high glucose levels and diabetic ketoacidosis

OR

- For pregnant women with labile blood glucose or dangerous hypoglycaemia

OR

- Transition from paediatric care where patients are already using CGM and having demonstrated significant clinical benefit justifying ongoing provision

OR

- Children and young people who undertake high levels of physical activity at a regional, national, or international level, that despite optimal management and education is leading to suboptimal diabetes control

All initial requests are made on the basis of a short term (maximum 6 months) trial of continuous monitoring.

Where there have been successful results of the trial, a further request for long term funding should be made.

Continuous Glucose Monitoring should be discontinued after a six month trial if no improvement is demonstrated.

NB: this policy will be effective from 1st November 2018; however, for reconciliation and challenge purposes activity will only appear in challenge files from January 2019, using a Decision to Admit Date of 1st January 2019 as the date by which providers should ensure prior approval is in place.

7. Low Back Pain - Epidural and nerve root injections

Policy to be clarified:

- Low Back Pain – Epidural and nerve root injections

Clarification to be added to policy:

Criteria around non-surgical treatment including CPPP made more explicit and to address where a pain programme is not available.

Criteria updated to be consistent with the policy for Low Back Pain – Radiofrequency denervation (Rhizolysis).

This is reflected in the policy as detailed below:

Low Back Pain - Epidural and nerve root injections

Epidural and nerve root injections are not routinely funded for the treatment of non-specific low back pain.

Injections for radicular leg pain (caudal epidural, lumbar epidural, transforaminal epidural or nerve root injections) will only be funded in accordance with the criteria specified below:

- The patient has radicular leg pain (below the knee for lower lumbar herniation, into the anterior thigh for upper lumbar herniation) consistent with the level of spinal involvement

OR

- There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise-positive between 30° and 70° or positive femoral tension sign)

AND

- Comprehensive non-surgical treatment, including CPPP where available, or where not available, analgesia, physiotherapy, and modified activity has not been successful

Nerve root injections should only be performed under imaging.
Under these circumstances, a total of up to two injections will be funded per episode. The interval between two injections must be at least 6 months.

Epidural injections are not recommended or funded for neurogenic claudication caused by central spinal canal stenosis.

Nerve root injections for diagnostic purposes will be funded where Prior Approval is in place.

8. Freestyle Libre Flash Glucose Monitoring

Policy to be clarified:

- Freestyle Libre Flash Glucose Monitoring

Clarification to be added to policy:

Policy title to be amended to simply read - 'Flash Glucose Monitoring'

Background information and policy wording to be amended, where necessary, to be consistent with the new title of the policy, whilst also including reference to Freestyle Libre devices as an example of devices. Where necessary, text should read as follows; 'Flash Glucose Monitoring (for example Freestyle Libre devices)'.

9. Oculoplastic Eye Problems

Policy to be clarified:

- Oculoplastic Eye Problems – Surgery for Minor Eyelid Lesions

Clarification to be added to policy:

The final bullet point relating to criteria required to obtain a PAT currently reads; 'A suspicion of basal cell Carcinoma'.

This criteria point will now be removed from the policy.

10. Hip & Knee Revision Surgery

Policy to be clarified:

- Hip Replacement Surgery
- Knee Replacement Surgery

Clarification to be added to policy:

Statement to be added to the end of the policy text to read:

Revision Surgery for Hip/Knee replacements is not currently included within the scope of this policy.