Midlands and Lancashire Commissioning Support Unit

NHS Halton Clinical Commissioning Group
NHS Knowsley Clinical Commissioning Group
NHS Liverpool Clinical Commissioning Group
NHS St Helens Clinical Commissioning Group
NHS South Sefton Clinical Commissioning Group
NHS Southport and Formby Clinical Commissioning Group
NHS Warrington Clinical Commissioning Group

Collaborative Policy Development Project: Governing Body paper seeking sign off of all policies reviewed to date, ahead of implementation with Providers

Appendix 1

Rationale for decisions tracker – suites 1 and 2 policies

December 2017

Contents

Suite 1 Red rated Policies

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for Surgical Treatments for Minor Skin Lesions	Working Group Meeting 1 minutes	Ensure 5 different pathways identified: • Suspected or proven malignancy (cancerous) • Symptomatic e.g. ongoing pain or functional impairment. • Risk of infection. • Significant facial disfigurement. • All vascular lesions on the face except benign, acquired vascular lesions such as thread veins Because if there is a suspicion of cancer this needs to go to 2ndary care, the rest to community providers	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Remove reference to Laser treatment as this isn't relevant to this policy	Working Group	19/10/2016	Yes
	Working Group Meeting 3 minutes	Remove proven malignancy criteria as this would go to secondary care anyway HK felt we should keep this line in because it gives assurance and avoids doubt. JN noted that DOBs concerns were around the policy not clearly referring patients under 2ww . WG agreed therefore to add the following to clarify: If suspected or proven malignancy refer via appropriate pathway	Denis O'Brien (Liverpool CCG GP)	13/12/2016	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with the proposed policy; however we may need to consider providing more guidance on correct community provider referral pathways.	GP and Provider feedback	07/02/2017	n/a - Policy ready for engagement The Working Group agreed therefore that this policy is now ready for engagement.

	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR.	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Rhinoplasty	Working Group Meeting 2 minutes	implement the Midlands Rhinoplasty policy because MS noted that the main difference between the C&M and Midlands policy on Rhinoplasty is the inclusion of Trauma in the C&M policy criteria, otherwise it is very similar. JW informed the Working Group that deformity caused by trauma is the main way that applications for this treatment are approved at the IFR Panel. The Working Group therefore felt is was necessary to remove the trauma criteria from the C&M policy because if the patient experienced trauma that caused nasal deformity but this was not addressed at the time, the patient should be referred back to the provider for further treatment. The Working Group agreed that functionality is the key issue on this policy.	Working Group	16/11/2016	yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. Feedback from Working Group required on the comments from Knowsley CCG in relation to trauma: Inequity if we don't offer rhinoplasty following trauma – as we are suggesting we do treat scarring post burns which could be classed as 'trauma'. Suggested inclusion - Rhinoplasty offered for severe deformity caused by trauma. Notes from the Working Group held on Tuesday 16th November state: '…Deformity caused by trauma is the main way that applications for this treatment are approved at the IFR Panel. The Working Group therefore felt it was necessary to remove the trauma criteria from the C&M policy because if the patient experienced trauma that caused nasal deformity but this was not addressed at the time, the patient should be referred back to the provider for further treatment. The Working Group agreed that functionality is the key issue on this policy.'	GP and Provider feedback	07/02/2017	no
	GP and Provider feedback - Working Group meeting Minutes 4	Policy ready for engagement once we address questions around: • Clarifying what 'problems' might mean The Working Group agreed that 'breathing' should be included here. • And seek WG advice on the comments from Knowsley CCG The Working Group referred back to the minutes of the Working Group held in November 2016: 'Deformity caused by trauma is the main way that applications for this treatment are approved at the IFR Panel. The Working Group therefore felt it was necessary to remove the trauma criteria from the C&M policy because if the patient experienced trauma that caused nasal deformity but this was not addressed at the time, the patient should be referred back to the provider for further treatment. The Working Group agreed that functionality is the key issue on this policy'	GP and Provider feedback	07/02/2017	Yes
	Working Group Meeting 4 Minutes	Amend wording around breathing problems in the rhinoplasty policy.	Working Group	07/02/2017	Yes - The Working Group agreed therefore that once these actions have been completed this policy is now ready for engagement.

	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for Surgical removal of Lipoma	Working Group Meeting 2 minutes	Project Team to remove the reference to secondary care in the title of the C&M Lipoma policy as this is not relevant wording to use	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	Project Team to review the Midlands Lipoma policy to ensure we have included all the relevant criteria.	Working Group	16/11/2016	yes
	Working Group Meeting 2 minutes	Project Team to implement the Midlands Lipoma policy for removal of Lipoma (removal of lipomata policy) because JW informed the Working Group that this procedure is probably carried out for cosmetic and functional reasons and that if the criteria is tightened so that it is only carried out for Lipomas on the face, volumes of activity may reduce. HK noted that we will need to include criteria in this policy around suspected malignancy and to provide histological evidence where there are multiple subcutaneous lesions.	Working Group	16/11/2016	yes
	Working Group Meeting 2 minutes	Project Team to ensure the wording in the revised Lipoma Policy is similar to the revised skin lesions policy	Working Group	16/11/2016	yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. Size of lipoma does not require clarification because if there is significant functional impairment a referral can be made.	GP and Provider feedback	07/02/2017	n/a - Policy ready for engagement The Working Group agreed therefore that this policy is now ready for engagement.

	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Haemorrhoidectomy – rectal surgery & removal of haemorrhoidal skin tags	Working Group Meeting 2 minutes	Implement the criteria from the Midlands Haemorroidectomy policy because the Midlands policy is based on more recent evidence from the Royal College of Surgeons (2013).	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	Maintain the current C&M criteria for removal of skin tags because JN noted that the Midlands policy is more robust around Haemorrhoidectomy but that there is no reference to removal of skin tags. HK conformed that the removal of skin tags is not routinely commissioned and that this will be maintained in the C&M Haemorrhoidectomy policy. The Group agreed that we will implement the Midlands criteria for Haemorrhoidectomy - Rectal Surgery & Removal of Haemorrhoidal Skin Tags and maintain the policy around the removal of skin tags being not routinely commissioned.	Working Group	16/11/2016	Yes
	Email from MM Colleagues on 30/11/2016	Addition of sentence to the rationale section: 'or using standard topical measures' for clarity	MM Team	30/11/2016	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for Hair Removal Treatments including depilation, laser treatment or electrolysis – for hirsutism	Working Group Meeting 2 minutes	keep the C&M title but use Midlands criteria because JW suggested that for the policy around hair Removal Treatments we should use the C&M policy title but implement the Midlands criteria because this is a cosmetic procedure. The Working Group agreed with these suggestions.	Working Group	16/11/2016	Yes
	Email from MM team - 09.12.2016	Second sentence in first paragraph is misleading and implies laser and electrolysis are the usual lines of treatment. It should read 'Permanent depilation may be achieved by electrolysis or laser therapy.	MM Team	09/12/2016	Yes
	Email from MM team - 09.12.2016	Medical treatments bullet point should read 'Eflornithine or co-cyprindiol tablets (anti-androgen)'. There is not a range of anti-androgens licensed for hair removal.	MM Team	09/12/2016	Yes
	Email from MM team - 09.12.2016	Everything in the box on page 2 from Hair depilation……. to the end of the medical treatments bullet point should come out of the box and go under the heading as an introduction as with the lipoma and adenoidectomy policy.	MM Team	09/12/2016	Yes
	Email from MM team - 09.12.2016	The statement box should begin with 'Hair depilation is restricted.' And then the rest that follows is fine.	MM Team	09/12/2016	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

		coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .			
	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgical Revision of Scars	Working Group Meeting 2 minutes	implement the Midlands Scars policy because the Working Group agreed that the Midlands policy for the Surgical revision of scars is similar to the C&M policy, although slightly more defined. The Working Group agreed to implement the Midlands policy for Surgical revision of scars and the Project Team will complete an evidence review for this policy.	Working Group	16/11/2016	yes
	Working Group Meeting 2 minutes	complete evidence review	Working Group	16/11/2016	no
	Emails from JW and KC IFR Panel members	I think removing severe post-surgical scarring, and including significantly functionally disabling will help. Agree, it's currently reading in bullet 2 "deformity". I would keep bullet 1 to post burn and traumatic only and include significantly functionally disabling in 2.	IFR Panel members	20/12/2016	yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. IFR Panel members discussed use of the word 'severe' at length and agreed that this can be a subjective descriptor, therefore decision was taken to remove this word and replace with 'significantly functionally disabling'.	GP and Provider feedback	07/02/2017	n/a - Policy ready for engagement The Working Group agreed therefore that this policy is now ready for engagement.
	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

		coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .			

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Cataracts Policy	Working Group Meeting 1 minutes	Project team to compare the current policy to the revised criteria recently implemented in South Sefton and Southport and Formby CCGs, then come back to the working Group	Working Group	19/10/2016	n/a
	Working Group Meeting 2 minutes	Amendments to policy background, criteria re Glare and 2nd eye referral because the background requires updating, the criteria for glare following extensive discussion was felt necessary and the WG felt it needed to be clear in the policy that a separate referral for the second eye is not necessary but is carried out as part of the patient's regular follow up appointments following surgery on the first eye.	Working Group	16/11/2016	yes
	Working Group Meeting 4 minutes	MOB explained to the Working Group that the Cataracts policy has been reviewed by three ophthalmic surgeons, including Mike Briggs the Clinical Director at St Pauls Eye Unit who has provided comments on the draft we are reviewing. Both JH and JW felt that we should be guided by Mike Briggs' comments/draft. JW noted that we should soften the wording around the list of factors affecting quality of life to ensure it is clear this list is to provide guidance and is not prescriptive, or one where multiple factors need to be present. It should however state that a description of the impact of the cataract on the patients quality of life should be documented. The focus should be on the symptoms rather than visual acuity, but VA should still form part of the policy. The final point to note here is that we should remove the second bullet point for the second eye criteria otherwise, this criteria set is too harsh. JW noted that visual acuity is a clinical guideline but this is difficult to administer from a Prior Approvals point of view. You would have to be led by the ophthalmologist and the responsibility lies with them. The referral is for the optometrist so it is really just screening and when a referral gets to the ophthalmologist that is when the decision is made to proceed. The glare has to outweigh the fact that a patient may be able to see reasonably well. Maybe list the criteria in the PA form and then it can be taken to IFR panel.	Working Group	07/02/2017	yes
	Working Group Meeting 6 minutes	These criteria are no different from those we already work with except they don't seem to stipulate a level of vision for second eye surgery which they had previously advised as 6/12 or worse. The Working Group agreed this policy is now ready for consultation	Working Group	25/04/2017	yes

Suite 2 Red rated Policies

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Removal or Replacement of Silicone Implants	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Removal/replacement implants. - Fri 03/02/2017 10:57 IFR panel feedback We get frequent requests for revision and replacement. Most have had the original surgery in the private sector. The patients mostly present with pain and capsular contracture, there are very few ruptures. Despite what the policy states we tend to approve removal/capsulotomy/capsulectomy due to the patients clinical situation, to relieve the pain. Rarely do we approve replacement. The panels feel uncomfortable declining removal if the patient is in pain. So should we keep the policy as it is and enforce it more strictly, but clinically this is a difficult position to justify, or accept that we should remove if causing functional difficulties and change the policy to reflect this. Another position would be to remove only if rupture?? Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG had a detailed discussion around this policy. It was felt that the line referring to the implants being commissioned originally by the NHS was no longer appropriate given the wide range of private suppliers now in the market. JW noted that if a patient presents with pain caused by the implants or rupture the NHS should assist the patient regardless of where the implants came from as it has a duty of care towards patients. GMW noted that she was uncomfortable with this as the NHS potentially ends up stepping in to fix problems created in the private sector. It was then suggested that the patient should be referred back to the original provider for help and if this is not possible, then the implants could be removed by the NHS on rupture. JW noted this is appropriate to tackle possible infection and JN noted that this would stop such cases being shunted around the system. AH pointed out that the DH guidance around PIP implants was that they should be removed if necessary. Therefore the agreed criteria here would indicate that the patient would need to be referred back to the original provider for help and if this is not possible the NHS will remove (but not replace) the implants following rupture or implant failure. We will need to ensure the DH guidance is cited as evidence.	IFR membership and further discussion with the PDP Working Group (VCF feedback indicated agreement with proposals made by IFR Panel)	IFR Panel: 03/03/2017 VCF: n/a PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: n/a PDP WG Mtg 5: Policy and suggested amendments discussed at length by the WG. he agreed criteria here would indicate that the patient would need to be referred back to the original provider for help and if this is not possible the NHS will remove (but not replace) the implants following rupture or implant failure.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Male Breast Reduction Surgery for Gynaecomastia	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Gynaecomastia Tue 14/02/2017 11:34 – IFR panel feedback I would favour a tightening of the policy to exceptional only. Tue 21/02/2017 15:50 IFR Panel midlands better- exceptional only. Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate	IFR membership and further discussion with the PDP Working Group (VCF feedback indicated agreement with proposals made by IFR Panel)	IFR Panel: 14/03/2017 and 21/02/2017 VCF: n/a PDP WG Mtg 5: 28/03/2017	IFR Panel: yes VCF: n/a PDP WG Mtg 5: Yes. The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Laser Tattoo Removal	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Tattoo removal IFR panel Tue 07/03/2017 15:41 Tattoo removal. I think the tighter Midlands policy makes more sense. The C&M policy is very subjective VCF Feedback Thu 16/03/2017 08:46 Laser tattoo removal - GP's prefer the midlands one as it is more straight forward and less subjective Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to implement the position that this procedure is not routinely commissioned as this is still appropriate	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 07/03/2017 VCF: 16/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: Yes PDP WG Mtg 5: Yes. The WG agreed to implement the position that this procedure is not routinely commissioned as this is still appropriate

