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| **BOTULINUM TOXIN A FOR THE MANAGEMENT OF** **ANAL FISSURE IN ADULTS** |
| **CRITERIA BASED ACCESS FOR****FIRST TREATMENT** | **PRIOR APPROVAL REQUIRED FOR FURTHER TREATMENTS** |
| **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** [x]  |
| **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 a *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** |

**Application to be submitted by Secondary Care**

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

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| **C Clinical Criteria - to be read in conjunction with the Botulinum Toxin A Policy** |
| **CLINICAL CRITERIA FOR FUNDING BOTULINUM TOXIN A****FOR THE MANAGEMENT OF ANAL FISSURE IN ADULTS** |
| **Management of anal fissure in adults:*** **Criteria Based Access for first treatment.**
* **Prior Approval is required for any subsequent treatment.**
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| **First line treatment-trial for 6-8 weeks*** Bulk fibre supplements
 | Choose an item. |
| * Glyceryl trinitrate (GTN 0.2% ointment)
 | Choose an item. |
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| **Second line treatment*** Diltiazem 2% cream (unlicensed)
 | Choose an item. |
| **Date of first Botox injection administered:** |  |
| **Please give clinical reasons for requesting a second Botox injection:** |