**Commissioning Policy**

**(Service Restriction)**

**Document Control:**

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| --- | --- |
| Policy Name | Commissioning Policy (Service Restriction) |
| Policy Number | 085 |
| Version | 1.0 |
| Status | Draft |
| Author / Lead | Associate Director of Corporate Services. Director of Pharmacy and Medicines Optimisation.Public Health Consultant.Deputy Medical Director. |
| Responsible Executive Director | ICB Medical Director  |
| Responsible Committee | Audit Committee  |
| Date Ratified by Responsible Committee | 16 January 2024 |
| Date Approved by Board (Effective Date) | 18 January 2024 |
| Next Review Date | January 2026 |
| Target Audience | All StaffProvider Organisations |
| Stakeholders engaged in development of Policy (internal and external)  | Clinical and Multi-professional Congress |
| Impact Assessments Undertaken *(State if not applicable)* | * Equality and Health Inequalities Impact Assessment

  |

**Version History**

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| --- | --- | --- | --- |
| Version | Date | Author (Name and Title) | Summary of amendments made |
| 0.1 | 02/01/24 | Nicola Adams, Associate Director of Corporate Services | Draft policy  |
| 0.2 | 4/1/24 | Paula Wilkinson and James Hickling and Emma Timpson | Updates to draft policy. |
| 1.0 | 18/01/24 | S O’Connor, Head of Governance & Risk  | Final version following ICB Board approval.  |
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## Introduction

* 1. The Mid and South Essex Integrated Care Board (ICB), as part of the Integrated Care System (ICS) receives a fixed budget from NHS England to enable it to fulfil its statutory functions, duties and the health aspect of the Integrated Care Strategy set by the Integrated Care Partnership (ICP). The ICB has a statutory responsibility to maintain financial balance and, as part of discharging this obligation, must decide how and where finite local resources are allocated.
	2. The need for health care is always greater than the resources available to a society to meet demand. Therefore, it is evident that it will not be possible for the ICB to commission all the health care that is needed or wanted by the population it serves and, as a result, it will need to prioritise its commissioning intentions based on the needs of the local population and clinical evidence that supports the effectiveness of treatment.
	3. In carrying out these functions, the ICB will act with a view to securing health services that are provided in a way which promotes the NHS Constitution among patients, staff, and members of the public. Patients have a right to expect that the ICB will assess and prioritise the health requirements of the local community and commission the services to meet those needs as considered necessary.

The ICB has established a ‘decision making policy’ that governs how it makes commissioning decisions, and this commissioning policy to define the basis upon which it restricts the services it delivers. However, it must not be assumed that because a treatment is not included in this policy that by default it will be funded.

## Purpose / Policy Statement

The purpose of this policy is to ensure that the Mid and South Essex Integrated Care Board (ICB) funds treatment only for clinically effective interventions delivered to the right patients. It sets out the treatments deemed to be of insufficient priority to justify funding from the available budget.

The policy also sets out the governance of how the ICB revisits decisions to restrict services.

## Scope

This policy applies to all ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers).

The policy also applies to all Providers of services that the ICB commissions.

## Definitions

* **Group Prior Approvals** – a set of criteria defining whether patient groups are eligible to access given treatments under specific circumstances but for which individual prior approval is not required.
* **Individual Prior Approvals** – a set of criteria defining whether individual patients are eligible to access given treatments under specific circumstances that need prior approval by the ICB on a patient by patient and, in some circumstances, treatment by treatment basis.
* **Legacy Patients** –patients who have received a treatment funded under a previous policy which is no longer funded or the criteria for funding has changed. Where for clinical reasons a previously funded treatment needs repeating / revision / replacement the current policy applies.
* **Individual Funding Requests** –may include requests for funding for patients with conditions for which the ICB does not have an agreed commissioning policy, including patients with rare conditions, and patients whose proposed treatment is outside agreed commissioning policies or service agreements. Such requests must demonstrate exceptional clinical circumstances to be successful.
* **Not Funded** – treatments which have been assessed as Low Clinical Priority by the ICB and therefore not funded unless there are **exceptional clinical circumstances (exceptionality).**
* **Exceptionality** – refers to a patient who has a clinical circumstance outside the range of the normal population of patients with the same medical condition and stage of progression or who may benefit more than other patients from the proposed treatment.

