

NHS Birmingham CrossCity Clinical Commissioning Group
NHS Birmingham South Central Clinical Commissioning Group
NHS Sandwell and West Birmingham Clinical Commissioning Group
NHS Solihull Clinical Commissioning Group

Policy for Cosmetic Surgery

Rhinoplasty

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

Not routinely commissioned – Cosmetic Reasons

Restricted – Other Reasons

Intervention	Rhinoplasty; Septoplasty and Septorhinoplasty.
Policy Statement	<p>Rhinoplasty, commonly known as a 'nose job', is a plastic surgery procedure for correcting and reconstructing the form, restoring the functions, and aesthetically enhancing the nose by resolving nasal trauma (blunt, penetrating, blast), congenital defect, respiratory impediment, or a failed primary rhinoplasty.</p> <p>a) Rhinoplasty; Septoplasty and Septorhinoplasty are not routinely commissioned for cosmetic reasons.</p> <p>b) Rhinoplasty; Septoplasty and Septorhinoplasty are restricted for non-cosmetic/other reasons.</p> <p>The CCG will fund this treatment if the patient meets the eligibility criteria below.</p>
Rationale	<p>This is because if you have a blocked nose because your nasal bones are crooked or damaged, or the bone and cartilage between your nostrils is deviated (bent) a septoplasty/septorhinoplasty/rhinoplasty can improve how you breathe.</p>
Minimum Eligibility Criteria	<p>The CCG will fund this treatment if the patient meets the following criteria:</p> <ul style="list-style-type: none"> • Documented medical problems caused by obstruction of the nasal airway AND all conservative treatments have been exhausted. OR • Correction of complex congenital conditions e.g. Cleft lip and palate <p>For the purposes of this eligibility criteria, a medical problem is defined as a medical problem that continually impairs sleep and/or breathing.</p> <p>This means (for patients who DO NOT meet the above criteria or require the procedure 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.</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

Royal College of Surgeons – Rhinoplasty Guide

Weblink:

http://www.rcseng.ac.uk/members/resources/pre-op-leaflets/Ear%20Nose%20Throat/Rhinoplasty.pdf/at_download/file

TREATMENT POLICIES – FURTHER INFORMATION

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

The term ‘Harmonised 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.

The procedures to which this relates, are listed in the ‘Scope’ section below.

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

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, where commissioned, 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 smoking cessation and weight reduction management services prior to surgery.

Patient engagement with these "preventive services", where commissioned, 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.

SCOPE

The following policies and procedures are within the scope of this policy.

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	Restricted
Cosmetic Surgery	Rhinoplasty, Septoplasty and Septorhinoplasty	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
Low Back Pain and Radicular (Sciatic) 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

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.bcccq@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
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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 of the Harmonised Treatment Policies.
