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| **Ganglia**  |
| **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 / IFR 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 the appropriate email address: 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 Ganglion Policy** |

There is a reasonable chance that ganglia will disappear spontaneously and even if they persist, they do not cause adverse long-term effects.

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| **Commissioners will ONLY consider requests for treatment of Ganglion where there is evidence of:** |
| * Significant functional impairment which prevents the individual from fulfilling work / study / carer or domestic responsibilities.

**OR*** Malignant in nature - refer your patient via the two weeks wait referral route.
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| **CLINICAL CRITERIA FOR SURGERY** |

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| Precise location of ganglion e.g., flexor tendon? | **Right**: Choose an item. **Left**: Choose an item. |
| Size in cm/inches (lenfth and width)? |  |
| How long has ganglion been present and what treatments have been tried? |  |
| How is function impaired?What is the patient unable to do? |  |
| Degree of pain and the treatment of this? |  |
| Impact on work / studies / care i.e., is the patient unable to fulfil any essential activities such as cooking & washing |  |
| **Has aspiration been attempted?**At least two aspiration attempts should be made prior to a surgical intervention request. **Please provide dates of treatment** | Choose an item. |
| **Date of first aspiration** | **Date of second aspiration** |
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| * **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 welcome to provide a statement, to include examples of significant functional impairment.**
* **You may provide photographs if appropriate as supporting evidence. The ICB will accept patients own photographs and will NOT reimburse the costs of medical photography.**
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| **Significant functional impairment is defined as:** *Symptoms preventing the patient fulfilling activities of daily living or carrying out vital domestic or carer activities.* |