

OPEN & UPRIGHT MRI PRIOR APPROVAL POLICY

Version:	2021v2
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Application Form	Open / Upright MRI Prior Approval Application Form

**OPEN & UPRIGHT MRI
PRIOR APPROVAL POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2021.v2

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1.2	July 17	Change CSU template to SCCG template
1516.v1.2a	June 2018	3 year review, amended template
1819 v1.3	September 2020	Rebranding from IFR to EBI. Inclusion of information re Wide Bore Scanner at Musgrove Park Hospital, 3 year review CCPF no amendments

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1516.v1 November 2015
Quality Impact Assessment QIA. Date:	March 2018
Sponsoring Director:	Sandra Corry
Document Reference:	2021 v2

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

- 2.1 A Wide Bore Scanner is available at Musgrove Park Hospital, Taunton and referrals should be made to this service provider in the first instance
- 2.2 Standard enclosed MRI scans are routinely commissioned when clinically

appropriate for all NHS patients

2.3 Most people will suffer from a level of discomfort when having an MRI of the head, chest or torso but this can usually be managed through support, and perhaps even episodic prescribing of drugs to calm the patient

2.4 Please note that whilst each provider is outside the BNSSG CCG area, we are unable to reimburse accommodation or travel costs for patients. Patients on qualifying benefits may be able to access support from the Healthcare Travel Costs Scheme – more details available here - <https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

2.4 **Patients with Severe Unmanageable Claustrophobia requiring MRI of the head, chest or torso**

Patients requiring MRIs of the lower limb can access local services

Where there is clinical evidence the CCG local provision is not clinically appropriate for a patient complete the appropriate prior approval form

- a) Patients who suffer from claustrophobia where an oral prescription sedative has not been effective (flexibility in the route of sedative administration may be required in paediatric patients as oral prescription may not be appropriate)
- b) Patients who suffer from claustrophobia where an oral prescription sedative has not been effective
- c) Where there is clinical evidence the CCG local provision is not clinically appropriate for a patient complete the appropriate prior approval form

2.5 **Obese Patients Unable to Fit a Standard MRI Device**

Where there is clinical evidence the CCG local provision is not clinically appropriate for a patient complete the appropriate prior approval form

- a) Patients who are obese and cannot fit comfortably in conventional MRI scanners as determined by a Consultant Radiologist/Radiology department policy **OR**
- b) The broadness of a patients shoulders means the they would not fit the standard MRI scanning machine available

2.6 **Upright Scanning Machine**

Where there is clinical evidence the CCG local provision is not clinically appropriate for a patient complete the appropriate prior approval form

- a) Patients who cannot lie properly in a conventional MRI scanner because

of severe pain **AND**

- b) There is a clear diagnostic need consistent with supported clinical pathways

3 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

- 3.1 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
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 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

EBI applications are reviewed and considered against clinical exceptionality

- 3.6 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>
- 3.7 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
- 3.8 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.9 An application put forward for consideration must demonstrate 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

4 ACCESS TO POLICY

4.1 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

4.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 <http://www.nhs.uk/conditions/claustrophobia/pages/introduction.aspx>

5.2 BNSSG CCG