

Spinal Surgery for Non-Acute Lumbar Conditions

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Patients can only be referred for funding if they meet ONE of the criteria below.		Please Tick ✓
Please indicate which of the criteria the patient meets:		
	<ul style="list-style-type: none"> Surgical discectomy (standard or microdiscectomy) in selected patients with sciatica secondary to disc prolapse where conservative management for at least 4-6 weeks has failed. 	
OR	<ul style="list-style-type: none"> Lumbar decompression for sciatica with nerve root compression or severe central spinal stenosis with claudication symptoms in one of both legs. 	

Please supply information clearly evidencing the selected criteria above

(where applicable)



M&SECCGs do not accept requests to fund spinal surgery for low back pain.

M&SECCGs will not fund and therefore advises that clinicians:

- Do not offer** spinal injections for managing low back pain.
- Do not offer** ultrasound for managing low back pain with or without sciatica.
- Do not offer** PENS for managing low back pain with or without sciatica.
- Do not offer** TENS for managing low back pain with or without sciatica.
- Do not offer** interferential therapy for managing low back pain with or without sciatica.
- Do not offer** traction for managing low back pain with or without sciatica.
- Do not offer** belts or corsets for managing low back pain with or without sciatica.
- Do not offer** foot orthotics for managing low back pain with or without sciatica.
- Do not offer** rocker sole shoes for managing low back pain with or without sciatica.
- Do not offer** disc replacement in people with low back pain.
- Do not offer** spinal fusion for people with low back pain unless as part of a randomised controlled trial.

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
Please indicate:			
Name		Contact number	
Signature		Date	
Date			