PRIOR APPROVAL REQUEST

Vasectomy in Secondary Care

Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at <https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Please complete and return this form along with clinic letter/supporting evidence to:

For west Essex patients [priorapproval.hweicb@nhs.net](mailto:priorapproval.hweicb@nhs.net) Tel: 01992 566150 For Hertfordshire patients [priorapproval.hweicb@nhs.net](mailto:hweicbwe.funding@nhs.net) Tel: 01707 685354

Vasectomies will not normally be funded in secondary care unless there are specific medical circumstances identified by the GPwER/community provider after consultation with the patient. The specific medical circumstances will be considered on case-by-case basis.

*For West Essex patients - vasectomies are routinely carried out in primary care by West Essex GPs with extended role interest (GPwER).*

*For Hertfordshire patients - vasectomies are routinely carried out by Community AQP Vasectomy Services.*

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| **Patient consent** | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| **Date form completed** |  | |
| **Urgency** | Routine (5 working day turnaround time) Urgent (2 working day turnaround time)  **Note: An urgent request is one in which a delay may put the patient’s life at risk.**  **Turnaround times commence the working day after receipt of the funding application** | |
| **Patient details Please complete all or attach patient sticker** | Name: Address:  Telephone number: NHS No:  Hospital No: | Date of birth: - - / - - / - - - - |
|  | GP Name: | Practice: |
| **Applying Clinician’s details** | Consultant Name:  Contact details: (Including email) | Hospital/Organisation: |
| **Declaration** | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. | |

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| **Box 1.**  **Reason for Vasectomy in Secondary Care** | 1. GPwER/community provider has made an attempt to carry out the vasectomy in the community but has provided clinical evidence to why this could not be completed. 2. The patient has had a vasectomy in the community, but the procedure has failed following more than one semen analysis sample. 3. The GPwER/community provider was unable to make attempt to carry out the vasectomy in the community due to it being beyond a clinician’s competence. 4. Other (please provide details in letter) |

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| **Box 2.**  **Criteria for Vasectomy in Secondary Care** | **ALL must apply and should be evidenced in an accompanying clinic letter.**  The patient understands that the sterilisation procedure is permanent and irreversible, and the reversal of sterilisation operation would not be routinely funded by the ICB  **AND**  The patient is certain that their family is complete  **AND**  The patient has received counselling about the availability of alternative, long-term and highly effective contraceptive methods and these are either contra-indicated or unacceptable to the patient  **AND**  The patient understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections. |

For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.

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| **Shared Decision Making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website: <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

HWE ICB Fitness for Elective Surgery policy criteria

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| **Smoking status** | Never smoked Current smoker Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |

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| **Measurements** | Height: ……….cm Weight: …………kg BMI kg/m²  **BMI >40 –** Patients are expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30 40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |