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

EQUALITY ANALYSIS FORM

TITLE (service/ plan/ project/ policy/ decision):	Aesthetic Surgery Policy
AUTHOR / LEAD:	Alison Hughes (EA: Balvinder Everitt & Michelle Dunne)
DATE ANALYSIS UNDERTAKEN:	15/06/15

STAGE 1: SCREENING FOR ADVERSE IMPACTS (X PLEASE CHECK):							
Age		**Religion or Belief**		**Marriage and Civil Partnership**		**Disability**	
Sexual Orientation		**Carers** (inc. young carer's)		**Sex** (men & women)		**Gender Reassignment/ Transgender**	
Race/ Ethnicity		**Pregnancy, Maternity, Perinatal**		**Multiple Social Deprivation**		**Human Rights** (FREDA) fairness, respect, equality, dignity & autonomy	

Describe any potential or known adverse impacts or barriers for protected/ vulnerable groups: (if there are no known adverse impacts, please state who has been involved in the screening and explain how you have reached this conclusion, then move to Stage 6 sign off)

This is a harmonised policy across seven Clinical Commissioning Groups - Birmingham CrossCity; Birmingham South Central; Dudley, Sandwell and West Birmingham, Solihull, Walsall and Wolverhampton.

This policy identifies the **following as not being routinely commissioned**:

1. Abdominoplasty/Apronectomy
2. Thigh lift, Buttock life, Excision of redundant skin or fat
3. Liposuction
4. Breast augmentation (treatment of unaffected breast following cancer surgery will not be routinely commissioned)

5. Mastopexy (treatment of unaffected breast following cancer surgery will not be routinely commissioned)
6. Inverted nipple correction
7. Gynaecomastia
8. Pinnaplasty
9. Repair of ear lobes
10. Alopecia/Hair loss - for non-surgical correction treatments commissioned the CCGs will use their local pathways.
11. Removal of tattoos/surgical correction of body piercings and correction of respective problems
12. Botox injection for the ageing face
13. Thread/Telangiectasis/Reticular veins
14. Rhinophyma
15. Other Cosmetic Procedures

The policy also details a number of **procedures which may be funded** dependent upon meeting a defined set of criteria:

Breast Reduction

Minimum edibility criteria:

- the patient is suffering from functional problems: neck ache, backache and/or intertrigo, where any possible causes of these conditions have been considered and excluded AND
- Symptoms are not relieved by physiotherapy and a professionally fitted brassiere has not relieved symptoms AND
- the patient has a body mass index of less than 27kg/m² AND
- Have a cup size of F+ AND
- Be 21 years of age or over

Vaginoplasty

Vaginoplasty and genital procedures are only commissioned when the patient meets the following criteria:

- Congenital absence or significant developmental/endocrine abnormalities of the vaginal canal
- Where repair of the vaginal canal is required after trauma

Rhinoplasty

Unless one or more of the criteria below are met, rhinoplasty will not normally be funded:

- Documented medical problems caused by obstruction of the nasal airway OR
- Correction of complex congenital conditions e.g. Cleft lip and palate

NB. Surgery will not be funded to improve the aesthetic outcome only

Face lift or Brow lift (Rhytidectomy)

Unless one or more of the following criteria are met, face lift or brow lift will not normally be funded

and will not be funded to treat the ageing process:

- Recognised diagnosis of Congenital facial abnormalities **OR**
- Facial palsy (congenital or acquired paralysis) **OR**
- As part of the treatment of specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis **OR**
- To correct the consequences of trauma **OR**
- For significant deformity following corrective surgery. However funding will not be approved to improve previous cosmetic surgery.

