NHS
Lancashire and South Cumbria
Integrated Care Board

Policies for the Commissioning of Healthcare

Policy for Cosmetic Procedures

Date of ratification: **13th May 2021**

Date due for review: **13th May 2024**

Date of adoption: **1st July 2022**

This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.

This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

Document control:		
Version Date:	**Version Number:**	**Changes Made:**
March 2018	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
16.03.2018	V1.1	Glossary of terms and OPCS codes added following March Commissioning Policy Development and Implementation Working Group meeting.
September 2019	V2.0	Updated policy ratified by Healthier Lancashire and South Cumbria's JCCCGs. The following interventions are now subject to separate, intervention specific policies: - Breast reduction - Benign skin lesion removal - Surgical management of gynaecomastia.
March 2020	V3.0	Policy updated following the ratification by Healthier Lancashire and South Cumbria's JCCCGs of a separate, intervention specific policy for breast implant removal and replacement.
May 2021	V3.1	Waiver of requirement of evidence of visual field measurement in blepharoplasty and brow lift policies to reduce risk of infection. Name of policy reordered.
July 2022	V3.2	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will not routinely commission any treatments or procedures that have the primary purpose of changing the appearance of a part of the body.

1.2 The following procedures have been categorised as either 'not routinely funded' or 'restricted'. An explanation of these definitions are as follows:

1.3 **Not routinely funded**: These treatments are considered to be cosmetic and will only be provided if funding is approved on an exceptional case basis following the submission of an Individual Funding Request (IFR).

1.4 **Restricted:** The ICB will fund these treatments/procedures to treat the conditions set out below, provided the patient meets the intervention specific policy criteria at sections 2.1.1-2.1.24. In all other circumstances these interventions are considered to be cosmetic.

2. Breast Augmentation: Not routinely funded

3. Mastopexy: Not routinely funded

4. Surgical correction of breast asymmetry: Not routinely funded

5. Surgical correction of inverted nipples: Not routinely funded

6. Liposuction: Not routinely funded

7. Abdominoplasty/Apronectomy: Restricted.

7.1 The ICB will commission Abdominoplasty/Apronectomy in the following circumstances:

a. The patient has maintained a stable BMI measurement of no more than 27 kg/m2 during the previous 24-month period

AND

b. There is inflammation and/or infection of the skin folds (intertrigo) with breakdown of the integrity of the skin

This will be demonstrated by evidence of cellulitis, skin ulceration, abscesses, lymphedema, skin necrosis or equivalent that has been persistent for at least six months despite compliance with nonsurgical treatment (e.g. meticulous skin hygiene; dressings; clothing that minimizes skin fold contact; topical antifungal agents, antibiotics or corticosteroids as clinically appropriate).

OR

c. The patient is experiencing problems associated with poorly fitting stoma bags.

8. Removal of excess skin (e.g. brachioplasty, thigh lift): Not routinely funded

9. Rhinoplasty: Restricted

9.1 The ICB will commission rhinoplasties in the following circumstances:

a. To correct obstruction of the nasal airway

10. Pinnaplasty: Not routinely funded

11. Blepharoplasty: Restricted

11.1 The ICB will commission blepharoplasty in the following circumstance:

a. The patient has excess of loose skin around the eyes which (with the best measurement which can be obtained without subjecting the patient to risk of infection) is impairing vision within 30 degrees of the line of sight.

b. The patient has dermatochalasis (loose skin around the eyes) resulting in or ore more of the following symptoms AND the symptoms have failed to respond to conservative treatment:
   i. Frequent headaches attributable to frontalis overaction
   ii. Lateral wick syndrome
   iii. Lash ptosis causing visual problems
   iv. Ocular surface disease which is causing pain or discomfort (e.g. due to entropion)

12. Face or brow lift: Restricted

12.1 Face or Brow lifts will not be performed to correct the natural process of aging. The ICB will commission face or brow lifts in the following circumstances:

a. For congenital facial abnormalities

OR

b. Facial Palsy (congenital or acquired paralysis)

OR

c. As part of the treatment for specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, or neurofibromatosis

OR

d. To correct the consequences of trauma

OR

e. To correct deformity following surgery

OR

f. The patient has brow ptosis which (with the best measurement which can be obtained without subjecting the patient to risk of infection) is impairing vision within 30 degrees of the line of sight.

13. Correction of Split Ear Lobes: Restricted.

13.1 The ICB will commission the correction of split ear lobes in the following circumstance:

a. The repair of a complete, unilateral traumatic tear caused by an accidental force or assault.

13.2 The ICB will not commission the correction of split ear lobes in the following circumstances:

a. The repair of deficits caused by the use of stretching devices intended to produce a large hole in the ear lobe.

b. The repair of deficits caused by continual wearing of heavy ear jewellery that were clearly causing gradual damage progressing to split ear lobes.

14. Surgical Correction of Hair Loss: Not routinely funded

15. Provision of wigs: Restricted

15.1 The ICB will commission wigs and prostheses for the correction of hair loss in the following circumstances:

a. As part of cancer or trauma pathways. Funding will normally be provided for one device per patient and replacements will be offered not more frequently than once every three years and then will be subject to assessment of continuing need.

16. Removal of excess hair: Not routinely funded

17. Tattoo Removal: Not routinely funded.

18. Surgical Revision of Scars: Restricted

18.1 Removal methods included in this policy section include:

- Surgical excision
- Cauterisation
- Cryosurgery
- Cryotherapy
- Electrodessication and curettage
- Chemical peeling
- Laser destruction
- Dermabrasion

18.2 Scars covered by this section of the policy include but are not limited to:

- Scars
- Keloid Scars
- Stretch marks

18.3 The ICB will commission the surgical revision of scars in the following circumstances:

a. When the purpose of the treatment is to exclude or treat malignancy

OR

b. When the lesion is causing frequent, recurrent bleeding

OR

c. There is well documented evidence of significant pain that is present all or most of the time, is preventing usual activities and other causes for the pain or discomfort have been excluded.

OR

d. There is well documented evidence of recurrent, clinically significant infections within the last twelve months, requiring treatment with antibiotics (or formal incision and drainage in the case of sebaceous cysts).

AND

e. The clinical opinion is that the benefit of the procedure in terms of symptom resolution outweighs the risk of harm (scarring).

19. Surgical repair of divarication of recti: Not routinely funded

20. Correction of pectus excavatum: Not routinely funded

21. Cosmetic genital surgery: Not routinely funded

22. Scope and definitions

22.1 Healthcare included within the scope of this policy is that having a primary purpose of changing the appearance of part of the body. It may be suggested that such healthcare includes surgical operations, laser therapies, electrical stimulation, physiotherapy, massage, provision of wigs and prostheses, and other types of intervention.

22.2 The scope of this policy does not include requests for medicines and medical devices which are available on NHS prescription. The Lancashire Medicines Management Group (LMMG) is responsible for making recommendations regarding the provision of such treatment. Their guidance can be viewed on the LMMG website, which can be accessed via the following link http://www.lancsmmg.nhs.uk/

22.3 Requests to address the following issues, irrespective of gender or age, are within the scope of this policy:

- Small breasts
- Concerns about the shape of the breasts, including symmetry, sagging, and (when malignancy is not suspected) nipple inversion
- Scar tissue
- Prominent ears
- Concerns about the size or shape of the nose, chin or larynx
- Concerns about the size or shape of the genital organs
- Drooping or other issues relating to the eyelids
- Skin flaps
- Excess fatty tissue
- Separation of the abdominal muscles (Diastasis Recti);
- Tattoo
- Excess hair
- Insufficient hair / hair loss
- Split ear lobes
- Pectus excavatum
- Problems addressed by face lifts or brow lifts
- Procedures to align appearance more closely to that of a particular gender
- Revision of scars or keloid scars
- Other conditions that the ICB considers to be equivalent to the above.

22.4 The following are not within the scope of this policy:

- Procedures to manage cleft lip and / or cleft palate
- Procedures on the genital organs as part of a package of gender reassignment
- A procedure having the primary purpose of repairing a hernia to treat or prevent pain, discomfort, strangulation or incarceration, even if that procedure uses an abdominoplasty approach
- Hair depilation as part of the management of a symptomatic or potentially symptomatic pilonidal sinus
- Treatments for hyperhidrosis
- Treatments undertaken as part of an ongoing package of cancer treatment
- Cosmetic procedures for people undergoing gender reassignment if those procedures fall within the commissioning remit of NHS England
- Reconstructive surgery following trauma or cancer
- The treatment of genital warts.