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Apronectomy or Abdominoplasty	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Apronectomy or abdominoplasty - Wed 08/03/2017 18:36 IFR Panel KC felt that there will be patients with abscesses and infections who will be unable to demonstrate exceptionality so the policy needs to contain criteria that will support these patients. KC suggested we should include 'significantly functionally disabling' within the criteria for example 'causes very serve functional problems'. She also felt that a criterion around the patient having had '2 months of antibiotics' was required. JW noted that there are a group of patients with Stoma bags who will suffer infections no matter what they do to keep the areas clean. The panel felt the BMI should be kept as it is. The panel felt that we should tighten up the current criteria to support the relatively small cohort of patients who experience functional issues and infections but that will prevent cosmetic requests VCF Feedback Wed 15/03/2017 08:44 -Apronectomy - the issue is to differentiate the functional appronectomies from the cosmetic appronectomies. I think the Merseyside guidance is better than the midlands as it gives indications of how to differentiate between the two, whereas in the midlands guidance everything goes to the panel to determine if exceptionality is met. In the Mersey guidance I think the 6 m of skin conditions is satisfactory and don't think quantifying the amount of antibiotics is necessary. I'm not sure of the need to change 'significant problems with daily living' to 'significantly functionally disabling '. VCF Feedback Wed 15/03/2017 08:44 Only comment I would add is around apronectomy. I feel very sorry for these individuals who have lost vast amounts of weight and have an awful redundant appendage hanging from the abdomens. Getting to a BMI < 25 in these circumstances is heroic indeed, and I feel that allowance should be made for the weight of the apron itself – often a few Kg – which could be the difference between being allowed surgery and not. It wouldn't be difficult to get an estimate of the weight of the apron – or more simply allow a BMI of 26 or 27 for eligibility Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to implement the position that this procedure is not routinely commissioned. This is because the WG agreed that this is a cosmetic procedure.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 08/03/2017 VCF: 15/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes - suggested amendments worked into a revised version that was presented to the WG on 28/03/17 VCF: Yes - suggested amendments worked into a revised version that was presented to the WG on 28/03/17 PDP WG Mtg 5: The WG agreed to implement the position that this procedure is not routinely commissioned. This is because the WG agreed that this is a cosmetic procedure.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Other Skin Excisions, Body Contouring Surgery	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Other Skin Excisions, Body Contouring Surgery - Wed 08/03/2017 18:36 IFR Panel The panel noted that they are content with the Midlands criteria and would be comfortable using this going forward VCF Feedback Wed 15/03/2017 08:44 Body contouring – I feel that appronectomy is a form of body contouring so the same criteria should apply, ie significant functional problems or skin conditions for 6 months Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that this procedure is not routinely commissioned. This is because the WG agreed that this is a cosmetic procedure.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 08/03/2017 VCF: 15/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes - suggested amendments worked into a revised version that was presented to the WG on 28/03/17 VCF: Yes - suggested amendments worked into a revised version that was presented to the WG on 28/03/17 PDP WG Mtg 5: The WG agreed to implement the position that this procedure is not routinely commissioned. This is because the WG agreed that this is a cosmetic procedure.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgical Treatments for Hair Loss	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Alopecia IFR panel Tue 07/03/2017 15:41Alopecia. Think both policies say the same thing. C&M policy contained the comments about Intralace as this is an occasional request through IFR. I would favour going with the Midlands policy as it's neater. VCF Feedback Mon 13/03/2017 13:53 Thanks Michael Agree with the comments made already. With regards to wigs, we have added the following info which may be worth including (maybe in part?) – it took us ages to find it! Please see NHS wig policy http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Wigsandfabricsupports.aspx To prescribe a wig, complete an appliance request form and send to orthotics who will arrange an appointment. Current cost is £67.75 for an acrylic wig - allowed 2 per year. There is no charge for chemotherapy patients VCF Feedback Thu 16/03/2017 08:46 Appreciate the Midlands alopecia is predominantly about alopecia areata – could we not amend this to cover the other 2 also, and have a single policy for all alopecia. Overall I think the Midlands policy is better, but would include the reference to NHS wigs. VCF Feedback Thu 16/03/2017 08:46 Alopecia - don't like the midlands suggestion that pts can go to gp for prescription only medication as it appears that we are encouraging the use of finasteride or steroids, whereas in reality most gps are probably against prescribing them. Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG confirmed that this procedure needs to be titled 'Surgical treatments for hair loss' and that the overall position is that these procedures are not routinely commissioned as they are cosmetic. The WG said that the policy needs to list the following treatments: • Treatment for Alopecia • Hair transplantation • Hair intralace system • Treatments for Male Pattern Baldness Are all not routinely commissioned but that this excludes access to wigs.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 07/03/2017 VCF: 13/03/2017 and 16/03/2016 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes, draft policies written and shared with WG on 28/03/2017 VCF: Yes, draft policies written and shared with WG on 28/03/2017 PDP WG Mtg 5: The WG confirmed that this procedure needs to be titled 'Surgical treatments for hair loss' and that the overall position is that these procedures are not routinely commissioned as they are cosmetic. The WG said that the policy needs to list the following treatments: • Treatment for Alopecia • Hair transplantation • Hair intralace system • Treatments for Male Pattern Baldness Are all not routinely commissioned but that this excludes access to wigs.
	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed becuase it is not clinically appropriate : Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

		other body lesions, where such conditions cause obvious psychological distress. This proposed amemdment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .			

