

LAGOPHTHALMOS CRITERIA BASED ACCESS (CBA) POLICY

Version:	2223.v1a
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	July 2022
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	September 2022
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>NHS Somerset ICB:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

**LAGOPHTHALMOS
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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v1a

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	September 2015	Reviewed by CCPF no amendments to criteria
1516.v2	July 2015	Additional information on upper/lower lid
1516.v2a	September 2015	Trans. to CCG template, amended wording CBA lower lid / lagophthalmos
1718.v4	December 2019	Rebranded from IFR to EBI, amended template, removal of Ectropion / Entropion & Lagophthalmos to separate policies.
1920.v1	September 2022	3 year review. Amendment from SCCG to NHS Somerset ICB. New PALS email address

Equality Impact Assessment (EIA)	April 18
Quality Impact Assessment QIA	March 18
Sponsoring Director:	Dr A Murray
Document Reference:	2223.v1a

1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB's Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not 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
- 1.5 On limited occasions, the ICB 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 meet the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred 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
- 1.7 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
- 1.8 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)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

2.1 Where there is a clinical concern of features suspicious of dysplasia / malignancy a referral through the local 2WW pathway should be made

2.2 Funding approval for surgical treatment including gold upper eyelid weight implantation will only be funded by the ICB for patients meeting criteria set out below:

Ensure the referral to secondary care services indicates how the patient fulfils the criteria and the medical records evidence this:

a) The patient is suffering from Lagophthalmos which is posing a risk to the health of the eye, AND

b) Conservative management including artificial tears or external eyelid weights has failed or is contraindicated

2.3 Implantation of Platinum upper eyelid weight insertion is not routinely funded

2.4 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 BACKGROUND

3.1 Lagophthalmos or poor eyelid closure is defined as the inability to close the eyelids completely and can lead to exposure keratopathy, corneal breakdown, ulcers, and even perforation. Management of patients should be directed toward the severity of ocular findings and ranges from supportive care such as the use of artificial tears to surgery. Patients with facial nerve palsy who present at earlier stages can benefit from conservative treatment

3.2 The use of temporary external eyelid weights can help restore a functional blink mechanism and prevent corneal decompensation. (Orin M. Zwick, 2006)

3.3 Surgery to manage Lagophthalmos can include Tarsorrhaphy, Gold weight implantation or Upper eyelid retraction and levator recession (Scott D. Lawrence, 2008)

4 EVIDENCE BASED INTERVENTIONS 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 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 service. This will reassure the service 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>

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

- 4.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 4.8 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 ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somicb.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 Orin M. Zwick, M. (2006, July). Supportive care of facial nerve palsy with temporary external eyelid weights. *Optometry - Journal of the American Optometric Association*, pp. Volume 77, Issue 7, July 2006, Pages 340–342.
- 6.2 Scott D. Lawrence, M. a. (2008, April). Lagophthalmos Evaluation and Treatment. Retrieved from America Academy of Ophthalmology: <http://www.aao.org/eyenet/article/lagophthalmos-evaluation-treatment?april-2008>
- 6.3 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.