

Aesthetic Surgery Commissioning Policy

UNIQUE REFERENCE NUMBER: CD/XX069/V2

DOCUMENT STATUS: Approved by Clinical Development Committee 23 March 2016

DATE ISSUED: 1 April 2016

DATE TO BE REVIEWED: 1 April 2019

VERSION	DATE	AMENDMENT HISTORY
CD/XX/069/V1	19.08.2015	First draft presented to Clinical Development Committee
CD/XX/069/V2	23.03.2016	Revised draft approved by Clinical Leads at Dudley CCG

REVIEWERS

This document has been reviewed by:

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Nurgis Shafiq	March 2016	IFR Team Manager – Arden & GEM CSU

APPROVALS

This document has been approved by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Clinical Development Committee (CDC)	19 August 2015	Approved at Clinical Development Committee	V1
Dr S Mann Dr J Darby Dr A Malik	23 March 2016	Chair of CDC and Clinical Executive for Acute & Committee GP – Board Member GPwSI – Commissioning	V2

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

ENGAGEMENT

This document has been presented for comments at the following forums:

- GP Locality Meetings – October 2015
- Primary Care Operation Group – February 2016
- Local Medical Committee – February 2016

Distributed electronically to all GP Surgeries, Arden & GEM Commissioning Support Unit and all Acute Trusts across the Black Country.

DOCUMENT STATUS

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Introduction

This policy represents Dudley Clinical Commissioning Group (CCG)'s approach to commissioning procedures of an aesthetic nature. It incorporates the emerging evidence relating to clinical and cost effectiveness as well as initiatives being introduced across the West Midlands through the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

Dudley CCG need to operate within finite budgetary constraints as outlined in section 3 of the NHS Act 2006 <http://www.legislation.gov.uk/ukpga/2006/41/section/3>

The Aesthetic Surgery Policy makes explicit the need to prioritise resources and provide interventions with the greatest proven health gain. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that intervention are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

To do this the policy provides:

- The list of interventions 'not routinely funded 'by Dudley CCG.
- The specialised criteria required for the funding of certain other interventions

Please note that the policy guidance relating to those interventions should be read with reference to the definition of exceptionality from the Collaborative Commissioning Policy - Individual Funding Requests version 1.6 dated March 2014 agreed and implemented by:

- NHS Birmingham Cross City Clinical Commissioning Group
- NHS Birmingham South Central Clinical Commissioning Group
- NHS Solihull Clinical Commissioning Group
- NHS Dudley Clinical Commissioning Group
- NHS Sandwell and West Birmingham Clinical Commissioning Group
- NHS Walsall Clinical Commissioning Group
- NHS Wolverhampton Clinical Commissioning Group

Commissioners, General Practitioners, Service Providers and Clinical Staff treating residents of the Dudley are expected to implement this policy for its population. When interventions are undertaken on the basis of meeting criteria specified within the policy, **this should be clearly documented on the EMIS Template referral**. Failure to do so will be considered by Dudley CCG as lack of compliance.

Definitions

Exceptional clinical circumstances refers to a patient who has clinical circumstances which, taken as a whole, 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 can be no exhaustive definition of the conditions which may potentially fall within the definition of an exceptional case. The word "exception" means "a person, thing or case to which the general rule is not applicable". The following criteria, however, are indicative of the presence or absence of exceptionality in the present context:

- To be an exception, there must be unusual or unique clinical factors about the patient that suggest that he or she is:
 - I. Significantly different from the wider group of patients with the same condition; or

II. Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the same condition.

- The fact that a treatment is likely to be effective for a patient is not, in itself, a sufficient basis for establishing an exception.
- If a patient's clinical condition matches the 'accepted indications' for a treatment, but the treatment is not funded, then the patient's circumstances are not, by definition, exceptional.

It is for the requesting clinician (or patient) to make the case for exceptional circumstances.

Social value judgments are not relevant to the consideration of exceptional status.

An **Individual Funding Request (IFR)** is a request received from a clinician or provider or which seeks funding for a single identified patient for a specific treatment.

Background

This paper sets out the criteria for access to NHS funded aesthetic surgical procedures for Dudley CCG registered patients.

Aesthetic surgery can be defined as any surgery carried out to enhance or improve a person's outward appearance. It can also be undertaken to enhance appearance changes caused by ageing or obesity, although most of the work of plastic surgeons in the NHS concerns the restoration of appearance and function following trauma, cancer, degenerative conditions or congenital deformity.

Many aesthetic procedures, although primarily undertaken to improve outward appearance, also have a functional objective to improve physical, psychological and/or social dysfunctions, some of which may be legitimately considered as 'clinical' due to the severity.

