Adherence to Evidence Based Medicine - Consultation Summary

This document has been prepared following feedback from our public to help summarise the changes that are outlined in the main consultation document. This note is designed to be read in conjunction with the main consultation paperwork and simply seeks to summarise the main points.

Procedure or Treatment	Who isn't affected	Who is affected	What is proposed	Proposed outcome
Bunions (hallux valgus)	Anyone with an urgent need and patients with persistent pain where conservative measures have been used for six months or more without success or where there is a higher risk of complications such as ulceration.	Patients who have a non-urgent need and who have not had conservative treatment for six months or more or where there is a low risk of complications.	To introduce a threshold for bunion surgery that ensures that conservative treatment has been given for at least six months before surgery and that patients are informed of the side effects of the surgery and understand the impact on sedentary and physical work they may undertake In addition it is proposed that patients who smoke are referred to smoking cessation services before referral for the initial assessment appointment.	Added to the Procedures of Limited Clinical Effectiveness Policy
Hearing Aids	This policy does not apply to those patients with hearing loss due to other causes i.e. infectious diseases. It will not affect babies, children or teenagers up to 17 years of age or anyone who has worn hearing aids since childhood. An individual who already has an NHS hearing aid will not be affected by	Patients with mild or moderate hearing loss. Mild hearing loss is defined as being greater than 25 decibels and less than 41 decibels. Moderate hearing	Those with mild hearing loss will not be able to receive NHS Funded Hearing Aids except in clinically exceptional circumstances. Those with moderate hearing loss will need to show that this has an impact on their everyday loss and if so will receive an NHS Funded Hearing Aid. In addition it is proposed that	Added to the Procedures of Limited Clinical Effectiveness Policy

	this policy until they reach the end of their 3 year pathway. At which point, they will be re-assessed. If patients are re-assessed and do not meet the eligibility criteria they will not receive NHS-funded replacement hearing aids or consumables i.e. batteries. These patients will not have their hearing aids taken off them even if they are assessed as no longer being eligible for replacement hearing aids. • Patients under the age of 50 • Patients with hearing loss since childhood • Patients with a confirmed diagnosis of dementia • Patients with a Learning Disability • Patients with auditory processing disorder • Patients with severe sensory disability • Patients with tinnitus • Patients with sudden onset hearing loss • Patients with specific occupational needs	loss is defined as being from 41 decibels to 55 decibels.	patients who smoke are referred to smoking cessation services before referral for the initial assessment appointment.	
Hernia	Anyone with a Femoral Hernia. Anyone needing urgent treatment irrespective of the site of the Hernia. Specifically those patients with	Patients with asymptomatic or mildly symptomatic inguinal hernias or abdominal (including	To introduce a threshold for patients with asymptomatic or mildly symptomatic inguinal hernias, abdominal (including incisional and umbilical) hernia's unless specific	Added to the Procedures of Limited Clinical Effectiveness Policy

	symptoms of incarceration, strangulation or obstruction. Those patients with asymptomatic or mildly symptomatic inguinal hernias unless there is: • difficulty in reducing the hernia OR • an inguino-scrotal hernia OR • pain with strenuous activity, prostatism or discomfort significantly interfering with activities of daily living. Patients with abdominal hernias, (including incisional and umbilical) unless there is pain/discomfort significantly interfering with activities of daily living AND for patients with BMI≥45kg/m2, there have been attempts at weight reduction and these have not resolved the pain/discomfort. The same criteria as above will also apply to patients with recurrent or bilateral hernias.	incisional and umbilical) hernia's, unless they meet the criteria mentioned in the column to the left. Patients with Divarication of Recti, which is the separation of the rectus abdominis muscle so that the abdominal wall fails to properly hold abdominal contents in place and has similarities in clinical presentation to hernias.	criteria is met. To no longer fund the provision of Divarication of recti surgery. To introduce a threshold that indicates that patients should not have diagnostic testing in primary care but to be referred for specialist assessment.	
Vasectomy	Those patients who have a history of allergy to local anaesthetic and/or Surgery has been carried out before	Any patient requesting elective vasectomy surgery.	Vasectomies will only be routinely commissioned under local anaesthetic.	Added to the Procedures of Limited Clinical

	on the scrotum or genital area.			Effectiveness Policy
Uterovaginal Prolapse	Those patients who have cases of mild to moderate symptomatic prolapse where a comprehensive, documented course of pelvic muscle exercises has been unsuccessful and a trial of pessary has either failed or is inappropriate for long term management. Those patients who experience moderate or severe symptomatic prolapse (including those combined with urethral sphincter incompetence or urinary/faecal incontinence)	Patients that have not tried conservative management, such as pelvic exercises or pessaries.	To introduce a threshold for Uterovaginal Prolapse surgery that ensures that conservative management is undertaken prior to referral. In addition to propose that patients who smoke should have attempted to stop smoking 8 to 12 weeks before referral to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking	Added to the Procedures of Limited Clinical Effectiveness Policy
Revision Mammoplasty	Those patients who have previously had surgery performed locally on the NHS because of health reasons and the patient now has a gross deformity.	Patients seeking surgery on cosmetic grounds unless the original procedure was performed locally on the NHS because of health reasons, and the patient now has a gross deformity.	To introduce a threshold for ensuring that surgery is not provided to patients seeking surgery for cosmetic reasons.	Added to the Procedures of Limited Clinical Effectiveness Policy
Revision of hypertrophic scars, skin graft for scars	Those patients who have a scar that is causing a demonstrable functional problem that is likely to be resolved with surgery.	Patients seeking surgery for scars that are not causing a demonstrable functional problem.	To introduce a threshold for the surgical revision of scarring which ensures that conservative treatment has been given and tried prior to referral. In addition, that there is a	Added to the Procedures of Limited Clinical Effectiveness Policy

