

Placename CCG	
Policies for the Commissioning of Healthcare	
Policy for the Commissioning of Cosmetic Procedures	
1	Introduction
1.1	This document is part of a suite of policies that the CCGs use to drive their 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.
1.2	This policy is based on the CCGs' Statement of Principles within the suite of policies for the Commissioning of Healthcare (referred to hereinafter as "The Principles").
1.3	This policy relates to cosmetic procedures, and to procedures often considered to be cosmetic.
2	Scope
2.1	Healthcare included within the scope of this policy is that having a primary purpose of changing the appearance of part of the body. Such healthcare may include surgical operations, injections, prescribing of medications, laser therapies, electrical stimulation, physiotherapy, massage, administration of botulinum toxin, provision of wigs and prostheses, and other types of intervention. Such treatments and interventions are included in the scope of this policy only when they are used to address a cosmetic matter.
2.2	Requests to address the following issues, irrespective of gender, are within the scope of this policy: <ul style="list-style-type: none"> • Large breasts, in people of either gender; • Small breasts; • Problems with breast implants; • 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);

	<ul style="list-style-type: none"> • Tattoo; • Excess hair; • Insufficient hair / baldness; • Split ear lobes; • Pectus excavatum; • Benign birthmarks (naevi) of a vascular or pigmented nature; • Benign tumours or overgrowths including warts, lipomata, seborrheic keratoses; • Skin damage caused by acne, sun exposure and ageing; • Rosacea, erythema and thread veins; • Hyper- or hypo- pigmentation; • Problems addressed by face lifts or brow lifts; • Procedures to align appearance more closely to that of a particular gender; • Other conditions that the CCG considers to be equivalent to the above.
2.3	<p>The following are not within the scope of this policy:</p> <ul style="list-style-type: none"> • Services 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; • Services for hyperhidrosis; • Services to address an unpleasant odour; • Cosmetic procedures for people undergoing gender reassignment if those procedures fall within the commissioning remit of NHS England.
2.4	<p>The CCG 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, may wish to have a service provided to improve their appearance, and be distressed by their appearance, and by the fact that that they may not meet the criteria specified in this commissioning policy. Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
3	Definitions
3.1	"Cosmetic" is defined as relating to appearance.
3.2	"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. The CCG also recognises mental pathology in certain circumstances in which thought processes are disturbed.
3.3	<p>"Normal" (adverb "normally") is used in two contexts:</p> <ul style="list-style-type: none"> • In the context of a clinical situation (e.g. a normal appearance), "Normal" means that a feature is considered to be within the range experienced by most people in a suitable comparator population who do not have pathology. When considering appearance, and unless specified otherwise, the comparator population is regarded as people of similar age, gender and (for issues of pigmentation) natural skin colour. The comparator population for transgendered

	<p>people will be people of their chosen gender.</p> <ul style="list-style-type: none"> In the context of commissioning (e.g. the CCG will normally commission a service) "Normal" describes what the CCG will do in the absence of exceptionality (with reference to the exceptionality policy).
3.4	A transgendered person will be considered for the purposes of this policy as being a person in their chosen gender. For the avoidance of doubt, transgendered status will not be taken into account and will not be a matter of exceptionality.
4	The Principle of Appropriate Healthcare
4.1	The purpose of cosmetic surgery is normally to change the appearance
4.2	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.
4.3	Some requests for cosmetic procedures arise from an appearance which, although related to pathology, is causing no significant symptoms except by way of appearance and distress at that appearance, and is such that a substantial number of people in the population will have features of similar cosmetic impact. The CCG considers that in comparison with providing cosmetic services for individuals with such an appearance, other services competing for the same CCG 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 CCG also considers that the use of health care for the problem in question would amount to excessive medicalisation (paragraph 3.4(g) of the Statement of Principles). Therefore such requests do not accord with the Principle of Appropriateness.
4.4	Some requests for procedures arise from a condition which is usually cosmetic, but in the patient in question, is actually threatening life or causing significant pain or disability. That procedure would accord with the Principle of Appropriateness.