Hair Depilation

Unless one or more of the following criteria are met, hair depilation will not normally be funded:

- Have undergone reconstructive surgery leading to abnormally located hair-bearing skin OR
- Are undergoing treatment for pilonidal sinuses to reduce recurrence

Removal of Benign or Congenital Skin Lesions

Only commissioned if one or more of the criteria below are met:

Treatment of minor skin lesions including benigh pigmented moles, comedones, corns/callous, lipoma, milia, molluscum contagiosum, seborrhoeic kertosis, skin tags including anal tags, spider naevus, epidermoid/pilar (sebaceous) cyst warts, xanthelasma and neurofibromata is not routine commissioned by the CCGs except when there is a suspicion of malignancy.

Removal of Lipomata

Not routinely commissioned unless one or more of the criteria below are met:

- There is a suspicion of malignancy

Medical and Surgical treatment of scars and keloids

Unless one or more of the following criteria are met, refashioning or removal of scars/treatment and keloids will not routinely be commissioned:

- For severe post burn cases or severe traumatic scarring or severe post-surgical scarring OR
- Revision surgery for scars following complications of surgery, keloid formation or other hypertrophic scar formation will only be commissioned where there is a significant functional deformity or to restore normal function.

The review of the policy raised the following question which were responded to by the Clinical Working Group:

Mastopexy

This is not routinely commissioned – raises issues around dignity; what is the justification for not commissioning for the unaffected breast?

Response:

Reconstruction/augmentation for the affected breast would be treated to match the unaffected breast. If there is no clinical reason and the patient does not meet the eligible criteria to have the unaffected breast reconstructed, breast surgery would not be available on the NHS.

Alopecia/hair loss

Not routinely commissioned – issues around Dignity – what is the justification for not commissioning?

Response:

Alternative standard treatment available i.e. wigs; hair implants will not be commissioned.

Hair Depilation

Would someone undergoing Gender Reassignment surgery qualify for treatment or would this be dealt with under a separate policy?

Response:

Hair depilation for gender dysphoria patients would be considered via NHS England Gender Dysphoria protocol and guideline commissioning policy.

Medical and Surgical Treatment of Scars and Keloids

Would someone with a facial keloid which results in disfigurement qualify for treatment or would this be dealt with under a different policy?

Response:

Severity would need to be demonstrated by the referring clinical for a facial keloid/scar that has disfigurement. When severity is determined the patient would meet the criteria.

The policy for procedures of limited clinical value (which this procedure comes under) provides the following background:

"This policy is part of a harmonisation process for policies where patients across the region were being treated under different sets of policies. This policy aims to ensure consistency across the region.

Since CCGs operate within finite budgetary constraints the policies detailed in this document make explicit the need for the CCGs to prioritise resources and provide interventions with the greatest proven health gain.

The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness."

The policy clearly identifies that there may be 'exceptional clinical circumstances' in which to fund

these interventions. This is not a blanket ban. Funding for interventions nor normally funded and for interventions where specified criteria are not met, consideration will be given by the CCG, following application to the Individual Funding Request (IFR) panel.

Guidance is provided on the definition of 'Exceptional Clinical Circumstances' which refers to a patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients, with the same medical conditions and at the same stage of progression as the patient.

There can be no exhaustive definition of the conditions which may potentially fall within the definition of an exceptional case. The word 'exception' means 'a person, thing or case to which the general rule is not applicable'. The following criteria, however, are indicative of the presence or absence of exceptionality in the present context:

- To be an exception, there must be unusual or unique clinical factors about the patient that suggest that he or she is:
  a. Significantly different from the wider group of patients with the same condition; or
  b. Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the same condition.
- The fact that a treatment is likely to be effective for a patient is not, in itself, a sufficient basis for establishing an exception.
- If a patients clinical condition matches the 'accepted indications' for a treatment, but the treatment is not funded, then the patient's circumstances are not, by definition, exceptional.

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

Social value judgements are rarely relevant to the consideration of exceptional status.

The impact of this policy has been considered against all protected characteristics and Human Rights values.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the seven CCG areas by providing consistency and equity of service provision. The overarching policy on 'procedures of a low clinical value' clearly provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances.

