

Orthoses/Orthotics

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.

M&SECCGs do not fund 'off-the shelf' orthoses/'in-shoe' appliances. Patients who have been funded for 'off-the-shelf' /'in-shoe' orthoses by M&SECCGs in the past will no longer be funded on this basis alone.

M&SECCGs only fund customised orthoses for patients with circumstances as listed below (in the criteria and where the clinical needs of a patient cannot be met using an 'off-the-shelf' orthoses.

Patients with structural/flexible flat foot requiring arch supports/pronation control orthoses should not be referred but advised to purchase 'off-the-shelf' /'in-shoe' orthoses if required.

Cervical Soft Collars

M&SECCGS does not routinely fund cervical soft collars.

Lumbar Supports

M&SECCGs do not routinely fund lumbar support orthoses other than custom moulded back braces when prescribed following consultation with NHS commissioned spinal specialist surgeons for which **individual prior approval is required.**

Patients can only be referred for funding in **ONE** or more of the circumstances below.

Please
tick



Please indicate which of the criteria the patient meets:		✓
	<ul style="list-style-type: none"> Neurodisability 	
<u>OR</u>	<ul style="list-style-type: none"> Talipes equinovarus 	
<u>OR</u>	<ul style="list-style-type: none"> Adolescent tendinopathy at risk of developmental compromise 	
<u>OR</u>	<ul style="list-style-type: none"> Post-operative patients 	
<u>OR</u>	<ul style="list-style-type: none"> Congenital skeletal abnormality 	
<u>OR</u>	<ul style="list-style-type: none"> Burns 	

Please supply information clearly evidencing the selected criteria above

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