livewell

NHS

Arthroscopy Shoulder

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 Name		**GP Surgery**			
GP F-code		**CCG**		**UBRN**	
Hospital No.		**Referrer**			

Additional information

Please submit completed forms to the following email addresses:

- **For South Essex patients: fundingrequests.south@nhs.net**
- **For Mid Essex patients: if you are the referring GP/Nurse please send to central.referral@nhs.net**
  If you are the referring consultant please send to MECCG.IFR@nhs.net

A decision will be made and an outcome letter will be sent 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.

Please tick which shoulder requires procedure

Left ☐ **Right** ☐

Patients can only be referred for funding if the following treatments have ALL been tried and failed. Please indicate the patient meets the criteria:		**Please Tick ✓**
	• Activity modification	
AND	• Physiotherapy and exercise programme	

AND	• Oral analgesics including NSAIDs (unless contraindicated)	
AND	• Intra-articular steroid injections **GPs should not refer unless all the above have been tried and failed, and referrals must include objective information to demonstrate this.**	

For the avoidance of doubt the CCG does not commission shoulder arthroscopy in the following:

- **As a diagnostic tool**
- **For frozen shoulder or adhesive capsulitis except if the above criteria are met.**

In the majority of circumstances a clinical examination (history and physical examination) by a competent clinician will give a diagnosis and demonstrate if internal joint degeneration is present. If there is a diagnostic uncertainty despite competent examination or if there are 'red flag' symptoms/signs/conditions then an MRI scan (not shoulder arthroscopy) might be indicated.
Red Flag symptoms or signs including:

• Recent trauma • Constant progressive non-mechanical pain (particularly at night) • Previous history of cancer • Long term steroid use • History of drug abuse • History of HIV • Fever • Being systematically unwell	• Recent unexplained weight loss • Persistent severe restriction of joint movement • Widespread neurological changes • Structural deformity • Infection, carcinoma • Nerve root impingement • Bony fracture • Avascular necrosis

Please supply full supporting information clearly evidencing how the patient meets policy criteria

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			