

## SELECTIVE LASER TRABECULOPLASTY FOR CHRONIC OPEN ANGLE GLAUCOMA (COAG) CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

**SELECTIVE LASER TRABECULOPLASTY FOR CHRONIC OPEN ANGLE  
GLAUCOMA (COAG)  
CRITERIA BASED ACCESS (CBA) POLICY**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2526.v1e

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
2021.v1	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v1a	March 2023	Wording change on 4.6
2223.V1b	April 2023	3-year review, no clinical changes
2223.v1c	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v1d	January 2026	3-year review, no clinical amendments. Amendment to wording under general principles and EBI pathway. Removal of background information

<b>Equality Impact Assessment (EIA)</b>	
<b>Quality Impact Assessment QIA</b>	November 2020
<b>Sponsoring Director:</b>	Dr Bernie Marden
<b>Document Reference:</b>	2526.v1e

## **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 (CBA)**

- 2.1 Somerset ICB routinely commissions selective laser trabeculoplasty for chronic open angle glaucoma (COAG) as an Out-Patient procedure only

- 2.2 Selective laser trabeculoplasty for COAG should be performed as an out-patient procedure.
- 2.3 People with COAG whose IOP has not been reduced sufficiently following first selective laser trabeculoplasty may be offered a second procedure of selective laser trabeculoplasty
- 2.4 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](mailto:somicb.pals@nhs.net)

## 5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 NICE guidance:

<https://www.nice.org.uk/guidance/ng81/resources/glaucoma-diagnosis-and-management-pdf-1837689655237>

5.2 <https://www.nice.org.uk/guidance/ng81/resources/2019-exceptional-surveillance-of-glaucoma-diagnosis-and-management-nice-guideline-ng81-6901877773/chapter/Surveillance-decision?tab=evidence>

5.3 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32213-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32213-X/fulltext)