Specialised Services Policy:

CP36
Auditory Brain Stem Implants

<table>
<thead>
<tr>
<th>Document Author:</th>
<th>Specialist Services Planning Manager for Neurosciences and Complex Conditions</th>
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<td>Director of Planning</td>
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<td>Management Group</td>
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<td>Issue Date:</td>
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### Document History

#### Revision History

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#### Consultation

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#### Approvals

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<tr>
<td>WHSSC Management Group</td>
<td>05.03.2013</td>
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## Policy Statement

### Background

An Auditory Brain Stem Implant (ABI) is a surgically implanted electronic device that provide a sense of sound to a person who is profoundly deaf, due to sensor neural hearing impairment (due to illness or injury to the cochlear or auditory nerve, and so excluding the use of a cochlear implant) and is designed to restore some hearing in people who become deaf when surgery to remove auditory nerve tumours damages the nerves.

### Summary of Access Criteria

WHSSC does not normally fund the provision of auditory brain stem implants unless there are exceptional clinical circumstances.

### Responsibilities

Referrers should:
- Inform the patient that this treatment is not routinely funded.

Clinician considering treatment should:
- Discuss all the alternative treatment with the patient;
- Advise the patient of any side effect and risks of the potential treatment; and
- Inform the patient that treatment is not routinely funded outside of the criteria in the policy.

In all other circumstances submit an IPFR request in all other circumstances.
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1. Aim

1.1 Introduction

The document has been developed as the policy for the planning of Auditory Brain Stem Implants for Welsh patients. The policy applies to residents of all seven Health Boards in Wales.

The purpose of this document is to:

- Set out the circumstances under which patients will be able to access Auditory Brain Stem Implants services;
- Clarify the referral process; and
- Define the criteria that patients must meet in order to access treatment.

1.2 Relationship with other Policies and Service Specifications

This document should be read in conjunction with the following documents:

- Specialised Services Policy for Cochlear Implants; and
- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR).
2. Scope

2.1 Definition

An Auditory Brain Stem Implant (ABI) is a device designed to restore some hearing in people who become deaf when surgery to remove auditory nerve tumours damages the nerves. Removal of tumours on the auditory cranial nerves requires severing or cutting the nerves, which results in total loss of hearing. These patients cannot be helped by hearing aids or cochlear implants.

2.2 Codes

OPCS 4 Codes

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<td>OPCS 4</td>
<td>A09.1</td>
<td>Implantation of neurostimulator into brain</td>
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<tr>
<td>OPCS 4</td>
<td>Z01.6</td>
<td>Tissue of Brain Stem</td>
</tr>
<tr>
<td>OPCS 4</td>
<td>A29.5</td>
<td>A29.5 Excision of lesion of acoustic nerve (viii).</td>
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3. Access Criteria

3.1 Clinical Indications

This procedure is used to treat total deafness in both ears caused by damage to the vestibulocochlear nerve as a result of tumours or surgery.

In people with vestibulocochlear nerve damage, hearing is not improved by hearing aids or cochlear implants.

3.2 Criteria for Treatment

WHSSC will not normally fund for the provision of Auditory Brain Stem Implant, except where the patient has prior approval on the grounds of clinical exceptionality.

3.3 Referral Pathway

WHSSC will not normally fund for the provision of Auditory Brain Stem Implant. If the treating clinician believes that the patient should be treated on the grounds of exceptionality, an application for prior approval of funding must be made via the all-Wales Individual Patient Funding Request Policy.

3.4 Exclusions

This section is not applicable.

3.5 Exceptions

If the patient does not meet the criteria for treatment, but the referring clinician believes that there are exceptional grounds for treatment an Individual Patient Funding Request (IPFR) can be made to WHSS under the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.
Guidance on the IPFR process is available at www.whssc.wales.nhs.uk

3.6 Responsibilities

Referrers should:
- Inform the patient that this treatment is not routinely funded outside the criteria in this policy.

Clinician considering treatment should:
- Discuss all the alternative treatment with the patient;
- Advise the patient of any side effect and risks of the potential treatment; and
- Inform the patient that treatment is not routinely funded outside of the criteria in the policy.

In all other circumstances submit an IPFR.
4. Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment further information can be provided demonstrating exceptionality. The request will then be considered by the All Wales IPFR Panel.

- If the patient or their representative is not happy with the decision of the All Wales IPFR Panel the patient and/or their representative has a right to ask for this decision to be reviewed. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated. The review should be undertaken, by the patient's Local Health Board;

- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.
5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

This policy has been subjected to an Equality Impact Assessment. The Assessment demonstrates that the policy is robust and that there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.
Annex (i)

Adult Referral Pathway

GP Referred Adult

Local ENT Service

3<sup>ary</sup> Service
Contracted Providers
Cardiff & Vale
UHB
Betsi Cadwaladwr
Annex (ii) Checklist

**CP36 Auditory Brain Stem Implants**

The following checklist should be completed and retained as evidence of policy compliance by the receiving centre. It is expected that this evidence will be provided at the point of invoicing by the receiving centre.

i) Where the patient meets the criteria **AND** the procedure is included in the contract **AND** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.

ii) The patient meets the criteria **AND** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.

iii) The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.

iv) The patient does not meet criteria, but there is evidence of exceptionality. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration for treatment.
To be completed by the referring gatekeeper or treating clinician

PRIOR APPROVAL

Please tick the appropriate boxes:

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<th>Patient NHS No:</th>
<th>Post Code</th>
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<tr>
<td>Patient is Welsh Resident</td>
<td>Patient is English Resident</td>
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| WHSSC does not routinely fund Auditory Brain Stem Implants: | Yes | No |
| Patient does not meet access criteria but is exceptional | | |

*An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at [http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455](http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455)*

Name: __________________________  Designation: _______________

Signature: ______________________  Date: ____________________

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<th>Signature:</th>
<th>Date:</th>
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| Authorised by Patient Care Team? | | | |
| Authorised by Agreed other? (State who?) | | | |

Patient Care Team/IPFR TRM Reference number: ____________________________

Name (printed): __________________________  Signature: __________________________  Date: ____________________

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