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| **BLEPHAROPLASTY & PTOSIS SURGERY (18 & OVER)** | | | | | | | | |
| **PRIOR APPROVAL REQUIRED** | | | | | | | | |
| **A Patient Information** | | | | | | | | |
| **Name** |  | | | | Male |  | Female |  |
| **Address**  **Post Code** |  | | | | | | | |
| **Date of Birth** |  | **NHS Number** | | |  | | | |
| **B Referrer’s Details (GP/Consultant/Clinician)** | | | | | | | | |
| **Name** |  | | | | **Patient requested referral** | | | |
| **Address**  **Post Code** |  | | | | | | | |
| **Telephone** |  | | **Email** | |  | | | |
| **GP Details (if not referrer)** | | | | | | | | |
| **Name** |  | | **Practice** | |  | | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient * Had a conversation with the patient about the most significant benefits and risks of this intervention - Where appropriate * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs * Checked that the patient understands spoken and written English, or clarified required needs   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel/EFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient/representative has been informed of the details that will be shared for the purpose and consent has been given. | | | | | | | | |
| **Signed (referrer)** | | | | **Date** | | | | |
| **SUBMISSION**  The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to [BSWICB.EFR@nhs.net](mailto:BSWICB.EFR@nhs.net).  **To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** | | | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C Clinical Criteria - to be read in conjunction with the Blepharoplasty & Ptosis Surgery Policy** |

**Right:** Choose an item. **Left:** Choose an item. **Bilateral:** Choose an item.

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| **CLINICAL CRITERIA FOR SURGERY** | |
| **Blepharoplasty and Ptosis surgery**. This procedure is not routinely funded and will only be considered for prior approval when there is: | |
| * Evidence of significant functional impairment\* | Choose an item. |
| * Drooping of the tissue above the eyelid causes persistent impairment of visual fields in the relaxed, non-compensated state | Choose an item. |
| * Documented evidence of encroachment of the central 20 degrees of visual field | Choose an item. |
| **AND** | |
| * Surgery will improve the vision of the patient | Choose an item. |
| Supporting evidence in the form of photographs and an appropriate visual field test result will be required. (The ICB will NOT reimburse the costs of medical photography.)  Visual Fields included: Choose an item. Photographs included: Choose an item.  Visual fields can be conducted by local optometrists as part of an eye test. | |
| What is the patient unable to do because of their condition? | |
| Is the patient unable to fulfil any work / study / carer essential activities and if so to what extent? | |
| * Supporting information must be provided with the application (please document the evidence you are enclosing to support this request). * To enable the ICB to approve individual cases, information with examples of functional impairment using the guidance below should be provided. * The patient is also welcomed to provide a statement, to include examples of significant functional impairment. | |
| **Significant functional impairment is defined as:** *Symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities.* | |
| ***Smoking cessation is recommended for all patients considering the possibility of surgery.*** | |