**VARICOSE VEINS SURGERY**

**Application for Prior Approval OF Funding**

**STRICTLY PRIVATE AND CONFIDENTIAL**

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| **PATIENT INFORMATION** | | | | | | | | | | | |
| **Name** |  | | | | | | | Male |  | Female |  |
| **Address**  **Post Code** |  | | | | | | | | | | |
| **Date of Birth** |  | | | **NHS Number** | | | |  | | | |
| **Referrer’s Details (GP/Consultant/Clinician):** | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |
| **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 you confirm (please clarify in the box below) 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.** * **Informed the patient that this intervention is only funded where criteria are met.** * **Checked that the patient is happy to receive postal correspondence concerning their application.** * **Discussed with the patient whether any additional communication requirements (e.g. different language, format or limited capacity) are needed (please specify requirements in the box below).**   ***ANY REQUESTS NOT COUNTERSIGNED BY A SENIOR CLINICIAN/Salaried***  ***or Partner GP WILL BE RETURNED.***   |  | | --- | | **Clarification/Communication 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 aforementioned purpose and consent has been given.**  ***SIGNED REFERRER: ………………………………….….………………… DATE: …………………...*** | | | | | | | | | | | |

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| **Funding approval for surgical treatment will only be provided for patients meeting one or more of the criteria set out below:**  **Severe skin changes of the lower leg (below the knee) and ankle**, including:   1. Has the patient experienced external bleeding from a varicosity that has eroded the skin and is at risk of recurring *as evidenced within the Primary Care Records*?   **OR**   1. Does the patient have a Venous Ulcer (a break in the skin below the knee that has not healed within 2 weeks) which persists despite a six-month trial of conservative management (exercise and daily elevation 2-3 times a day) and *is evidenced within the Primary Care Consultation records*?   **OR**   1. Has the patient suffered with recurrent Venous Ulceration at a minimum of two episodes within a 12 month period *as evidenced within the Primary Care Records*?   **OR**   1. Does the patient have Superficial Vein Thrombosis (characterised by the appearance of hard, painful veins) **AND** suspected Venous Incompetence *as evidenced within the Primary Care Records*?   **OR**   1. Has the patient suffered with recurrent Superficial Thrombophlebitis *as evidenced within the Primary Care Records*? | **YES**  **NO**  **YES  NO**  **YES  NO**  **YES  NO**  **YES  NO** |
| * **Please provide the relevant Primary Care Consultation Records with clinic letters (if appropriate) to support the information you have provided.** * **In addition, please provide dates of external bleeding, ulceration and/or superficial recurrent thrombophlebitis in the box below.**   **Without evidence funding will be declined.** | |

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| **North Somerset Area**  **By email to:** [**BNSSG.Referral.Service@nhs.net**](mailto:BNSSG.Referral.Service@nhs.net)  **If for some reason you are unable to send your application via email, please contact the Referral Service for guidance.** | **Bristol / South Gloucestershire Areas**  **By email to:** [**BNSSG.IFR@nhs.net**](mailto:BNSSG.IFR@nhs.net)  **If for some reason you are unable to send your application via email, please contact the IFR Team for guidance.** |
| **In order to comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e. from an nhs.net account.** | |