4.5	Some requests for cosmetic procedures arise from an appearance which is so extreme, prominent and negative that the CCG considers it to be unacceptable. That procedure would accord with the Principle of Appropriateness. The evidence required in support of this is considered in Appendix 5.
5	The Principle of Effective Healthcare
5.1	For procedures with a primarily cosmetic purpose, this policy places limited reliance on the principle of effectiveness. Nevertheless the CCG is unlikely to commission a service for a cosmetic purpose unless it believes that the treatment is likely to achieve a substantial, objective and prolonged improvement to an appearance, and to do so safely. Also if a procedure that is within scope of this policy is requested for a purpose that is not primarily cosmetic, then the CCG 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.

6	The Principle of Cost Effectiveness
6.1	For procedures with a primarily cosmetic purpose, this policy places limited reliance on the principle of cost-effectiveness, and therefore the issue of cost-effectiveness has not been considered in developing the policy. Nevertheless individual procedures and requests may raise issues of cost effectiveness which the CCG may consider.
7	The Principle of Ethics
7.1	This policy places limited reliance on the principle of ethics, and therefore the issue of ethics has not been considered in developing the policy. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.
8	The Principle of Affordability
8.1	This policy places limited reliance on the principle of affordability, and therefore the issue of affordability has not been considered in developing the policy. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, or if a cohort of patients requests a particular treatment which the CCG may consider commissioning in accordance with this policy, then the Principle of Affordability may be taken into account.
9	Policy
9.1	<p>Subject to paragraph 10, the CCG may commission cosmetic procedures, and procedures often considered cosmetic, under only the following circumstances:</p> <ul style="list-style-type: none"> • When the purpose of the treatment is to exclude or treat malignancy; • When the untreated condition is likely to bleed unpredictably to the extent that it may threaten life or require emergency hospitalisation; • When the procedure (including breast reconstruction, management of gynaecomastia related to prostate cancer treatment, provision of a wig or prosthesis, etc.) is part of an ongoing package of cancer treatment. <p>However:</p> <ul style="list-style-type: none"> ○ if the patient has been discharged from active treatment without a documented plan to carry out the procedure in question then the requested procedure will not be regarded as part of an ongoing package, even if the cosmetic issue is related to the cancer or to its treatment); ○ In the case of breast cancer treatment, it is expected that decisions about reconstruction will take account of the overall appearance. Reconstruction within the package of cancer care may therefore include interventions on both breasts. However the management of subsequent asymmetry would be considered in accordance with this policy and at that stage a history of cancer would not be regarded as a matter for exceptionality. ○ It may be difficult to restore an ideal appearance after cancer. Agreement that reconstruction may be carried out within a cancer package does not therefore mean that funding will continue until an

	<p>ideal (or a pre-treatment) appearance is achieved. In particular second and subsequent surgical procedures carried out with the sole intention of improving appearance are unlikely to be commissioned unless there was documentary evidence that they had been intended as follow up procedures at the time of the initial reconstruction.</p> <ul style="list-style-type: none"> • When the procedure or service is initiated during the acute (within 48 hours) clinical management of trauma, or is part of an ongoing package of trauma treatment. However: <ul style="list-style-type: none"> ❖ If the patient had not sought healthcare for the trauma, or has been discharged from active treatment without a documented plan to carry out the procedure in question then the requested procedure will not be regarded as part of an ongoing package, even if the cosmetic issue is related to the trauma; ❖ It may be difficult to restore an ideal appearance after trauma. Agreement that reconstruction may be carried out within a trauma package does not therefore mean that funding will continue until an ideal (or a pre-treatment) appearance is achieved; ❖ A surgical procedure for which the patient has given their consent having been given appropriate information does not amount to trauma in this context. • When the procedure is carried out as part of a package of treatment equivalent to cancer or trauma treatment, in the sense that there is a clinical need for treatment that is unrelated to appearance, and it is normal professional practice to seek to restore a satisfactory appearance to the affected body parts at the conclusion of that package of treatment. • When the purpose of the procedure is to address the consequences of female genital mutilation; • When the purpose of the procedure is to restore the urethral meatus to its normal position in the case of congenital anomaly (e.g. hypo / hypospadias); • When the primary purpose of the treatment is to address a functional problem, and the provisions of appendix 1 apply; • When the purpose of the procedure is to address an appearance which is so extreme, prominent and negative that the CCG considers it to be unacceptable, as described in Appendix 2; • When the primary purpose of the procedure is to remove a breast implant that has failed or is likely to fail, as described in Appendix 3;
9.2	<p>When the CCG offers funding, in accordance with this policy or as an exception to it, for cosmetic breast surgery as a result of asymmetry, then:</p> <ul style="list-style-type: none"> • The CCG will normally commission a procedure on one breast only; • In a patient who expects to have children in the future, the CCG will normally commission a unilateral breast augmentation with the implant being placed between the breast and the rib cage, thus minimising the effect on the potential for breast feeding; • In a patient who does not expect to have children in the future, the CCG will normally commission a unilateral breast reduction, recognising that the potential for complications arising from the implant, will be avoided.
9.3	<p>The CCG may also commission procedures under scope of this policy when the patient is undergoing a related procedure (in accordance with a CCG policy or in response to a recognised clinical need not covered by a policy) on the same or an</p>

	associated part of the body, and correction of a cosmetic matter at the same time would be so easy and incur so little extra expense that it would be irrational not to do so. In particular if a strategy not to correct a cosmetic problem would require a specific effort to complete the surgery in a way that restored the cosmetic abnormality, then the abnormality should be corrected. Examples of this are listed in Appendix 3
9.4	Wigs and prostheses will normally be funded only as part of cancer or trauma pathways as described in section 9.1 above. 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.
9.5	When the CCG offers funding, in accordance with this policy or as an exception to it, for the insertion of a breast implant, then the CCG will expect the surgeon to explain to the patient the implications for future breast screening and clinical detection of breast cancer, and will record in the notes that the patient is aware of such risks and takes responsibility for them.
10	Exceptions
10.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
11	Force
11.1	This policy remains in force until it is superseded by a revised policy.
	<i>Date of adoption</i>
	<i>Date for review</i>
Appendix 1	
Cosmetic procedures when the primary purpose of the treatment is to address a functional problem	
A1.1	Intractable intertrigo
	<p>The CCG may commission a procedure such as panniculectomy, removal of skin flaps or breast reduction, when the following criteria are all satisfied:</p> <ul style="list-style-type: none"> • There is inflammation and/or infection of the skin folds that are touching each other (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. This intertrigo 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); • (If the problem arises from weight loss, including weight loss facilitated by bariatric surgery) The patient has maintained a stable body mass index, with a difference of no more than 3 kg/m² between the highest and lowest of the last three measurements, taken at least 12 months apart, and with the latest measurement being no more than 30 kg/m² (except that a slightly higher BMI

	<p>may be accepted if it would fall within the required range if it were not for the weight of the tissue to be removed);</p> <ul style="list-style-type: none"> • (If the problem arises from large breasts, the patient has maintained a stable body mass index, with a difference of no more than 3 kg/m² between the highest and lowest of the last three measurements, taken at least 12 months apart, and with the latest measurement being no more than 27.5 kg/m² (except that a slightly higher BMI may be accepted if it would fall within the required range if it were not for the weight of the tissue to be removed); • At least 24 months shall have elapsed since any bariatric surgery, and no further bariatric surgery shall be planned.
A1.2	Pain
	<p>The CCG may commission a procedure usually regarded as cosmetic on the grounds that it is causing pain or significant discomfort, provided that:</p> <ul style="list-style-type: none"> • the pain or discomfort is of a level of severity that would lead most people to seek healthcare simply for that feature of the condition, and • the pain or discomfort is preventing usual activities, or is significantly disrupting the sleep pattern, and • the pain or discomfort is present for all or most of the time, and • the pain or discomfort is not primarily related to certain activities which could be avoided without detriment to health, and • the pain or discomfort has a plausible basis, and • other causes for the pain or discomfort have been excluded, and • (for surgical treatments or services) the pain or discomfort either is likely to be permanent, or if short term is not relieved by medication, and • the pain or discomfort is recognised by the clinicians providing treatment as a feature that will be addressed by any treatment or service, and • there is robust reason to believe that the proposed procedure will substantially reduce the pain or discomfort, and • the procedure is not excluded by any provision of Appendix 2 below. • (If the problem arises from tethered scarring following surgery) no further surgery to the area shall be planned.
