**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 and**  **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 or exceptionality demonstrated.** * **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 by the ICB for patients meeting one or more of the criteria set out below:**  **Severe skin changes of the lower limb**, 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 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** |
| * **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 this application will be rejected.** | |

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| **Supporting Information**  *Any information that you feel is relevant and helps to evidence how the patient meets the above criteria.* |  | |
| **The completed form should be sent in confidence with any other supporting documents to:** | | | | |
| **BNSSG Practices supported by RS**  **Applications are to be attached to referrals and sent to RS via e-RS pathway**    **If for some reason you are unable to send your application via email, please contact the Referral Service for guidance.** | | | | **BNSSG Practices not supported by RS**  **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.** | |
| **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.** | | | | | |