**Clinical Commissioning Policy A08/P/b: Sacral Nerve Stimulation (SNS) for Faecal Incontinence (Adult)**

# Prior Approval Interim Checklist (Amended 13th March 2014)

| | | | |
|---|---|---|---|
| **Commissioning Context** | | | |
| | Faecal Incontinence is recognised as a disabling condition. The revised policy published in June 2013 recognises that when delivered in a specialised centre and for specified patients it can be a clinically effective and cost effective intervention.<br>The Service Specification Compliance Requirements for Faecal Incontinence with SNS stipulate that care should only be commissioned in specialised centres where the pelvic floor MDT discusses 50 patients a year.<br>NHS England has not designated providers as specialised centres and in the interim will operate a Prior Notification / Approval process in line with the policy for any existing providers. The process for commissioning specialised Faecal Incontinence Centres using SNS will be undertaken through Area teams with national advice. | | |
| **Patient Details** | | | |
| | NHS number | | |
| | GP Practice Code | | |
| | CCG code | | |
| **Criteria for Commissioning** | | Yes | No |
| | In accordance with NHS England Policy and Service Specification and in line with NICE CG 49 and NICE IPG 64, this treatment should only be offered to patients who meet all of the following criteria, and who do not have any of the stated contra-indications:<br>Please confirm with an X in the appropriate Yes or No Box if the patient suffers from any of the following conditions | | |
| | The local area team must be notified in advance of the patient being offered a temporary SNS. | | |
| | Please return form to: Area Team Email | | |
| 1 | The patient has severe, life limiting faecal incontinence which has not responded to conservative management as recommended by the NICE Faecal Incontinence Clinical Guideline 49.2 | | |
| | AND | | |
| 2 | The patient has been referred to a specialist service with the specified co-located and inter-dependent services as specified in the service specification. | | |
| | AND | | |
| 3 | The patient has been referred to a specialist service that treats faecal incontinence and has experience in SNS. A member of the MDT has assessed the patient and discussed all the treatment options with the MDT. | | |
| | AND | | |
| 4 | Where surgery is considered approriate the surgeon has discussed with the patient: The surgical and non-surgical options appropriate for their individual circumstances. The benefits and limitations of each option, with particular attention to long- term results. Realistic expectations of the effectiveness of SNS including an acceptance of a 15% risk of complications requiring reoperation and a 5% risk of requiring device removal. | | |
| | AND | | |
| 5 | Sphincter surgery is deemed inappropriate for the patient, or is not necessary or has failed | | |
| | AND | | |
| 6 | 1. Prior Notification must be given in advance of the patient being offered a temporary SNS<br>AND<br>2. Prior Approval must be confirmed before a permanant device is implanted . The patient will need to undergo a trial stimulation period of at least 2 weeks, which demonstrats a reduction of 50% in either the number of episodes of faecal incontinence or the number of days affected by faecal incontinence during the trial period. | | |
| | AND | | |
| 7 | The patient does not have a physical or mental disability which prevents a safe level of cooperation with the technical demands of the procedure. (Formal evaluation should be performed if necessary). | | |
| | AND | | |
| 8 | The patient does not fall into one of the contraindicated groups. See below | | |
| **Trust Record** | | Yes | No |
| PA | Prior Approval form sent pre- temporary implant | | |
| PN | Notification sent post decision to do permanant implant | | |
| **Commissioner Record** | | Yes | No |
| PA | Prior Approval form received pre-temporary implant | | |
| PN | Prior Notifcation form received for permanant implant | | |
| Decision | Yes / No | | |
| Rationale for decision | | | |
| **Contraindications:** | | | |
| | Sacral nerve stimulation is not deemed appropriate in the patient groups listed below. It will not therefore be funded in such circumstances. | | |
| | Please confirm with an X in the appropriate Yes or No Box if the patient suffers from any of the following conditions | | |
| | · Present external rectal prolapse (full thickness) | | |
| | · Crohn's Disease and active Ulcerative Colitis | | |
| | · Altered bowel habit associated with abdominal pain suggestive of functional bowel disease. | | |
| | · Pregnancy | | |
| | · Anatomical limitations preventing placement of an electrode | | |
| | · Skin disease risking infection (e.g pilonidal sinus) | | |
| | · Severe or uncontrolled psychiatric disease | | |
| | · Overflow faecal incontinence secondary to constipation | | |
| | · Congenital anorectal malformation. | | |