## Roles and Responsibilities

### Integrated Care Board (“the Board”)

* + 1. The Board retains overarching accountability for the commissioning decisions of the ICB, in particular those for restricting services. The Board delegates responsibility (through the scheme of reservation and delegation (SORD)) for managing service restriction to the ICB Medical Director, who is able to approve (through the Executive Team) certain changes without recourse to the Board.
		2. The Board, however, reserves authority to approve changes in service restriction where they are considered (one or more of) significant, complex, controversial and cross-cutting and have a financial impact congruent with the levels set out within the SORD.

### Audit Committee

* + 1. The Audit Committee is the sponsoring committee for this policy on the basis that it sets out the governance process to be followed for commissioning decisions. It is not the responsibility of the Audit Committee to make decisions on any given service restriction, but just to ensure that there is appropriate governance over how those decisions are made.

### Clinical and Multi-professional Congress (“the Congress”)

* + 1. The Congress is responsible for providing assurance to the Board that cases of a complex, controversial and cross-cutting nature have been reviewed and endorsed by appropriate clinical experts prior to being presented to an appropriate Committee / Board for approval.
		2. The Congress will ensure that decisions are clinically sound and based on evidence from an appropriate authority, as well as ensuring that the outcome of any equality and health inequality impact assessments are clinically sound.

### Sponsoring Clinical Committee / Stewardship Groups

* + 1. Restriction to services or any change to commissioning decisions must be grounded in clinical expertise. Sponsoring committees include groups formed of clinical experts in a given specialty. This may include stewardship groups.
		2. The role of the sponsoring committee / stewardship group is to ensure that any suggested change to commissioning policy or service restriction is presented by clinical experts in their field who understand the implications of the change and rationale for change that may have resulted from research and clinical guidance (e.g. from the National Institute for Clinical Excellence, NICE).

### Equality and Diversity Impact Assessment Panel

The Equality & Diversity Impact Assessment Panel is responsible for review and approval of impact assessments and consequently oversight of the impact of EDI work within the ICB, including the impact of changes to commissioning decisions / service restriction.

### ICB Executive Team

* + 1. The ICB Executive Team is responsible for receiving recommendations from the Executive Medical Director and approving changes to commissioning policy and the restriction of services where they are considered a ‘minor’ change. This means the change is based on clinical guidance, is supported by appropriate clinical experts and does not have a significant impact on services or financial resources.

### Chief Executive

* + 1. The Chief Executive is accountable for changes in commissioning decisions that are approved other than by the Board and is responsible for ensuring adequate processes exist to govern decision making.

### Executive Medical Director

* + 1. The Executive Medical Director is responsible for ensuring that this policy has been followed when presenting commissioning / service restriction decisions to the Executive Team, Congress and Board.

### Public Health

* + 1. All proposed changes to commissioning policy / service restriction must be assessed by the Public Health representative as part of the Equality and Diversity Impact Assessment Panel.
		2. The Public Health representative will also provide invaluable expertise in relation to health needs, demography and decision making.

### Director of Pharmacy and Medicines Optimisation

* + 1. All proposed changes to commissioning policy / service restriction must be assessed by the Director of Pharmacy and Medicines Optimisation as part of the Equality and Diversity Impact Assessment Panel.
		2. The Director of Pharmacy and Medicines Optimisation will also provide invaluable expertise in relation to interpretation of NICE guidance in decision making.
		3. The Director of Pharmacy and Medicines Optimisation is also responsible for establishing arrangements for decision making for medicines and medicines related devices, which will be in line with the Medicines and Medicines Related Devices Commissioning policy but outside the arrangements detailed in this policy. (see appendix B).

