

Policy for Cosmetic Surgery

Surgery for Eyelid Surgery (Upper and Lower)

COSMETIC SURGERY

Cosmetic surgery is often carried out to change a person's appearance in order to achieve what they perceive to be a more desirable look. Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the CCG Commissioner.

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor.
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered.

A good summary of Cosmetic Surgery is provided by NHS Choices.

Weblink:

<http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx> and

<http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx>

- **EYELID SURGERY (BLEPHAROPLASTY)**

Blepharoplasty is a surgical procedure performed to correct puffy bags below the eyes and droopy upper eyelids. It can improve appearance and widen the field of peripheral vision. This procedure will be commissioned by the NHS to correct functional impairment. As detailed in the Cosmetic Surgery Policy, eyelid surgery will not be routinely commissioned for purely for cosmetic reasons.

This policy refers to upper and lower eyelid surgery which is restricted. The CCG will fund this treatment if the patient meets the eligibility criteria below.

Note: The following eyelid surgery procedures will not be funded:

- 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

This is because all removal of Benign (non-cancerous) or Congenital Skin Lesions that does not meet the criteria below is deemed to be cosmetic and does not meet the principles laid out in the Cosmetic Surgery policy unless there are clear clinical symptoms significantly affecting the patient's vision/visual field (see upper and lower eyelid surgery categories below).

This means **(for patients who either DO NOT meet the eligibility criteria below or require treatment for cosmetic reasons)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Surgery on the upper eyelid (upper lid blepharoplasty)

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 then this can warrant treatment.

Eligibility criteria

The CCG will fund this treatment if the patient meets the following eligibility criteria:

- ectropion (eyelid turned outwards from the eyeball),
OR
- entropion (eyelid folds into the eyeball) or for the removal of lesions of the eyelid skin or lid margin.
OR
- Chalazion (meibomian cyst) - unless acutely infected, it is harmless and nearly all resolve if given enough time. However if conservative therapy fails, chalazia can be treated by surgical incision into the tarsal gland followed by curettage of the retained secretions and inflammatory material under local anaesthetic.

For the purposes of this clinical eligibility criteria, conservative therapy of a chalazion is defined as the following:

- Most cysts disappear with time but can take weeks and sometimes many months, to go. They are normally harmless and can be safely left to get better with time in most cases.
- Warm compresses might speed up the disappearance of the cyst. Use clean cotton wool or a clean flannel soaked in very warm water (be sure it's not hot enough to burn). Squeeze out excess water and place the flannel or cotton wool on the patient's closed eyelids over the cyst for two minutes at a time twice daily.
- Occasionally, the doctor will prescribe a short course of antibiotic ointment or drops to help any irritation and, if there is infection spreading from the cyst, will prescribe antibiotics by mouth. However, medication does not cause the cysts to disappear.

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.

This is because all eyelid surgery procedures are deemed to be cosmetic and do not meet the principles laid out in the Cosmetic Surgery.

This means **(for patients who DO NOT meet the specified criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

This procedure is restricted. The CCG will fund this treatment if the patient meets the following eligibility criteria:

Demonstrated by:

- Impairment of vision in the relaxed, non-compensated state as determined by the Visual field test reducing visual field to 120° laterally and/or more than 40° reduction vertically
OR
- Severe congenital (from birth) ptosis (drooping of the upper eyelid)
OR
- Chalazion (meibomian cyst) - unless acutely infected, it is harmless and nearly all resolve if given enough time. However if conservative therapy fails, chalazia can be treated by surgical incision into the tarsal gland followed by curettage of the retained secretions and inflammatory material under local anaesthetic.

This criterion applies to ptosis as well as brow lift cases.

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- Occasionally, the doctor will prescribe a short course of antibiotic ointment or drops to help any irritation and, if there is infection spreading from the cyst, will prescribe antibiotics by mouth. However, medication does not cause the cysts to disappear.

