

ENTROPION AND ECTROPION CRITERIA BASED ACCESS (CBA) POLICY

Version:	2526.v1d
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	May 2025
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	NHS Somerset Management Board
Publication/issue date:	July 2025
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 NHS Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

**ENTROPION AND ECTROPION
CRITERIA BASED ACCESS (CBA) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v1d

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
2223.v1a	February 2023	Wording change 4.6
2223.v1b	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2526.v1c	May 2025	3-year review and wording amendment to general principles and EBI pathway

Equality Impact Assessment (EIA)	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
Document Reference:	2526.v1d

1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles.
- 1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery
- 1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment
- 1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

- 1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.6 This policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '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 and 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 to reduce the risk of surgery and improve healing
- 1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

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 **ECTROPION**

If a patient fulfils the criteria below no prior approval is required, please ensure the referral to secondary care indicates how the patient fulfils the criteria and the medical records evidence this

Severe Ectropion which is posing a risk to the health of the eye and conservative management has failed

2.3 **ENTROPION**

If a patient fulfils the criteria below no prior approval is required, please ensure the referral to secondary care indicates how the patient fulfils the criteria and the medical records evidence this

Moderate to severe Entropion where it is posing a risk to the health of the eye as eyelashes are causing persistent and on-going irritation to the eye as documented in the patient's clinical records and it is inappropriate to manage this conservatively OR

Mild Entropion, conservative management such as eye drops has failed to manage the condition and there is a significant risk to the health of the eye

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 **Entropion**

Entropion occurs when the eyelid turns inwards towards the eye. The lower lid is most commonly affected although it can rarely affect the upper lid. Entropion causes the eyelashes to rub against the front of the eye (the cornea). Severe entropion can be painful and cause vision loss by damaging the cornea. Occasionally, a corneal ulcer can form and become infected

Some eye conditions can cause this to happen, but it is also known to occur in older people associated with weakness of the small muscles around the eyelid

3.2 **Ectropion**

Ectropion is where the lower lid droops away from the eye and turns outwards. Most cases of ectropion are associated with ageing. They usually occur as the tissues and muscles of the eyelids become weaker as you get older. Less common causes of ectropion include facial paralysis such as [Bell's palsy](#)

The drooping eyelid can disrupt the drainage of tears, which can make the eyes:

- Sore, red and irritated
- [Water excessively](#)
- Feel very dry and gritty
- More vulnerable to bacterial infections, such as [conjunctivitis](#)

In severe cases that aren't treated, it's possible to develop a corneal ulcer that could affect vision. However, this is rare

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient

- 4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted
- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale
- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 4.6 Where appropriate photographic supporting evidence can be forwarded with the application form

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 NHS Choices (2021, July)
<https://www.nhs.uk/conditions/ectropion/>
- 6.2 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.
- 6.3 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>
- 6.4 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.