

Placename CCG

Policies for the Commissioning of Healthcare

Policy for the Commissioning of Cosmetic Procedures

1	Introduction
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	Healthcare included within the scope of this policy is that having a primary purpose of changing the appearance of part of the body. It may be suggested that such healthcare includes surgical operations, injections, prescribing of medications, laser therapies, electrical stimulation, physiotherapy, massage, administration of botulinum toxin, provision of wigs and prostheses, and other types of intervention.
2.2	<p>Requests to address the following issues, irrespective of gender or age, are within the scope of this policy:</p> <ul style="list-style-type: none"> • Large breasts; • Small breasts; • Problems with breast implants; • Concerns about the shape of the breasts, including symmetry, sagging, and (when malignancy is not suspected) nipple inversion; • Scar tissue; • Prominent ears; • Concerns about the size or shape of the, nose, chin or larynx; • Concerns about the size or shape of the genital organs; • Drooping or other issues relating to the eyelids; • Skin flaps; • Excess fatty tissue; • Separation of the abdominal muscles (Diastasis Recti); • Tattoo; • Excess hair; • Insufficient hair / hair loss; • Split ear lobes; • Pectus excavatum; • Benign birthmarks (naevi) of a vascular or pigmented nature; • Benign tumours or overgrowths including warts, lipomata, seborrheic keratoses; • Skin damage caused by acne, sun exposure and ageing; • Rosacea, erythema and thread veins; • Hyper- or hypo- pigmentation; • Problems addressed by face lifts or brow lifts; • Procedures to align appearance more closely to that of a

	<p>particular gender;</p> <ul style="list-style-type: none"> • Revision of scars or keloid scars. • Other conditions that the CCG considers to be equivalent to the above.
2.3	<p>The following are not within the scope of this policy:</p> <ul style="list-style-type: none"> • Procedures to manage cleft lip and / or cleft palate; • Procedures on the genital organs as part of a package of gender reassignment; • A procedure having the primary purpose of repairing a hernia to treat or prevent pain, discomfort, strangulation or incarceration, even if that procedure uses an abdominoplasty approach; • Hair depilation as part of the management of a symptomatic or potentially symptomatic pilonidal sinus; • Treatments for hyperhidrosis; • Treatments undertaken as part of an ongoing package of cancer treatment; • Cosmetic procedures for people undergoing gender reassignment if those procedures fall within the commissioning remit of NHS England. • Reconstructive surgery following trauma or cancer.
2.4	<p>The CCG recognises that a patient may have a concern about their appearance, which may or may not be caused by or amount to a medical condition and they may wish to have a service provided to improve their appearance. The CCG also recognises that they may be distressed by their appearance and by the fact that they may not meet the criteria specified in this commissioning policy.</p> <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.5	<p>For the purpose of this policy the CCG defines:</p> <ul style="list-style-type: none"> • "Cosmetic" as relating to appearance. • "Pathology" (adjective "pathological") is defined as a biologically based health problem which, in a cosmetic context, is likely to be caused by a congenital (including genetic) anomaly, infection or inflammation, trauma, neoplasia, or premature degeneration. The CCG also recognises mental pathology in certain circumstances.
2.6	<p>A transgender person will be considered for the purposes of this policy as being a person in their chosen gender. For the avoidance of doubt, transgender status will not be taken into account and will not be a matter of exceptionality.</p>
3	Appropriate Healthcare
3.1	The purpose of cosmetic surgery is normally to change the appearance.
3.2	Some requests for cosmetic procedures arise from an appearance which is not pathological. Such procedures do not have the intended outcome of preventing, diagnosing or treating a medical condition (paragraph 3.3a of the Statement of Principles). Therefore, such requests do not accord with the Principle of Appropriateness.
3.3	Some requests for cosmetic procedures arise from an appearance which, although

	<p>related to pathology, is causing no significant symptoms apart from the appearance and the distress resulting from that appearance. A substantial number of people in the population will have these features.</p> <p>The CCG considers other services competing for the same CCG resource more clearly have a purpose of preserving life or of preventing grave health consequences (paragraph 3.4(f) of the Statement of Principles). The CCG also considers that the use of healthcare for the problem in question would amount to excessive medicalisation (paragraph 3.4(g) of the Statement of Principles).</p> <p>Therefore, such requests do not accord with the Principle of Appropriateness.</p>
4	Effective Healthcare
4.1	<p>The CCG does not call into question the effectiveness of cosmetic procedures and therefore this policy does not rely on the Principle of Effectiveness.</p> <p>Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.</p>
5	Cost Effectiveness
5.1	<p>The CCG does not call into question the cost-effectiveness of cosmetic procedures and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.</p>
6	Ethics
6.1	<p>The CCG does not call into question the ethics of cosmetic procedures and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.</p>
7	Affordability
7.1	<p>The CCG has a limited budget and must make difficult choices. As a result of the need to manage resources within budget, the Principle of Affordability is a basis for making restrictions to the commissioning of cosmetic healthcare.</p>
8	Policy
8.1	<p>The CCG will not routinely commission any treatments or procedures that have the primary purpose of changing the appearance of a part of the body.</p> <p>For clarity, the following procedures have been categorised as either 'not routinely funded' or 'restricted'. An explanation of these definitions are as follows:</p> <p>Not routinely funded: The CCG will only fund the treatment if funding is approved on an exceptional case basis following the submission of an Individual Funding Request (IFR) as the CCG considers these procedures to be cosmetic.</p>