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Rhytidectomy - Face or Brow Lift	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Rhytidectomy - Face or Brow Lift - Wed 08/03/2017 18:36 IFR Panel The panel noted that they are content with the Midlands criteria and would be comfortable using this going forward VCF Feedback Wed 15/03/2017 08:44 - Rhytidectomy no issues Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to implement the midlands criteria but with some changes. It was felt that each criteria would require an 'OR' i.e.: • Recognised diagnosis of Congenital (present from birth) facial abnormalities OR • Facial palsy (congenital or acquired paralysis) OR OR • As part of the treatment of specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis The WG agreed that the final two criteria need to be removed because these would be carried out as non-elective surgery.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 08/03/2017 VCF: 15/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: n/a PDP WG Mtg 5: TThe WG agreed to implement the midlands criteria but with some changes. It was felt that each criteria would require an 'OR' i.e.: • Recognised diagnosis of Congenital (present from birth) facial abnormalities OR • Facial palsy (congenital or acquired paralysis) OR OR • As part of the treatment of specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis The WG agreed that the final two criteria need to be removed because these would be carried out as non-elective surgery.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Circumcision	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Circumcision Tue 14/02/2017 11:34 – IFR panel feedback The two policies say very much the same thing, so I wouldn't recommend changing particularly. VCF Feedback Wed 01/03/2017 09:47 can the csu please tell me if St Helens agree to this for cultural and religious reasons? Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed that the title of this policy should read 'Policy for male circumcision for medical reasons only' to provide clarity and that the criteria need to contain the following line: 'this is not offered for social, cultural or religious reasons'.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 14/02/2017 VCF: 01/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: n/a VCF: n/a PDP WG Mtg 5: The WG agreed that the title of this policy should read 'Policy for male circumcision for medical reasons only' to provide clarity and that the criteria need to contain the following line: 'this is not offered for social, cultural or religious reasons'.
	Draft policy document and Working Group meeting 6 meeting minutes (25/04/2017)	Working Group discussed points raised by S&O Trust colleagues: 1. Should paraphimosis be removed as a criteria? 2. Do we need to reword criteria around irreducible phimosis? 3. Discussion required in relation to circumcision for recurrent UTIs. 4. Should we clarify that congenital abnormalities excludes hypospadias and congenital megaprepuce? The Working Group noted all the points raised and felt that we should go back to using the current criteria set in the original policy, but that we will add in the criteria relating to tight foreskin causing pain on arousal because this is a clearer set of criteria. The working Group also noted that the Project Team will need to run this suggestion past Public Health colleagues. ACTION: MOB to implement the current circumcision criteria with the additional criteria around pain on arousal. ACTION: MOB to run circumcision policy by Public Health colleagues for their review	S&OHT	PDP WG Mtg 6: 25/04/2017	PDP WG Mtg 6: WG agreed to implement the current circumcision criteria with the additional criteria around pain on arousal based on the S&OHT feedback

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Pinnaplasty	Emails from VCF and IFRP members in March 2017	VCF and IFR Panel members agree this policy should be NRC	IFR Panel and VCF members	31/03/2017	Yes- proposed policy shared with WG on 25/04/2017
	Draft policy document and Working Group meeting 6 meeting minutes (25/04/2017)	Working Group members agreed that this treatment should become a not routinely commissioned procedure. They also felt that this policy does need to be shared for comment with GP and Lead providers for comment. JN noted that it will need to be reviewed by the childrens lead at Alder Hey and that therefore all other CCG GP and Provider leads should also see the proposed policy.		**PDP WG Mtg 6:** 25/04/2017	yes
	Working Group meeting 11 Minutes	During the summer period (2017) a review of the introduction to the policy was carried out and it was proposed that the following line from the introduction to the policy was removed because it is not clinically appropriate: Children under 16 years are eligible for surgery to alter appearance, improve scars, excise facial or other body lesions, where such conditions cause obvious psychological distress. This proposed amendment was discussed at length by members following findings of the engagement and EIRA process at WG11 on 14th November as this change affects a small number of cosmetic procedures Options were put to the WG and it was suggested that the correct approach would be for all patients regardless of age to have had psychological assessment and support, i.e. input from IAPT for adults and CAMHS for children before surgery is offered as an option. A line has been developed based on an existing line in the introduction which now states: Psychological distress alone will not be accepted as a reason to fund surgery. Only very rarely is surgical intervention likely to be the most appropriate and effective means of alleviating disproportionate psychological distress. In these cases ideally an NHS psychologist with expertise in body image or an NHS Mental Health Professional (depending on locally available services) should detail all treatment(s) previously used to alleviate/improve the patient's psychological wellbeing, their duration and impact. The clinician should also provide evidence to assure the IFR Panel that a patient who has focused their psychological distress on some particular aspect of their appearance is at minimal risk of having their coping mechanism removed by inappropriate surgical intervention. Psychological assessment and intervention may be appropriate for patients with severe psychological distress in respect of their body image but it should not be regarded as a route into aesthetic surgery. Any application citing psychological distress will need to be considered as an IFR .	Working Group	n/a	Yes – revised line to be implemented in the policy introduction.

