

VARICOSE VEIN SURGERY PRIOR APPROVAL (PA) POLICY

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Application Form	Prior Approval Form

**VARICOSE VEIN SURGERY
PRIOR APPROVAL POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v3g

DOCUMENT CHANGE HISTORY

Version	Date	Comments
v1	2016	Remove wording on criteria and change from CBA to PA
1516.v2c	March 2017	Amendment to criteria wording
1718.v3	March 2019	'Regard' to Section 14Z8 of the NHS Act 2006. IFR replaced with EBI name change. Template update
1920.v3a		3-year review CCPF no amendments
2021.v3b	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3c	March 2023	Wording change on 4.6
2223.v3d	April 2023	3-year review, no clinical changes
2223.v3f	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.V3f	January 2026	3-year review, no clinical amendments. Amendment to wording under general principles/EBI pathway. Review of AoMRC National Statutory Guidance. Removal of background section

Equality Impact Assessment EIA	1617.v1
Quality Impact Assessment QIA	March 2018 v1
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES PA (PRIOR APPROVAL)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

- 1.3 The 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

- 1.4 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)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA – PRIOR APPROVAL

Symptomatic primary or symptomatic recurrent varicose vein procedures are commissioned if one or more of the following apply:

- 2.1 spontaneous bleeding (not including spontaneous bruising)

- 2.2 a documented history of recurrent superficial thrombophlebitis or a single episode of ascending (migratory) thrombophlebitis
- 2.3 **severe** trophic skin changes
- 2.4 lipodermatosclerosis, atrophie blanche
- 2.5 venous leg ulceration with evidence of varicose veins
- 2.6 **extreme** Varicose eczema associated with varicose veins
- 2.7 **Patients not suitable for NHS vascular surgical treatment**
- a. Patients with no symptoms or skin changes associated with venous disease
 - b. Patients whose concerns are cosmetic including telangiectasia and reticular veins
 - c. Patients with mild symptoms including itch, ache, mild swelling, minor changes of skin eczema and haemosiderosis
 - d. Pregnant women presenting with varicose vein should be given information on the effect of pregnancy on varicose veins. Interventional treatment for varicose veins during pregnancy should not be carried out other than in exceptional circumstances. Compression hosiery should be considered for symptom relief of leg swelling associated with varicose veins during pregnancy
- 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 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 exceptionalism**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionalism' 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 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

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 This policy has been reviewed in the light of the revised <https://www.nice.org.uk/guidance/cg168> published July 2013
- 5.2 Thelwall 2015 Obesity & the risk of wound infection following surgery <https://www.ncbi.nlm.nih.gov/pubmed/26197212>
- 5.3 BNSSG Integrated Care Board <https://bnssghealthiertogether.org.uk/about-us/>
- 5.4 AoMRC NHS E list 1- 4 review - September 2024 – Varicose Vein Interventions <https://ebi.aomrc.org.uk/interventions/varicose-vein-interventions/>
- 5.5 NICE guidance: <https://www.nice.org.uk/guidance/htg758> Compression products for treating venous leg ulcers: late-stage assessment HTE32 Published 27 August 2025