This means **(for patients who DO NOT meet the specified criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Surgery on the Lower eyelid (Lower lid blepharoplasty)

Eligibility criteria

The CCG will fund this treatment if the patient meets the following eligibility criteria:

- ectropion (eyelid turned outwards from the eyeball),
OR
- entropion (eyelid folds into the eyeball) or for the removal of lesions of the eyelid skin or lid margin.
OR
- Chalazion (meibomian cyst) - unless acutely infected, it is harmless and nearly all resolve if given enough time. However if conservative therapy fails, chalazia can be treated by surgical incision into the tarsal gland followed by curettage of the retained secretions and inflammatory material under local anaesthetic.

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- Warm compresses might speed up the disappearance of the cyst. Use clean cotton wool or a clean flannel soaked in very warm water (be sure it's not hot enough to burn). Squeeze out excess water and place the flannel or cotton wool on the patient's closed eyelids over the cyst for two minutes at a time twice daily.
- Occasionally, the doctor will prescribe a short course of antibiotic ointment or drops to help any irritation and, if there is infection spreading from the cyst, will prescribe antibiotics by mouth. However, medication does not cause the cysts to disappear.

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.

This is because all eyelid surgery procedures are deemed to be cosmetic and do not meet the principles laid out in the Cosmetic Surgery.

This means (**for patients who DO NOT meet the specified criteria**) the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Guidance

Royal College of Surgeons – Blepharoplasty Guide

Weblink:

http://www.rcseng.ac.uk/members/resources/pre-op-leaflets/Ophthalmology/Blepharoplasty.pdf/at_download/file

Commissioning Guide - Referrals and Guidelines in Plastic Surgery (Modernisation Agency 2005)

Weblink:

<http://northwestcsu.nhs.uk/BrickwallResource/GetResource/159f6308-bee1-413a-8da1-8098b0495cf6>

NHS Choices – Cosmetic Surgery Procedures

Weblink:

<http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx#eyelid>

TREATMENT POLICIES – FURTHER INFORMATION

The purpose of this document is to describe the access and exclusion criteria which the CCGs listed below will apply to Treatment Policies.

The term ‘Treatment Policies’, refers to procedures and treatments that are of value, but only in the right clinical circumstances.

The main objective for having treatment policies is to ensure that:

- Patients receive appropriate health treatments in the right place and at the right time;
- Treatments with no or a very limited evidence base are not used; and
- Treatments with minimal health gain are restricted.

BACKGROUND

The following Clinical Commissioning Groups (CCG) and their respective Local Authority Public Health Commissioners have worked collaboratively to develop this harmonised core set of commissioning policies:

- NHS Sandwell and West Birmingham CCG
- NHS Birmingham and Solihull CCG

The policy aims to improve consistency by bringing together the different policies across Birmingham, Solihull and the Black Country into one common set. This helps us to stop variation in access to NHS services in different areas (which is sometimes called ‘postcode lottery’ in the media) and allow fair and equitable treatment for all local patients.

CCGs have limited budgets; these are used to commission healthcare that meets the reasonable requirements of its patients, subject to the CCG staying within the budget it has been allocated. By using these policies, we can prioritise resources using the best evidence about what is clinically effective, to provide the greatest proven health gain for the whole of the CCG’s population. Our intention is to ensure access to NHS funding is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.

In cases of diagnostic uncertainty, the scope of this policy does not exclude the clinician’s right to seek specialist advice. This advice can be accessed through a variety of different mediums and can include both face to face specialist contact as well as different models of consultant and specialist nurse advice and guidance virtually.

We recognise there may be exceptional circumstances where it is clinically appropriate to fund each of the procedures listed in this policy and these will be considered on a case-by-case basis. Funding for cases where either; a) the clinical threshold criteria is not met, or b) the procedure is Not routinely commissioned, will be considered by the CCGs following application to the CCG’s Individual Funding Request Panel, whereby the IFR process will be applied.

This position is supported by each CCG’s Ethical Framework which can be found on the respective CCG website.

PRINCIPLES

Commissioning decisions by CCG Commissioners are made in accordance with the commissioning principles set out below, and in the Birmingham, Black Country and Solihull CCGs' Individual Funding Request Policy:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community;
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance; and
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered.

LIFESTYLE FACTORS AND SURGERY

Lifestyle factors can have an impact on the functional results of some elective surgery. In particular, smoking is well known to affect the outcomes of some foot and ankle procedures.

In addition, many studies have shown that the rates of postoperative complications and length of stay are higher in patients who are overweight or who smoke.

Therefore, to ensure optimal outcomes, all patients who smoke or have a body mass index of 35 or greater and are being considered for referral to secondary care, should be able to access CCG and Local Authority Public Health commissioned smoking cessation and weight reduction management services prior to surgery.

Patient engagement with these "preventive services" may influence the immediate outcome of surgery. While failure to quit smoking or lose weight will not be a contraindication for surgery, GPs and Surgeons should ensure patients are fully informed of the risks associated with the procedure in the context of their lifestyle.

PSYCHOLOGICAL FACTORS AND SURGERY

Commissioners acknowledge that there is a psychological dimension for patients in seeking or considering the option of treatment and surgery. However, as there are no universally accepted and objective measures of psychological distress, such factors are not taken into account in any policy clinical thresholds. Nevertheless, there always remains the option of an application to demonstrate clinical exceptionality through IFR.

IMPLEMENTATION

Commissioners, GPs, service providers and clinical staff treating registered patients of the CCGs are expected to implement this policy. When procedures are undertaken on the basis of meeting the criteria specified within the policy, this should be clearly documented within the clinical notes. Failure to do so will be considered by the CCGs as lack of compliance.

Patients with problems or conditions that might require treatments included in this policy should be referred to a consultant or specialist only;

- After a clinical assessment is made by the GP or Consultant; **AND**
- The patient meets all the criteria set out in the policy.

GPs wishing to seek a specialist opinion for patients who meet the above criteria should ensure the essential clinical information is included in the referral letter confirming the patient has been assessed in line with this policy.

GPs, 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 patient meets the criteria outlined in this policy.

The CCGs recognise there will be exceptional, individual or clinical circumstances when funding for treatments designated as low priority will be appropriate.

Where a treatment is either not routinely commissioned, or the patient does not meet the specified clinical criteria, this means the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Individual Funding Requests should **only** be sent to the respective NHS.net account as below. Guidance regarding IFRs and an application form can be found on the CCGs websites.

IFR contact information follows, however please refer to the CCG IFR policy for more information.

Individual Funding Request Case Manager, Floor Two, Kingston House,
438 High Street, West Bromwich, West Midlands, B70 9LD

Telephone: 0121 612 1660

Email addresses for Individual Funding Request teams at CCGs
(*Ctrl+Click required address to send email*):

- NHS Sandwell and West Birmingham CCG ifr.swb@nhs.net
- NHS Birmingham and Solihull CCG ifr.bsol1@nhs.net

MONITORING AND REVIEW

This policy will be subject to continued monitoring using a mix of the following approaches:

- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding clinical and cost effectiveness.

COPIES OF THIS POLICY

Electronic copies of this policy can be found on the websites of the respective CCGs. Alternatively, you may contact the CCG and ask for a copy.

SCOPE

The following is a summary of all treatment policies.

Each policy is categorised as either ‘Not routinely commissioned’ or ‘restricted’ these are defined as follows:

- **Not routinely commissioned** – This means the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
- **Restricted** – This means CCG will fund the treatment if the patient meets the stated clinical threshold for care.

Policy	Treatment	Category
Adenoidectomy		Restricted
Cosmetic Surgery	Abdominoplasty / Apronectomy	Not routinely commissioned
Cosmetic Surgery	Thigh Lift, Buttock Lift and Arm Lift, Excision of Redundant Skin or Fat	Not routinely commissioned
Cosmetic Surgery	Liposuction	Not routinely commissioned
Cosmetic Surgery	Breast Augmentation a) Non breast cancer b) Breast cancer	Not routinely commissioned Restricted
Cosmetic Surgery	Breast Reduction	Restricted
Cosmetic Surgery	Mastopexy (Breast Lift)	Not routinely commissioned
Cosmetic Surgery	Inverted Nipple Correction	Not routinely commissioned
Cosmetic Surgery	Gynaecomastia (Male Breast Reduction)	Not routinely commissioned
Cosmetic Surgery	Labiaplasty	Restricted
Cosmetic Surgery	Vaginoplasty	Restricted
Cosmetic Surgery	Pinnaplasty	Not routinely commissioned
Cosmetic Surgery	Repair of Ear Lobes	Not routinely commissioned
Cosmetic Surgery	Rhinoplasty	Restricted
Cosmetic Surgery	Face Lift or Brow Lift (Rhytidectomy)	Restricted
Cosmetic Surgery	Hair Depilation (Hirsutism)	Restricted
Cosmetic Surgery	Alopecia (Hair Loss)	Not routinely commissioned
Cosmetic Surgery	Removal of Tattoos / Surgical correction of body piercings and correction of respective problems	Not routinely commissioned
Cosmetic Surgery	Removal of Lipomata	Restricted

Policy	Treatment	Category
Cosmetic Surgery	Removal of Benign or Congenital Skin Lesions	Restricted
Cosmetic Surgery	Medical and Surgical Treatment of Scars and Keloids	Not routinely commissioned
Cosmetic Surgery	Botulinum Toxin Injection for the Ageing Face	Not routinely commissioned
Cosmetic Surgery	Treatment for Viral Warts	Restricted
Cosmetic Surgery	Thread / Telangiectasis / Reticular Veins	Not routinely commissioned
Cosmetic Surgery	Rhinophyma	Not routinely commissioned
Cosmetic Surgery	Resurfacing Procedures: Dermabrasion, Chemical Peels and Laser Treatment	Not routinely commissioned
Cosmetic Surgery	Other Cosmetic Procedures	Not routinely commissioned
Cosmetic Surgery	Revision of Previous Cosmetic Surgery Procedures	Not routinely commissioned
Non Specific, Specific and Chronic Back Pain		Restricted
Botulinum Toxin for Hyperhidrosis		Not routinely commissioned
Cataracts		Restricted
Cholecystectomy for Asymptomatic Gallstones		Not routinely commissioned
Male Circumcision		Restricted
Dilation and Curettage (D&C) for Menorrhagia		Not routinely commissioned
Eyelid Surgery (Upper and Lower) - Blepharoplasty		Restricted
Ganglion		Restricted
Grommets		Restricted
Haemorrhoidectomy		Restricted
Hip Replacement Surgery		Restricted
Hysterectomy for Heavy Menstrual Bleeding		Restricted
Hysteroscopy for Menorrhagia		Not routinely commissioned
Groin Hernia Repair		Restricted
Knee Replacement Surgery		Restricted
Penile Implants		Not routinely commissioned
Tonsillectomy		Restricted
Trigger Finger		Restricted
Varicose Veins		Restricted

GLOSSARY OF TERMS

TERM	MEANING
Abdominoplasty/Apronectomy	A procedure to reduce excess skin and fat, improve abdominal contours and scars, and tighten muscles. This is sometimes called a 'tummy tuck'.
Active treatment	Treatment and care to manage a particular disease / condition, e.g. cancer treatment, renal dialysis.
Adenoidectomy	A procedure to remove the adenoids – lumps of tissue at the back of the nose.
Aesthetics	These are procedures which relate to cosmetic procedures which are intended to restore or improve a person's appearance.
Alopecia	Hair loss.
Analgesics	Painkillers.
Asymptomatic	Without symptoms.
Augmentation	Increasing in size, for example breast augmentation.
BCH	Birmingham Children's Hospital NHS Foundation Trust.
BCHC	Birmingham Community Healthcare NHS Foundation Trust.
Benign	Does not invade surrounding tissue or spread to other parts of the body; it is not a cancer.
Binocular vision	Vision in both eyes.
Body Mass Index (BMI)	Body Mass Index - a measure that adults can use to see if they are a healthy weight for their height.
BWH	Birmingham Women's Hospital NHS Foundation Trust
Cataract	When the lens of an eye becomes cloudy and affects vision
CCG	Clinical Commissioning Group. CCGs are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.
Cholecystectomy	Removal of the gall bladder.
Chronic	Persistent
Co-morbidities	Other risk factors alongside the primary problem.
Congenital	Present from birth
Conservative treatment	The management and care of a patient by less invasive means; these are usually non-surgical
Depilation	Removal. For example hair depilation.
DOH	Department of Health
Eligibility/Threshold	Whether someone qualifies. In this case, the minimum criteria to access a procedure.
Exceptional clinical circumstances	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.
Functional health problem/difficulty/impairment	Difficulty in performing, or requiring assistance from another to perform, one or more activities of daily living.
Ganglion	A non-cancerous fluid filled lump.
GP	General Practitioner.
Gynaecomastia	Benign enlargement of the male breast.

TERM	MEANING
Haemorrhoidectomy	A procedure to cut away haemorrhoids, sometimes called piles.
HEFT	Heart of England NHS Foundation Trust.
Histology	The structure of cells or tissue under a microscope.
Hyperhidrosis	Excess sweating.
Hysteroscopy	A hysteroscopy is a procedure used to examine the inside of the womb (uterus) using a hysteroscope (a narrow telescope with a light and camera at the end. Images are sent to a monitor so your doctor or specialist nurse can see inside your womb).
Individual Funding Request (IFR)	A request received from a provider or a patient with explicit support from a clinician, which seeks funding for a single identified patient for a specific treatment.
Irreducible	Unable to be reduced.
Labiaplasty	A procedure to reduce and/or reshape the labia.
Lipomata	Fat deposits under the skin.
Liposuction	A procedure using a suction technique to remove fat from specific areas of the body.
Malignant/malignancy	Harmful.
Mastopexy	A reconstructive procedure to lift the breast.
Menorrhagia	Abnormally heavy or prolonged bleeding at menstruation
Monocular vision	Vision in one eye only.
Multi-disciplinary	Involving several professional specialisms for example in a Multi-disciplinary team (MDT).
NICE guidance	The guidance published by the National Institute for Health and Care Excellence.
Not routinely commissioned (a procedure)	This means the CCG will <u>only</u> fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
NSAIDS	Non-steroidal anti-inflammatory drugs – medication that reduces pain, fever and inflammation.
Paediatric(ian)	Medical care concerning infants, children and adolescents usually under 18.
Pathology/pathological	The way a disease or condition works or behaves. This may for example include examination of bodily fluids or tissue e.g. blood testing.
PCT	Primary Care Trust (PCTs were abolished on 31 March 2013, and replaced by Clinical Commissioning Groups).
Pinnaplasty	A procedure to pin or correct deformities the ear
PLCV	Procedures of Lower Clinical Value; routine procedures that are of value, but only in the right circumstances.
Precipitates	Brings about/triggers.
Primary care	a patient's first point of interaction with NHS services e.g. a GP surgery.
Prophylactic	Preventative or prevention.
Rationale	Explanation of the reason why.
Restricted (a procedure)	This means CCG will fund the treatment <u>if</u> the patient meets the stated clinical threshold for care.
Rhinophyma	A condition causing development of a large, bulbous, ruddy

TERM	MEANING
	(red coloured), nose.
Rhinoplasty	A procedure to shape the size and/or shape of the nose.
Rhytidectomy	A procedure to restore facial appearance or function. These are sometime called face or brow lifts.
Secondary care	Services provided by medical specialists, who generally do not have the first contact with a patient e.g. hospital services.
Stakeholders	Individuals, groups or organisations who are or will be affected by this consultation, e.g. patients who currently use the service, carers, specific patient groups, etc.
Symptomatic	Something causing or exhibiting symptoms.
Tonsillectomy	A procedure to remove the tonsils.
UHB	University Hospital Birmingham NHS Foundation Trust.
Vaginoplasty	A procedure to reconstruct the vaginal canal.