Suite 1 Green rated Policies

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgery for Asymptomatic Hernias & Diastasis of the Recti	Working Group Meeting 2 minutes	complete evidence review	Working Group	16/11/2016	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy, however point raised by Aintree needs to be raised with the Working Group Most incisional hernias will enlarge and become symptomatic. Trust clinicians are concerned that the application of this guidance will mean that this will turn a relatively simple repair into a major complex reconstruction over time. MOB noted that the key concern is that by not having any criteria against this treatment, the majority of hernias will get worse therefore requiring a more significant procedure. It must be noted however that the current policy does not contain criteria either. The Working Group advised that the project team will need to look at the level of data for this without complicating causes and compare their activity rates against other providers as well as triangulate the data with symptomatic hernias. ACTION: investigate further data on treatment for asymptomatic hernias, review data without complicating issues, compare activity against other providers and triangulate the data with symptomatic hernias.	GP and Provider feedback	07/02/2017	n/a - The Working Group agreed therefore that this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgery for Asymptomatic Gallstones	Working Group Meeting 2 minutes	None - WG agreed to maintain current policy position. It was noted that the IFR panel had never seen an application for this treatment	Working Group	16/11/2016	n/a
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy.	GP and Provider feedback	07/02/2017	n/a - The Working Group agreed therefore that this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Dilatation and Curettage	Working Group Meeting 2 minutes	Maintain the current C&M Criteria as this requires no change	Working Group	16/11/2016	n/a
	GP and Provider feedback - Working Group meeting Minutes 4	No feedback received against this policy.	GP and Provider feedback	07/02/2017	n/a - The Working Group agreed therefore that this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for Private Mental Health Care – Non-NHS Commissioned Services: including Psychotherapy, adult eating disorders, general in-patient care, post-traumatic stress, adolescent mental health	Working Group Meeting 2 minutes	Amend policy to make clear its not commissioned because JW advised the Working Group that the inclusion of this policy was under the direction of the Cheshire CCGs when the policy was originally created in 2013. This was because those CCGs worked with a large number of private Mental Health Service providers. The working Group agreed that this is more of a contractual agreement issue rather than a required policy. HP suggested that this policy needs to be reworded to make it clear that Private Mental Health Care is not routinely commissioned.	Working Group	16/11/2016	yes
	Email from Jha - 16/12/2016	remove evidence section as not relevant	JHA	16/12/2016	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	GP and Provider feedback here suggests that we either need to remove the policy altogether or refer to community provider and inpatient services, across the Merseyside footprint. Alternatively we would need to develop pathways between the IFR teams and CCCGs to manage these cases where they are complex and high cost. It is not clear how we might do this however.	GP and Provider feedback	07/02/2017	Policy ready for engagement, although there is a question around removal of this policy altogether or developing pathways instead which needs to be addressed by the Working Group. The Working Group agreed that because the NHS does not provide private care this policy should be removed altogether. The Working Group agreed therefore that this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for Hyaluronic acid & Derivatives injections for peripheral joint pain	Working Group Meeting 2 minutes	complete evidence review	Working Group	16/11/2016	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy.	GP and Provider feedback	07/02/2017	n/a Policy ready for engagement The Working Group agreed therefore that this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Hip Replacement Surgery	Working Group Meeting 1 minutes	Separate policies for Hip and Knee Surgery - WG felt this was required for clarity	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Revise the presentation of these procedures - WG felt this was required for clarity	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Include references to MCAS service where these are in place as a number of CCGs have triage processes in place and this needs to be reflected	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Review Patient Outcomes Data to inform the review of this policy. We will may be able to source this data from the National Joint Registry website.	Working Group	19/10/2016	No
	Working Group Meeting 1 minutes	HK advised we will also look at NICE guidance around these procedures.	Working Group	19/10/2016	Yes
	Working Group Meeting 3 minutes	As for knee document, the first page reads mostly as a PII, although the last paragraph appears to be aimed at clinicians which is confusing. - The Project Team will take this point away and will rethink the presentation of the document.	Denis O'Brien (Liverpool CCG GP)	13/12/2016	yes
	Working Group Meeting 3 minutes	This document should really be more or less an exact replica of the knee document, as the same criteria and considerations apply. - Working Group noted this feedback.	Denis O'Brien (Liverpool CCG GP)	13/12/2016	yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. Question around returning to MCAS needs to be addressed by CCGs. We need to consider adding a like that says a shared decision making engagement/conversation must be evidenced.	GP and Provider feedback	07/02/2017	N/A
	Working Group Meeting 3 minutes	In addition, Ruth Hunter has asked if we can debate reducing the BMI for Hips as being set at 40 as she feels this is high. - The Working Group discussed this point and it was noted there is no guidance available currently to suggest what the BMI score should be, therefore the Working Group decided to keep the BMI score as it is at the moment. JM noted that a high BMI wouldn't come under a protected characteristic in terms of EIA.	Ruth Hunter (St Helens CCG)	13/12/2016	no

	GP and Provider feedback - Working Group meeting Minutes 4	Policy ready for engagement, however need to address questions around returning to MCAS and whether we need to add a line around shared decision making/engagement with the patient The only change in THR & TKR policy seems to be that MCAS now needs to be involved initially in both cases. The only difference to this we felt would be in a case where a patient has been referred into the system to see an orthopaedic colleague with another sub-speciality diagnosis e.g. back pain. If it was found that the clinical problem was actually hip or knee should the patient then be referred onto for a Consultant orthopaedic hip or knee opinion within the department without returning to MCAS? In addition to the feedback above, Ruth Hunter for St Helens CCG has also shared a paper on BMI evidence for discussion by the Working Group. The Working Group acknowledged the Provider feedback and Ruth Hunter's paper and asked whether this was a pathway issue. AG noted that NICE Guidance states that obesity should not be a barrier for referral for joint surgery. She also noted that some policies refer to 6 months of conservative treatments ACTION: MOB to share the hips and knees policies with AG for her input and feedback.	GP and Provider feedback	07/02/2017	N/A - Policy ready for engagement

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Knee Replacement Surgery	Working Group Meeting 1 minutes	Separate policies for Hip and Knee Surgery - WG felt this was required for clarity	Working Group	19/10/2016	yes
	Working Group Meeting 1 minutes	Revise the presentation of these procedures - WG felt this was required for clarity	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Include references to MCAS service where these are in place as a number of CCGs have triage processes in place and this needs to be reflected	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Review Patient Outcomes Data to inform the review of this policy. We will may be able to source this data from the National Joint Registry website.	Working Group	19/10/2016	No
	Working Group Meeting 1 minutes	HK advised we will also look at NICE guidance around these procedures.	Working Group	19/10/2016	yes
	Working Group Meeting 3 minutes	Happy to use a pain rating scale to determine severity JW felt that the only way to address this was with a simple visual scale (1-10 analogue scale). JHA noted that functionality would also need to be considered. The Working Group then noted that using a scale can be subjective so an alternative might be to develop a referral template letter that ensures referrers go through each criterion which might help. The Working Group therefore agreed to maintain the draft criteria as it stands as it is difficult to amend this any further	Denis O'Brien (Liverpool CCG GP)	13/12/2016	no
	Working Group Meeting 3 minutes	Should joint injections be explicitly mentioned in proposed eligibility criteria 2? JN asked whether this is in the NG and if so, do we need to add it? JW suggested that it was not clear what effect this would change have and the Working Group decided that this does not need to be included here.	Denis O'Brien (Liverpool CCG GP)	13/12/2016	no
	Working Group Meeting 3 minutes	Criterion 3: is anxious regarding the word "severe" (in relation to x-ray)– as the whole clinical picture needs to be assessed. Would be uncomfortable turning someone down with severe uncontrolled symptoms just because their knee x-ray was not severe enough – treat the patient, not the x-ray! Perhaps use "significant" or "moderate to severe" instead. Believes point 4 is the get out anyway, but would be happier with a change of wording. Patients do less well if we wait too long and the joint has a significantly compromised range of movement - The Working Group noted this point and the discussion focused on the terminology radiologists would use. It was agreed that they are not know to use terms such as 'significant' therefore the Working Group decided to maintain the current draft policy including terminology currently being drafted.	Denis O'Brien (Liverpool CCG GP)	13/12/2016	no