	<p>Should a clinician wish to undertake a procedure to address a functional problem that the CCG considers to be cosmetic, then it would be necessary for them to submit an individual funding request for consideration.</p> <p>Restricted: The CCG will fund the treatment to address a functional problem if the patient meets all the stipulated policy criteria.</p>
8.1.1	<p>Breast Reduction: Restricted</p> <p>The CCG will commission breast reduction surgery in the following circumstances:</p> <p>a) at least 500 grams of breast tissue will be removed during the procedure. AND</p> <p>b) the patient has maintained a stable BMI of no more than 27.5kg/m² during the previous 24 month period.</p> <p>AND EITHER:</p> <p>c) There is inflammation and/or infection of the skin folds (intertrigo) with breakdown of the integrity of the skin.</p> <p>This will be demonstrated by evidence of cellulitis, skin ulceration, abscesses, lymphedema, skin necrosis or equivalent that has been persistent for at least six months despite compliance with nonsurgical treatment (e.g. meticulous skin hygiene; dressings; clothing that minimizes skin fold contact; topical antifungal agents, antibiotics or corticosteroids as clinically appropriate);</p> <p>OR ALL OF THE FOLLOWING</p> <p>d) i) The patient has persistent neck, shoulder or back pain which is disabling and meets the requirements of Appendix 2 of the Statement of Principles ii) The pain has not been relieved by a course of physiotherapy and analgesia iii) A physiotherapy report is provided that describes the treatments that have been tried and failed and the report confirms that the pain is attributable to the size of the breasts iiii) The patient's physical symptoms persist despite the wearing of a professionally fitted bra iv) The specialist clinical opinion is that the proposed procedure will substantially reduce the pain.</p> <p>Mastopexy will be commissioned when this is required as part of the planned approach for a patient who fulfils the above policy criteria for breast reduction and the intention is to undertake the procedure concurrently.</p>
8.1.2	Breast Augmentation: Not routinely funded
8.1.3	Mastopexy: Not routinely funded
8.1.4	Surgical correction of breast asymmetry: Not routinely funded
8.1.5	Surgical correction of gynaecomastia: Not routinely funded
8.1.6	<p>Breast implant removal: Restricted</p> <p>The CCG will commission the removal of breast implants under the following circumstances:</p>

	<p>a) the implant was manufactured by Poly Implant Prothese (PIP) between 2001 and 2010 and the requirements of any relevant Department of Health guidance in force at the time of the request are met. OR</p> <p>b) there is evidence that the implants have ruptured OR</p> <p>c) there is evidence of capsular contracture and the patient is experiencing significant pain. OR</p> <p>d) there is evidence, not available at the time of the implantation, that there is an increased risk of developing breast cancer (either as a result of an emerging family history, or as a result of a malignant diagnosis in the contralateral breast) and the implant is impairing mammography. OR</p> <p>e) the contralateral breast implant satisfies one of the above criteria, is being removed, and the patient is requesting bilateral removal.</p>
8.1.7	<p>Breast implant replacement: Restricted</p> <p>The CCG will commission the supply and insertion of a replacement breast implant under the following circumstances:</p> <p>a) the original implant was supplied and inserted by the NHS; AND</p> <p>b) the removal of the implant is in accordance with this policy; AND</p> <p>c) the replacement can be carried out as part of the same procedure as the removal of the previous implant.</p> <p>When the CCG funds a replacement implant it is the expectation that the surgeon will explain the implications and risks in relation to breast screening and clinical detection of breast cancer, and will record in the notes that the patient is aware of such risks and takes responsibility for them.</p>
8.1.8	Surgical correction of inverted nipples: Not routinely funded
8.1.9	Liposuction: Not routinely funded
8.1.10	<p>Abdominoplasty/Apronectomy: Restricted.</p> <p>The CCG will commission Abdominoplasty/Apronectomy in the following circumstances:-</p> <p>a) The patient has maintained a stable BMI measurement of no more than 27 kg/m² during the previous 24 month period</p> <p>AND</p> <p>b) There is inflammation and/or infection of the skin folds (intertrigo) with breakdown of the integrity of the skin</p> <p>This will be demonstrated by evidence of cellulitis, skin ulceration, abscesses, lymphedema, skin necrosis or equivalent that has been persistent for at least six months despite compliance with nonsurgical treatment (e.g. meticulous skin hygiene; dressings; clothing that minimizes skin fold contact; topical</p>

