



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Varicose Vein Surgery

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

VARICOSE VEIN SUREGRY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This policy describes the access criteria in respect of varicose veins surgery. NHS Dorset Clinical Commissioning Group in consultation with local clinicians has developed access criteria within the resources available. It is recognised that the NICE guidance number 168 has wider criteria than reflected within the NHS Dorset Clinical Commissioning Group access criteria.
- 1.2 NHS Dorset Clinical Commissioning Group does not support varicose vein surgery on cosmetic grounds.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix A.

3. ACCESS CRITERIA

- 3.1 Interventional treatment of varicose veins will only be commissioned when the following criteria are met for people over the age of 18:
- Stable BMI under 30 (stable defined as below 30 for 3 consecutive months prior to referral)
 - 6 consecutive months conservative management prior to referral, defined as
 - a. Light to moderate exercise and
 - b. daily elevation two or three times a day;
 - There is documented evidence that the patient is aware of the complications and limitations of the treatment.

And one or more of the following clinical criteria:

- Varicose eczema
 - Lipodermatosclerosis or a venous ulcer (which has taken over two weeks to heal)
 - A previous venous ulcer
 - At least two episodes of documented superficial thrombophlebitis
 - A major episode of bleeding from the varicosity
- 3.2 Interventional treatment should be in line with NICE guidance which identifies endothermal ablation as the first line intervention where suitable.
- 3.3 For individuals who meet the criteria with one limb and have symptomatic varicose veins on their other limb; simultaneous bilateral intervention is supported. A separate procedure for the symptomatic limb is not commissioned.
- 3.4 Do not offer **compression hosiery** UNLESS interventional treatments are not suitable.

4. EXCLUSIONS

- 4.1 NHS Dorset Clinical Commissioning Group does not support varicose vein surgery on cosmetic grounds.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.
- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the Long Term Conditions and Frail Elderly CDG.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 As documented in NHS Dorset CCG's 'Procedure for the management and development of procedural documents', Criteria Based Access Protocols must be formally recommended by the Clinical Delivery Group responsible for the protocol, prior to formal approval by the Clinical Commissioning Committee.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

GLOSSARY

N/A

APPENDIX A

A DOCUMENT DETAILS	
Procedural Document Number	111
Author (Name and Job Title)	Fiona Richardson Head of Review, Design and Delivery (East)
Clinical Delivery Group (recommending group)	Long Term Conditions and Frail Elderly
Date of recommendation by CDG	December 2015
Date of approval by CCC	17 February 2016
Version	Version 3
Review frequency	3 yearly
Review date	December 2018

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
N/A			

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
November 2015	V3	December 2015	Formatting of protocol only		CCC

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
N/A		

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
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