	Working Group Meeting 3 minutes	In addition, Ruth Hunter has asked if we can debate reducing the BMI for knees to 35? - The Working Group discussed this point and it was noted there is no guidance available currently to suggest what the BMI score should be, therefore the Working Group decided to keep the BMI score as it is at the moment. JM noted that a high BMI wouldn't come under a protected characteristic in terms of EIA.	Ruth Hunter (St Helens CCG)	13/12/2016	no
	Working Group Meeting 3 minutes	Question from Ruth Hunter: Did the group decide against a pain scale for Hip and Knee replacement surgery? - The Working Group acknowledged RH's point. It was felt that again any type of scaling would be subjective so as an alternative we could develop a referral template letter that ensures referrers go through each criterion which might help. The Working Group therefore agreed to maintain the draft criteria as it stands as it is difficult to amend this any further	Ruth Hunter (St Helens CCG)	13/12/2016	no
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. Question around returning to MCAS needs to be addressed by CCGs. We need to consider adding a like that says a shared decision making engagement/conversation must be evidenced.	GP and Provider feedback	07/02/2017	Yes - discussed at WG
	GP and Provider feedback - Working Group meeting Minutes 4	Policy ready for engagement, however need to address questions around returning to MCAS and whether we need to add a line around shared decision making/engagement with the patient The only change in THR & TKR policy seems to be that MCAS now needs to be involved initially in both cases. The only difference to this we felt would be in a case where a patient has been referred into the system to see an orthopaedic colleague with another sub-speciality diagnosis e.g. back pain. If it was found that the clinical problem was actually hip or knee should the patient then be referred onto for a Consultant orthopaedic hip or knee opinion within the department without returning to MCAS? In addition to the feedback above, Ruth Hunter for St Helens CCG has also shared a paper on BMI evidence for discussion by the Working Group. The Working Group acknowledged the Provider feedback and Ruth Hunter's paper and asked whether this was a pathway issue. AG noted that NICE Guidance states that obesity should not be a barrier for referral for joint surgery. She also noted that some policies refer to 6 months of conservative treatments ACTION: MOB to share the hips and knees policies with AG for her input and feedback.	GP and Provider feedback	07/02/2017	N/A - Policy ready for engagement

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgical Removal of Ganglions	Working Group Meeting 2 minutes	Maintain current C&M policy because The Working Group agreed that the current C&M policy criteria for this procedure are still applicable.	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	complete evidence review	Working Group	16/11/2016	no
	Email from Kit Chung: IFR Panel feedback	Inconsistent and suggests use of Midlands Criteria	KC - IFR Panel	13/12/2016	Yes - removed the RCS line from rationale as a suggested amendment
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. Request from Royal Liverpool around agreements they will never receive referrals for removal of ganglions needs to be highlighted to the Working Group. The policy refers to all ganglions regardless of location on the body, otherwise it would specify exceptions.	GP and Provider feedback	07/02/2017	Policy ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Adenoidectomy	Working Group Meeting 2 minutes	Implement Midlands policy for adenoidectomy but remove some irrelevant material because MS confirmed that Adenoidectomy procedures are only carried out for children in the C&M footprint alongside other procedures as it should not be carried out in isolation. The Working Group noted that the Midlands criteria also applies to adults. HK confirmed that the Midlands policy is in line with RCS recommendations.The Working Group agreed that the current C&M Adenoidectomy policy is quite clear but that we will pick up the Midlands policy. There is some irrelevant material contained in the Midlands policy that will be removed. The Working Group also agreed that we will need to include the NICE 'Do Not Do' recommendation in the evidence section of the policy.	Working Group	16/11/2016	yes
	Working Group Meeting 2 minutes	include the NICE DND recommendation in the evidence section for adenoidectomy	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	seek data on how many adenoid procedures are being carried out on adults and children	Working Group	16/11/2016	no
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. Link to the high value pathway is included in the policy development template for this condition. However, it is not clear what letter Warrington GPs are referring too or what they mean: Is this across all trusts? Recent letter from a different trust (I think South Manchester) - requesting locally. The Working Group agreed that this is a question that sits outside the remit of this Project but as a rule of thumb. it is the funding commissioners policy that applies. The Working Group agreed therefore that this policy is now ready for engagement.	GP and Provider feedback	07/02/2017	n/a - Policy Ready for engagement

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for Tonsillectomy for recurrent Tonsillitis (excluding peri-tonsilar abscess) adults and children	Working Group Meeting 2 minutes	Implement the criteria from the Midlands Tonsillectomy policy; minus the criteria for a positive culture of group A beta haemolytic streptococci. This is because it was acknowledged that in the C&M footprint the evidence of episodes is often not provided, whereas the Midlands policy is more defined and requires evidence of the episodes to be submitted. HK confirmed that the number of episodes of sore throats (7, 5 and 3) in the Midlands policy are based on Royal College of Surgeons and SIGN guidance.	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	Conduct an evidence review of the guidance for Tonsillectomy and look at the aural temperature (38.3°C) characteristic to determine where this may originate from.	Working Group	16/11/2016	yes
	Working Group Meeting 2 minutes	Make clear that Tonsillectomy should not be carried out for tonsil stones and halitosis	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	Amend the formatting of the Tonsillectomy policy to make it clearer.	Working Group	16/11/2016	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	OSA – should criteria around this be introduced? The Working Group agreed that this criteria would apply within a different policy so it is not appropriate within this criteria set.	GP and Provider feedback	07/02/2017	n/a
	GP and Provider feedback - Working Group meeting Minutes 4	MOB to add clarity to tonsillectomy policy around referring clinician responsibility as it is important to clarify responsibility for evidence	GP and Provider feedback	07/02/2017	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	MOB to include an appendix of what a prior approvals form may look like within this policy to support roll out of the policy	GP and Provider feedback	07/02/2017	Yes - The Working Group agreed therefore that once these actions have been completed this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Hysterectomy for Heavy Menstrual bleeding	Working Group Meeting 1 minutes	Revise wording so it's clear this procedure isn't offered for patients wishing to cease menstruation as this is unclear in the present policy	Working Group	19/10/2016	Yes
	Working Group Meeting 1 minutes	Change C&M title to reflect the Midlands Policy title because WG felt the Midlands title is more appropriate	Working Group	19/10/2016	Yes
	Email from MM colleagues 17/11/2016	Amendments to criteria and evidence base, based on feedback from MM team 17/11/2016	MM Team	17/11/2016	Yes
	Email from MM colleagues 08/12/2016	Amendments to layout of Norethisterone and ulipristal acetate medications criteria based on feedback from MM team on 08/12/2016	MM Team	08/12/2016	yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy.	GP and Provider feedback	07/02/2017	n/a - Policy ready for engagement The Working Group agreed therefore that this policy is now ready for engagement.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Varicose Veins Treatments	Working Group Meeting 2 minutes	Use bullets 2,3 and 4 from Midlands policy to update the C&M policy because RH noted that although the clinical evidence available suggests that this is an effective procedure in reality the evidence is lacking. The Working Group agreed that there was little justification to offer these procedures based on the current guidance. HK suggested therefore that the Project Team would complete an evidence review for this policy but maintain the current C&M criteria. However we will need to make it clear that the treatment is only available in certain circumstances and if these are not met, then an IFR application is required.	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	reword varicose veins opening statement to produce clarity	Working Group	16/11/2016	Yes
	Working Group Meeting 2 minutes	Complete varicose veins evidence review	Working Group	16/11/2016	yes
	Email from Kit Chung: IFR Panel feedback	Thrombophlebitis- do we need to define it more? Do we accept a patient reporting to clinician that they have had it but not consulted, or does it need to be a documented event by a clinician?	KC - IFR Panel	06/12/2016	No - Policy is due to go out to consultation with GPs and Secondary care in January so we'll gather more feedback on this.
	Email from Kit Chung: IFR Panel feedback	Midlands policy includes varicose veins which have bled and are at risk of bleeding again - that isn't in the amended policy. Maybe it should be?	KC - IFR Panel	06/12/2016	Yes
	Working Group Meeting 4 Minutes	MOB to change the wording in the varicose veins policy to refer to The Working Group agreed to change the wording here to inappropriate or declined (compression hosiery) and documented evidence of (thrombophlebitis).	Working Group	07/02/2017	Yes
	GP and Provider feedback - Working Group meeting Minutes 4	GPs and Providers are largely content with proposed policy. However it would be helpful to pick up the comments around replacing 'unsuitable' with 'inappropriate or declined' as well as documenting episodes of thrombophlebitis. Concern raised around the reference to a C&M document saying all criteria must be met as well as an actual IFR application.	GP and Provider feedback	07/02/2017	

