NHS
Cornwall and
Isles of Scilly

Standard operating procedure

Procedure: NHS Cornwall and Isles of Scilly prior approval process

Number: Version 2

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Introduction

The Integrated Commissioning Board (ICB) has a responsibility to determine the best use of NHS resources ensuring that these are distributed equitably and effectively. Resources are finite and there will always be competing demands for new interventions and technologies. The ICB therefore must make local decisions about how to best target the available funding to achieve the greatest health gain for its population.

There will be situations where interventions will not be funded by the ICB, as below:

- There is currently insufficient evidence of clinical effectiveness, clinical benefit and health impact to the population
- There is currently insufficient evidence of cost effectiveness
- The intervention is of relatively low priority for NHS resources

Interventions that will be funded, have been assessed for appropriateness and will be clinically evidenced. The outputs of these assessments culminate in either a Commissioning Policy or Commissioning Position Statement. These clinical policies and other supporting documentation are available via the ICB website. This provides:

This document sets out the principles and process for managing prior approval applications for criteria-based access commissioning policies made across primary, community and secondary care. Not routinely funded interventions are not expected to go via the prior approval process because this activity is not funded unless exceptionality has been proven via the individual funding request process.

This commissioning policy prior approvals process applies to all patients for whom the ICB has responsibility including:

- People provided with primary medical services by GP practices which are members of the ICB
  and
- People usually resident in any of the areas covered by the ICB and not provided with primary medical services by any ICB.

Policies for which prior approval applications are required, will be identified within the master commissioning policy document with the marker “CBA + PA”. These have been based upon those procedures or interventions that providers in our system have been identified as an outlier when benchmarked against our peers. A prior approvals process will be adopted by all our providers over time, but phase one will focus the implementation of this with our two largest providers, Royal Cornwall Hospitals Trust (RCHT) and University Hospital Plymouth (UHP). These interventions/ procedures will be clearly identifiable in the commissioning policies document, including which provider needs to submit prior approval for which procedure. **Please note that the prior approval process does not apply to urgent care presentations and cancer, in these cases a retrospective audit will be undertaken.**

The ICBs prior approval process applies to treatments that are considered appropriate in some circumstances, but where funding is granted on an individual case by case basis when the ICB is assured that specific predetermined and evidence-based access criteria have been met.

The prior approval process should not be confused with the ICBs individual funding request (IFR) process which deals with requests for individuals who are ‘exceptional’ (i.e., there is something about the patient’s condition or circumstances that differentiate them on the basis of need from other patients with a similar diagnosis or condition and would justify funding being provide in an individual case when it is not routinely funded for others).

Assessment of the patient against the relevant CBA + PA criteria can be made at any point in the patient’s pathway prior to treatment but should be undertaken at the earliest possible stage in the pathway once the need for CBA + PA procedure has been identified. This means that an assessment against the CBA +PA criteria will either be made by the referrer prior to the referral, or by the secondary care clinician following triage or initial assessment in secondary care.

This standard operating procedure sets out the prior approval process in detail and will be followed for each prior approval application received by the ICB.

Managing prior approval applications: The prior approval process

This section sets out the process for managing prior approval funding applications. It should be read in conjunction with the ICBs commissioning policies and evidence-based interventions document and the IFR policy. The process is set out in flow chart form at the end of the document.

Submitting a prior approval application

The managing clinician should consult the ICBs commissioning policies as set out in the ICBs commissioning policies and evidence-based interventions document to see if the procedure is covered by a CBA + PA policy. The ICBs commissioning policies

and evidence-based interventions document list identifies all procedures that require ICB approval prior to treatment and provides details of the criteria that the patient will need to meet for prior approval to be granted by the ICB.
If the proposed treatment is covered by a CBA + PA policy, and the clinician believes that the patient demonstrably meets the access criteria, the clinician must submit a prior approval funding application in consultation with the patient. Applications will only be accepted from clinicians or other health professionals involved in the care of the patient. The patient should not proceed for treatment until funding has been granted.

The managing clinician must inform the patient that the proposed treatment is subject to prior funding approval, and that their information will be shared with the ICB to support the application process.

Prior approval applications must be submitted on the appropriate prior approval application form and should be submitted electronically to the email address indicated on the form. Prior approval forms should be received typewritten only. Handwritten forms will be returned to the requester if they are illegible. This is to ensure that the content & information is easy to read, avoiding any misunderstandings and enabling the best application is made on behalf of the patient.

The prior approval application form requires the requesting clinician to confirm which of the published access criteria the patient meets and for them to supply evidence to support the assessment.

It is the responsibility of the requesting clinician to ensure that the application form is completed accurately, and that sufficient information is provided to support the application. Every section on the application form should be fully completed before submission to assist the panel in making an informed decision. If necessary, sections of the request form are incomplete, the prior approval administration team will contact the referrer for additional information, or in extreme circumstances will reject the application back to referrer thereby delaying a decision for the patient.

