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Welsh Health Specialised  
Services Committee (WHSSC)

## Specialised Services Policy:

### CP24 Home Administered Parenteral Nutrition (HPN)

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<b>Approved by:</b>	WHSSC Executive Board
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<b>Approvals</b>		
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HCW Chief Executive	January 2008	0.7
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<b>Distribution – <i>this document has been distributed to</i></b>			
Name	By	Date of Issue	Version No.

## Policy Statement

<b>Background</b>	Home Parenteral Nutrition (HPN) is a means of delivering fluids and nutrients via an indwelling intravenous catheter to patients within their own homes. It is needed for patients that have a chronic inability to absorb adequate fluids and nutrients to maintain independent health.
<b>Summary of clinical criteria</b>	<p>If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.</p> <p>WHSSC will fund Home Parenteral Nutrition for adult and paediatric patients with long term Intestinal Failure who are either:</p> <ul style="list-style-type: none"> <li>• Awaiting reconstructive surgery leading to restoration of gut continuity and function; <b>OR</b></li> <li>• With irreversible intestinal failure (except patients who require short term feeding) <b>AND</b></li> <li>• Where enteral feeding/fluids is not practicable or has failed."</li> </ul> <p>WHSSC will fund a nurse to assist with administration of HPN if the carer and/or patient are unable to administer for themselves.</p>
<b>Responsibilities</b>	<p>Referrers should:</p> <ul style="list-style-type: none"> <li>• Inform the patient that this treatment is not routinely funded outside the criteria in this policy; and</li> <li>• Refer via the agreed pathway.</li> </ul> <p>Clinician considering treatment should:</p> <ul style="list-style-type: none"> <li>• Discuss all the alternative treatment with the patient;</li> <li>• Advise the patient of any side effect and risks of the potential treatment;</li> <li>• Inform the patient that treatment is not routinely funded outside of the criteria in the policy; and</li> <li>• Confirm that there is contractual agreement with WHSSC for the treatment.</li> </ul> <p>In all other circumstances submit an IPFR.</p> <p>The preparation and delivery of HPN is provided</p>

	<p>via an all Wales contract with a home care company.</p> <p>Patients are referred to the home care company by the Parenteral Nutrition Teams at University Hospital of Wales and Hope Hospital.</p>
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## **1. Aim**

### **1.1 Introduction**

The document has been developed as the policy for the planning of Home Administered Parenteral Nutrition (HPN) for Welsh patients. The policy applies to residents of all seven Health Boards in Wales.

The purpose of this document is to:

- Set out the circumstances under which patients will be able to access Home Administered Parenteral Nutrition (HPN) services;
- clarify the referral process; and
- define the criteria that patients must meet in order to access treatment.

### **1.2 Relationship with other Policies and Service Specifications**

This document should be read in conjunction with the following documents:

- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR).

## 2. Scope

### 2.1 Definition

Home Parenteral Nutrition (HPN) is a means of delivering fluids and nutrients via an indwelling intravenous catheter to patients within their own homes. It is needed for patients that have a chronic inability to absorb adequate fluids and nutrients to maintain independent health.

### 2.2 Codes

#### ICD-10 Codes

**Note:** In the case of IF and HPN there are many ICD codes which identify conditions, such as Crohn's disease, where IF may sometimes be present but equally may not be present. Consequently the ICD codes listed here do not of themselves indicate that IF is present and cannot be used as method of counting IF cases.