	GP and Provider feedback - Working Group meeting Minutes 4	Policy ready for engagement following small amendments if agreed by WG: • change compression hosiery being unsuitable to being inappropriate or declined. The Working Group agreed to change the wording here • Refer to documented episodes of thrombophlebitis. The Working Group agreed to change the wording here • Project Team also needed clarity from the Working Group about letter stating all criteria must be met as well as an IFR for this treatment • We were worried in the last few months when a Cheshire & Merseyside document came out suggesting 1) that all patients that qualify for NHS treatment on the CCG guidelines still need an application for funding – and the suggestion that we the surgeons had to apply and 2) the GP could send anyone with varicose veins for a vascular appointment thus blocking all our clinics and devolving themselves of any responsibility for their own guidelines. The Working Group felt that this is a process issue to be picked up by the CCG ACTION: MOB to change the wording in the varicose veins policy to refer to The Working Group agreed to change the wording here to inappropriate or declined (compression hosiery) and documented evidence of (thrombophlebitis).	GP and Provider feedback	07/02/2017	Yes - The Working Group agreed therefore that this policy is now ready for engagement.

Suite 2 Green rated Policies

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Reduction Mammoplasty	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Reduction mammoplasty. - Fri 03/02/2017 10:57 IFR panel feedback Current criteria seem to work well, and are stricter than Midlands. Would advocate keeping to current policy. VCF Feedback Wed 01/03/2017 09:47 Reduction mammoplasty, age over 21 years Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: WG agreed with the proposed criteria as this is still appropriate.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 03/02/2017 VCF: 01/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: Yes PDP WG Mtg 5: Yes - WG agreed with the proposed criteria as this is still appropriate.
	Working Group meeting 6 meeting minutes (28/03/2017)	1. BMI – either amend or remove the criteria or round BMI scores to the nearest round number? 2. Do we have any evidence to support age criteria of 21 being more clinically appropriate than 18? 3. Do we wish to continue using cup sizes or should we move to using grams? Concern is over the stipulation of H cup sized breasts and reduction of 3 cups sizes as cup sizes are notoriously inaccurate. Many patients are in the wrong sized bra (even the so called professionally fitted ones). Would it not be best to stipulate a volume / weight reduction eg 500grams (which would equate to around 3 cup sizes) Concern is over the massive volume difference in asymmetry cases. It is not advisable to insert a 450cc implant as they run into problems due to the weight and stretching of the skin. Anything over 300cc's is risky. (300cc's would be 2 cup sizes and is still a huge difference for a patient) Asymmetry cases – 3 cups sizes equates to 450cc volume which is an enormous difference between breasts. Nearly half a litre. With this statement none of the patients that are referred would be suitable and therefore all need to go through special funding. The patients seen are usually all extremely upset when advised they do not meet the criteria.	SHKHT	PDP WG Mtg 6: 25/04/2017	PDP WG Mtg 6: BMI and cup sizes vs grams points were noted by the Group but it was felt that the current criteria is robust and does not require amendment. Age criteria amendment has been noted and we will look for evidence to support this change, with acknowledgement that if no evidence is available we will revisit this criteria
	Working Group meeting 12 meeting minutes (14/11/2017)	The request to amend the age criteria from 18 to 21 was discussed at length by members following findings of the engagement and EIRA process. No evidence to support this change can be found and feedback on this criteria indicates disagreement with this position from survey respondents and from and equality impact point of view	WG members	N/A	The decision has been taken by Working Group members not to implement this proposal for the reasons cited. This proposed criteria cannot be evidenced or justified

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Breast Enlargement	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Breast enlargement. - Fri 03/02/2017 10:57 IFR panel feedback We rarely approve requests under this criteria, although we do see them frequently and they are emotive. Midlands policy is more restrictive, although I do not think there should be reference to cancer treatments. I would be in favour of an exceptionality only policy. VCF Feedback Wed 01/03/2017 09:47 I think this should be exceptionality only for cancer or 3 whole cup sizes difference (ie obvious asymmetry)and BMI 25 Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: WG felt that we need to be able to justify raising the age to 21. It was noted that by 21 an individual's growth and maturation should be complete therefore it is clinically appropriate. RH and HK will look for further evidence to support this position. JN noted that within Liverpool CCG there have been 68 reduction mammoplasty procedures in the last 12 months and only 3 of these were for patients under 21. The WG felt that criteria is necessary for this procedure, however following debate, it was noted that the cancer criteria was inappropriate but the 21 age criteria was necessary to be consistent with the reduction mammoplasty criteria.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 03/03/2017 VCF: 01/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: Yes PDP WG Mtg 5: Yes. The WG felt that criteria is necessary for this procedure, however following debate, it was noted that the cancer criteria was inappropriate but the 21 age criteria was necessary to be consistent with the reduction mammoplasty criteria.
	Working Group meeting 12 meeting minutes (14/11/2017)	The request to amend the age criteria from 18 to 21 was discussed at length by members following findings of the engagement and EIRA process. No evidence to support this change can be found and feedback on this criteria indicates disagreement with this position from survey respondents and from and equality impact point of view	WG members	N/A	The decision has been taken by Working Group members not to implement this proposal for the reasons cited. This proposed criteria cannot be evidenced or justified

