

OPEN & UPRIGHT MRI PRIOR APPROVAL (PA) POLICY

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Application Form	Prior Approval Form

**OPEN & UPRIGHT MRI
PRIOR APPROVAL POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.v2e

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1.2	July 2017	Change CSU template to SCCG template
1516.v1.2a	June 2018	3 year review, amended template
1819.v1.3	September 2020	Rebranding from IFR to EBI. Inclusion of information re Wide Bore Scanner at Musgrove Park Hospital, 3 year review CCPF no amendments
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	February 2023	Removal of duplicate criteria and reference to BNSSG CCG
2223.v2b	February 2023	Wording change on 3.6
2223.v2c	April 2023	3 year review, no clinical changes
2223.v2d	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6

Equality Impact Assessment EIA	1516.v1 November 2015
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
Document Reference:	2425.v2e

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 PRIOR APPROVAL

- 2.1 A Wide Bore Scanner is available at Musgrove Park Hospital, Taunton and referrals should be made to this service provider in the first instance
- 2.2 Standard enclosed MRI scans are routinely commissioned when clinically appropriate for all NHS patients
- 2.3 Most people will suffer from a level of discomfort when having an MRI of the head, chest or torso but this can usually be managed through support, and perhaps even episodic prescribing of drugs to calm the patient
- 2.4 Please note that whilst each provider is outside the NHS Somerset ICB area, we are unable to reimburse accommodation or travel costs for patients. Patients on qualifying benefits may be able to access support from the Healthcare Travel Costs Scheme – more details available here - <https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>
- 2.5 Patients with Severe Unmanageable Claustrophobia requiring MRI of the head, chest or torso

Patients requiring MRIs of the lower limb can access local services

Where there is clinical evidence the ICB local provision is not clinically appropriate for a patient, complete the appropriate prior approval form

Patients who suffer from claustrophobia where an oral prescription sedative has not been effective (flexibility in the route of sedative administration may be required in paediatric patients as oral prescription may not be appropriate)

- 2.6 Obese Patients Unable to Fit a Standard MRI Device

Where there is clinical evidence the ICB local provision is not clinically appropriate for a patient complete the appropriate prior approval form

Patients who are obese and cannot fit comfortably in conventional MRI scanners as determined by a Consultant Radiologist/Radiology department policy **OR**

The broadness of a patient's shoulders means they would not fit the standard MRI scanning machine available

- 2.7 Upright Scanning Machine

Where there is clinical evidence the ICB local provision is not clinically appropriate for a patient complete the appropriate prior approval form

Patients who cannot lie properly in a conventional MRI scanner because of severe pain **AND**

There is a clear diagnostic need consistent with supported clinical pathways

- 2.8 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 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
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 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
- 3.6 EBI funding application 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.

- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.8 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

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:

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