22.5 The ICB recognises that a patient may have a concern about their appearance, which may or may not be caused by or amount to a medical condition and they may wish to have a service provided to improve their appearance. The ICB also recognises that they may be distressed by their appearance and by the fact that they may not meet the criteria specified in this commissioning policy.

22.6 Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

22.7 For the purpose of this policy the ICB defines:

- “Cosmetic" as relating to appearance.

- "Pathology" (adjective "pathological") is defined as a biologically based health problem which, in a cosmetic context, is likely to be caused by a congenital (including genetic) anomaly, infection or inflammation, trauma, neoplasia, or premature degeneration.

22.8 The ICB will not commission cosmetic procedures simply on the basis of the mental health or psychological impact experienced by patients as a result of the appearance of their condition or the lack of funding. (Sec 3.4 of the Pan Lancashire Policy for Considering Applications for Exceptionality to Commissioning Policies.)

22.9 The ICB is committed to eliminating discrimination and promoting equality in its own policies, practices, and procedures. While no protected characteristic under the Equality Act is automatically a matter for exceptionality under this policy, the ICB is committed to treating everyone equally and with the same attention, courtesy and respect regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

23. Appropriate Healthcare

23.1 The purpose of cosmetic surgery is normally to change the appearance.

23.2 Some requests for cosmetic procedures arise from an appearance which is not pathological. Such procedures do not have the intended outcome of preventing, diagnosing or treating a medical condition (paragraph 3.3a of the Statement of Principles). Therefore, such requests do not accord with the Principle of Appropriateness.

23.3 Some requests for cosmetic procedures arise from an appearance which, although related to pathology, is causing no significant symptoms apart from the appearance and the distress resulting from that appearance. A substantial number of people in the population will have these features.

23.4 The ICB considers other services competing for the same ICB resource more clearly have a purpose of preserving life or of preventing grave health consequences (paragraph 3.4(f) of the Statement of Principles). The ICB also considers that the use of healthcare for the problem in question would amount to excessive medicalisation (paragraph 3.4(g) of the Statement of Principles).

23.5 Therefore, such requests do not accord with the Principle of Appropriateness.

24. Effective Healthcare

24.1 The ICB does not call into question the effectiveness of cosmetic procedures and therefore this policy does not rely on the Principle of Effectiveness.

24.2 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.

25. Cost Effectiveness

25.1 The ICB does not call into question the cost-effectiveness of cosmetic procedures and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

26. Ethics

26.1 The ICB does not call into question the ethics of cosmetic procedures and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

27. Affordability

27.1 The ICB has a limited budget and must make difficult choices. As a result of the need to manage resources within budget, the Principle of Affordability is a basis for making restrictions to the commissioning of cosmetic healthcare.

28. Exceptions

28.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

28.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

29. Force

29.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.

29.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

Appendix 1: Glossary of Terms	
Breast augmentation:	An operation to make a patient's breasts larger using implants.
Mastopexy:	An operation to raise or uplift breasts.
Breast asymmetry:	Where a patient has breasts that are a different size or shape.
Inverted nipples:	A condition where the nipple is pulled into the breast instead of pointing outwards.
Liposuction:	Surgery to remove body fat from under the skin using suction.
Abdominoplasty:	Also known as a "tummy tuck". Surgery to improve the shape of the tummy area.
Rhinoplasty:	An operation to change the size or shape of the nose.
Pinnaplasty:	An operation to change the size or shape of the ears or to reduce their prominence.
Blepharoplasty:	An operation to remove excess skin or fat from the eyelids.
Divarication of recti:	A separation of the two muscles that run down the middle of the stomach.
Correction of pectus excavatum:	A condition where the chest wall has a "sunken" appearance.
Body Mass Index:	A measure that uses your height and weight to work out if your weight is in a healthy range.
Hyperhidrosis:	A condition which causes excessive sweating.
Pilonidal sinus:	A cyst near the cleft of the buttocks that usually contains hair and skin debris
Hernia:	Where an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall, usually between the chest and hip area.
Cellulitis:	A skin injection that is usually treated with antibiotics.
Skin ulceration:	A sore on the skin, accompanied by the disintegration of tissue.
Lymphedema:	Localised swelling.
Skin necrosis:	The death of tissue due to a lack of oxygen and blood supply.
Malignant:	Something that is cancerous or has the potential to spread.
Benign:	Something that is not cancerous or dangerous.

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