ABDOMINOPLASTY AND APRONECTOMY
- PRIOR APPROVAL FORM

Please ensure <u>all sections</u> are completed and <u>any requested supporting information</u> is provided to ensure a prompt decision. Unless the patient fully meets the criteria, funding will not be approved unless there are exceptional reasons.

PART A – MUST BE COMPLETED FOR ALL REQUESTS

GP/CONSULTANT DETAILS			
Name:		GP Practice Code:	
Address:		Trust:	
Preferred Contact (Email) - Only NHS.NET addresses are acceptable:	@nhs.net		
PATIENT'S DETAILS			
NHS No:		MRN (if applicable):	
Date of Birth:			

Requesting <u>clinician</u> – please confirm the following

Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the ICB.	Yes ☐	No ☐
I have informed the patient that this intervention will only be funded where the criteria are met.	Yes ☐	No ☐
I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate.	Yes ☐	No ☐

PART B – MUST BE COMPLETED FOR ALL REQUESTS

ACCESS CRITERIA		
Patient has achieved reduced weight of ≥50%	Yes ☐	No ☐
AND maintained weight loss for 12 months	Yes ☐	No ☐
AND has severe functional problems associated with excess abdominal skin including severe difficulties with daily living activities i.e. ambulatory restrictions **(PLEASE PROVIDE ADDITIONAL INFORMATION (See Note)**	Yes ☐	No ☐
In addition, patients must maintain their weight loss from the point of being listed for surgery until the date of their procedure.		

Note: Additional Information should demonstrate:

- ***Significant restrictions on ability to walk.***
- ***Or inability to undertake basic household tasks due to the excess skin.***
- ***Or inability to work due to excess skin.***
- ***Or inability to undertake carer functions due to excess skin.***
- ***Or inability to fulfil educational responsibilities due to excess skin.***

Please provide evidence below to support the information provided. Without evidence your application may be rejected. If you prefer you can attach supporting information, such as a clinic letter, rather than completing the box below.

Supporting information:

How to complete:

- Add GP/Consultant details
- Add Patient details
- Tick to answer yes or no to criteria listed under the procedure being requested
- Provide supporting information to evidence assessment in the free text area or attach supporting information such as clinic letter
- Email form to glicb.ifr@nhs.net
- Response will be sent from Gloucestershire ICB to preferred contact for reply within a maximum of 10 working days.