In reality, aesthetic surgery may be considered for a wide spectrum of conditions. However, it also needs to be recognised that the NHS cannot, within its resources, meet all health needs for aesthetic problems.

Criteria for eligibility:

There are circumstances in which aesthetic surgery may be funded on the NHS such as:

- Treatment of a physical deformity that most people would readily recognise as being severely abnormal, as long as it is not self-inflicted e.g. tattoo, piercings or lifestyle decisions such as bariatric surgery.

The majority of aesthetic surgical procedures are considered to be 'low priority' and therefore not funded on the NHS. This paper provides clarification on the various aesthetic surgical procedures and whether they are eligible for NHS funding through Dudley CCG. It represents the current commissioning priorities of Dudley CCG and aims to provide clarification to GPs, specialist clinicians, service providers and patients alike.

Implementation

Patients with the following problems/conditions should only be referred to a Consultant/ Specialist after a clinical assessment is made by the GP and there is a symptomatic or functional requirement for surgery.

The patient needs to meet the relevant clinical criteria and referral is via EMIS Template via E-Referral system to ensure the patient has been assessed in line with this policy prior to referral to Secondary

Care. **Please note:** - patients who do not meet the criteria will be 'rejected' by the provider in line with E-referral Guidance.

For further details on the application process – please refer to the Dudley CCG Referral Management Protocols and Procedure Document.

Consultants in secondary care and provider finance departments need to be aware that Dudley CCG will not pay for the procedures listed in this policy unless the patient meets the criteria outlined in this policy.

This is not a blanket ban. Dudley CCG recognises there will be exceptional, individual or clinical circumstances when funding for treatments designated as aesthetic will be appropriate.

Individual treatment requests should only occur in clinically exceptional circumstances where the patient does not meet the core criteria. In this instance the completion of an Individual Funding Request is required. Once completed this is forwarded to Arden & GEM Commissioning Support Unit (CSU) who process IFR's on behalf of Dudley CCG

Individual Funding Request cases where referral on the NHS is being requested should ONLY be sent to NHS.net accounts or Safe Haven fax:

NHS Dudley
C/O Arden & GEM Commissioning Support Unit
IFR Team
Kingston House
438-450 High Street
West Bromwich
B70 9LD
Telephone: 0121 612 1661
Fax: 0121 285 5990
Email: ifr.dudley@nhs.net

Note to service providers:

Consultants in secondary care and provider finance departments need to be aware that the CCG will not pay for the procedures listed in this policy unless the criteria is met. Failure to adhere to this guidance will result in a refusal to pay for treatment. Where approval is being sought under the grounds for exceptional psychological distress or as additional evidence to support the patient's case for treatment:

Psychological Distress– Will only be considered where there is evidence that the patient has received or is currently receiving extensive specialist treatment for a significant psychological or psychiatric illness *directly* related to the condition in question. When making a referral request please include the nature, length and success of psychological/psychiatric treatments with supporting letters from the respective specialist and also any medications that the patient may be taking to treat psychological/psychiatric distress.

Note for patients who have previously received cosmetic treatment privately: This policy will not support any subsequent treatment for purely cosmetic purposes and will only offer intervention as outlined in this policy or if there is clear evidence to demonstrate that there is significant adverse risk to the patient's physical health.

Monitoring

This policy will be subject to continued monitoring using: Policy Audit Reports consisting of 400 records audit per annum, split into 4 quarterly audits of 100 records.

The commissioner will negotiate with the supporting CSU for the CCGs to request and audit list of patient notes for audit to assure the objectivity of this audit.

Specific Referral Criteria

Ref	Title
1	Abdominoplasty or Apronectomy
2	Thigh Lift, Buttock Lift and Arm Lift, Excision of Redundant Skin or Fat
3	Liposuction
4	Breast Augmentation
5	Breast Reduction
6	Mastopexy
7	Inverted Nipple Correction
8	Gynaecomastia
9	Labia Plasty
10	Vaginoplasty
11	Penile Implants
12	Pinnaplasty
13	Repair of External Ear Lobes (Lobules)
14	Rhinoplasty
15	Upper Eye Lid Surgery
16	Lower Eye Lid Surgery
17	Face Lift or Brow Lift (Rhytidectomy)
18	Hair Depilation
19	Alopecia
20	Intralace Hair System
21	Removal of tattoos and body piercings
22	Removal of Benign Skin Lesions
23	Removal of Lipomata
24	Medical and Surgical treatment of Scars and Keloids
25	Botox Injection for the Ageing Face
26	Viral Warts
27	Thread/Telangiectasis/Reticular Veins
28	Rinophyma
29	Resurfacing Procedures: Dermabrasion, Chemical Peels, Laser Treatment
30	Other Cosmetic Procedures
31	Revision of previous Aesthetic Surgery procedures

Intervention	1. Abdominoplasty or Apronectomy
Policy Statement	Unless all of the criteria detailed below are met abdominoplasty or apronectomy following weight loss will not be funded:
Rationale	<p>Excessive abdominal skin folds may occur following weight loss in the previously obese patient and can cause significant functional difficulty. There are many obese patients who do not meet the definition of morbid obesity but whose weight loss is significant enough to create these difficulties. These types of procedures, which may be combined with limited liposuction, can be used to correct scarring and other abnormalities of the anterior abdominal wall and skin. It is important that patients undergoing such procedures have achieved and maintained a stable weight so that the risks of recurrent obesity are reduced.</p> <p>Patients who go forward to have bariatric surgery should be counselled. This is to ensure that the patient has realistic expectations of the outcomes of surgery and understands that plastic procedures to remove excess skin folds following bariatric surgery will not be funded by the NHS unless required for medical reasons.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Documented evidence of clinical pathology due to the excess of overlying skin e.g. recurrent infections, intertrigo which has led to ulcerations requiring repeated courses of systemic treatment for a minimum of one year or disability resulting in severe restriction in activities of daily living AND • The patients BMI before weight loss must have been 40kg/m² or above AND • The patients BMI must be < 25 kg/m² and has been within this range for 2 years as measured and recorded by primary care <p>N.B. Purely cosmetic procedures such as removal of surplus skin irrespective of site will not be funded.</p>
Evidence for inclusion and threshold	<p>Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i></p> <p>Mammoplasty and Abdominoplasty. Dafydd, Juma, Myers, Shokrollahi (2009) The Contribution of Breast and Abdominal Pannus weight to Body Mass Index. Implications for rationing of Reduction Annals of Plastic surgery</p>

Intervention	2. Thigh Lift, Buttock Lift and Arm Lift, Excision of Redundant Skin or Fat
Policy Statement	Unless all of the criteria detailed below are met, Thigh Lift, Buttock Lift and Arm Lift, Excision of Redundant Skin or Fat following weight loss will not be funded:
Rationale	Whilst the patient groups seeking such procedures are similar to those seeking abdominoplasty (Section 1), the functional disturbance of skin excess in these sites tends to be less and so surgery is less likely to be indicated except for appearance: in which case it should not be available on the NHS.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Documented evidence of clinical pathology due to the excess of overlying skin e.g. recurrent infections, intertrigo which has led to ulcerations requiring repeated courses of systemic treatment for a minimum of one year or disability resulting in severe restriction in activities of daily living AND • The patients BMI before weight loss must have been 40kg/m² or above AND • The patients BMI must be < 25 kg/m² and has been within this range for 2 years as measured and recorded by primary care <p>N.B. Purely cosmetic procedures such as removal of surplus skin irrespective of site will not be funded.</p>
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	3. Liposuction
Policy Statement	Liposuction will not be funded.
Rationale	Liposuction may be useful for contouring areas of localised fat atrophy or pathological hypertrophy (e.g.. Multiple lipomatosis, lipodystrophies). Liposuction is sometimes an adjunct to other surgical procedures. It will not be commissioned simply to correct the distribution of fat.
Minimum Eligibility Criteria	Liposuction will not be funded simply to correct the distribution of fat.
Evidence for inclusion and thresholds	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	4. Breast Augmentation
Policy Statement	Unless one or more of the following criteria are met breast augmentation will not normally be funded:
Rationale	<p>Demand for breast enlargement is rising in the UK. Breast implants may be associated with significant morbidity and the need for secondary or revisional surgery (such as implant replacement) at some point in the future is common. Implants have a variable life span and the need for replacement or removal in the future is likely in young patients. Not all patients demonstrate improvement in psychosocial outcome measures following breast augmentation.</p> <p>Patients who are offered breast augmentation on the NHS should be encouraged to participate in the UK national breast implant registration system and be fully counselled regarding the risks and natural history of breast implants. It would be usual to provide patients undergoing breast augmentation with a copy of the DH guidance booklet "Breast implants information for women considering breast implants":</p> <p>It is important that patients understand that they may not automatically be entitled to replacement of the implants in the future if they do not meet the criteria for augmentation at that time.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Developmental failure resulting in unilateral or bilateral absence of breast tissue or asymmetry >3 cup sizes (Congenital amastia) OR • Total lack of breast development, marked by absence of inframammary fold AND • BMI between the normal range of <25kg/m² • Not less than 2 years post-delivery of a child <p>N.B. The minimum age for surgery is 21 years of age.</p> <p>Breast Cancer Treatment of unaffected breast following cancer surgery will not be routinely commissioned.</p> <p>Reconstructive surgery on the affected breast will only be commissioned for patients as part of the original treatment plan.</p>
Evidence for inclusion and threshold	<p>Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i></p> <p>Murphy, Beckstrand and Sarwer 2009 <i>Annals of Plastic Surgery</i>. A prospective, mutli-centre study of psychosocial outcomes after augmentation with natrelle silicone-filled breast implants</p>

