

LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL RESECTION OF THE RECTUM (STARR) SECONDARY CARE PRIOR APPROVAL (PA) POLICY

Version:	2223.v2b
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	January 2023
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	March 2023
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	Prior Approval Form

**LAPAROSCOPIC VENTRAL RECTOPEXY & STAPLED TRANSANAL
RESECTION OF THE RECTUM (STARR)
SECONDARY CARE PRIOR APPROVAL (PA) POLICY**

Section	CONTENTS	Page
	Version Control	1
1	General Principles	2
2	Policy Criteria	2-3
3	Background	3
4	Evidence Based Interventions Application Process	3-4
5	Access To Policy	4-5
6	References	5

VERSION CONTROL

Document Status:	Current policy
Version:	2223.v2b

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1	July 2017	Change CSU template to SCCG template
1516.v1a	July 2017	Removal of significant functional impairment to fall in line with all policies
1516.v1b	February 2019	New policy template and layout
1819.v1c	September 2020	Rebranding from IFR to EBI, 3 year review with CCPF no amendments
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	January 2023	3 year review, no clinical changes. Wording change on 4.6

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
Document Reference:	2223.v2b

1 GENERAL PRINCIPLES (PRIOR APPROVAL)

- 1.1 Funding approval must be secured by primary care/secondary/community 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 meet 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

Surgical treatment will only be provided by the NHS for patients meeting criteria set out below:

- 2.1 Each patient to be considered by a Multidisciplinary pelvic floor team, consisting of a Gynaecological Surgeon, a Colorectal Surgeon and Pelvic Floor Physiologists (will not be quorate unless a representative from each of these groups is present) who confirm that:
- 2.2 They recommend this treatment for this patient over all alternatives
- 2.3 The potential benefit outweighs potential harms
- 2.4 The MDT is satisfied that the necessary capacity and expertise available to handle this intervention is in place in the proposed delivery setting **AND**
- 2.5 Conservative Management has been tried and has failed. This includes a selection of the following appropriate for the individual:
 - a) Dietary advice
 - b) Pelvic floor exercises
 - c) Osmotic and stimulant laxatives
 - d) Bulking agents and antispasmodics
 - e) Glycerine and bisacodyl suppositories
 - f) Biofeedback

AND

- 2.6 The patient has unresolved faecal incontinence or obstructed defecation syndrome **AND**
- 2.7 The risks, benefits, and side effects of the procedure have been discussed with the patient, and the patient wishes to be considered for this treatment.
- 2.8 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 Treatment for full thickness prolapse can often present as an emergency and does not require Prior Approval.
- 3.2 If the Multidisciplinary Team agrees ventral mesh rectopexy or STARR is the most appropriate treatment for the patient's condition, a request for Prior Approval should be made to the relevant Commissioner

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

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 Somerset ICB website and input into the 'Search this website' box clinical exceptionality. Click on the link to access the full NHS description of clinical exceptionality

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 BNSSG CCG IFR Policy 1516.1