

HAEMORRHOIDS SURGICAL TREATMENT CRITERIA BASED ACCESS (CBA) POLICY

Version:	2223.v3c
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	April 2023
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	May 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	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v3c

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1617.v1	May 2016	Draft Version
1617.v2	Sept 2020	Rebranding IFR to EBI, 3 year review CCPF no amendments
2021.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	March 2023	Wording change 5.5
2223.v3b	April 2023	3 year review, no clinical changes

Equality Impact Assessment (EIA)	May 2016
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
Document Reference:	2223.v3c

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 BASED ACCESS

NHS Somerset ICB does not routinely commission

2.1 Electrotherapy for the treatment of haemorrhoids

- Ultroid for Internal Haemorrhoids <https://www.nice.org.uk/advice/mib75>

2.2 Botulinum Toxin in the treatment of Haemorrhoids or Anal Fissures

2.4 **Surgical treatment will be considered by the NHS for patients meeting criteria set out below:**

- a. Conservative treatment has failed **AND**
- b. Haemorrhoids are recurrent **OR**
- c. There is persistent bleeding **OR**
- d. Haemorrhoids cannot be reduced

2.4 **Patients who qualify for treatment may be offered the following treatment options depending on severity and clinical assessment**

- Rubber band ligation
- Excisional haemorrhoidectomy
- Stapled haemorrhoidopexy
- Ligasure haemorrhoidectomy
- Haemorrhoidal artery ligation
- Sclerosant injection
- Infrared coagulation
- Bipolar electrocoagulation using diathermy

2.5 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

Haemorrhoids, also known as piles, are swellings that contain enlarged and swollen blood vessels in or around the rectum and anus. A haemorrhoidectomy is an operation to remove the haemorrhoids

Haemorrhoidectomy is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner

Most haemorrhoids are mild and sometimes don't even cause symptoms

3.1 When there are symptoms, these usually include:

- Bleeding after passing a stool (the blood will be bright red)
- Itchy bottom
- A lump hanging down outside of the anus, which may need to be pushed back in after passing a stool
- Pain

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 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 Loof, S. D. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. Tijdschrift voor Geneeskunde, vol./is. 70/4 (187-192)
- 6.2 NHS Choices. (2014, April 8th). Piles (haemorrhoids) . Retrieved June 2015, from NHS Choices:
<http://www.nhs.uk/conditions/haemorrhoids/pages/what-is-it-page.aspx>
- 6.3 Royal College of Surgeons. (n.d.). Commissioning Guide For Rectal Bleeding: Draft (Not Approved). Retrieved June 2013, from Royal College of Surgeons:
[Rectal Bleeding - Commissioning Guide — Royal College of Surgeons \(rcseng.ac.uk\)](http://www.rcseng.ac.uk/rectal-bleeding-commissioning-guide)
- 6.4 Thelwall, S. (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.
- 6.5 NICE <https://www.nice.org.uk/advice/mib75>