A1.3	Functional impairment
	<p>The CCG may commission a procedure such as panniculectomy, removal of skin flaps, breast reduction, or release of tethered scarring when the condition is causing impairment or disability to the extent that the following criteria are all satisfied:</p> <ul style="list-style-type: none"> • there is major impact on one or more of the following: mobility (walking, using transport, driving); personal care (washing, toileting, dressing); domestic activities (shopping, housework); intimate interpersonal interactions; education; employment; recreational activities; and community life. • there is a demonstrable physiological explanation that this impairment or disability is a direct result of the feature being removed; • there is confirmation from the clinician who will carry out the treatment that as a result of the procedure the patient's functional impairment is expected to improve; • (If the problem arises from weight loss, including weight loss facilitated by bariatric surgery) the patient has maintained a stable body mass index, with a difference of no more than 3 kg/m² between the highest and lowest of the last

	<p>three measurements, taken at least 12 months apart, and with the latest measurement being no more than 30 kg/m² (except that a slightly higher BMI may be accepted if it would fall within the required range if it were not for the weight of the tissue to be removed);</p> <ul style="list-style-type: none"> • (If the problem arises from large breasts, the patient has maintained a stable body mass index, with a difference of no more than 3 kg/m² between the highest and lowest of the last three measurements, taken at least 12 months apart, and with the latest measurement being no more than 27.5 kg/m² (except that a slightly higher BMI may be accepted if it would fall within the required range if it were not for the weight of the tissue to be removed); • at least 24 months shall have elapsed since any bariatric surgery, and no further bariatric surgery shall be planned. • (If the problem arises from tethered scarring following surgery) no further surgery to the area shall be planned.
A1.4	Distress / Psychological Wellbeing / Mental Health
	<p>An application for a procedure that confirms that a patient has a diagnosed and pathological mental illness that is caused by the cosmetic problem and would be improved by a cosmetic procedure, may amount to a case for exceptionality on the grounds that the purpose of the treatment was to improve mental health, and was not therefore cosmetic. However in considering such applications the CCG would take account of the following factors:</p> <ul style="list-style-type: none"> • A mental illness is an abnormality of the mind. That abnormality may involve a structural problem or a chemical imbalance in the brain, or simply an anomaly in the way in which the mind is operating at that time. However, it is an illness in its own right, and is best managed by using psychiatric and psychological interventions to address the root of the problem. It is not usually best managed by addressing other features of the patient's life which may be the focus of the illness, but are not the primary cause of the mental illness. If such features are addressed, then the illness will remain and the focus of the mental illness may simply shift to another focus. For this reason, a mental illness is not usually accepted as a matter of exceptionality for a request for a cosmetic intervention, although every case will be considered on its merits. • Distress, adverse psychological features (short of pathological mental illness) or reduced wellbeing are normal reactions to an unwanted appearance or to a lack of funding availability. In such circumstances there is considered to be no mental illness for the purposes of this policy. Such reactions, even if referred to as depression, are not usually accepted as matters of exceptionality for a request for a cosmetic intervention, although every case will be considered on its merits.
A1.5	Claims of functional problems in specific circumstances
	<p>The following considerations may be taken into account:</p> <ul style="list-style-type: none"> • Divarification of the recti (a separation of the muscles of the abdominal wall) rarely causes functional problems and requests to repair this problem will normally be regarded as cosmetic;

	<ul style="list-style-type: none"> Pectus excavatum (occurring when the thoracic wall bends inwards creating an appearance of an indent in the chest wall) rarely causes functional problems and requests to repair this problem will normally be regarded as cosmetic. However substantiated claims that the problem is interfering with respiration or cardiac function will be taken into account in individual cases.
	<ul style="list-style-type: none"> A para-umbilical hernia carries a risk of strangulation, especially if pain is claimed. Repair of a para-umbilical hernia should not be regarded as cosmetic and may be commissioned by the CCG.
	<ul style="list-style-type: none"> An umbilical hernia also carries some risk of strangulation (although less than a para-umbilical hernia) and is difficult to distinguish clinically from a para-umbilical hernia. Therefore repair of an umbilical hernia should not be regarded as cosmetic and may be commissioned by the CCG.
	<ul style="list-style-type: none"> There is wide variation in the size of the genitalia within and particularly between the genders. The genitalia (in either gender) are unlikely to be subject to pain and irritation simply as a result of their large size, although in some cases the use of tightly fitting clothing may be uncomfortable. Requests to reduce the size of the genitalia will therefore be regarded as cosmetic and not functional. However large, painful or inflamed genitalia can result from infection, trauma (unrelated to size) hydrocele, hernia, malignancy etc. Such conditions are outside of the scope of this policy and treatment is not excluded by this paragraph, although such treatment will not normally include surgical reduction of genital structures.
	<ul style="list-style-type: none"> A structure such as a skin flap that is interfering with the passing of urine such that it is causing hygiene problems or making impossible to make normal use of a toilet may be considered as causing a functional problem. It is expected that such a request will be supported by a clinician who will have confirmed that examination findings show a significant abnormality that would be expected to make normal use of the toilet impossible.
	<ul style="list-style-type: none"> Inverted nipples which (with robust clinical evidence) are causing severe infection which is persistent or recurrent, or which is preventing breast feeding, may be regarded as causing a functional problem.
A1.6	Other functional problems
	The CCG may commission a procedure when the condition is causing another functional problem equivalent to those described in sections A1.1 to A1.3 above.
A1.7	Breast size
	When a patient satisfies criteria in this appendix for breast reduction surgery, it is the effect rather than the size of the breasts that is taken into account. Therefore this appendix intentionally includes no criterion in relation to breast size.
Appendix 2	
Cosmetic procedures when the purpose of the procedure is to address an appearance which is so extreme, prominent and negative that the CCG considers it to be unacceptable	
A2.1	With reference to paragraph 9.1 of this policy, the CCG may commission procedures to address an appearance which is so extreme, prominent and negative in its nature or extent that the CCG considers it to be unacceptable. This appendix

	describes the application of that aspect of this policy.
A2.2	For the CCG to offer funding for a cosmetic procedure on the grounds that the appearance is so extreme, prominent and negative that the CCG considers it to be unacceptable, then the following criteria must all be satisfied:
	1. there is clinical advice that there is a genuine cosmetic disfigurement, and that the patient's perception of that disfigurement is not exaggerated.
	2. EITHER (a) <ul style="list-style-type: none"> • the feature, is immediately and strikingly obvious in normal social contact, such that it is likely to dominate the way in which a casual observer perceives the individual, and • the feature cannot be masked by clothing, wigs, prostheses or cosmetics (recognising that clothing may not normally cover the head, neck, hands, or an area of the upper chest within 12 cm of the laryngeal prominence. Coverage of a lesion in these areas by clothing is not expected, and people who for social, cultural, religious or other reasons do chose to cover these areas will not be excluded from treatment as a result)
	OR (b) <ul style="list-style-type: none"> • the feature is so prominent that it would be likely to greatly and adversely affect the willingness of a reasonable patient or a reasonable partner to have intimate contact, and • whatever psychosexual counselling is available to the population of the CCG has failed to resolve the obstacle to intimate social contact, or (unusually) is considered inappropriate;
	3. appearances (of this or other causation) as extreme as that suffered by the patient are rare in the general population of the same age and gender as the patient;
	4. the clinician who will treat the patient advises that the procedure is likely to achieve resolution of the problem, or at least substantial improvement;
	5. spontaneous resolution of the problem is unlikely;
	6. recurrence after surgery is unlikely;
	7. there is no history of a previous failed attempt to resolve the problem (or if there is such a history there is a robust reason why the requested attempt is expected to succeed when the previous attempt failed).