Intervention	5. Breast Reduction
Policy Statement	Unless all of the following criteria are met breast reduction will not be funded:
Rationale	<p>Breast reduction places considerable demand on NHS resources (volume of cases and length of surgery). There is published evidence showing that most women seeking breast reduction are not wearing a bra of the correct size and that a well fitted bra can sometimes alleviate the symptoms that are troubling the patient. Recent evidence has shown that not all commercial bra fitters meet the required standards and so commissioners will need to satisfy themselves that a suitable service is available.</p> <p>Patients seeking breast reduction have physical restrictions on their ability to exercise and additional weight in their excess breast tissue (sometimes 3-4 Kg).</p> <p>The goal of medically necessary breast reduction surgery is to relieve symptoms of pain and disability related to excessive breast weight.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • The patient is suffering from functional problems: neck ache, backache and/or intertrigo, where any possible causes of these conditions have been considered and excluded AND • Symptoms are not relieved by physiotherapy and a professionally fitted brassiere has not relieved symptoms AND • The patient has a body mass index (BMI) of less than 27kg/m² AND • Have a cup size of F+AND • Be 21 years of age or over • Asymmetry >3 cup sizes <p>Patients should have an initial assessment prior to an appointment with a consultant plastic surgeon to ensure that these criteria are met. At, or following, this assessment, there should be access to a trained bra fitter and where it is available.</p>
Evidence for inclusion and threshold	<p>Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery)</i> (2005) Shah, Al-Ajam, Stott and King. Obesity in mamaoplasty: a study of complications following breast reduction. (2010) Journal of Plastic, Reconstructive and Aesthetic Surgery</p>

Intervention	6. Mastopexy
Policy Statement	<p>Mastopexy is not routinely commissioned.</p> <p>Treatment of unaffected breast following cancer surgery will not be routinely commissioned.</p> <p>Reconstructive surgery on the affected breast will only be commissioned for patients as part of the original treatment plan.</p>

Intervention	7. Inverted Nipple Correction
Policy Statement	Unless all of the criteria below are met surgery for correction of inverted nipple will not be funded:
Rationale	<p>Nipple inversion may occur as a result of an underlying breast malignancy and it is essential that this be excluded.</p> <p>Surgical correction of nipple inversion should only be available for <i>functional</i> reasons in a post-pubertal woman and if the inversion has not been corrected by correct use of a non-invasive suction device.</p> <p>Idiopathic nipple inversion can often (but not always) be corrected by the application of sustained suction. Commercially available devices may be obtained from major chemists or online without prescription for use at home by the patient. Greatest success is seen if it is used correctly for up to three months.</p> <p>An underlying breast cancer may cause a previously normally everted nipple to become indrawn: this must be investigated urgently.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Functional reasons (i.e. to enable breast feeding) in post-pubertal women after the birth of their first child AND • The inversion cannot be corrected by correct use of a non-invasive suction device.
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	8. Gynaecomastia
Policy Statement	Unless all of the criteria below are met COSMETIC surgery for gynaecomastia will not be funded.
Rationale	<p>Most cases of gynaecomastia are idiopathic. It can also occur during puberty, when it tends to resolve as the post-pubertal fat distribution is complete. It can also occur secondary to medication such as oestrogens, gonadotrophins, digoxin, spironolactone and cimetidine, as well as anabolic steroids.</p> <p>Rarely it may be caused by an underlying endocrine abnormality or a drug related cause including the abuse of anabolic steroids.</p> <p>It is important that male breast cancer is not mistaken for gynaecomastia and, if there is any doubt, an urgent consultation with an appropriate specialist should be obtained.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Post pubertal AND • BMI < 25 Kg/m²) AND • The patient has been screened prior to referral to exclude endocrinological, drug related causes, or underlying malignancy AND • The patient has not been taking any medication that may causing gynaecomastia for 12 months AND • It is anticipated that the reduction will involve >100g tissue from a single breast AND • Over 23 years of age <p>N.B. This policy relates to COSMETIC procedures and explicitly excludes investigation or management of suspected malignancy.</p>

Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i> Lanitis S, Starren E, Read J, Heymann T, Tekkis P, Hadjiminias DJ, Al Mufti R <i>Surgical management of Gynaecomastia: outcomes from our experience</i> Breast. 2008 Dec;17(6):596-603
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Intervention	9. Labiaplasty
Policy Statement	Labiaplasty is only commissioned when the patient meets the following criteria;
Rationale	In the absence of robust evidence from high quality research on labiaplasty and considering the NHS policies on elsewhere, it is recommended to consider requests for labiaplasty under following circumstances;
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Where repair of the labia is required after trauma.
Evidence for inclusion and threshold	Lloyd J, Crouch NS, Minto CL, Creighton SM Female genital appearance: 'normality' 'unfolds' BJOG An International Journal of Obstetrics and Gynaecology 2005;112:643-646 Bramwell R, Morland C, Garden AS Expectations and experience of labial reduction: a qualitative study. BJOG An International Journal of Obstetrics and Gynaecology 2007;114:1493-1499 Liao LM, Michala L, Creighton SM Labial surgery for well women: a review of the literature. BJOG An international Journal of Obstetrics and Gynaecology 2010;117: 20-25

Intervention	10. Vaginoplasty
Policy Statement	Vaginoplasty and genital procedures are only commissioned when the patient meets the following criteria;
Rationale	In the absence of robust evidence from high quality research on vaginoplasty and considering the NHS policies on elsewhere, it is recommended to consider requests for vaginoplasty under following circumstances
Minimum Eligibility criteria	<ul style="list-style-type: none"> • Congenital absence or significant developmental/endocrine abnormalities of the vaginal canal • Where repair of the vaginal canal is required after trauma.

Intervention	11. Penile Implants
Policy Statement	Penile implants will not normally be funded
Rationale	Erectile dysfunction is defined as the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance. It is more common in older men, affecting about half the male population of 40–70 years of age. (PDE-5) inhibitors are effective in approximately 75% of patients, and for non-responders second and third line therapies can be offered.
Minimum Eligibility criteria	<ul style="list-style-type: none"> • Penile Implants will only be funded for men with prostate cancer who have received radical prostatectomy and experience loss of erectile function in line with NICE guidelines.
Evidence for inclusion and threshold	There is considerable evidence that adequate levels of testosterone are required for ED therapies, especially PDE5 inhibitors, to achieve maximal response and in many cases normalisation of testosterone levels can restore erectile function.

Intervention	12. Pinnaplasty
Policy Statement	Unless the following criteria is met pinnaplasty will not be funded:
Rationale	Prominent ears may lead to significant psychosocial dysfunction for children and adolescents and impact on the education of young children as a result of teasing and truancy. The national service framework for children defines childhood as ending at 19 years. Some patients are only able to seek correction once they are in control of the own healthcare decisions. Children under the age of five rarely experience teasing and referrals may reflect concerns expressed by the parents rather than the child.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • The patient must be under the age of 19 years at the time of referral <p>N.B. It is anticipated that in the majority of cases General Practitioners will be able to verify whether the patient is suffering from substantial psychological distress that would be relieved by pinnaplasty.</p> <p>If there is any doubt regarding psychological distress the child may benefit from referral for a psychological assessment.</p>
Evidence for inclusion and thresholds	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	13. Repair of External Ear Lobes (Lobules)
Policy Statement	Repair of Split ear lobes will only be funded with the criteria below:
Rationale	<p>Many split earlobes follow the wearing of excessively heavy earrings with insufficient tissue to support them, such that the earring slowly “cheese-wires” through the lobule.</p> <p>Correction of split earlobes is not always successful and the earlobe is a site where poor scar formation is a recognised risk.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Have totally split ear lobes as a result of direct trauma in a non-pierced earlobe unless exceptional circumstances can be demonstrated.
Evidence for inclusion and thresholds	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	14. Rhinoplasty
Policy Statement	Unless one or more of the criteria below are met, rhinoplasty will not be funded:
Rationale	<p>Rhinoplasty is a surgical procedure performed on the nose to change its size or shape or both. People often ask for this procedure to improve self- image.</p> <p>This procedure is not funded for cosmetic reasons.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Documented medical problems caused by obstruction of the nasal airway OR • Objective nasal deformity caused by trauma OR • Correction of complex congenital conditions e.g. Cleft lip and palate <p>N.B. Surgery will not be funded to improve the aesthetic outcome only</p>
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	15. Upper Eye Lid
Policy Statement	This procedure will be commissioned by the NHS to correct functional impairment (not purely for cosmetic reasons). Xanthelasma – please see Minimum Eligibility Criteria
Rationale	Upper eyelid surgery: Many people acquire excess skin in the upper eyelids as part of the process of ageing and this may be considered normal. However if this starts to interfere with vision or function of the eyelid apparatus then this can warrant treatment.
Minimum Eligibility Criteria	<p>Surgery on the upper eyelid (Upper lid blepharoplasty)</p> <ul style="list-style-type: none"> • Impairment of visual fields in the relaxed, non-compensated state as determined by the Visual field test reducing visual field to 120° laterally and 40° vertically <p>OR</p> <ul style="list-style-type: none"> • Severe congenital ptosis <p><u>Xanthelasma</u></p> <p>Xanthelasma (yellow fatty deposits around the eyelids) may be associated with abnormally high cholesterol levels and this should be tested for. They may be unsightly and multiple and do not always respond to “medical” treatments. Surgery can require “blepharoplasty type” operations and/or skin grafts.</p> <p>Patients with xanthelasma should always have their lipid profile checked before referral to specialist. Many xanthelasmata may be treated with topical TCA or cryotherapy. Larger lesions or those that have not responded to these treatments may benefit from surgery if the lesion is disfiguring.</p> <p>Unless <i>one or more</i> of the following criteria are met, removal of xanthelasma will not be normally funded:</p> <ul style="list-style-type: none"> • If the lesion is causing visual problems and primary care treatment is not effective
Evidence for inclusion and threshold	Commissioning Guide - Referrals and Guidelines in Plastic Surgery (Modernisation Agency 2005) http://filesdown.esecure.co.uk/NorthLancsPCT/Modernisation_Agency_Plastic_Surgery_Services.pdf_29072008-1722-24.pdf

