Patient Name:	${Title_and_surname} ${Forename}
Address:	${Patient_address}
Date of Birth:	${Date_of_birth}
NHS Number:	${NHS_number}
Consultant/Service to whom referral will be made:	
Institution:	

NHS
West Suffolk
Clinical Commissioning Group

Please send this form with the referral letter or to the consultant who you sent the referral to

Lifestyle Information		
Latest BMI: ${Latest_BMI}	Latest BP: ${Latest_BP}	Smoking Status:
Has the patient been referred for:	☐ Weight Management	☐ Smoking Cessation

T32 Surgical Repair of Hernias

(This policy only applies to patients aged over 16 years)

Information Governance Statement

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient's medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information? Y/N

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the above policy and complete the following form prior to referral and provide evidence to support the criteria.

To Consultants: Please complete the box below ensure there is evidence that the criteria are met.

For asymptomatic or minimally symptomatic hernias, the CCG advocates a watchful waiting approach, under informed consent. If the patient is a smoker, stop smoking support must be offered and details of local smoking cessation support given to the patient.

WSCCG will only fund **femoral** hernia surgery when the following criteria are met:

All suspected femoral hernias may be referred to secondary care due to the increased risk of incarceration/ strangulation	Y/N

Version No	Updated by	Date updated
2.1	V Stearn	Feb 2017

WSCCG will only fund ***inguinal*** hernia surgery when the following criteria are met:

In ordinary circumstances, referral/treatment should not be considered unless the patient meets **one or more** of the following criteria.*

Symptomatic hernias, including pain, discomfort, nausea or persistent constipation or wind symptoms that interfere with work or activities of daily living.	Y/N
Hernias that are difficult or impossible to reduce	Y/N
Inguino-scrotal hernias	Y/N
An increase in the size of the hernia month on month which raises clinical concern	Y/N
There is a history of incarceration	Y/N

WSCCG will only fund ***umbilical*** hernia surgery when the following criteria are met:

In ordinary circumstances, referral/treatment should not be considered unless the patient meets **one or more** of the following criteria.*

Symptomatic hernias, including pain, discomfort, nausea or persistent constipation or wind symptoms that interfere with work or activities of daily living.	Y/N
An increase in the size of the hernia month on month which raises clinical concern	Y/N
To avoid strangulation and incarceration of bowel	Y/N

I&ES CCG and WSCCGs' will only fund ***Incisional*** hernia surgery when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets **both** the following criteria.*

Symptomatic hernias, including pain, discomfort, nausea or persistent constipation or wind symptoms that interfere with work or activities of daily living.	Y/N
Appropriate conservative measures such as weight reduction have been tried first, e.g. weight reduction where appropriate and this has not resolved the symptoms.	Y/N

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the CCG Individual funding request policy for further information.*

Consultant Use Only:

Please complete the following and file for future compliance audit.

Referral criteria is met and the patient will benefit from the proposed treatment: Y/N

Signature……..

Date:

Consultant Name:

Institution:

GP Use Only:

Practice Stamp/Address:

Referring Clinician _____

Date: ___/___/___

For Commissioners Use:

Criteria met as per policy Y/N

Compliance with notes Y/N

Audit Date:

Audited by:

Version No	Updated by	Date updated
2.1	V Stearn	Feb 2017