Administration

On receipt of a prior approval application key information about the application, including the date of receipt, patient information, requesting clinician and treatment requested, is entered onto the ICB prior approval database by the prior approval administration team.

For each request received, a unique case file number will be generated. All decisions will be fully documented and all communications from the prior approval team will be confirmed by email.

Records will be retained and processed in accordance with appropriate NHS policies regarding confidentiality and retention and disposal or records.

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Timescales for managing a prior approval application

The standard response time for reviewing a prior approval request is 3 working days from the date of receipt of the completed prior approval application form to the date of the letter/email from the ICB informing the requesting clinician of the funding decision or request for further information. Once the ICB received further information from the requesting clinician it will be reviewed within 3 working days from when the information has been received.

Assessment of a prior approval application

All prior approval applications are received by the prior approval administration team and taken to the panel to determine whether the application can be supported. The potential outcomes of this review process are as follows:

1. Request further information if the application does not provide sufficient information to make a decision.

2. Funding declined if the application fails to demonstrate that the necessary criteria have been met.

3. Funding approved if the application demonstrates that the necessary criteria have been met.

   A unique identification number (UIN) will be provided to confirm that funding has been approved. The provider must record the UIN on their patient administration system to ensure compliance with the NHS Standard Contract SC29.4.

4. Request clinical review in rare cases if additional clinical input is required to reach a funding decision.

All decisions made during the review process will be recorded on the PAP database.

Requests for additional information

If further information is required to support the funding application the prior approval coordinator will request this from the requesting clinician.

The response time for dealing with prior approval applications is suspended until the information is received.

Where further information is required the requesting clinician will be asked to respond with the necessary information within 5 working days. If the information requested is not received within this period, the application will be rejected on the grounds of insufficient information.

Requests for clinical review

In cases where the prior approval coordinator requires clinical review to reach a funding decision the case will be referred to the established prior approval triage panel for review. The panel will review the application and provide a recommendation on the funding outcome as follows:

- Further information should be requested as the application does not provide sufficient information to make a decision.
- Funding should be declined as the application fails to demonstrate that the criteria have been met.
- Funding should be approved as the application demonstrates that the criteria have been met.

The 3 working day turnaround time for prior approval applications is not suspended where a request for a clinical review is made, and therefore clinical reviews will need to be undertaken rapidly to avoid breaching the response time.

Funding outcome

The prior approval coordinator will inform the requesting clinician of the outcome of the application within 3 working days of receipt of the application. Outcomes will be communicated in writing, via secure (nhs.net) email. Patients are not copied into the outcome of prior approval funding applications, it is the responsibility of the requesting clinician to communicate the outcome to the patient.

In accordance with service condition 29.21 of the NHS standard contract, if the ICB fails to respond to a secondary care request within 10 working days (excluding time where the ICB was waiting for a response to a request for additional information) it will be assumed that prior approval has been granted.

The prior approval administration team will record details of the outcome of each prior approval application on the prior approval database.

Secondary care providers must ensure that evidence of prior approval being granted (either prior to referral or following triage or assessment) is included within the patient's medical record for audit purposes.

Appeals process

The prior approval process does not include a formal appeals process. However, if a clinician has new information to present then a new prior approval application can be submitted and will be considered through the normal prior approval process as set out above.

Monitoring

Performance against expected service standards will be monitored throughout the year and reported to the finance, performance and contracting committee. The key standards for the prior approval process are as follows:

- Time from receipt of a prior approval application to date of email/letter confirming the ICB's funding decision should not exceed 10 working days – Service standard 100%

Consequences of undertaking activity without prior approval

All providers of NHS care have a responsibility for ensuring that prior approval procedures are only undertaken where the relevant clinical criteria are met, and funding has been agreed through ICB's prior approval process. If prior approval has not been granted the procedure should not be undertaken.

On any occasion where a provider undertakes activity where a prior approval application has not been submitted, or where a prior approval application has been submitted but has been rejected, in accordance with service condition 29.18 of the NHS standard contract that provider will not be paid for the activity.

On any occasion where a provider undertakes a prior approval procedure having sought prior approval, but where the ICB failed to respond within 10 working days of receipt of the request (excluding any period where this timescale was suspended), in accordance with service condition 29.18 of the NHS Standard Contract, prior approval will be assumed to have been granted and the provider will be paid for the activity.

Assessing compliance with prior approval policies

The ICB will assess compliance with prior approval policies through a monthly contractual challenge process with providers that compares approved cases against actual activity undertaken by providers. Providers will be given an opportunity to review cases under challenge and provide feedback to justify the procedure. If this process identifies any cases that have been undertaken without the necessary approval, in accordance with service condition 29.18 the ICB will withhold payment for that treatment and any follow ups and complications associated with that treatment.