Intervention	16. Lower Eye Lid
Policy Statement	This is available on the NHS for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin. Xanthelasma – please see Minimum Eligibility Criteria
Rationale	Note: Excessive skin in the lower lid may cause “eyebags” but does not affect function of the eyelid or vision and therefore does not need correction. Blepharoplasty type procedures may form part of the treatment of pathological conditions of the lid or overlying skin and not for cosmetic reasons. The following procedures will not be funded: <ul style="list-style-type: none"> • Surgery for cosmetic reasons • Surgery for cyst of moll • Surgery for cyst of zeis • Removal of eyelid papillomas or skin tags • Surgery for pingueculum • Excision of other lid lumps
Minimum Eligibility Criteria	Correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin. <u>Xanthelasma</u> Xanthelasma (yellow fatty deposits around the eyelids) may be associated with abnormally high cholesterol levels and this should be tested for. They may be unsightly and multiple and do not always respond to “medical” treatments. Surgery can require “blepharoplasty type” operations and/or skin grafts. Patients with xanthelasma should always have their lipid profile checked before referral to specialist. Many xanthelasmata may be treated with topical TCA or cryotherapy. Larger lesions or those that have not responded to these treatments may benefit from surgery if the lesion is disfiguring. Unless <i>one or more</i> of the following criteria are met, removal of xanthelasma will not be normally funded: <ul style="list-style-type: none"> • If the lesion is causing visual problems and primary care treatment is not effective
Evidence for inclusion and threshold	Commissioning Guide - Referrals and Guidelines in Plastic Surgery (Modernisation Agency 2005) http://filesdown.esecure.co.uk/NorthLancsPCT/Modernisation_Agency_Plastic_Surgery_Services.pdf_29072008-1722-24.pdf

Intervention	17. Face Lift or Brow Lift (Rhytidectomy)
Policy Statement	Unless one or more of the following criteria are met, face lift or brow lift will not normally be funded and will not be funded to treat the natural aging process:
Rationale	There are many changes to the face and brow as a result of ageing that may be considered normal, however there are a number of specific conditions for which these procedures may form part of the treatment to restore appearance and function.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Recognised diagnosis of Congenital facial abnormalities OR • Facial palsy (congenital or acquired paralysis) OR • As part of the treatment of specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis OR • To correct the consequences of trauma OR • To correct significant deformity following surgery however funding will not be approved to improve previous surgery.
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	18. Hair Depilation
Policy Statement	Unless one or more of the following criteria are met, hair depilation will not be funded.
Rationale	Hair depilation can be used for excess hair in a normal distribution pattern, or for abnormally placed hair. It is usually achieved permanently by electrolysis or laser therapy. This policy does not fund hair depilation for cosmetic purposes. Funding for electrolysis and laser therapy to treat hirsutism is not available on the NHS.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Have undergone reconstructive surgery leading to abnormally located hair-bearing skin OR • Are undergoing treatment for pilonidal sinuses to reduce recurrence