A2.3	The following conditions are likely to satisfy the criteria on section A2.2 above, using criterion 2a:
	<ul style="list-style-type: none"> • a severe case of widespread excess facial hair outside of the expected distribution for individuals of the patient's gender, that cannot be improved to a reasonable extent by shaving and/or cosmetic applications;
	<ul style="list-style-type: none"> • a large raised or vascular or pigmented lesion on the face, usually occupying a skin area of at least 4 square cm (e.g. 2cm x 2cm);
	<ul style="list-style-type: none"> • a large raised, vascular or pigmented lesion elsewhere on the head or on the neck, hands, or visible area of the upper chest, usually occupying a skin area of at least 16 square cm (e.g. 4cm x 4cm);
	<ul style="list-style-type: none"> • asymmetric breasts, in which for a person of height 170cm: <ul style="list-style-type: none"> ❖ the larger breast is estimated to have a volume of at least 1000ml, AND to have at least twice the volume of the smaller breast, or ❖ the breasts are located differently such that there is a relative difference of at least 5cm between the position of the nipples, or

	<ul style="list-style-type: none"> ❖ there is a gross difference in the shape of the breasts and in which the asymmetry cannot be masked using clothing, padding or prostheses (NB The policy as applied to a patient of height h cm would therefore be (size stated in the policy $\times h^3$)/4913000.)
	<ul style="list-style-type: none"> • gender inappropriate breast tissue, such that it cannot be masked by clothing, or such that it is causing discomfort without the use of gender inappropriate support. It is unlikely that a breast having an estimated volume of less than 500ml would satisfy the criteria;
A2.4	The following conditions are likely to satisfy the criteria on section A2.2 above, using criterion 2b:
	<ul style="list-style-type: none"> • an abdominal panniculus (skin fold) which extends to cover the upper thigh (i.e. hanging at least 10cm below the pubic symphysis). In such a patient, a stable non-obese body mass index must be achieved as described in Appendix 1 (section A1.1)
	<ul style="list-style-type: none"> • a severe case of hirsutism (gender inappropriate whole body hair) that cannot be improved to a reasonable extent by shaving and/or cosmetic applications. However in this circumstance the extent of the treatment required, and the likelihood of recurrence means that the Principle of Cost-Effectiveness of the treatment in the patient in question may not be met.
A2.5	The following conditions/requests/treatments are unlikely to satisfy the criteria on section A2.2 above, but nevertheless specific cases may be considered on their merits and in accordance with the policy for exceptionality:
	<ul style="list-style-type: none"> • tattoo removal;
	<ul style="list-style-type: none"> • baldness in either gender (in the expectation that this can normally be addressed by the use of a wig)
	<ul style="list-style-type: none"> • small, absent or ptotic (drooping) breasts (in the expectation that they can be masked by padding or prostheses). While there may be a claim that such an appearance is not as attractive as a larger breast size, it would not be regarded as likely to greatly and adversely affect the willingness of a reasonable patient or a reasonable partner to have intimate contact. In claims for exceptionality the CCG will base its decision on the current appearance and not on the cause or history. Therefore claim that a patient has a greater need because her lack of breast tissue is congenital, is the result of involution, or relates to a specific diagnosis (e.g. tubular breasts) is not a matter of exceptionality;
	<ul style="list-style-type: none"> • large breasts. The CCG expects that it will fund some cases of breast reduction, but that such cases will be those in which the breast size is causing functional problems to the extent that the criteria in Appendix 1 are satisfied.
	<ul style="list-style-type: none"> • prominent ears. While the CCG is sympathetic to patients who are the subject of ridicule or abuse, it considers that prominent ears are a variant of normality and do not represent a health problem, except to the extent that they are defined as such by society. The CCG considers that an offer of funding for such patients would perpetuate the perception within society that ears should be of a certain shape, and thus leads to excessive medicalisation of the problem.