### Policy Authors

* + 1. The Associate Director of Corporate Services, Director of Pharmacy and Medicines Optimisation, Public Health Consultant and Deputy Medical Director are responsible for updating the policy as required.

### Line Managers

* + 1. Line managers must ensure that staff are aware of and follow this policy.

### All Staff

All staff must be conversant with this policy and ensure that it is implemented and taken account of in their daily operations or interactions with Providers.

## Policy Detail

### Governing Commissioning / Service Restriction Decisions

* + 1. The ICB Decision Making Policy must be followed when making commissioning / service restriction decisions. Thresholds set out within the SORD apply to all decisions and therefore approval routes set out within the Decision-Making Policy and SORD must be followed. However, there may be circumstances where the Board reserve the power to approve a decision because of its complexity or impact, regardless of the level of resources required.
		2. In principle, all proposals for changes to commissioning policy / service restriction must be presented from a sponsoring clinical committee and be assessed by the Equality and Diversity Impact Assessment Panel in the first instance.
		3. Where proposed changes are minor and have either a neutral or budgeted impact less than the defined level of authority within the Scheme of Reservation and Delegation for an Executive Director, this will be presented to the Executive Team for approval, by the Executive Medical Director.
		4. Complex, controversial or cross-cutting (e.g. impact on system partners) will be reviewed by the Congress before progressing through ICB decision making, but all cases will be reviewed by an appropriate clinical group.
		5. Significant changes and those requiring financial contribution will require a business case to be completed, as per the Decision-Making Policy, and then according to their complexity and financial value will be presented to the Finance & Investment Committee and Board (refer to SORD for thresholds).
		6. Other Committees may be consulted where appropriate and as defined within the Decision Making Policy.
		7. Formal public consultation and consultation or engagement with Partners or Stakeholders may also be necessary in certain circumstances as defined within the Decision Making Policy.
		8. The following diagram provides a simple translation of governance for commissioning / service restriction decisions.
		9. All Service Restrictions will be set out within a specific policy statement, that has been endorsed by the approving group, defined above. A list of the policy statements is included in Appendix B and will be updated periodically to ensure that this policy is up to date.
		10. Service Restriction policy statements will be published on the ICB website to ensure transparency and public accountability.

### Commissioning Policy Review Cycle

* + 1. The Equality and Diversity Impact Assessment Panel are responsible for implementing a commissioning policy review cycle and will track service restriction policies to ensure that they are reviewed at least every two years or as and when national guidance and policy becomes available to require a policy statement review.

### Commissioning Policy

* + 1. The over-riding commissioning policy requirement is that all commissioning must be based on value for money, defined as ‘the best mix of quality and effectiveness for the least outlay.
		2. The Mid and South Essex Integrated Care Board (ICB) commissioning position is that treatments not currently included in commissioned established care pathways (as identified for example in the Schedules to the service agreements with acute care providers) or identified for funding through the commissioning process are not routinely funded.
		3. For a number of commissioned procedures, the ICB operate a ‘Prior Approvals Scheme’ setting out criteria for access based on evidence of effectiveness or relative priority for funding. Those related to procedures are included in **Appendix B**; those relating to prescribing can be found on the ICB Medicines Optimisation SharePoint site and available upon request. Providers MUST NOT assume that because a procedure is not included in this policy that by default it will be funded.
		4. As a general principle it is expected that patients are managed in a setting which not only meets their clinical needs but is changed at the lowest appropriate tariff charge. For example where a procedure can be carried out in an outpatient setting at a lower tariff price across outpatient procedures and day cases, or a single price across all settings. This approach has been taken where a price that is independent of setting is clinically appropriate.
		5. Where following audit it is found that procedures could have been carried out in a lower cost setting, the commissioner will only pay at the lowest appropriate tariff charge.
		6. Commissioning policy development is an on-going process and future commissioning policy on future procedures as developed or in response to NICE Guidance/Guidelines, health technology assessments etc. will be produced and published periodically on the ICB website. Commissioning Policies [LINK].
		7. This document sets out access to treatments where compliance with the Prior Approvals scheme is required.
		8. Providers are contractually obliged to abide with the Prior Approvals scheme, and failure to do so is a breach of that contractual obligation and any unapproved activity will not be funded.

