

VISUAL ACUITY - LASER SURGERY TO CORRECT EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2324.v2c
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Application Form	Generic EBI Application

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VERSION CONTROL

Document Status:	Current policy
Version:	2324.v2c

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	2015	Removed from SCCG Guidance for Clinicians Documents to individual policy
1516.v1.1	July 2017	Change CSU template to SCCG template
1516.v1.1a	June 2018	3-year review, update template
1819.v1.2	March 2021	3-year policy review – no clinical amendments to criteria
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change on 3.6
2324.v2b	January 2024	3-year review, no clinical amendments. Amendment to website link on 3.6

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	March 2021
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES (EBI)

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. Referring patients to secondary care without funding approval having been 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
- 1.2 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
- 1.3 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
- 1.4 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
- 1.5 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
- 1.6 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)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA

- 2.1 Excimer Laser Eye Surgery to correct visual acuity is not commissioned for treatment of visual acuity

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

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 service. This will reassure the service 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:

- 5.1 NHS Choices. (2014, September 7). NHS Choices - Treating Long-Sightedness. Retrieved November 17, 2015, from <http://www.nhs.uk/Conditions/Long-sightedness/Pages/Treatment.aspx>
- 5.2 NHS Choices. (2015, September 2). NHS Choices - Treating Short-Sightedness. Retrieved November 17, 2015, from <http://www.nhs.uk/Conditions/Short-sightedness/Pages/Treatment.aspx>