	<ul style="list-style-type: none"> • inverted nipple(s) in the absence of functional problems described in section A1.4 above

	<ul style="list-style-type: none"> concerns about the size or shape of the, nose, chin or larynx. There is a wide range of normality in the size of these structures, and it is unlikely that the CCG will regard even the more extreme variants as having a nature and extent such that the CCG considers it to be unacceptable.
	<ul style="list-style-type: none"> concerns about the size or shape of the genital organs. Cases in which there is a claim of pain, discomfort or interference with toilet functions are addressed elsewhere in this policy. When the request is for purely cosmetic reasons, funding will not normally be offered. The CCG recognises that extreme appearances of the genitalia may be less attractive in intimate contact than more prevalent appearances, but it considers that such appearances would not normally be regarded as likely to greatly and adversely affect the willingness of a reasonable patient or a reasonable partner to have intimate contact.
	<ul style="list-style-type: none"> drooping or other issues relating to the eyelids. The CCG will take a default position that drooping of the eyelids is a normal feature of aging and will not normally offer funding for surgical procedures. However the CCG may move from that default position if it is demonstrated that the eyelids are interfering with vision. This policy does not prohibit in any way the commissioning of services for the assessment and treatment of neuromuscular disorders such as myasthenia gravis.
	<ul style="list-style-type: none"> damage caused by ear jewellery. The CCG will not commission surgical repair of deficits to the ear lobes caused by the use of stretching devices intended to produce a large hole in the ear lobe. Neither will the CCG commission repair of deficits caused by the continual wearing of heavy ear jewellery items that were clearly causing gradual damage, progressing towards split ear lobes. The CCG may commission a repair of a traumatic tear caused by an accidental force or assault applied to a piece of ear jewellery being used for its intended purpose – such a tear would usually be complete and unilateral. The CCG would expect the patient subsequently to reconsider their use of ear jewellery and would be unlikely to commission that procedure on more than one occasion for a particular patient.
	<ul style="list-style-type: none"> damage caused by jewellery worn in other body pierced sites. When the site is in a body part in which coverage by clothing is not expected (the head, neck, hands, or an area of the upper chest within 12 cm of the laryngeal prominence) then the provisions made in relation to the ear lobe will apply. Otherwise repair will not normally be commissioned except as part of the management of bleeding or infection.
	<ul style="list-style-type: none"> features of the same nature as those described in sections A2.3 and A2.4 above, but having a lesser extent.
	<ul style="list-style-type: none"> other procedures requested to address issues of appearance.
Appendix 3	
Cosmetic procedures when the primary purpose of the procedure is to remove a breast implant that has failed or is likely to fail	
A3.1	<p>The CCG may commission the removal of a breast implant under the following circumstances:</p> <ul style="list-style-type: none"> the implant was manufactured by Poly Implant Prothèse (PIP) between 2001 and the date of the liquidation of that company in 2010, or there is clinical evidence that the implant has ruptured; or there is clinical evidence that, as a result of its age, the implant has hardened

	<p>to the extent that significant pain is claimed and is plausible; or</p> <ul style="list-style-type: none"> • there is evidence, not available at the time of the implantation, that there is an increased risk of developing breast cancer (either as a result of an emerging family history, or as a result of a malignant diagnosis in the contralateral breast) and the implant is impairing mammography; or • the contralateral breast implant satisfies one of the above criteria, is being removed, and the patient is requesting bilateral removal.
A3.2	<p>The CCG may commission the supply and insertion of a replacement breast implant under the following circumstances:</p> <ul style="list-style-type: none"> • the original implant was supplied and inserted by the NHS in accordance with any policy of the commissioner; • the removal of the implant is in accordance with this policy (see paragraph above) • the replacement can be carried out as part of the same procedure as the removal of the previous implant • a substantial change in appearance is expected from removal of the implant, i.e. EITHER there is evidence that the (each) implant has a volume of at least 500 ml and that the residual breast size (i.e. the breast size before the implant was inserted) is less than 250ml (cup size 32A, 30B or 28C) OR there is an expectation that the removal of the implant will result in an asymmetry such that the smaller breast will be less than half of the volume of the larger, with the absolute difference being at least 500ml.