### Group Prior Approvals

* + 1. **Group Prior Approvals** (previously known as threshold approval) are those treatments which are commissioned by the ICB on a restricted basis only for patients who meet the defined criteria set out within the relevant commissioning policy but for which individual prior approval is not required e.g. cataract surgery.
		2. For these treatments the criteria listed apply to both the referring and treating clinicians.
		3. Primary care clinicians e.g. GPs should not refer patients who do not meet criteria which they can assess. This not only takes up an unnecessary outpatient appointment but results in a poor patient experience.
		4. Equally treating clinicians should review referrals and return to the referring clinician those where it is clear from the information provided that the patient does not meet criteria, thus reducing the number of inappropriate outpatient appointments.
		5. The ICB notification of compliance or audit will be required according to contractual arrangements. Providers should be aware that payment may be withheld where they cannot demonstrate that patients treated meet the criteria specified.
		6. Group Prior Approval should be applied in line with the policy in force at the time the patient is listed (where relevant) for the treatment. This approval will last for 12 months. After 12 months have elapsed the patient should be reviewed against the policy in force at the time and the criteria for the treatment will apply. Subsequent reviews should be undertaken in line with the policy in force at the time and approval time limits will also be in line with the policy in force at the time.
		7. This process and associated time limits will apply unless an alternative policy is subsequently introduced for a named procedure.

### Individual Prior Approvals

* + 1. Individual Prior Approvals are those treatments which are commissioned by the ICB, but only for patients who meet the defined criteria set out within the relevant commissioning policy and which require individual approval on a patient by patient and, in some circumstances, treatment by treatment basis.
		2. For these treatments the criteria listed apply to both the referring and treating clinicians and if a patient is deemed to meet these criteria individual prior approval must be sought. When applicable, primary care clinicians e.g. GPs should seek individual prior approval before a referral is made/outpatient appointment is booked.
		3. Individual prior approval should be sought in line with the policy in force at the time the patient is identified as requiring the treatment. Once approved the individual prior approval will be valid for 12 months. After 12 months have elapsed the patient should be reviewed against the policy in force at the time and the criteria for the treatment will apply and, if the treatment continues to be required, a new individual prior approval application should be made. Subsequent reviews should be undertaken in line with the policy in force at the time and approval time limits will also be in line with the policy in force at the time.
		4. This process and associated time limits will apply unless an alternative policy is subsequently introduced for a named treatment.

### Not Funded

* + 1. Treatments not funded are those which have been assessed as ‘low clinical priority’ by the ICB and therefore are not funded unless there are exceptional clinical circumstances. Applications for funding for these procedures can be made using the ‘Individual Funding Request’ process but should only be made where the patient demonstrates clinical exceptionality.

### Legacy Patients

* + 1. It is acknowledged where funding criteria has changed there will be patients who have received treatment funded under a previous policy which is no longer funded or the criteria for funding has changed. Where for clinical reasons a previously funded treatment needs repeating / revision / replacement the current policy applies.