ICD-10 Code	ICD-10 Category	ICS-10 Sub-category
E40X	Kwashiorkor	Kwashiorkor
E41X	Nutritional marasmus	Nutritional marasmus
E42X	Marasmic kwashiorkor	Marasmic kwashiorkor
E43X	Unspecified severe protein-energy malnutrition	Unspecified severe protein-energy malnutrition
E440	Protein-energy malnutrition of moderate and mild degree	Moderate protein-energy malnutrition
E441	Protein-energy malnutrition of moderate and mild degree	Mild protein-energy malnutrition
E45X	Retarded development following protein-energy malnutrition	Retarded development following protein-energy malnutrition
E46X	Unspecified protein-energy malnutrition	Unspecified protein-energy malnutrition
K401	Inguinal hernia	Bilateral inguinal hernia, with gangrene
K404	Inguinal hernia	Unilateral or unspecified inguinal hernia, with gangrene
K411	Femoral hernia	Bilateral femoral hernia, with gangrene

K414	Femoral hernia	Unilateral or unspecified femoral hernia, with gangrene
K421	Umbilical hernia	Umbilical hernia with gangrene
K431	Ventral hernia	Ventral hernia with gangrene
K441	Diaphragmatic hernia	Diaphragmatic hernia with gangrene
K451	Other abdominal hernia	Other specified abdominal hernia with gangrene
K461	Unspecified abdominal hernia	Unspecified abdominal hernia with gangrene
K500	Crohn's disease [regional enteritis]	Crohn's disease of small intestine
K508	Crohn's disease [regional enteritis]	Other Crohn's disease
K510	Ulcerative colitis	Ulcerative (chronic) enterocolitis
K518	Ulcerative colitis	Other ulcerative colitis
K520	Other non infective gastroenteritis and colitis	Gastroenteritis and colitis due to radiation
K521	Other non infective gastroenteritis and colitis	Toxic gastroenteritis and colitis
K528	Other non infective gastroenteritis and colitis	Other specified non infective gastroenteritis and colitis
K550	Vascular disorders of intestine	Acute vascular disorders of intestine
K551	Vascular disorders of intestine	Chronic vascular disorders of intestine
K558	Vascular disorders of intestine	Other vascular disorders of intestine
K560	Paralytic ileus and intestinal obstruction without hernia	Paralytic ileus
K561	Paralytic ileus and intestinal obstruction without hernia	Intussusception
K562	Paralytic ileus and intestinal obstruction without hernia	Volvulus
K565	Paralytic ileus and intestinal obstruction without hernia	Intestinal adhesions [bands] with obstruction
K567	Paralytic ileus and intestinal obstruction without hernia	Ileus, unspecified
K570	Diverticular disease of intestine	Diverticular disease of small intestine with perforation and abscess
K574	Diverticular disease of intestine	Diverticular disease of both small and large intestine with perforation and abscess
K578	Diverticular disease of intestine	Diverticular disease of intestine, part unspecified, with perforation and abscess



K592	Other functional intestinal disorders	Neurogenic bowel, not elsewhere classified
K598	Other functional intestinal disorders	Other specified functional intestinal disorders
K630	Other diseases of intestine	Abscess of intestine
K631	Other diseases of intestine	Perforation of intestine (nontraumatic)
K650	Peritonitis	Acute peritonitis
K658	Peritonitis	Other peritonitis
K659	Peritonitis	Peritonitis, unspecified
K660	Other disorders of peritoneum	Peritoneal adhesions
K668	Other disorders of peritoneum	Other specified disorders of peritoneum
K669	Other disorders of peritoneum	Disorder of peritoneum, unspecified
K673	Disorders of peritoneum in infectious diseases classified elsewhere	Tuberculous peritonitis <sup>1</sup>
K85X	Acute pancreatitis	Acute pancreatitis
K860	Other diseases of pancreas	Alcohol-induced chronic pancreatitis
K900	Intestinal malabsorption	Coeliac disease
K902	Intestinal malabsorption	Blind loop syndrome, not elsewhere classified
K908	Intestinal malabsorption	Other intestinal malabsorption
K909	Intestinal malabsorption	Intestinal malabsorption, unspecified
K912	Post procedural disorders of digestive system, not elsewhere classified	Postsurgical malabsorption, not elsewhere classified
K913	Post procedural disorders of digestive system, not elsewhere classified	Postoperative intestinal obstruction
K930	Disorders of other digestive organs in diseases classified elsewhere	Tuberculous disorders of intestines, peritoneum and mesenteric glands <sup>2</sup>

