Derbyshire Clinical Policies and Advisory Group

March 2019



Joint Memo with UHDB General Surgery: Procedure of Limited Clinical Value (PLCV) Hernias/ Haemorrhoids:

There have been multiple queries to the CCG's Prior Approval service regarding hernias and haemorrhoidectomies. Following a meeting between the CCG and General Surgery, the following has been agreed:

Hernias

- The majority of inguinal hernias can be diagnosed in General Practice
- As the diagnosing clinicians, where PLCV criteria are met, GPs must complete the relevant PLCV Hernia form on the eReferral System.
- On the rare occasion that the diagnosis is unclear, then referral for an opinion should be made, for secondary care to diagnose.
- GPs are reminded that requests for imaging are not deemed necessary in primary care, as this wouldn't alter the course of management (ie – referral to secondary care).

Any incomplete PLCV forms sent to secondary care will be returned, with a request to complete the prior approval form.

Haemorrhoidectomy

It has been clarified that outpatient banding is the preferred intervention for confirmed cases of haemorrhoids.

Where the diagnosis of haemorrhoids is unconfirmed and/or accompanied by red flag symptoms, such as rectal bleeding, these symptoms require investigation to rule out other causes.

Should the GP wish to refer for a diagnosis, and/or refer for outpatient banding, this should be done via a standard referral, or 2WW if symptoms are suggestive of cancer.

As banding is the preferred treatment for haemorrhoids, and the decision to list for haemorrhoidectomy will be the surgeon's, prior approval will be done by secondary care. The existing PLCV form for surgical haemorrhoidectomy will be removed from eRS to avoid confusion.

Anal Skin Tags

Requests for surgical removal of anal skin tags are not funded, and will be rejected. The main exception is where the lesion appears suspicious of a squamous cell cancer (eg rapidly growing). Such cases should be referred to secondary care via 2WW.