### Individual Funding Requests (IFR)

* + 1. The ICB allows clinicians, on behalf of their patients, the opportunity to make specific funding requests via the IFR process. Requests may include patients with conditions for which the ICB do not have an agreed commissioning policy, including patients with rare conditions, and patients whose proposed treatment is outside agreed commissioning policies (exceptional clinical circumstances) or service agreements. Such requests should not constitute a request for a service development where more than one patient might be expected to require such treatment.
		2. **Exceptional clinical circumstances** (exceptionality) refer to a patient who has clinical circumstances which are outside the range of clinical circumstances presented by a patient within the normal population of patients with the same medical condition and at the same stage of progression as the patient. There are two tests to apply to exceptionality:
* **Test 1** – is the patient is significantly different to the general population of patients with the condition in question wanting that intervention.
* **Test 2** – is the patient is likely to gain significantly more benefit from the intervention than might be normally expected for patients with that condition wanting that intervention.
	+ 1. The ICB [Individual Funding Request Policy](https://www.midandsouthessex.ics.nhs.uk/health/personalised-care/individual-funding-requests/individual-funding-request-policy/) defines the process for managing IFRs and should be followed at all times.

### Equality and Diversity

* + 1. The Equality Act 2010 protects people against unfair treatment (discrimination) on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Equality Act defines ‘disability’ as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities. Providers are reminded that under this Act they must make adequate and reasonable adjustment to services, which includes provision for interpreters, carers and for others from whom patients may require assistance, providing information and/or signage in an appropriate range of formats, media and languages. Providers shall ensure that service and customer care is delivered in an inclusive manner which respects the diversity of users. It is therefore unlikely that an application for additional funding for such adjustments will be successful.

### Children and Families Act 2014

* + 1. All Providers are also reminded that they must take into account the requirements of the Children and Families Act 2014. Commissioned service provision for children must be delivered to young people 19-25 years of age if they have an Education, Health and Care Plan in place.

## Monitoring Compliance

The responsibility for adherence to these policies lies with the treating clinician and failure to adhere to these criteria may result in non-payment of the activity.

The Executive Medical Director will ensure that this policy is followed and will report any non-compliance with due process to the Audit Committee.

The Equality and Diversity Impact Assessment Panel will monitor compliance with the assessment of impact on equality and health inequality, which will be reported to the Quality Committee.

## Staff Training

Staff will be made aware of this policy and provided with support from their line manager and the Clinical Leadership and Innovation Directorate and/or policy authors in interpretation of the policy.

Guidance and informal training will be provided to those staff involved in decision making by the Public Health Consultant.

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

* Detailed Service Restriction Policies listed in **Appendix B**.

[**Associated Policies**](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies)

* Decision Making Policy
* Individual Funding Request Policy
* Equality and Health Inequality Impact Assessment Policy

## References

* + Each restriction policy includes references relating to the basis for the policy.

## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as **Appendix A**.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy and version number:**Service Restriction Policy  | **Directorate/Service**: Clinical Leadership and Innovation |
| **Assessor’s Name and Job Title:** Paula Wilkinson | **Date:** 09/01/2024 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| **To define the governance process for service restriction.** |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| **This policy defines governance process and does not impact on the delivery of or access to services by anyone.** |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| **N/A** |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | This is a governance process. |
| Disability(Physical and Mental/Learning) |  |  | X | This is a governance process. |
| Religion or belief |  |  | X | This is a governance process. |
| Sex (Gender) |  |  | X | This is a governance process. |
| Sexual Orientation |  |  | X | This is a governance process. |
| Transgender / Gender Reassignment |  |  | X | This is a governance process. |
| Race and ethnicity |  |  | X | This is a governance process. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | This is a governance process. |
| Marriage or Civil Partnership |  |  | X | This is a governance process. |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
|  N/A  |

