

## VARICOSE VEIN SURGERY PRIOR APPROVAL (PA) POLICY

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| Recommendation by:                            | Somerset CCG Clinical Commissioning Policy Forum (CCPF)   |
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| Application Form                              | Primary Care ERS PA form<br>Secondary Care Prior Approval Application form  |

**VARICOSE VEIN SURGERY  
PRIOR APPROVAL POLICY**

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**VERSION CONTROL**

|                         |                |
|-------------------------|----------------|
| <b>Document Status:</b> | Current policy |
| <b>Version:</b>         | 2021.v3b       |

**DOCUMENT CHANGE HISTORY**

| <b>Version</b> | <b>Date</b>    | <b>Comments</b>  |
|----------------|----------------|--|
| 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 |
| 1920.v3a       | September 2020 | 3 year review CCPF no amendments   |

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|---|---------------|
| <b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b> | 1617.v1       |
| <b>Quality Impact Assessment QIA. Date:</b>   | March 2018 V1 |
| <b>Sponsoring Director:</b>   | Sandra Corry  |
| <b>Document Reference:</b>  | 2021.v3b      |

## **1 GENERAL PRINCIPLES (PRIOR APPROVAL)**

- 1.1 Funding approval must be secured by primary care/secondary care prior to referring/treating patients for this prior approval treatment
- 1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval 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
- 1.3 On limited occasions, we 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
- 1.4 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
- 1.5 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
- 1.6 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
- 1.7 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)
- 1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.9 Where prior approval funding is secured by the EBI service 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 spontaneous bleeding (not including spontaneous bruising)
- 2.2 a documented history of recurrent superficial thrombophlebitis or a single episode of ascending (migratory) thrombophlebitis
- 2.3 **severe** trophic skin changes
- 2.4 lipodermatosclerosis, atrophie blanche
- 2.5 venous leg ulceration with evidence of varicose veins
- 2.6 **extreme** Varicose eczema associated with varicose veins

2.3 **Patients not suitable for NHS vascular surgical treatment**

- a. Patients with no symptoms or skin changes associated with venous disease
- b. Patients whose concerns are cosmetic including telangiectasia and reticular veins
- c. Patients with mild symptoms including itch, ache, mild swelling, minor changes of skin eczema and haemosiderosis
- d. 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 veins
- The likelihood of progression and possible complications, including deep vein thrombosis, skin changes, leg ulcers, bleeding
- Address any misconceptions the person may have about the risks of developing complications
- Treatment options, including symptom relief, an overview of interventional treatments and the role of compression

and thrombophlebitis

#### **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 clinical exceptional circumstances exist that warrant deviation from the rule of this policy

4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

4.3 Applications cannot be considered from patients personally

4.4 Only electronically completed EBI applications will be accepted to the EBI Service

4.5 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

4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13;

- <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

4.7 Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.8 Where appropriate photographic supporting evidence can be forwarded with the application form

4.9 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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:** [somccq.pals@nhs.net](mailto:somccq.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