<sup>1</sup> Comment from Connecting for Health: please note this code should be preceded by A18.3 Tuberculosis of intestines, peritoneum and mesenteric glands

<sup>2</sup> Comment from Connecting for Health: please note this code should be preceded by A18.3 Tuberculosis of intestines, peritoneum and mesenteric glands

K931	Disorders of other digestive organs in diseases classified elsewhere	Megacolon in Chagas' disease <sup>3</sup>
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<sup>3</sup> Comment from Connecting for Health: please note this code should be preceded by B57.3 Chagas' disease (chronic) with digestive system involvement

### 3. Access Criteria

#### 3.1 Clinical Indications

The commonest cause of patients requiring home parenteral nutrition in the UK is the development of short bowel syndrome. The causes for this are Crohn's disease, mesenteric vascular disease, volvulus and surgical complications. Other indications include intestinal fistulae, motility disorders (usually pseudo obstruction syndromes and systemic sclerosis) and sequelae of radiation damage (radiation enteritis).

Many of these patients have other complex medical needs including care of their underlying disease process, external abdominal fistulae, and care of high output abdominal stomas. Hospital centres may have complete care of all aspects of the underlying disease process and its treatment, responsibility for the nutrition and its monitoring only, or shared care between major and local centres.

There are three main categories of intestinal failure:

Type One - is short-term, self limiting, often peri-operative in nature and relatively common. Patients are managed in a multitude of healthcare settings, especially surgical wards, units performing major abdominal surgery and high dependency / intensive care units.

Type Two - Patients awaiting reconstructive surgery leading to restoration of gut continuity and function.

Type Three - Patients with irreversible intestinal failure.

This policy covers the provision of HPN for patients with types two and three intestinal failure.

#### 3.2 Criteria for Treatment

WHSSC will fund Home Parenteral Nutrition for adult and paediatric patients with long term Intestinal Failure:

- Awaiting reconstructive surgery leading to restoration of gut continuity and function; **OR**
- With irreversible intestinal failure (except patients who require short term feeding); **AND**
- Where enteral feeding/fluids is not practicable or has failed."

WHSSC will fund the requirement of a nurse to assist with administration of HPN if the carer and/or patient are unable to administer for themselves.

### **3.3 Referral Pathway**

Patients with Intestinal Failure are clinically managed at Hope Hospital, Salford Royal NHS Foundation Trust (patients from North Wales) and University Hospital of Wales, Cardiff & Vale University Health Board (patients from South Wales). The preparation and delivery of HPN is provided via an all Wales contract with a home care company.

Patients are referred to the home care company by the Parenteral Nutrition Teams at University Hospital of Wales and Hope Hospital.

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

### **3.4 Exclusions**

WHSSC will not fund HPN for patients who are receiving nutrition for non-related palliative care.

### **3.5 Exceptions**

If the patient does not meet the criteria for treatment, but the referring clinician believes that there are exceptional grounds for treatment an Individual Patient Funding Request (IPFR) can be made to WHSS under the All Wales Policy for Making Decisions on Individual Patient Funding Requests ([IPFR](#)).

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

Guidance on the IPFR process is available at [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

### **3.6 Responsibilities**

Referrers should:

- Inform the patient that this treatment is not routinely funded outside the criteria in this policy; and

- Refer via the agreed pathway.

Clinician considering treatment should:

- Discuss all the alternative treatment with the patient;
- Advise the patient of any side effect and risks of the potential treatment;
- Inform the patient that treatment is not routinely funded outside of the criteria in the policy; and
- Confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances submit an IPFR request.

The preparation and delivery of HPN is provided via an all Wales contract with a home care company. Patients are referred to the home care company by the Parenteral Nutrition Teams at University Hospital of Wales and Hope Hospital.