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| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Schedule of Commissioning Policies (Restricted Services)

|  |  |  |
| --- | --- | --- |
| **SRP No.** | **New** | **Commissioning Framework Policies:** |
| SRP  | 1 | Smoking / Weight Management and Surgery |
| SRP  | 2 | Medicines and Medicines Related Devices Commissioning Policy |
| SRP  | 3 | NHS England Commissioning-Specialised Services |
| SRP  | 4 | Low Clinical Priority Procedures |
| SRP  | 5 | Interventional Procedure Guidance |
| SRP  | 6 | Medical Technologies Guidance (MTG) |
| SRP  | 7 | Medical Technologies Funding Mandate |
| SRP  | 8 | Multi-staged procedures |  |
| **SRP No.** |  | **Service Restriction Policy Statement** |
| SRP | 9 | Abdominoplasty/Apronectomy  |
| SRP | 10 | Acne Vulgaris/Laser/Resurfacing  |
| SRP | 11 | Adenoidectomy |  |  |
| SRP | 12 | Allergy Disorder – Unconventional Therapy |
| SRP | 13 | Arthroscopic shoulder decompression for subacromial pain  |
| SRP | 14 | Arthroscopy Hip including Femoro-Acetabular Impingement (FAI)  |
| SRP | 15 | Arthroscopy Knee  |  |  |
| SRP | 16 | Arthroscopy Shoulder |  |
| SRP | 17 | Autologous Cartilage Transplant |
| SRP | 18 | Benign Skin Lesion |  |  |
| SRP | 19 | Biological Mesh |  |  |
| SRP | 20 | Bobath Therapy |  |  |
| SRP | 21 | Bone Morphogenic Protein (BMP)  |
| SRP | 22 | Botulinum Toxin |  |  |
| SRP | 23 | Breast Asymmetry  |  |  |
| SRP | 24 | Breast Augmentation |  |
| SRP | 25 | Breast Implant  |  |  |
| SRP | 26 | Breast Lift Mastopexy |  |
| SRP | 27 | Breast Reconstruction |  |
| SRP | 28 | Breast Reduction  |  |  |
| SRP | 29 | Bunions (Hallux Valgus) Surgery |
| SRP | 30 | Caesarean Section (Elective) |  |
| SRP | 31 | Capsule Endoscopy & Double Balloon Endoscopy  |
| SRP | 32 | Carpal Tunnel |  |  |
| SRP | 33 | Cataracts/Lens Extraction  |  |
| SRP | 34 | Chronic Fatigue Syndrome |  |
| SRP | 35 | Circumcision |  |  |
| SRP | 36 | Complementary and Alternative Therapies  |
| SRP | 37 | Continuous Glucose Monitoring |
| SRP | 38 | Continuous Positive Airways Pressure (CPAP) in adults  |
| SRP | 39 | Diatasis/Divarication of Recti  |  |
| SRP | 40 | Dupuytren's Contracture |  |
| SRP | 41 | Dynamic Lycra Splinting  |  |
| SRP | 42 | Ear Microsuction |  |  |
| SRP | 43 | Endoscopic Laser/Electrothermal Spinal Surgery  |
| SRP | 44 | Exogen® Bone healing ultrasound system  |
| SRP | 45 | Eye Dysthyroid Disease (Proptosis) |
| SRP | 46 | Facial Surgery - Aesthetic (Cosmetic)  |
| SRP | 47 | Facial Surgery - Non Aesthetic  |  |
| SRP | 48 | Female Sterilisation (operative occlusion of the fallopian tubes) |
| SRP | 49 | Foetal Alcohol Syndrome Disorder  |
| SRP | 50 | Functional Electrical Stimulation  |
| SRP | 51 | Gall Stones - Cholecystectomy  |
| SRP | 52 | Ganglion/Mucoid Cysts |  |
| SRP | 53 | Gastro-electrical stimulation |  |
| SRP | 54 | Grommets |  |  |
| SRP | 55 | Gynaecomastia |  |  |
| SRP | 56 | Haemorrhoids |  |  |