No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.

STAGE 6: SIGN OFF (you should arrange for an appropriate Chief Officer/ Governing Body Member to sign off this EA before sending it to the Manager for Equality & Diversity)

ROLE	NAME	SIGNATURE	DATE

Manager for Equality & Diversity	Balvinder Everitt	*Bal K Everitt*	19 June 2015

Please return your completed and signed EA to the Manager for Equality and Diversity, together with a copy of the document to which it refers.

Guidance:

A summary guidance sheet can be found overleaf; for further advice or support please contact the Manager for Equality and Diversity on tel: 0121 255 0809 or email: michelle.dunne1@nhs.net

STAGE 1: Screening

This stage involves an initial analysis of any adverse impacts or potential adverse impacts for protected groups. The author should draw on their knowledge and experience of the service/ plan / policy/ project/ decision and the people that are affected. It is therefore beneficial to seek the views of a range of people at this early stage. E.g. you may wish to involve the E&D Manager or relevant working group. You should consider the following when undertaking screening:

- Is there a higher prevalence of any group(s) in relation to the prevalent conditions?
- Are there any concerns about the participation of any group(s) in the service or any aspect of the service?
- Are there any known barriers or potential barriers to access for any group?

You will need to record your explanation of any adverse impacts or no impacts. If adverse impacts or potential adverse impacts are identified you will need to complete the rest of the impact assessment. Defining the scope of your Equality Analysis (EA) will help to establish the specific aspects of the service/ plan / policy/ project/ decision that require further examination.

seeing things through an equality lens

STAGE 2: Data and Information

This stage involves looking at the available data for the service/ plan / policy/ project/ decision and any of the equality groups that have been identified. It is known that equality data may be limited so it is acceptable to use proxy data. The following quantitative and qualitative data and feedback can be used:

- **Joint Strategic Needs Assessment**
- National data / trends
- Integrated Plan
- LCN Profile Data Sets
- Existing equality consultation feedback
- Service participation and outcomes data
- Patient feedback
- Complaints
- Public involvement feedback
- Demographic profile data
- Service reviews and QOF data

Talk to clinical leads and experts Ensure any patient engagement activity includes the groups that have been adversely impacted

New consultation is not always necessary, especially when there is existing feedback from target groups. Speak to the Public Involvement Team and the E&D manager about any existing consultation feedback. **Record the findings of your analysis of data, information, and feedback and what it has told you about the service and how it can be improved for the adversely impacted groups. Be succinct - use bullet points if you can.** *Attach any additional information to the EA or record in the Supplementary Notes section below.*

STAGE 3: Critical Challenge

This stage asks to you critically consider the service/ plan / policy/ project/ decision and how equality considerations are being taken into account. Some of the questions may not be applicable.

If the assessment relates to a commissioned service consider whether any improvements can be made through the design of the service or monitoring of the contract.

Record any explanations or evidence in relation to your response.

STAGE 4: Changes

This stage asks you to record any changes you will make to the **service design /plan / policy/ project/ decision** to improve access for the adversely impacted group(s), and outcomes for patients and the patient experience. This may include enhancements to existing care pathways or protocols for how things are done. Any changes should be realistic and feasible.

ANY CHANGES NEED TO BE REFLECTED IN THE DOCUMENTED SPECIFICATION / POLICY / PLAN

STAGE 5: Monitoring and Evaluation

This stage asks you to consider how the changes that have been identified will be monitored in the contract /plan /policy. Specifically state what will be recorded in the contract/ plan /policy and whether there is any associated key performance indicator. How will you know the change or proposals are working?

STAGE 6: Sign-Off

The completed Equality Analysis form should be sent to the Equality and Diversity manager for Sign-off, and then presented to the appropriate Chief Officer / Governing Body Member, and where relevant the Business Case Panel.

EQUALITY ANALYSIS -

SUPPLEMENTARY NOTES / RECORDS