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Mastopexy – Breast lift	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Mastopexy - Fri 03/02/2017 10:57 IFR panel feedback I would suggest remove the section which states: "May be considered as part of other breast surgery to achieve an appropriate cosmetic result subject to prior approval." Think that wording has allowed this operation to be done more often than it was intended. Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.	IFR membership and further discussion with the PDP Working Group (VCF feedback indicated agreement with proposals made by IFR Panel)	IFR Panel: 03/03/2017 VCF: n/a PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: n/a PDP WG Mtg 5: Yes. The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.
	Working Group meeting 6 meeting minutes (28/03/2017)	Mastopexy/Breast lift - Will it be funded as part of symmetrisation to reconstruction?	SHKHT	PDP WG Mtg 6: 25/04/2017	PDP WG Mtg 6: WG noted that there will be an option to consider this under IFR as this is the most appropriate approach.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgical Correction of Nipple Inversion	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Nipple inversion - Fri 03/02/2017 10:57 IFR panel feedback Would keep to current policy Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.	IFR membership and further discussion with the PDP Working Group (VCF feedback indicated agreement with proposals made by IFR Panel)	IFR Panel: 03/03/2017 VCF: n/a PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: n/a PDP WG Mtg 5: Yes. The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Surgical Treatment for Pigeon Chest	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Pigeon Chest Tue 14/02/2017 11:34 – IFR panel feedback I would keep policy unchanged. Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.	IFR membership and further discussion with the PDP Working Group (VCF feedback indicated agreement with proposals made by IFR Panel)	IFR Panel: 14/03/2017 VCF: n/a PDP WG Mtg 5: 28/03/2017	IFR Panel: yes VCF: n/a PDP WG Mtg 5: Yes. The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Labiaplasty, Vaginoplasty and Hymenorrhaphy	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Labiaplasty, Vaginoplasty and Hymenorrhaphy Wed 08/03/2017 18:36 IFR Panel JW noted that with regard to the Midlands Policy trauma after childbirth should not be included as a criteria as this is common. The panel felt that except where the surgery was to correct abnormalities following FGM these procedures should not be commissioned. However if we were to include a criteria around trauma the panel agreed that the criteria would need to read 'severe functional problems after trauma' and that an indication of the number of infections the patient had experienced what treatment they had been given and a full detailed explanation would be needed. VCF Feedback Wed 15/03/2017 08:44 Labiaplasty – I feel the midlands guidance is better and should include ' severe functional problems after trauma or FGM' Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that these procedures are not routinely commissioned as this is still appropriate.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 08/03/2017 VCF: 15/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes, draft policies written and shared with WG on 28/03/2017 VCF: Yes, draft policies written and shared with WG on 28/03/2017 PDP WG Mtg 5: The WG agreed to maintain the position that these procedures are not routinely commissioned as this is still appropriate.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Liposuction	Draft policy document and Working Group meeting 5 meeting minutes (28/03/2017)	Liposuction Wed 08/03/2017 18:36 IFR Panel The panel noted that they are content with the Midlands criteria and would be comfortable using this going forward. VCF Feedback Wed 15/03/2017 08:44 Liposuction - no issues Working Group meeting 5 Tues 28/03/2017 13:00 agreed position: The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.	IFR and VCF membership and further discussion with the PDP Working Group	IFR Panel: 08/03/2017 VCF: 15/03/2017 PDP WG Mtg 5: 28/03/2017	IFR Panel: Yes VCF: n/a PDP WG Mtg 5: The WG agreed to maintain the position that this procedure is not routinely commissioned as this is still appropriate.

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Policy for non-invasive interventions for low Back pain and sciatica	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 • The draft policy needs to be aligned with NG 59 • Policy position to be broken down into the following headings and to reflect NG 59: · Acupuncture · Manual Therapy · Orthotics · Electrotherapy · Pharmacological interventions	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Imaging for patients presenting with back pain	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 • The draft policy needs to be aligned with NG 59 • There is no specific C&M policy around X rays and MRI scans, however it is noted in the comments section of 16.1 that 'X Rays and MRI scans should not be offered unless in a context of referral for surgery.'	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Injections for back pain	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 • The draft policy needs to be aligned with NG 59 • Policy needs to be clear that therapeutic Facet Joint injection, therapeutic medial branch block, prolotherapy, Botulinum Toxin and Trigger Point Injections are not routinely commissioned • Criteria for Epidural Injections needs to be laid out • New policy position needs to combine the following treatments currently listed in the 2014/15 Policy: 1. Facet Joint - Non Specific Back Pain Over 12 Months including radio frequency ablation 2. Epidural Injection 3. Radiofrequency Facet Joint Denervation Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS)	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Spinal Fusion	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 The draft policy needs to be aligned with NG 59 New policy position needs to combine the following treatments currently listed in the 2014/15 Policy: 1. Fusion 2. Transaxial Interbody Lumbosacral Fusion 3. Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine 4. Non-Rigid Stabilisation Techniques New policy needs to make clear the following are NRC: • Fusion • Non-rigid stabilisation techniques • Lateral body fusion in the lumbar spine • Transaxial interbody lumbrosacral fusion • Anterior lumbar interbody fusion (ALIF) • Posterior lumbar interbody fusion (PLIF) • Or any other combination of approach where surgical fixation is performed	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Disc and Decompression procedures	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 The draft policy needs to be aligned with NG 59 Clarity is required in relation to spinal decompression, with specific critieria laid out in alignment with NG 59 The following procedures (all remaining NRC) need to be combined within this policy: • Endoscopic Laser Foraminoplasty • Endoscopic Lumbar Decompression • Percutaneous Disc Decompression using Coblation for Lower Back Pain • Percutaneous Intradiscal Laser Ablation in the Lumbar Spine • Automated Percutaneous Mechanical Lumbar Discectomy • Prosthetic Intervertebral Disc Replacement in the Lumbar Spine • Intradiscal Electro Thermal Annuloplasty (IDET) • Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 The draft policy needs to be aligned with NG 59 - no change	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes

Policy Name	Where are the changes captured?	Amendments Requested	By Who?	Changes requested date	Changes Requested Actioned?
Therapeutic Endoscopic Division of Epidural Adhesions	Document: Revised back pain policies - V3.0 - 2017-04-27	Meeting with Judith Nielson (LCCG) and Moira Harrison (SS&SFCCG) on 27th April 2017 The draft policy needs to be aligned with NG 59 - no change	Working Group - at the April 2017 WG meeting it was agreed that JN and MH's expertise to review these policies was the most appropriate approach to develop the current drafts	27/04/2017	Yes