| SRP | 57 | Hair Depilation/Hirsutism  |  |
| SRP | 58 | Heavy Menstrual Bleeding (including uterine fibroids) |
| SRP | 59 | Hernia |  |  |  |
| SRP | 60 | Hip Joint Injections |  |  |
| SRP | 61 | Hip Joint Replacement |  |
| SRP | 62 | Hip Resurfacing  |  |  |
| SRP | 63 | Hyperhidrosis - Botulinum toxin Type A |
| SRP | 64 | Hysteroscopy/Dilatation and Curettage (D&C) |
| SRP | 65 | Ingrown Toenail surgery |  |
| SRP | 66 | Insulin Pump Therapy |  |
| SRP | 67 | Irritable Bowel Syndrome Diagnostics |
| SRP | 68 | Knee Joint Replacement |  |
| SRP | 69 | Labial Reduction /Refashioning/Vaginoplasty/Cliteroplasty  |
| SRP | 70 | Lymphoedema Services |  |
| SRP | 71 | Male Sterilisation (Vasectomy) under General Anaesthetic (GA) |
| SRP | 72 | Monogenetic Diabetes Testing (MODY) |
| SRP | 73 | Myopia Laser Eye Surgery |  |
| SRP | 74 | Nipple Inversion  |  |  |
| SRP | 75 | Oculoplastic Procedures |  |
| SRP | 76 | Open Wide-bore MRI |  |
| SRP | 77 | Orthoses/Orthothics  |  |
| SRP | 78 | Photodynamic Therapy for age-related Macular Degeneration |
| SRP | 79 | Pinnaplasty Otoplasty |  |
| SRP | 80 | Plagiocephaly Positional  |  |
| SRP | 81 | Platelet Rich Plasma Injections for Tendinopathy  |
| SRP | 82 | Repair of Ear Lobes |  |  |
| SRP | 83 | Reversal of Sterilisation  |  |
| SRP | 84 | Rhinophyma |  |  |
| SRP | 85 | Riser Recliner Chairs |  |
| SRP | 86 | Sacral Nerve Stimulation  |  |
| SRP | 87 | Scar Revision |  |  |
| SRP | 88 | Scotopic Sensitivity Syndrome and Coloured Filters/Tinted Lenses  |
| SRP | 89 | Septoplasty |  |  |
| SRP | 90 | Skin Contouring/Body Contouring/Tumescent liposuction /Liposuction/Liposculpture  |
| SRP | 91 | Sleep Studies  |  |  |
| SRP | 92 | Snoring |  |  |  |
| SRP | 93 | Sperm, Embryo or Oocyte Cryopreservation |
| SRP | 94 | Spinal Cord Stimulators |  |
| SRP | 95 | Spinal Injections for Low Back Pain and Radicular Leg Pain  |
| SRP | 96 | Spinal Surgery for Non-Acute Lumbar Conditions |
| SRP | 97 | Surrogacy |  |  |
| SRP | 98 | Tattoo Removal |  |  |
| SRP | 99 | Temporomandibular Joint (TMJ) Retainers and Appliances  |
| SRP | 100 | Temporomandibular Joint Replacement |
| SRP | 101 | Tertiary Fertility Services |  |
| SRP | 102 | Tinnitus |  |  |  |
| SRP | 103 | Tonsillectomy |  |  |
| SRP | 104 | Toric Lens Implants – Astigmatism  |
| SRP | 105 | Transcranial Magnetic Stimulation  |
| SRP | 106 | Trigger Finger release in adults  |
| SRP | 107 | Vaginal Uterine Prolapse |  |
| SRP | 108 | Vagus Nerve Stimulation |  |
| SRP | 109 | Varicose Veins |  |  |
| SRP | 110 | Vision Therapy/Vision Training/Behavioural Optometry  |
| SRP | 111 | Wigs and Hair Pieces/Hair Systems/Transplantation |
| SRP | 112 | Hybrid closed Loops Diabetes |  |
| SRP | 113 | Tier 3 Weight Management Services |
| SRP | 114 | Specialist Obesity Services |  |
| SRP | 115 | Surgical Intervention for Bladder Outflow Obstruction (BOO) |  |
| SRP | 116 | Surgical Removal of Kidney Stones |  |
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