

**STRICTLY PRIVATE AND CONFIDENTIAL
APPLICATION FOR FUNDING SURGICAL INTERVENTION OF VARICOSE VEINS**

Introduction

Not all treatments or medicines are routinely funded on the NHS. However, requests to fund treatment for an individual patient are considered in line with the specific criteria outlined in the policy or on an exceptional basis. We are using this form to ascertain whether the patient meets the specific criteria. It is important to provide us with all the information requested to allow us to make a decision. If information is missing this may delay a decision being made, or even result in the application being declined due to lack of information.

Who should complete this form?

The GP, Healthcare Professional or Consultant managing the patient's care should complete the form and submit to NHS Wiltshire CCG through their Prior Approvals process. Applications cannot be considered from patients personally. It is important to brief the patient at the outset that this process is required for the care that is proposed. The form must contain appropriate signatures before a decision is given. The provider will not receive payment for service provision without approval and use of OPCS codes stated.

Submission

The form should be fully completed and sent electronically (in confidence) with any other supporting documents to WCCG.IFR@nhs.net and is available at <http://www.wiltshireccg.nhs.uk/what-we-do-and-dont-fund>

A. Patient Information

Name			
Date of Birth		NHS Number	
Address			
Postcode			
GP Practice			
Patient Consent	Does the patient understand spoken and written English	Yes	No
	The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the Committee	Yes	No
	Please tick if the patient agrees to receive communication by letter	Yes	No

B. Referrer's Details (GP / Consultant / Clinician)

Name			
Practice/ Trust/ Provider Address			
Telephone		Email	
Proposed Provider			

C. Clinical Criteria

CLINICAL CRITERIA FOR SURGERY

***Significant functional impairment is defined as symptoms preventing the patient fulfilling vital work or educational activities or carrying out vital domestic or carer activities**

Referral Criteria:

Conservative management is the first line of treatment and applications will not normally be accepted without evidence that conservative management of asymptomatic and symptomatic varicose veins has been tried, and failed, for a period of at least six months, defined as:

- i. Light to moderate exercise and
- ii. daily elevation two or three times a day;

Evidence also suggests that patients with varicose veins and an elevated BMI may find their symptoms progress more quickly¹ and may also suffer more post-surgery complications¹

GPs must obtain prior approval before proceeding to refer patients for a consultation and investigations in Secondary Care

NHS Wiltshire CCG will consider requests for the treatment of severe varicose veins which fulfill the following criteria:

- Evidence of 6 months of conservative management
- AND**
- BMI <27 documented in the patients notes for a 6 month period
- AND**
- The patient has bleeding from a varicosity that has eroded the skin and is at risk of recurring
- OR**
- Recurrent and persistent leg ulceration secondary to chronic venous insufficiency, despite 6-months of conservative management with compression stockings* for the first ulcer

Yes No

Yes No

Yes No

Yes No

[*A trial of compression hosiery is recommended unless the patient's ankle brachial pressure index (ABPI) is less than 0.8. Patients with an ABPI of less than 0.8 should have the option to be referred to assessment for interventional treatment.

NB Varicose Eczema is common in patients with Varicose Veins and not usually an indication on its own for surgical intervention. Patients suffering from Varicose Eczema should be managed conservatively with emollients and creams]

- OR**
- At least two episodes of documented superficial thrombophlebitis

Yes No

- OR**
- The patient has symptoms from varicose veins that causes significant functional impairment:*

Yes No

What is the patient unable to do as a result of their condition?

<p>Is the patient unable to fulfil any work/study/carer essential activities and if so to what extent?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Is the patient unable to carry out essential domestic activities?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>What is the degree of pain and any related medication?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
<p>Surgical Intervention •The choice of surgical intervention, namely, foam sclerotherapy, endothermal ablation or laser ablation for long saphenous veins and surgical stripping will be left to the discretion of the clinician.</p>	

D. Criteria not met

Guidance notes on exceptionality:

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the CCG upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

References:
 Kostas T.I et al 2010 Chronic venous disease progression and modification of predisposing factors Journal of Vascular Surgery 51(4): 900-907

E. Referrer's Authorisation

I have discussed all alternatives to this treatment with the patient	
I have advised the patient of any side effects and risks of this treatment	
I have informed the patient that this treatment is NOT routinely funded outside of the criteria	
The patient's GP supports this request (if not GP request)	

Name: (please print).....

Signature:..... **Date:**.....

Please note Registrars/Locums will need to gain approval from a senior clinician before submitting a request. Any requests not countersigned by a senior clinician will be returned