

Policy for Cosmetic Surgery Mastopexy

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>

Category

Non-Breast Cancer Patients - Not routinely commissioned

Breast Cancer Patients - Restricted

| Intervention | Mastopexy |
|--------------------------------|---|
| <p>Policy Statement</p> | <p>Mastopexy refers to the surgical correction of breasts that sag or droop. This can occur as part of the natural aging process, or pregnancy, lactation and substantial weight loss.</p> <p>a) For Non-Breast Cancer Patients.</p> <p>Mastopexy is not routinely commissioned.</p> <p>This is because the procedure is deemed to be cosmetic and does not meet the principles laid out in this policy. This means for patients who do not have breast cancer 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.</p> <p>b) For Breast Cancer Patients, this procedure is restricted. The CCG will fund this treatment if the patient meets the following criteria:</p> <ul style="list-style-type: none"> • Contra-lateral treatment of the unaffected breast following cancer surgery will be commissioned if undertaken as part of the original treatment plan of reconstruction surgery on the cancer affected breast. <p>Separate later/subsequent applications for such contra-lateral surgery would however be not routinely commissioned.</p> <p>This means for breast cancer patients who DO NOT meet the above 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</p> |

Guidance:

Royal College of Surgeons - Cosmetic Surgery Categorisation

Weblink:

https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/documents/cosmetic-surgery-categorisation-and-requirements/at_download/file

NICE CG80 - Early and locally advanced breast cancer: diagnosis and treatment (2009).

Weblink:

<https://www.nice.org.uk/guidance/cg80>

NICE Quality Standard 12 – Breast Cancer (2011)

Weblink:

<https://www.nice.org.uk/guidance/qs12>

British Association of Plastic Reconstructive and Aesthetic Surgeons – Oncoplastic Breast Reconstruction Best Practice Guidelines (2012)

Weblink:

<http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/final-oncoplastic-guidelines---healthcare-professionals.pdf?sfvrsn=0>

Breast Cancer Care – Breast Reconstruction

Weblink:

<https://www.breastcancercare.org.uk/information-support/facing-breast-cancer/going-through-treatment-breast-cancer/surgery/breast-reconstruction>

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 Birmingham CrossCity CCG
- NHS Birmingham South Central CCG
- NHS Sandwell and West Birmingham CCG
- NHS Solihull CCG
- NHS Walsall CCG
- NHS Wolverhampton 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):

- Birmingham CrossCity CCG ifr.bcccg@nhs.net
- Birmingham South Central CCG ifr.bsc@nhs.net
- Solihull CCG ifr.solihull@nhs.net
- NHS Sandwell and West Birmingham CCG ifr.swb@nhs.net
- NHS Walsall CCG ifr.walsall@nhs.net
- NHS Wolverhampton CCG ifr.wolv@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 |

| Policy | Treatment | Category |
|---|--|----------------------------|
| 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 |
| 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. |