NHS
North Norfolk
Clinical Commissioning Group

Clinical Criteria for Chalazion / Meibomian Cyst (surgical management of)

This procedure is not funded on cosmetic grounds alone. The surgical treatment of Meibomian cysts or Chalazia is subject to Prior Approval and will only be funded if the cyst has persisted for 12 months or longer **OR** one or more of the following symptoms are demonstrated by the patient.

Section A: Please select which of the indications below are applicable to your patient

- ☐ Presence of infection which is resistant to treatment, i.e. conservative measures have been trialled for at least 12 months

AND/OR

- ☐ There is sebaceous dysfunction

AND/OR

- ☐ The cyst impedes vision as evidenced by reduced acuity (due to astigmatism) or visual field tests if causing a lid droop, or causing amblyopia in a child.

AND/OR

- ☐ The patient is a child and is being teased or bullied at school

AND/OR

- ☐ Patient is suffering severe pain and discomfort

☐ **I confirm that this patient meets the criteria as indicated above**

Section B: Extenuating circumstances

☐ If the patient does not fulfil the above criteria, an application may still be submitted on the grounds of extenuating clinical circumstances. Please provide details in the box below.

Please note that non-compliant referrals will be clinically reviewed by a CCG clinician, in the first instance, who will make a recommendation as to whether the referral has demonstrated sufficient evidence of extenuating circumstances, or not. For those referrals where sufficient evidence of extenuating circumstances has **not** been demonstrated, the referral will be rejected.

If the GP remains dissatisfied with this decision an application may be submitted to the Individual Funding Request panel. The GP will need to complete an IFR form providing evidence of exceptionality. The form may be found at **North Norfolk IFR**

Clinicians are reminded that appointments for treatment or assessment for which approval is being sought should not be made until approval has been received from the IFR panel.

Patient Name:
Date of Birth:
NHS Number:

Referrer:
Practice name:
Date: