NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

Aesthetic Treatments & Surgery

July 2021

Commissioning Summary

NHS Herefordshire & Worcestershire CCG (also termed “the Commissioner” in this document) does not support the routine NHS funding of the majority of aesthetic surgical procedures (or cosmetic surgery) within primary or secondary care based NHS services, nor within the Independent Sector (private hospitals).

For more information, please review Section 4 of this document.

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Authors:	Fiona Bates - Specialist Medicines and Clinical Policy Adviser Helen Bryant – Head of Acute Contracts
Directorate Responsible	Contracting
Directorate Lead	Ruth Lemiech – Director of Strategy
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Date Ratified:	April 2021
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Date of Next Formal Review:	Documents will be reviewed as a minimum every 3 years. However, earlier revisions to the policy may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies. Date to Initiate Review: 12th July 2024
Target audience:	Patients, GPs, Optometrists, Secondary Care and Primary Care (Community) Providers, Independent Sector Providers
Equality & Diversity Impact Assessment	26th March 2020 Revised March 2021 when update version of policy template applied
Distribution:	GPs, Secondary Care & Primary Care (Community) Providers, Independent Sector Providers, CCG Internet Pages

Version Control Record:

Version No	Description of Change	Reason For Change	Author	Date
1.0	Significant	Adoption of policies from NHS Herefordshire Clinical Commissioning Group and NHS Worcestershire Clinical Commissioning Groups, following full alignment process and clinical review of policy statements that were not already fully aligned.	Fiona Bates & Helen Bryant	1st July 2020
1.1	Minor	Application of new commissioning policy template already approved by H&W CCG Clinical Commissioning Executive Committee Clarification of statement relating to Hair Depilation Therapy, discussed at CCPC April 2021 Change of Executive Lead to Ruth Lemiech	Helen Bryant & Jennie Hammond Helen Bryant	April 2021

Key individuals involved in developing the document:

Name	Designation	Version Reviewed
Paul Ryan	Associate Director of Contracts & Procurement	V1.0
Fiona Bates	Specialist Medicines and Clinical Policy Adviser	V1.0, V1.1
Helen Bryant	Head of Acute Contracts	V1.0, V1.1
Cathie Hatherall	IFR, Prior Approval and Contracts Manager	V1.0, V1.1
Mr Jevan Taylor	Clinical Director of Breast Surgery, Worcestershire Acute Hospitals NHS Trust	V1.0
Mr Kaustav Das	Consultant in Breast Surgery, Wye Valley Hospitals NHS Trust	V1.0
Dr Ian Tait	Clinical Chair, NHS Herefordshire & Worcestershire CCGs	V1.0, V1.1
Dr Carl Ellson	Medical Director (Strategy & Transformation), NHS Herefordshire & Worcestershire CCG	V1.0, V1.1

Circulated to the following individuals/groups for comments:

Name	Date	Version Reviewed
Policy Alignment Task & Finish Group	Various Meetings	Version 1.0, 1.1
Aesthetic Clinical Review Meeting (with specialists, GP representatives from both Worcestershire and Herefordshire)	16th December 2019	Version 1.0
Herefordshire & Worcestershire Clinical Commissioning Groups - Joint Commissioning Committee	11th September 2019 – congruent sections ONLY 5th November 2019 and 8th January 2020 – minor amendment sections ONLY 5th February 2020 – Cancer and Trauma related treatment statements post Clinical Review Meeting 25th February 2020 – key statements post Clinical Review Meeting Meeting 25th March 2020 – revision of NHS funded implants Meeting 9th June 2020 – all outstanding statements post patient and public engagement	Version 1.0

Name	Date	Version Reviewed
Herefordshire & Worcestershire Clinical Commissioning Executive	May 2020	Version 1.1

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1. Definitions

1.1 **Exceptional** - refers to a person who demonstrates characteristics, which are highly unusual, uncommon or rare.

1.2 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.

1.3 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patient indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.

1.4 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.

1.5 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

1.6 The term "**Where appropriate"** within this document means that clinical judgement is exercised in determining which aspects of the policy guidance can be applied to individual patients depending on their condition; ability to tolerate the listed treatment; and whether they have already undergone that treatment.

2. Scope of Policy

2.1 This policy is part of a suite of locally endorsed Commissioning Policies. Copies of these Commissioning Policies are available on the following website address: www.herefordshireandworcestershireccg.nhs.uk

2.2 This policy applies to all patients for whom Herefordshire & Worcestershire CCG has responsibility including:

- People provided with primary medical services by GP practices which are members of the CCGs and
- People usually resident in the area covered by the CCG and not provided with primary medical services by the CCG.

2.3 The clinical responsibility for applying this policy to a presenting patient rests with the clinician who is responsible for the patient at that point in the treatment pathway and should be done in consideration of the patient's individual clinical circumstances, their place on the management pathway and following discussion with the patient.

2.4 Where a patient's clinical presentation does not clearly meet the requirements for secondary care referral within the context of this policy, and where a GP is uncertain or concerned about the appropriate treatment/management pathway, referral for Advice & Guidance should be considered as an alternative to a referral for clinical assessment.

2.5 There may be occasions when a GP referral is made for specialist assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for intervention or is not considered clinically suitable for intervention. Such patients should be discharged without intervention.

2.6 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.

For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.

3. Background

3.1 The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.

3.2 NHS Herefordshire & Worcestershire Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related to a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.

3.3 NHS England/Improvement launched their Evidenced Based Interventions (EBI) programme in 2018 which aims to ensure that interventions routinely available on the NHS are evidence-based and appropriate. Adoption of published EBI guidance is mandated in the NHS standard contract; commissioners have the freedom to implement criteria with local variations, provided that the decision to adopt varying criteria reflects the requirement to have regard to the national guidance. Where EBI guidance is available, this has been accommodated within the policy criteria.

3.4 Aesthetic Surgery can be split into two distinct areas:
Reconstructive Surgery – is dedicated to the restoration and reconstruction of defects due to congenital issues, trauma, burns, and disease. This surgery is intended to correct dysfunctional areas of the body and is, by definition, reconstructive in nature.

Cosmetic Surgery – the procedures, techniques, and principles of cosmetic surgery are entirely focused on enhancing a patient's appearance. Improving aesthetic appeal, symmetry, and proportion are the key goals. Surgery can be performed on all areas of the head, neck, and body, to areas that function properly. The procedures may be performed by doctors from a variety of medical fields, including plastic surgeons.

3.5 However, it should be recognised that the NHS cannot, within its current resources, meet all health needs identified as aesthetic.

3.6 This policy provides clarification to GPs, specialist clinicians, service providers and patients on the various surgical procedures and the current position statement of the Commissioners regarding the funding of the procedure.

4. Patient Eligibility

4.1 **Reconstruction - NHS Funded Surgery to Restore Near Normal Appearance and Function following Cancer (but including Physical Trauma and/or Burns)**

NHS funded aesthetic treatment will be provided where clinically necessary for patients requiring surgery for breast cancer or who experience physical trauma (e.g. they are on or have been on, a cancer, burns or trauma related surgical pathway or have post-operative complications from surgery).

Commissioned treatments will involve reconstructive surgery to restore normal or near normal appearance and function.

Commissioners recognise that the timescale for reconstructive surgery may differ depending on the treatment pathway the patient requires (e.g. radiotherapy/chemotherapy or skin grafting). Therefore, this surgery will be initiated when the patient is clinically and emotionally ready.

The following principles should guide breast reconstruction surgery:

- All patients should have access to the full range of oncoplastic surgery to optimise cancer and aesthetic outcomes and support high quality survivorship in accordance with National Guidance for the Commissioning of Oncoplastic Breast Surgery
- The need for contralateral surgery, particularly bilateral mastectomy for unilateral cancer will be determined by the specialist surgeon following an assessment of the life time risk of breast cancer using the Manchester Tool Score (or similar) and taking into account any congenital risk (e.g. BRCA or strong familial history) of breast cancer as part of this decision making.
- National Guidance from the Association of Breast Surgery recommends contralateral surgery where the Manchester Lifetime Risk Score is 30% or more. Where the lifetime risk is between 20-30% an MDT discussion is required to consider the risks and benefits of the intervention. Where the lifetime risk is less than 20%, contralateral surgery is not usually recommended because this is the same as the risk to the general population.
- Restoration of normal or near normal appearance, including breast reduction to the contralateral breast, should usually be undertaken within a maximum of 4 surgical procedures (excluding complications). Where surgical intervention beyond 4 procedures is indicated, there should be assurance that the patient has had adequate review e.g. received psychological support, where required and the clinical indications for further surgery should be discussed and agreed at an MDT meeting.
- Where a patient presents a number of years after completion of their surgical treatment pathway and the request for further treatment is clearly cosmetic in nature; then the patient's presentation will be considered under the cosmetic policy statements.
- Patients should be adequately informed about these commissioning arrangements in advance of surgical intervention.
- Revision of scarring – the Commissioner will fund surgery to remove ipsilateral breast tissue from the chest wall in patients with evidence of incomplete mastectomy performed for cancer.

The following interventions are covered by the cosmetic policy statements within this document:

- Implant removal and replacement (please see Breast Augmentation Surgery and Revision of Previous Breast Augmentation Surgery sections in the table below)
- Refashioning of scars (including Keloid scarring)

4.2 **Cosmetic - General principles to apply when considering cosmetic surgery procedures:**

4.2.1 Aesthetic surgery in patients who are considered to be within the normal morphological range will be considered as purely cosmetic and therefore not funded on the NHS. Common variations such as breast asymmetry are considered to be within the normal morphological range. Where an abnormality is considered to be rare, and not cosmetic, the treating clinician, may make an application for NHS funding via the individual funding request process.

4.2.2 Referrals for the revision of cosmetic (or aesthetic) treatments originally performed outside the NHS will not usually be permitted. Referrers should be encouraged to re-refer the patient to the practitioner who carried out the original treatment.

4.2.3 Patients who have received previous NHS funded surgery for an aesthetic problem will generally receive treatment for any complications that may arise directly from this surgery. Revisions to the previous surgery will be considered on clinical need and clinical priority.

4.2.4 Assessment of patients being considered for aesthetic surgery who may have an underlying genetic, endocrine condition should have had this fully investigated by a relevant specialist before the potential for aesthetic surgery is considered.

4.3 **Cosmetic - Surgical procedures that are/are not routinely available on the NHS:**

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
Breast/Chest Related Surgery			
Breast Asymmetry Surgery	**OPCS Codes:** B30.1, B30.2, B30.4, B30.8, B30.9, B31.2, B31.4, B37.5	The Commissioner does not routinely endorse the NHS funding of surgery to correct breast asymmetry. The following exclusions apply to this statement: Reconstructive surgery for cancer or trauma related conditions in line with section 4.1 above	IFR
Breast Augmentation Surgery	**OPCS Codes:** B30.1, B30.2, B30.4, B30.8, B30.9,	The Commissioner does not routinely endorse the NHS funding of Breast Augmentation Surgery Revision of breast augmentation surgery will only be considered if the NHS commissioned the treatment.	IFR

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
	B31.2, B31.4, B37.5	The following exclusions apply to this statement: Reconstructive surgery for cancer or trauma related conditions in line with section 4.1 above	
Breast Augmentation: Revision of Previous Surgery	**OPCS Codes:** B30.2, B30.3, B30.4, B31.4	The Commissioner does not routinely endorse the NHS funding of revision to previous breast augmentation surgery The Commissioner will fund the removal and replacement of NHS funded breast prosthesis where there has been: • Post-operative complications (e.g. infection or haemorrhage) • Implant failure following historically NHS funded surgery (contracture/rupture) Where a patient has an implant failure of clinical concern following a privately funded pathway of care, the commissioner will only fund implant removal on the NHS ie. the commissioner will not routinely fund implant replacement	IFR where replacement of privately funded breast implant(s) is required
Breast Mastopexy Surgery	**OPCS Codes:** B31.3, B31.4	The Commissioner does not routinely endorse the NHS funding of mastopexy to correct the appearance of breast tissue. The following exclusions apply to this statement: Reconstructive surgery for cancer or trauma related conditions in line with section 4.1 above	IFR
Breast Reduction Surgery	**OPCS Codes:** B31.1, B30.3	The Commissioner does not routinely endorse the NHS funding of Breast Reduction Surgery. The following exclusions apply to this statement: Reconstructive surgery for cancer or trauma related conditions in line with section 4.1 above	IFR
Male Breast Reduction Surgery for Gynaecomastia	**OPCS Codes:** B31.1	The Commissioner does not routinely endorse the NHS funding of surgery to	IFR

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
	ICD10 Codes: N62	correct gynaecomastia (excess male breast tissue). The following exclusions apply to this statement: Surgery for cancer (or to exclude cancer) or trauma related conditions in line with section 4.1 above	
Removal of accessory breast tissue		The Commissioner does not routinely endorse the NHS funding of surgery to remove accessory breast tissue. The following exclusions apply to this statement: Reconstructive surgery for cancer or trauma related conditions in line with section 4.1 above	IFR
Surgery to correct Nipple inversion	**OPCS Codes:** B35.4. B35.6	The Commissioner does not routinely endorse the NHS funding of surgery to correct nipple inversion ***Rationale:*** Correction of inverted nipples is deemed to be cosmetic and does not meet the principles laid out in this policy.	IFR
Surgery to correct Pectus Anomalies		The Commissioner does not routinely endorse the NHS funding of surgery to correct Pectus Anomalies. ***Rationale:*** There is insufficient evidence of a positive effect on a patient's cardio-pulmonary function to recommend surgery to correct: • pectus excavatum ("funnel chest"/"sunken chest") • pectus carinatum (where the sternum is raised) • pectus arcuatum (where there is a ridge high across the upper part of the sternum)	IFR
Excess Skin/Tissue Surgery Aesthetic surgery required to improve the appearance of the body following significant weight loss (including previously NHS funded bariatric surgery), or to facilitate weight loss or as a result of the aging process is considered cosmetic in nature and therefore not normally funded by the NHS.			
Abdominoplasty/ Apronectomy/ "Tummy Tuck"	OPCS Codes: **S02.1, S02.2,**	The Commissioner does not routinely endorse the NHS funding of surgery to reduce or remove excess skin of the abdomen.	IFR

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
	S02.8, S02.9		
Buttock, thigh and arm lift surgery (to remove excess skin)	**OPCS Codes:** S03.1, S03.2, S03.3 (S03.8 or S03/9 with Z49.5 or Z50.1)	The Commissioner does not routinely endorse the NHS funding of surgery to reduce or remove excess skin of the buttock, thigh, or arms.	IFR
Liposuction/Liposculpture	**OPCS Codes:** S62.1, S62.2	The Commissioner does not routinely endorse the NHS funding of liposuction. ***Rationale*:** Removal of unwanted fat is deemed to be cosmetic and does not meet the principles laid out in this policy.	IFR
Treatments or Surgery to Face/Neck and Head			
Alopecia (Surgical Treatments)	**OPCS Codes:** **To be Confirmed**	The Commissioner does not routinely endorse the NHS funding of surgical treatment for hair loss (including hair grafting for male pattern baldness). ***Rationale:*** This surgery is deemed to be cosmetic and does not meet the principles laid out in this policy. The British Association Dermatologists state 'Leaving alopecia areata untreated is a legitimate option for many patients. Spontaneous remission occurs in up to 80% of patients with limited patchy hair loss of short duration (< 1 year). Such patients may be managed by reassurance alone, with advice that regrowth cannot be expected within 3 months of the development of any individual patch.' The NHS Choices guidance provides a range of non-surgical options for hair loss, including prescription medication from the GP.	IFR
Blepharoplasty for excess eyelid skin or ptosis of the eyelids	**OPCS Codes:** C13.1 to C13.9	This statement should be read in combination with the Herefordshire & Worcestershire CCGs Ophthalmology Commissioning Guidelines, available on the CCG website: www.herefordshireandworcestershireccg.nhs.uk	Prior Approval

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
		Excessive skin in the lower eyelid may cause "eye bags" but is not considered to impact on the function of the eyelid nor on the patient's visual field. Excess skin in the upper eyelid can accumulate due to the ageing process and is normal. Therefore, any intervention would be considered aesthetic/cosmetic in nature and NHS funding will not be endorsed. Commissioners will ONLY approve the NHS funding of corrective surgery in cases where • The treatment is part of a facial trauma pathway; OR • The treatment is following major facial cancer resection; OR • There is a recognised diagnosis of congenital (present from birth) abnormalities; OR • The patient has facial palsy (congenital or acquired paralysis), where their eyelid/brow drop has been assessed by an Ophthalmologist and is deemed to cause the patient to have a significant impairment of visual fields in the relaxed, non-compensated state.	
Face lift/Brow Lift (rhytidectomy)	**OPCS Codes:** S01.1, S01.2, S01.3, S1.4, S01.5, S01.6, S01.8, S01.9 **ICD10 Codes:** Q18.3, Q18.9, Q67.0 to Q67.4 G51, Q82.8 and Q85	Commissioners will ONLY approve the NHS funding of corrective surgery in cases where • The treatment is part of a facial trauma pathway; OR • The treatment is following major facial cancer resection; OR • There is a recognised diagnosis of congenital (present from birth) facial abnormalities; OR • The patient has facial palsy (congenital or acquired paralysis), where their eyelid/brow or facial drop causes the patient to have a field of vision that is significantly obscured by this condition in the relaxed, non-compensated state Commissioners will NOT routinely approve the NHS funding of Botulinum Toxin for the	Prior Approval

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
		licensed indication of crow's feet and frown lines	
Hair Grafting (Male Pattern Baldness)	**OPCS Codes:** **To be Confirmed**	The Commissioner does not routinely endorse the NHS funding of surgery or treatments to correct Male Pattern Baldness (including Hair Grafting procedures). ***Rationale:*** Hair Grafting is deemed to be cosmetic and does not meet the principles laid out in this policy.	IFR
Pinnaplasty (surgical correction of prominent ears)	**OPCS Codes:** D03.3 **ICD10 Codes:** Q17.5	Commissioners will ONLY approve the NHS funding of corrective surgery for children of 18 years and below with obvious and demonstrable ear deformity and/or asymmetry. Adults presenting with this condition will be reviewed via the IFR process.	IFR for adults
Rhinophyma (Bulbous,Red Nose)	**OPCS Codes:** **To be Confirmed**	The Commissioner will not routinely endorse the NHS funding of treatment for Rhinophyma. ***Rationale:*** This is because there is no cure for rhinophyma, although some treatments may control it. These treatments are deemed to be cosmetic and do not meet the principles laid out in this policy.	IFR
Rhinoplasty/ Septorhinoplasty	**OPCS Codes:** E02.3, E02.4, E02.5, E02.6, E07.3	Commissioners will ONLY approve the NHS funding of corrective surgery in cases where • There is clear evidence that the patient's airway is obstructed (for example, due to a documented medical problem or trauma), causing a significant risk to the overall integrity of the patient's airway or • This treatment is part of corrective surgery for complex congenital conditions (e.g. cleft lip and palate)	Prior Approval
Treatments for Skin Conditions			
Benign skin lesions including lipomas	**OPCS Codes:** S06.3 to S06.9, S09.1 to S09.9 S10.1,	The Commissioner will not routinely endorse the NHS funding of the surgical removal of asymptomatic benign skin lesions in primary care/community /secondary care services. If there is clinical concern when a dermatological lesion is considered in line	Prior Approval

<table>
<tr><th>Condition</th><th>Related OPCS 4.6 and ICD10 Codes</th><th>Policy Statement</th><th>Prior Approval (Blueteq) or IFR?</th></tr>
<tr><td></td><td>S10.2, S11.1, S11.2 and D02</td><td>with recommendations made by the British Association of Dermatologists, then a referral should be made to secondary care provider via the appropriate cancer treatment pathway.

This includes one or more of the following symptoms:
• the colour has changed; OR
• the border has changed/ become asymmetrical; OR
• there has been a sudden change in the size/diameter e.g. the surface of the lesion has expanded/become elevated; OR
• there is a soft tissue mass > 5cm (except superficial subcutaneous lipomas); OR
• there is clear clinical evidence that the patient is experiencing at least one of the following:
o Functional impairment as a result of the location of the lesion e.g. restrictions in movement, field of vision, use of glasses/hearing aids; OR
o Recurrent infection intractable to conservative management e.g. prescribed courses of antibiotics on at least 2 occasions in the last year; OR
o Lesion is causing regular itching/pain; OR
o Lesion regularly bleeds, in the course of normal daily activity (i.e not traumatic injury)”</td><td></td></tr>
<tr><td colspan="4">Cryotherapy Treatment
Cryotherapy treatment is available on the NHS for some symptomatic dermatological conditions (including symptomatic benign skin lesions). The recommended referral information and provider pathway for appropriate conditions are noted below</td></tr>
<tr><td>Category A
Conditions to be treated in GP practices as part of the core contract</td><td colspan="2">Category B
Conditions to be treated in secondary care, or a commissioned community dermatology service</td><td>Category C
Conditions that must only be treated in secondary care</td></tr>
<tr><td>• Actinic/Solar keratosis
• Symptomatic viral warts
• Symptomatic plantar warts
• Symptomatic skin tags</td><td colspan="2">• Superficial basal cell carcinoma
• Bowens disease
• Bowenoid papulosis of penis</td><td>• Two week wait patients</td><td>Not Required</td></tr>
</table>

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
		• Pagets disease of anus	
	OPCS Codes: S06.3 to S06.9, S09.1 to S09.9 S10.1, S10.2, S11.1, S11.2 and D02	The Commissioner will not routinely fund the NHS Surgical Removal and/or Laser Therapy Treatment of congenital vascular lesions (including, but not exclusively, port wine stains, strawberry naevus). This is because there is not enough clinical evidence to support the use of these treatments as an effective and safe intervention for these conditions. Paediatric haemangiomas surgical treatment may be considered for those which: Threaten life or function (including regular bleeding and infection)	IFR
Hair Depilation/Laser Treatment (for various conditions including hirsuitism)	**OPCS Codes:** S60.6, S60.7 **ICD10 Codes:** L68 and Q84.2 and/or E28.2	The Commissioner does not routinely endorse the NHS funding of hair depilation/laser hair removal for excess hair Commissioners will approve the NHS funding of this treatment where the patient has: • Abnormally located hair as a result of a skin graft/surgical treatment	IFR
Refashioning of scars (including Keloid scarring)	**OPCS Codes:** S06.3, S06.4, S06.5, S08.1, S08.2, S09.1, S09.2, S10.1, S10.2, S10.8, S10.9. S11.1, S11.2, S11.8, S11.9, S60.4 and Y06.5 **ICD10 Codes:** L90.5	The Commissioner does not routinely endorse the NHS funding of treatments to refashion scars. The Commissioner will endorse the NHS funding of corrective surgery where the scarring or the location of the scarring impacts on a patient's ability to maintain normal physical function. ***Rationale:*** Non surgical interventions to keloid scars will only improve the colour of the scar and have little to no impact on the size or depth of scarring. Surgical interventions to correct keloid scarring may cause additional formation of keloid scars.	IFR

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
	and/or L91.0		
Resurfacing of Skin due to, for example, Acne scarring including but not exclusively: • **Dermabrasion** • **Chemical Peel** • **Laser Treatment**	**OPCS Codes:** S09.1, S09.2, S10.3, S11.3, S60.1, S60.2	The Commissioner does not routinely endorse the NHS funding of skin resurfacing procedure, which include but are not confined to: dermabrasion, chemical peel, laser treatment/therapy ***Rationale:*** These procedures are deemed to be cosmetic and do not meet the principles laid out in this policy.	IFR
Treatments for Thread veins/telangiectasia		Not routinely funded on NHS	IFR
Other Treatments/Surgery			
Anal Skin Tags	**OPCS Codes:** Excision of skin tag of anus - H482 Other specified - H488 Unspecified - H489	The Commissioner does not routinely endorse the NHS funding of the surgical removal of Anal Skin Tags. Commissioners will only approve the NHS funding of the surgical removal of anal skin tags if they are treated with other conditions e.g. Haemorrhoids/anal fissure. There is a separate policy for the funding of surgery to treat haemorrhoids and the patient will need to meet the defined criteria within this policy for eligibility.	IFR
Gender Reassignment Surgery (outside NHS England Core Pathway)		Aesthetic surgery as part of the gender reassignment treatment pathway is covered by a separate commissioning policy: "Non-Core" procedures and interventions for gender reassignment in patients aged 17 and over.	See Policy
Hyperhidrosis	**OPCS Codes:** Botulinum Toxin – S53.2 with X85.1 and Z49.2 Endoscopic Thoracic Sympathectomy – A75.2,	The Commissioner does not routinely endorse the NHS funding of secondary care interventions (including injections with botulinum toxin) for hyperhidrosis. Management should be considered in the context of the Herefordshire and Worcestershire self-care element of the prescribing policy, with patients empowered to manage the condition with lifestyle changes and over-the-counter remedies which are self-purchased.	IFR

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Prior Approval (Blueteq) or IFR?
	A76.2, A77.2, A78.2. A79.2 **ICD10 Codes** – R61		
Labiaplasty/Vaginoplasty, Penile Implants and other Cosmetic Genital Procedures	**OPCS Codes:** N29.1, N29.2, N29.8, N29.9, P05.5, P05.6, P05.7	The Commissioner does not routinely endorse the NHS funding of Labial/Vaginal Surgery. Note: Where surgery is required to correct the effect of Female Genital Mutilation (FGM), the intervention(s) are excluded from this policy statement as it is not considered cosmetic/aesthetic in nature but rather to return an individual to a normal physical function. The relevant ICD10 Code for this surgery is Z917. *Rationale:* *There is a lack of research and clinical evidence to determine how effective this procedure is. This means there is no guarantee it will achieve a long-lasting desired effect, and there are short- and long-term risks to consider.*	IFR
Repair of traumatic clefts as a result of previous body piercing	**OPCS Codes:** D06.2 and D06.3	The Commissioner does not routinely endorse the NHS funding of treatment to repair traumatic clefts as a result of previous body piercing. ***Rationale:*** Treatment of this nature is deemed to be cosmetic and does not meet the principles laid out in this policy.	IFR
Tattoo removal	**OPCS Codes:** S09.1, S09.2, S10.8, S10.9. S60.1, S60.2	The Commissioner does not routinely endorse the NHS funding of treatment to correct tattooing of the skin. ***Rationale:*** Treatment of this nature is deemed to be cosmetic and does not meet the principles laid out in this policy.	IFR

5. Supporting Documents

- NHS Herefordshire & Worcestershire: Individual Funding Request Operating Procedure
- NHS Herefordshire & Worcestershire: Prioritisation Framework for the Commissioning of Healthcare Services
- WM01 – Ethical Framework
- WM02 – Orphan Drugs
- WM03 – Patients Leaving Industry Sponsored Trials
- WM05 – NICE Guidance
- WM07 – Choice
- WM08 – In Year Service Developments
- WM09 – Individual Funding Requests (to be read with local process document)
- WM10 – Patients Leaving Non Commercially Funded Trials
- WM11 – Patients Leaving a CCG Funded Trial
- WM12 – Patients Changing Responsible Commissioner
- WM13 – NHS Private Interface
- WM14 – Experimental Treatments
- WM15 – Trial of Treatment
- NHS Constitution, updated 27th July 2015
- Obstetrics and Gynaecology, Jan 1996, vol 87, no 1, p.30-4 ISSN:0029-7844.
- NHS Modernisation Agency Action on Plastic Surgery Referrals and Guidelines in Plastic Surgery
- Birmingham & Solihull Commissioning Cluster Procedures of Lower Clinical Value Commissioning Policy for Aesthetic Surgery – February 2011
- Herefordshire NHS Primary Care Trust – Policy on Low Priority Treatments – Version 5.0 April 2011
- Oxfordshire CCG Lavender Policy – 204b Surgical Removal of Anal Skin Tags – August 2016
- Oxfordshire CCG Lavender Policy – 258 Pectus Anomaly Surgery – November 2015

- NHS Eastern Cheshire and NHS West Cheshire CCGs Commissioning Policy published April 2017

- NHS Kernow Clinical Commissioning Group Commissioning Policy https://doclibrary-rcht.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf

- NHS England Surgical Correction for Pectus Deformity (all ages) Evidence Review November 2015

- National Institute for Health and Care Excellence.(NICE) 2004. Intralesional photocoagulation of subcutaneous congenital vascular disorders. IPG90. http://www.nice.org.uk/guidance/ipg90

- NHS Choices. 2016. Port Wine Birthmarks. https://www.nhs.uk/video/Pages/portwine-birthmarks.aspx

6. Equality Impact Assessment

Equality Statement

6.1 All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

6.2 HWCCG endeavours to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

6.3 All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

6.4 Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. CCG staff and Providers will need to assess that the policy is applied fairly and equitably for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

6.5 HWCCG must meet its statutory duty to reduce inequalities of access and outcomes, as set out in the NHS Act 2006 (as amended). As a result, the CCG aims to design and implement policy documents that seek to reduce any inequalities that already arise or may arise from any new policy. Therefore, the CCG will consciously consider the extent to which any policy reduces inequalities of access and outcomes.

6.6 Any change to this policy will require a conscious effort from the HWCCG to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy, HWCCG and the Providers, will seek to minimise such an impact and simultaneously carry out a full review.

6.7 HWCCG aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one

receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

Organisation	NHS Herefordshire & Worcestershire Clinical Commissioning Group		
Department	Contracts & Policy Development	Name of lead person	Helen Bryant & Fiona Bates
Name of Policy being assessed	Aesthetic Treatments & Surgery		
Aims of this Policy	To provide guidelines to patients and clinicians in both primary and secondary care on the medical/clinical requirements against which aesthetic procedures/interventions will be funded on the NHS within Herefordshire & Worcestershire.		
Date of EIA	26th March 2020 Updated March 2021	Other partners/stakeholders involved	Herefordshire & Worcestershire Policy Alignment Task & Finish Group
Who will be affected by this Policy?	Individuals who wish to receive aesthetic interventions to improve appearance as part of an NHS pathway of care		
Did the Policy Require Engagement or Consultation?	Yes, engagement with Herefordshire population around the impact of changes to the Breast related policy statements. The outcome of this was taken into account in the final document.		

Single Equality Scheme Strand	**Potential Positive Impact**	**Potential Neutral Impact**	**Potential Negative Impact**	**Baseline data and research on the population that this piece of work will affect.** What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**
Age		Y		The "Body image – a rapid evidence assessment of the literature" documentation also notes that age is not as important as gender when it comes to explaining differences in body image. In

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				adolescence low body satisfaction is linked to low mood and teasing. In older adulthood low body satisfaction is linked to a reduction in day to day activities. This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of age, unless there is clear evidence that a particular age group will gain more clinical efficacy as a result of the treatment. Where a patient presents outside of policy criteria, funding will be considered via the Individual Funding Request route based on the patient's clinical presentation.
Disability		Y		In 2011, The Office of National Statistics noted that 8.1% of Worcestershire's population classified themselves as "having long term health problems or disabilities such that their day to day activities are affected a lot". No data is available to determine the ability breakdown of people who present to the NHS to consider (or receive) aesthetic treatments.
Gender Reassignment		Y		There is a separate policy that provides guidance in relation to individuals who are currently on, or have previously been on, an NHS pathway for gender reassignment. The policy is separate because the gender reassignment pathway is commissioned at a national level and so local commissioners required a clear demarcation between the different treatment pathways for ease of reference. Both policies, do, however, reflect the same commissioning decisions.
Marriage & Civil Partnerships		Y		There is some evidence that links the impact of aesthetic surgery on marital satisfaction, however, the study reports that an individual's self-concept is a significant predictor of having or applying for aesthetic (cosmetic) surgery. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6066701/

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				The CCG policy applies to any patient wishing to receive aesthetic treatment regardless of whether they are currently married, in a civil partnership or not.
Pregnancy & Maternity		Y		There is anecdotal evidence that females who have been pregnant will have a degree of issue with the appearance of their body following birth. This is, however, not a clinical reason to provide aesthetic surgery as these changes are not exceptional and occur in most post-pregnancy bodies. These physical changes should improve over time. The CCG policy applies to any patient wishing to receive aesthetic treatment regardless of whether they have been pregnant or not.
Race including Travelling Communities		Y		In 2011, The Office of National Statistics noted that 95.7% of Worcestershire's population classified themselves as "White" (including 0.6% White Irish, 0.2% White Gypsy or Irish Traveller). 2.4% of the population classified themselves as "Asian or Asian British" and 0.4% "Black or Black British". In May 2013[1] Government Equalities Office commissioned "Body image – a rapid evidence assessment of the literature" noted that in general there are more similarities rather than differences in body satisfaction across different ethnic groups. This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of race.
Religion & belief		Y		There is no available evidence regarding the breakdown of the UK population who have received aesthetic interventions by their religion/beliefs. This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of religion/belief.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/202946/120715_RAE_on_body_image_final.pdf

Single Equality Scheme Strand	Potential Positive Impact	Potential Neutral Impact	Potential Negative Impact	**Baseline data and research on the population that this piece of work will affect.** What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**
Sex		Y		More than 50,000 cosmetic surgery procedures [2] were performed in 2013, 88% of these were recorded as being performed on women. Both males and females experience low body satisfaction historically females tended to have lower body satisfaction compared to males. The British Association of Aesthetic Plastic Surgeons Annual Audit, published February 2018 indicates that media celebration of the "dad bod" has seen a reduction in body related surgery in favour of facial treatments for males. The same audit reports a marked rise in body related procedures for females rather than facial. The number of Britons undergoing cosmetic surgery in 2017 reduced by 7.9%. This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of the individual's sexual presentation.
Sexual orientation		Y		The "Body image – a rapid evidence assessment of the literature" documentation noted that heterosexual men tend to be more satisfied with their bodies than homosexual men, homosexual women or heterosexual women. This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of sexual orientation.
Carers		Y		The Office of National Statistics 2011 Census noted that 11.3% of Worcestershire population provide unpaid care. Therefore, it may be reasonable to assume that a proportion of that small population group may also be part of the population group affected by body image but this will have no impact on patient management in accordance with this policy.
Care Leavers		Y		There is no published information that indicates whether people who have been in care whilst growing up are more or less likely to present for consideration of aesthetic interventions.
Homeless		Y		There is no published information that indicates whether people who are homeless, or have previously been homeless, are more or less likely to present for consideration of aesthetic interventions.

[2] http://www.theguardian.com/news/datablog/2014/feb/03/uk-plastic-surgery-2013-most-popular

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Socio/Economic Deprivation		Y		There is no published information that indicates whether people from socially deprived backgrounds are more or less likely to present for consideration of aesthetic interventions.
Other Vulnerable and Disadvantaged Groups		Y		There is no published information that indicates whether people from other vulnerable and disadvantaged groups are more or less likely to present for consideration of aesthetic interventions.
Health Inequalities	Y			The application of this policy should reduce health inequalities by providing a clear statement of interventions that are available within an NHS funded pathway and the circumstances for these to be made available to individuals.
Human rights		Y		The local commissioning policy would not seek to affect a patient's human rights.

Equality Impact Assessment Action Plan

Strand	Risk Identified	Action required to reduce/eliminate negative impact	How will you measure the outcome/impact	Timescale	Lead
Age					
Disability					
Gender Reassignment					
Marriage & Civil Partnerships					
Pregnancy & Maternity					
Race including Travelling Communities					
Religion & Belief					
Sex					
Sexual Orientation					
Carers					
Care Leavers					
Homeless					

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Socio/Economic Deprivation					
Other Vulnerable and Disadvantaged Groups					
Health Inequalities					