	Patients who have tried conservative measures such as steroid creams Patients who have scars caused by severe burns.	Patients that have not tried all types of conservative measures such as silicon sheets, steroid creams. Patients who do not have scars caused by severe burns.	demonstrable functional problem that requires surgery.	
Penile Procedures (Penile Implants)	Those patients with severe structural disease, where first and second line treatments may not be effective. Such as, • Peyronie's disease • Post-priapism • Complex penile malformations	Those patients seeking surgery for penile implants as first or second-line treatment for erectile dysfunction (Grade C recommendation).	To introduce a threshold for the elective surgery of penile procedures, more specifically penile implants, as first or second-line treatment for erectile dysfunction.	Added to the Procedures of Limited Clinical Effectiveness Policy
Cholecystectomy for Gallstones	Those patients who have: • Confirmed episode of gall stone induced pancreatitis. • Confirmed recurrent episodes of abdominal pain typical of biliary colic. • Confirmed episode of obstructive jaundice in the presence of gallstones where the gallstones are thought to be the cause. • Confirm acute Cholecystoitis	Patients who have asymptomatic gallstones and who do not meet the criteria.	To introduce a threshold for patients seeking Cholecystectomy surgery for asymptomatic gallstones.	Added to the Procedures of Limited Clinical Effectiveness Policy

	• Where there is clear evidence from an ultrasound scan that the patient is at risk of Gallbladder Carcinoma. • Patients who have Diabetes Mellitus, is a transplant recipient or has Cirrhosis, and has been managed conservatively within Primary Care but subsequently develops symptoms which cause significant functional impairment			
Chalazions (Internal Stye or Meibonian Cyst)	Those patients who have had two or more of the following: • A chalazion present for more than six months • Recurrent infection or Interferes with vision • Conservative management has been tried & failed and there is no appropriate alternative to surgical intervention.	Patients that have not tried conservative management, such as the application of a warm press or that do not meet the criteria. .	To introduce a threshold for patients seeking the excision of a chalazion, which ensures that conservative management is tried, or is only performed where the chalazion is present for more than six months, interferes with vision or presents as a recurrent infection.	Added to the Procedures of Limited Clinical Effectiveness Policy
Correction of Ptosis	Those patients who show symptoms / signs of ocular surface disease should be treated conservatively before consideration of surgery. Muscle blepharoplasty may be performed in the presence of a symptomatic visual field defect, if other causes of field defect have been excluded. In some instances, there may be a clear history of	Patients who do not meet the criteria.	To introduce a threshold for patients seeking surgery for the correction of Ptosis.	Added to the Procedures of Limited Clinical Effectiveness Policy

	reduction of vision in specific circumstances (e.g. when driving, reading or when tired), even in the absence of a formally demonstrated visual field defect. When symptoms of ocular surface disease or other symptoms persist despite conservative measures, a skin (+/- muscle) blepharoplasty may be undertaken, if it is likely that they are attributable to the presence of dermatochalasis.			
Knee Replacement Surgery	Patients who present with symptoms that have not adequately responded to 6 months of conservative measures, including Intra-articular steroid injections when facility is available in primary care OR Conservative measures are contraindicated e.g. a. Patients whose pain is so severe and/or mobility is compromised that they are in immediate danger of losing their independence and that joint replacement would relieve this. b. Patients in whom the destruction of their joint is of such severity that	Patients who are seeking total knee replacements for osteoarthritis that have not tried conservative management such as physiotherapy or do not meet the criteria set out.	To introduce a threshold for patients seeking total knee replacement surgery to ensure that conservative measures are tried prior to referral. Patients will require assessment of severity of knee pain (using validated scoring system such as New Zealand or Oxford system, a functional assessment of their mobility, the level of analgesia used and a correlation with severity of x ray changes). In early cases physiotherapy may improve muscle strength / stability such that knee replacement is not necessary or in later stages to prepare for rehabilitation following surgery	Introduction of separate threshold

	delaying surgical correction would increase the technical difficulties of the procedure.		Patients who smoke should be advised to stop smoking for at least 8 weeks before the surgery to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services/stop smoking programme to reduce these surgical risks. Patients with a BMI of over 45 must be advised to lose weight to reduce the risk of complications and improve outcomes. Patients should be offered referral (where available) or signposted to local weight management programmes to support weight loss.	
Homeopathy	Everyone who does not wish to use Homeopathic Treatment.	Everyone who may want to use Homeopathic Treatment.	We are proposing to no longer to fund Homeopathic Treatment on the NHS as there is no evidence to support it being effective.	Decommissioned