HERNIA REPAIR (ADULTS)
CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.v2	July 2017	Change CSU template to SCCG template
1516.v2a	November 18	Update SCCG template, remove SFI wording
1819.v2b	June 2020	Update template, rebranding IFR to EBI, 3 year review no clinical amendments
2021.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	October 2022	3-year review
2223.3b	March 2023	Wording change on 4.6
2223.v3c	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v3d	October 2025	3-year review/Amendment to wording under general principles & EBI pathway/Removal of reference to female patients & specific surgeries info/3. Background info & inclusion under 2.4 diabetic's info

Equality Impact Assessment (EIA)	February 2016
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
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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 BASED ACCESS

2.1 Femoral Hernias

Suspected groin hernias in **all** patients do not require funding authorisation for a referral to Secondary Care due to the increased risk of incarceration/strangulation

2.2 The Commissioner **does not commission** surgery for the following:

a) The use of a **Biologic Mesh**
   - Any additional costs from the Complex Hernia Procedures PBR Tariff FZ87 – where use of a biological mesh is the sole reason for using this HRG code

b) Small, asymptomatic hernias
c) Minimally symptomatic hernias
d) Large, wide necked hernias unless there is demonstrable evidence it is causing significant symptoms
e) Groin pain, including 'athletic pubalgia' sometimes known as 'sports hernia' or 'Gilmore's groin'
f) Impalpable hernias/abdominal wall weakness

2.3 Initial management of patients with hernias:

a) Patients with BMI >35: the decision to refer requires particular care, as the benefits of intervention may well be outweighed by risks of surgical intervention, including poorer healing and higher complication rates. If in doubt, the clinician may refer the patient but should advise them that surgery may not be an appropriate option for them. Referral to local weight management programmes should be offered

b) Patients who smoke should be warned of clinical advice that hernia recurrence rates are 3 times higher in smokers than non-smokers. All patients who smoke should be encouraged to stop and offered information on local cessation support services

c) Patients with diabetes should be warned that their chance of hernia recurrence or wound complication is higher

2.4 REFERRAL TO SECONDARY CARE AND SUBSEQUENT TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW:

An annual audit may be requested to confirm patients have been treated in accordance with the criteria

2.5 Inguinal

a) For asymptomatic or minimally symptomatic hernias, the commissioner advocates a watchful waiting approach including providing reassurance, pain management etc. under informed consent

b) For symptomatic hernias not excluded by section 2.3 detailed above, surgery is commissioned

c) Where the hernia is difficult or impossible to reduce surgery is commissioned

2.6 **Inguino-scrotal hernia**

a) The hernia increases in size month on month

b) Individual's suitability for general anaesthesia

c) Nature of the presenting hernia (that is, primary repair, recurrent hernia or bilateral hernia)

d) Appropriate conservative management has been tried first e.g. weight reduction where appropriate

2.7 **Umbilical, Epigastric or Spigelian**
Surgical treatment is commissioned when one of the following criteria is met:

a) Increase in size month on month (and surgery is clinically indicated) **OR**

b) To avoid incarceration or strangulation of bowel and/or omentum

2.8 **Incisional**
Surgical treatment is commissioned when the following criteria are met:

Appropriate conservative management has been tried first e.g. weight reduction where appropriate

2.9 **Impalpable hernia and groin pain**

a) Surgery is not commissioned in patients with groin pain, but no visible external swelling

b) Patients presenting with groin pain who are found to have an impalpable hernia on ultrasound should not be referred for hernia repair

c) Management of persistent groin pain that has not resolved after a period of watchful waiting should be based on individual clinical assessment. Where groin pain is severe and persistent with diagnostic uncertainty, options include referral for musculoskeletal assessment or imaging

2.10 **The National Commissioning Guidance recommends:**

a) A routine outpatient follow up is not required after inguinal hernia repair

b) A hernia repair should be a day case procedure (BPT target 90%)

2.11 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 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

3.2 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

3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

3.4 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

3.5 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**

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

4 ACCESS TO POLICY

4.1 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

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 NICE TA83 https://www.nice.org.uk/guidance/ta83

5.2 NHS.uk website https://www.nhs.uk/conditions/hernia/

5.3 Simons MP, Aufenacker T. European Hernia Society guidelines on the treatment on inguinal hernia in adult patients. Hernia 2009; 13:343-403

5.4 Fitzgibbons RJ, Giobbe-Hurder A. Watchful waiting vs. Repair of Inguinal Hernia in Minimally Symptomatic Men. JAMA 2006; 295:285292

5.5 O'Dwyer PJ, Norrie J. Observation or Operation for Patients with an Asymptomatic Inguinal hernia. Ann Surg 2006; 244:167-173

5.6 Repair of minimally symptomatic inguinal hernia - EBI