Intervention	19. Alopecia
Policy Statement	Treatment for Alopecia will only be funded in accordance with the criteria specified below:
Rationale	Treatment is not available on the NHS, regardless of gender. Applications via Individual Funding Requests may be submitted for consideration if <i>clinically</i> exceptional circumstances can be demonstrated.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Non-Surgical correction is only available on the NHS when it is as a result of previous surgery or trauma including burns or severe scarring from medical disease conditions (this does not include hair loss as a result of chemotherapy or radiotherapy). • Surgical Correction of hair loss both natural and as a result of treatment of malignancy - will <u>not</u> be funded. • Hair Management Systems including Intralace Hair Systems are not funded – please see section 20.
Evidence for inclusion and thresholds	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	20. Intralace Hair Systems for Abnormal Hair Loss
Policy Statement	Treatment for Alopecia will only be funded in accordance with the criteria specified below:
Rationale	<p>Dudley Clinical Commissioning Group (CCG) has reviewed the evidence available for the use of 'Intralace' Hair system for abnormal hair loss and considers it to be a LOW PRIORITY, due to lack of clinical effectiveness.</p> <p>Condition There are several types of hair loss in women, female-pattern baldness, local hair loss and general hair loss. Female-pattern baldness tends to run in families, and usually causes the hair to thin in the front, on the crown, or on the sides, but seldom causing complete hair loss.</p> <p>The most common form of male baldness is a progressive hair thinning condition called androgenic alopecia or "male pattern baldness" that occurs in adult male humans. The amount and patterns of baldness can vary greatly.</p> <p>Local hair loss is usually patchy and confined to certain areas. It may result from several conditions e.g. alopecia areata, cancer therapy, trichotillomania (nervous, repeated hair pulling), or permanent skin damage from burns, or serious skin diseases.</p> <p>Evidence Current providers are unable to demonstrate clear evidence for any real effectiveness, limited to 'before and after' photos. NICE has not considered this intervention, although NICE Clinical guidelines (31) do outline treatment for associated psychological problems related to Body Dysmorphic Disorder. There was no other mention of the 'Intralace' system in any studies on alopecia. No further evidence can be found.</p> <p>Conclusion Due to the lack of clinical and cost effectiveness evidence Dudley CCG will not commission use of the 'Intralace' Hair System for abnormal hair loss for any of the conditions outlined above. Please note the list is not exhaustive.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Exceptional circumstances may be considered where the clinician can demonstrate a patient is likely to gain significantly more benefit from the intervention than might be expected from the average patient with the same condition or where there would be a significant reduction in other clinical services currently being used. Please read and apply via Central Midlands Commissioning Support Unit (CMCSU) – Collaborative Commissioning Policy - Individual Funding Requests version 1.6 – March 2014 • This policy will be reviewed in the light of new evidence or guidance from NICE.
Evidence for inclusion and thresholds	<ul style="list-style-type: none"> • NICE CG 31 • Delamere F et al. Cochrane Systematic Review 2009 : Interventions for alopecia areata • McDonald Hill S et al. Guidelines for the management of alopecia areata. Br J Derm 2003. 149:692-699 • Birch M et al. Hair density, hair diameter and the prevalence of female pattern hair loss. Br J Derm 2001. 144 (2):297-304

Intervention	21. Removal of Tattoos / Surgical correction of body piercings and correction of respective problems
Policy Statement	<ul style="list-style-type: none"> • Removal of tattoos will not be funded • Surgical correction of body piercings and correction of respective problems will not be funded.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Clinical exceptionality must be demonstrated. Application can be submitted via an Individual Funding Request
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery Modernisation Agency (Action on Plastic Surgery) (2005)

Intervention	22. Removal of Benign or Congenital Skin Lesions
Policy Statement	Removal of Benign skin lesions in secondary care are not routinely commissioned unless one or more of the criteria below are met.
Rationale	Funding for Removal of Benign or Congenital Skin Lesions will not be authorised purely for cosmetic reasons.
Minimum Eligibility Criteria	<p>Treatment of Minor Skin Lesions including benign pigmented moles, comedones, corns/callous. lipoma, milia, molluscum contagiosum, seborrhoeic keratosis, skin tags including anal tags, spider naevus, epidermoid/ pilar (sebaceous) cysts warts, xanthelasma and neurofibromata is not routinely commissioned except when there is</p> <ul style="list-style-type: none"> • Suspected or proven malignancy OR • Due to location the lesion is causing functional impairment OR • The lesion is causing obstruction of orifice or vision
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery Modernisation Agency (Action on Plastic Surgery) (2005)