Exclusions

Individual funding requests

The detailed arrangements for individual funding requests (IFR) are set out within the IFR policy. However, it should be noted here that if a patient does not meet the criteria for a procedure covered by either the prior approval policy or the criteria

based access policy, then a request could still be made for funding through the IFR process, but only if there is clear evidence that the patient's clinical circumstances or condition were exceptional (and that therefore in their specific case an exception to the usual access criteria may need to be made).

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NHS CORNWALL AND ISLES OF SCILLY INTEGRATED CARE BOARD
PRIOR APPROVAL FORM

Please ensure <u>all sections</u> are completed and <u>any requested supporting information</u> is provided to ensure a prompt decision. Unless the patient fully meets the criteria, funding will not be approved.

PART A – MUST BE COMPLETED FOR ALL REQUESTS

CONSULTANT DETAILS			
Name:			
Trust:	☐ RCHT ☐ UHPT	Specialty:	
Email address **NHS.NET addresses only**	@nhs.net		
PATIENT'S DETAILS			
NHS No:		Hospital Number: *(if applicable)*	
Initials:		Date of Birth:	
GP PRACTICE			
Practice name:		Practice code: *(if known)*	

Requesting <u>clinician</u> – please confirm the following

Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the ICB.	Yes ☐	No ☐
I have informed the patient that this intervention will only be funded where the criteria are met.	Yes ☐	No ☐
I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate.	Yes ☐	No ☐
Date requested		

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PART B – MUST BE COMPLETED FOR ALL REQUESTS

WHICH PROCEDURE ARE YOU REQUESTING PRIOR APPROVAL FOR?
(not required for UEC presentations and cancer)

RCHT Only:

- ☐ Arthroscopic shoulder decompression for subacromial pain
- ☐ Arthroscopic surgery for meniscal tears
- ☐ Dupuytren's contracture release
- ☐ Injection for non-specific low back pain without sciatica
- ☐ Lumbar radiofrequency facet joint denervation
- ☐ Surgical removal of kidney stones
- ☐ Varicose vein surgery

RCHT & UHPT:

- ☐ Grommets for glue ear in children under 12
- ☐ Penile circumcision
- ☐ Referral for bariatric surgery
- ☐ Surgical intervention for chronic rhinosinusitis

UHPT Only:

- ☐ Angioplasty for PCI (percutaneous coronary intervention) in stable angina
- ☐ Chalazia removal
- ☐ Dilatation and curettage for heavy menstrual bleeding
- ☐ Exercise ECG for screening for coronary heart disease
- ☐ Haemorrhoid surgery
- ☐ Hysterectomy for heavy bleeding
- ☐ Needle biopsy of prostate
- ☐ Removal of benign skin lesions
- ☐ Removal of adenoids for treatment of glue ear
- ☐ Surgical intervention for benign prostatic hyperplasia
- ☐ Tonsillectomy for recurrent tonsillitis

PRIMARY DIAGNOSIS

PLEASE DETAIL HOW YOUR PATIENT MEETS EACH OF THE CRITERIA IN THE RELEVANT COMMISSIONING POLICY

Please provide evidence below, including any implications if not approved, to support the information provided. Without evidence your application may be rejected. If you prefer you can attach supporting information, such as a clinic letter, rather than completing the box below.

Supporting information:

How to complete:

- Please complete the form in typeface.
- Add Consultant details
- Add Patient details
- Identify what procedure the approval relates to by ticking the appropriate box
- Provide details of how your patient meets the criteria for the procedure requiring prior approval
- Provide supporting information, including any implications if not approved, to evidence assessment in the free text area or attach supporting information such as clinic letter
- Email form to ciosicb.pap@nhs.net
- Response will be sent from Cornwall and Isles of Scilly ICB to the preferred contact for reply within a maximum of 7 working days.

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Reference number:		
Date of Panel:		
Outcome 1: Further information required Request for further information as the application does not provide sufficient information to make a decision.	Yes ☐	No ☐
Outcome 2: Declined Funding declined as the application fails to demonstrate that the necessary criteria have been met.	Yes ☐	No ☐
Outcome 3: Approved Funding approved as the application demonstrates that the necessary criteria have been met	Yes ☐	No ☐
Unique identification number (UIN): provided to confirm that funding has been approved. The provider must record the UIN on their patient administration system to ensure compliance with the NHS Standard Contract SC29.4.)		
Outcome 4: Clinical Review required Request clinical review in rare cases if additional clinical input is required to reach a funding decision.	Yes ☐	No ☐
Date of outcome notified to applicant via email		

April 2025

Prior approval application flow chart