	antifungal agents, antibiotics or corticosteroids as clinically appropriate). OR d) The patient is experiencing problems associated with poorly fitting stoma bags.
8.1.11	Removal of excess skin (eg brachioplasty, thigh lift): Not routinely funded
8.1.12	Rhinoplasty: Restricted The CCG will commission rhinoplasties in the following circumstances: - To correct obstruction of the nasal airway
8.1.13	Pinnaplasty: Not routinely funded
8.1.14	Blepharoplasty: The CCG will commission blepharoplasty in the following circumstance: a) The patient has excess of loose skin around the eyes which (with robust clinical evidence) is impairing vision within 30 degrees of the line of sight. b) The patient has dermatochalasis (loose skin around the eyes) resulting in one or more of the following symptoms AND the symptoms have failed to respond to conservative treatment: bi) Frequent headaches attributable to frontalis overaction bii) Lateral wick syndrome biii) Lash ptosis causing visual problems biv) Ocular surface disease which is causing pain or discomfort (eg due to entropion)
8.1.15	Face or brow lift: Restricted Face or Brow lifts will not be performed to correct the natural process of aging. The CCG will commission face or brow lifts in the following circumstances: a) For congenital facial abnormalities OR b) Facial Palsy (congenital or acquired paralysis) OR c) As part of the treatment for specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, or neurofibromatosis OR d) To correct the consequences of trauma OR e) To correct deformity following surgery OR f) The patient has brow ptosis which (with robust clinical evidence) is impairing vision within 30 degrees of the line of sight.
8.1.16	Correction of Split Ear Lobes: Restricted. The CCG will commission the correction of split ear lobes in the following circumstance:

	<p>ai) The repair of a complete, unilateral traumatic tear caused by an accidental force or assault.</p> <p>The CCG will not commission the correction of split ear lobes in the following circumstances:</p> <p>aii) the repair of deficits caused by the use of stretching devices intended to produce a large hole in the ear lobe.</p> <p>b) The repair of deficits caused by continual wearing of heavy ear jewellery that were clearly causing gradual damage progressing to split ear lobes.</p>
8.1.17	Surgical Correction of Hair Loss: Not routinely funded
8.1.18	<p>Provision of wigs: Restricted</p> <p>The CCG will commission wigs and prostheses for the correction of hair loss in the following circumstances:</p> <p>a) As part of cancer or trauma pathways. Funding will normally be provided for one device per patient and replacements will be offered not more frequently than once every three years and then will be subject to assessment of continuing need.</p>
8.1.19	Removal of excess hair: Not routinely funded
8.1.20	Tattoo Removal: Not routinely funded.
8.1.21	<p>Removal of skin lesions: Restricted</p> <p>Removal methods included in this policy section include:</p> <ul style="list-style-type: none"> - Surgical excision - Cauterisation - Cryosurgery - Cryotherapy - Electrodesiccation and curettage - Keratolysis - Chemical peeling - Laser destruction - Dermabrasion <p>Skin lesions covered by this section of the policy include:</p> <ul style="list-style-type: none"> - Lipomata - Epidermoid Cyst - Sebaceous Cyst - Pilar Cyst - Xanthelasmata - Seborrhoeic Keratoses - Dermatofibromata - Milia - Skin tags - Warts - Veruccas - Naevi - Vascular naevi (haemangioma, port wine stain, spider naevus, telangiectasia) - Dermal neurofibromas - Molluscum contagiosum lesions - Scars, Keloid Scars

	<p>- Stretch marks</p> <p>The CCG will commission the removal of skin lesions in the following circumstances:</p> <p>a) When the purpose of the treatment is to exclude or treat malignancy; OR</p> <p>b) When the lesion is causing frequent, recurrent bleeding; OR</p> <p>c) There is well documented evidence of significant pain that is present all or most of the time, is preventing usual activities and other causes for the pain or discomfort have been excluded.</p> <p>d) OR</p> <p>e) There is well documented evidence of recurrent, clinically significant infections within the last twelve months, requiring treatment with antibiotics (or formal incision and drainage in the case of sebaceous cysts). AND</p> <p>f) The clinical opinion is that the benefit of the procedure in terms of symptom resolution outweighs the risk of harm (scarring).</p>
8.1.22	Surgical repair of divarication of recti: Not routinely funded
8.1.23	Correction of pectus excavatum: Not routinely funded
8.1.24	Cosmetic genital surgery: Not routinely funded
9	Exceptions
9.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
9.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
10	Force
10.1	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
10.2	<p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory. • If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.

Date of adoption

Date for review

DRAFT