

NHS Dorset Clinical Commissioning Group

Excision of Chalazion

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

EXCISION OF CHALAZION CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 A meibomian cyst (also known as a chalazion) is a sterile, chronic, inflammatory granuloma of the eyelid, caused by the obstruction of a meibomian gland.
- 1.2 Meibomian cysts can occur in all age groups and are the most common cause of lumps on the eyelid. Cysts can occur spontaneously, may develop following an internal stye (or hordeolum), or may be due to dysfunction of the meibomian glands.
- 1.3 A meibomian cyst typically presents as a firm, localized eyelid swelling that develops slowly over several weeks. There may be initial discomfort, but this usually settles, and pain and tenderness are usually absent:
- Cysts are more common on the upper eyelid;
 - They are usually 2–8 mm in diameter;
 - One or both eyes can be affected;
 - More than one meibomian cyst may be present;
 - When the eyelid is everted, there is a discrete, immobile, round, yellowish lump (lipogranuloma), which may be red, inflamed, and tender;
 - **A 2-week wait referral should be made if a malignant eyelid tumour is suspected (for example if the meibomian cyst has an atypical appearance or recurs in the same location).**
- 1.4 This protocol is applied in accordance with the Policy for Individual Patient Treatments.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Prior approval is not required where two or more of the following criteria circumstances apply where these procedures are undertaken in primary care or are already part of commissioned secondary care services:
- the chalazion has been present for more than six-months, verified in clinical notes;
 - present on the upper eyelid and interferes significantly with vision;
 - is a source of regular infection (twice within six-month time frame) requiring medical treatment;

- the site of the lesion or lashes renders the condition as requiring specialist intervention within secondary care.

3.2 Where there is recurrence of chalazion at the same site then biopsy is supported.

4. EXCLUSIONS

4.1 There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. REFERRALS

6.1 Patients referred for treatment, or referred for consideration of treatment, using the criteria detailed in the previous version of this CBAP (V3.0, dated July 2017) should continue to be treated, or considered for treatment, in accordance with the arrangements previously outlined in that CBAP.

7. CONSULTATION

7.1 Prior to approval from NHS Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.

7.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

8.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

9. COMMUNICATION/DISSEMINATION

9.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

10.1 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal implementation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

11.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

APPENDIX B

N/A

A DOCUMENT DETAILS	
Procedural Document Number	119
Author (Name and Job Title)	Jenny Jones
Recommending group	Planned and Specialised Services
Date of recommendation	October 2017
Date of approval	October 2017
Version	3.1
Review frequency	3 yearly
Review date	October 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
3.0	April 2017	Jenny Jones, Programme Officer	IPT Panel, CCC. Circulated for comment through the Medical Directors of the three Dorset acute Trusts. IPT Panel includes; GP, Consultant, Public Health, and Patient / Public representation.

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
January 2014	2.0	January 2017	Adoption of document previously developed by PCTs	January 2014	CCC
December 2016	3.0	July 2020	Changes to the access criteria to bring in line with neighbouring CCG policies	July 2017	CCC

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
NHS Choices	http://www.nhs.uk/Conditions/eyelidproblems/Pages/Introduction.aspx	Nov 16

F DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