#### **4. Putting Things Right: Raising a Concern**

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment further information can be provided demonstrating exceptionality. The request will then be considered by the All Wales IPFR Panel.
- If the patient or their representative is not happy with the decision of the All Wales IPFR Panel the patient and/or their representative has a right to ask for this decision to be reviewed. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated. The review should be undertaken, by the patient's Local Health Board;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

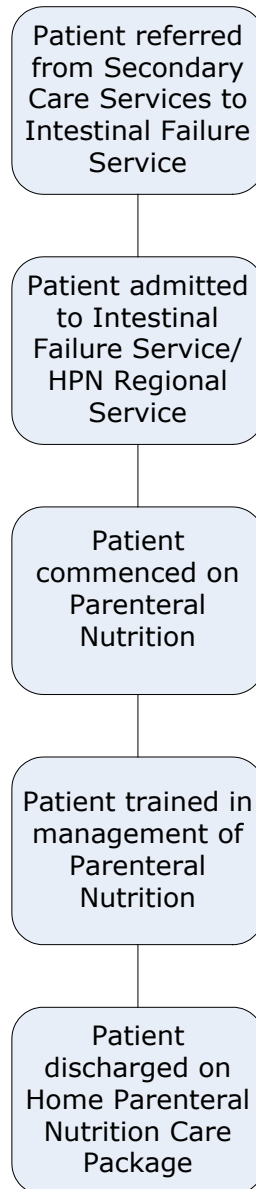
## **5. Equality Impact and Assessment**

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

This policy has been subjected to an Equality Impact Assessment. The Assessment demonstrates that the policy is robust and that there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

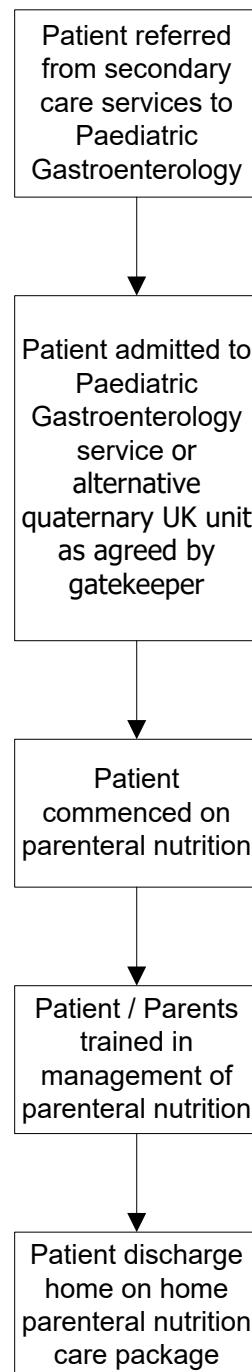
## Annex (i)

### Adult Referral Pathway





## Child Referral Pathway



## Annex (ii) Checklist

### CP24 Home Administered Parenteral Nutrition (HPN)

The following checklist should be completed and retained as evidence of policy compliance by the receiving centre. It is expected that this evidence will be provided at the point of invoicing by the receiving centre.

- i) Where the patient meets the criteria **AND** the procedure is included in the contract **AND** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- ii) The patient meets the criteria **AND** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- iii) The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- iv) The patient does not meet criteria, but there is evidence of exceptionality. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration for treatment.

**To be completed by the referring gatekeeper or treating clinician**

The following checklist should be completed for **all** patients to whom the policy applies, before treatment, by the responsible clinician.

*Please complete the appropriate boxes:*

Patient NHS No:			
Patient is Welsh Resident	Post Code		
Patient is English Resident	GP Code:		
	Yes	No	
Patient meets following access criteria for treatment:			
Awaiting reconstructive surgery leading to restoration of gut continuity and function <b>OR</b>			
With irreversible intestinal failure (except patients who require short term feeding)			
Patient wishes to be referred to non-contracted provider			
<i>An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>			
Patient does not meet access criteria but is exceptional			
<i>An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>			

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Name (printed):	Signature:	Date:	Yes	No
Authorised by TRM Gatekeeper					
Authorised by Patient Care Team?					
Authorised by agreed other? (Please state whom)					
Patient Care Team/IPFR TRM Reference number:					