Intervention	23. Removal of Lipomata
Policy Statement	Removal of Lipomata in secondary care is not routinely commissioned unless one or more of the criteria below are met;
Rationale	Lipomata are fat deposits underneath the skin. They are usually removed on cosmetic grounds, although patients with multiple subcutaneous lipomata may need a biopsy to exclude neurofibromatosis. The following criteria are based on Department of Health guidelines relating to risk of underlying malignancy. This excludes lipomas unless they are on the face (including pinna) or the neck and they become infected or be symptomatic. Lipomas on other areas of the body should be referred back to primary care as agreed locally
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • suspected malignancy OR • significant functional impairment caused by the lipoma OR • to provide histological evidence in conditions where there are multiple subcutaneous lesions
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery Modernisation Agency (Action on Plastic Surgery) (2005)

Intervention	24. Medical and Surgical treatment of Scars and Keloids
Policy Statement	Unless one or more of the following criteria are met, refashioning or removal of scars/treatment and keloids will not normally be funded:
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • For severe post burn cases or severe traumatic scarring or severe post- surgical scarring. • Revision surgery for scars following complications of surgery, keloid formation or other hypertrophic scar formation will only be commissioned where there is significant functional deformity or to restore normal function.

Intervention	25. Botox Injection for the Ageing Face
Policy Statement	Botox Injection for the face will not be funded.
Rationale	Botulinum toxin is not available for the treatment of facial ageing, excessive wrinkles or other cosmetic procedures.
Minimum Eligibility Criteria	It is acknowledged that treatment supported by Botox for respective Medical conditions are successful and often have a comprehensive evidence base to support this. For information on Botox treatments that are funded please refer to the Procedures of Limited Clinical Priority Guideline and Commissioning Policy 2015/16.

Intervention	26. Viral Warts
Policy Statement	Treatment of viral warts in a secondary care setting will not be funded Only anal genital warts that have failed treatment within primary care setting will be funded.
Rationale	<p>In adults and children, in the majority of cases of viral warts are self-limiting and treatment is not necessary.</p> <p>Primary treatment of warts is the responsibility of General Practitioners under the Essential Services section of their contract.</p> <p>Most viral warts will clear spontaneously or following application of topical treatments.</p> <p>Painful and persistent or extensive warts (particularly in the immune-suppressed patient) may need specialist assessment, usually by a dermatologist.</p> <p>Any intervention for viral warts should be limited to where there are significant functional problems. Cryotherapy is not recommended for use in children under the age of 6 and should be discouraged in older children.</p>
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Only ano-genital warts that have failed treatment within primary care setting or Genito-Urinary Medicine (GUM) clinic.

Intervention	27. Thread/ Telangiectasis/ Reticular veins
Policy Statement	Treatment for Thread Veins / Telangiectasis will not be considered for funding.
Rationale	
Minimum Eligibility Criteria	Treatment for Thread Veins / Telangiectasis will not be considered for funding.

Intervention	28. Rinophyma
Policy Statement	Rhinophyma will be only funded as per criteria below:
Rationale	The first line treatment of this disfiguring condition of the nasal skin is medical. Severe cases or those that do not respond to medical treatment may be considered for surgery or laser treatment.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Where medical treatment has failed.
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	29. Resurfacing Procedures: Dermabrasion, Chemical Peels and Laser Treatment
Policy Statement	Unless following criteria is met, resurfacing procedures including dermabrasion, chemical peels and laser treatment will not be funded:
Rationale	Dermabrasion, involves removing the top layer of the skin to make it look smoother and healthier. Scarring and permanent discolouration of skin are rare complications.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Post-traumatic scarring (including post-surgical) to treat functional problems.

Intervention	30. Other Cosmetic Procedures
Policy Statement	Cosmetic interventions will not be funded
Rationale	There are a number of cosmetic procedures in use or being developed e.g fillers, plumpers and muscle implants. Procedures for purely cosmetic purposes are not funded.
Minimum Eligibility Criteria	<ul style="list-style-type: none"> • Clinician must be able to demonstrate clinical exceptionality and the request must be supported by an Individual Funding Request form.
Evidence for inclusion and threshold	Information for commissioners of Plastic Surgery - referrals and guidelines in Plastic Surgery <i>Modernisation Agency (Action on Plastic Surgery) (2005)</i>

Intervention	31. Revision of Previous Aesthetic Surgery Procedures
Policy Statement	Revision surgery following previous NHS aesthetic surgery is not commissioned. The financial risk of revision surgery lies with the provider. It is important to note revision of plastic surgery procedures originally performed in the private sector will not be funded. Referring clinicians should re-refer to the practitioner who carried out the original treatment.