A3.3	<p>A patient may be eligible for CCG funding for the removal of an implant but not for a replacement. In that case the patient may wish to pay for the replacement, and there may be clinical advantage in the removal and the replacement being carried out during the same anaesthetic. The CCG is willing (subject to legislation and a willing service provider) to agree to fund the removal, with the patient paying the excess costs of the replacement. If that means that the procedure is carried out other than by the usual service provider (ie a service provider in contact with the CCG for the purpose) then the CCG's contribution will be no more than the cost of having the removal carried out by the usual service provider.</p>
Appendix 4	
Cosmetic elements of procedures being carried out for non-cosmetic reasons	
A4.1	<p>Paragraph 9.3 states that "The CCG may also commission procedures under scope of this policy when the patient is undergoing a related procedure (in accordance with a CCG policy or in response to a recognised clinical need not covered by a policy) on the same or an associated part of the body, and correction of a cosmetic matter at the same time would be so easy and incur so little extra expense that it would be irrational not to do so. In particular if a strategy not to correct a cosmetic problem would require a specific effort to complete the surgery in a way that restored the cosmetic abnormality, then the abnormality should be corrected." That paragraph refers to this appendix for examples.</p>
A4.2	<p>An example might be a patient who satisfies this policy for cosmetic breast surgery to one side. The other side is misshapen, but not to the extent of meeting the criteria of this policy in its own right. It would be irrational to carry out surgery to the operated breast either to create asymmetry, or to create another misshapen breast</p>

	to avoid asymmetry. Hence both breasts could be addressed in the same procedure.
A4.3	Another example might be a patient with an unwanted abdominal skin flap who requires abdominal surgery for another purpose. The incision would include the skin flap and the surgeon has the skill to remove it. It would be irrational to require the surgeon to restore the skin flap as an alternative to removing it.
Appendix 5 –	
Evidence required in support of requests for cosmetic procedures on the basis of appearance.	
A5.1	<p>The CCG expects that evidence to support claims of an adverse appearance will be as detailed and objective as possible. It is the responsibility of the applicant to describe the appearance and explain why that appearance should be considered to meet policy criteria. Descriptions of appearance may include</p> <ul style="list-style-type: none"> • Narrative accounts • Measurements • Diagrams • Assessment against scoring systems (Preferably accepted and validated systems)
A5.2	If a scoring system is used, it is important to specify the source of that scoring system as different sources can contain slight differences. In particular, requests to remove an abdominal panniculus will usually include an assessment against a scoring system.
A5.3	<p>The CCG advises that photographic evidence will not be accepted for consideration unless it is impossible to make the case in any other way. The decision to submit photographic evidence remains with the patient and responsible clinician. The CCG is concerned that photographs could be misleading, embarrassing or discriminatory. Ultimately however it is the responsibility of the applicant to decide whether photographs are necessary, and submitted photographs may be taken into account if all of the following apply:</p> <ul style="list-style-type: none"> • A statement of what the photographs show and why they are submitted is included in the text of the application. • The photographs are professionally taken by a medical illustration department. • They are submitted with the patient's consent, including consent for the photographs to be examined, stored and destroyed in accordance with information governance requirements • The submission should be made by secure NHS email with the IFR application detailing the identity of the patient, the date of the photograph and clinical opinion that it represents a true likeness of the affected body part. • As far as possible subject to the body part in question, the photographs will be of the clothed appearance with the patient not being identifiable. Applicants should note that in many cases this policy takes account of the social (i.e. clothed) appearance rather than the intimate (unclothed) appearance. • After consideration has been given to the written case, there is doubt about whether the CCG should offer funding and that doubt can be resolved only by examination of the photographs • The photographs will be submitted only to support or clarify a case made in writing. There should be no expectation that the photographs themselves will amount to a case for funding, or will lead to a decision that the case is stronger than is described in writing. <p>The photographs will be managed in accordance with the IFR process document.</p>
	<i>Date of adoption</i> <i>Date for review</i>
END OF DOCUMENT	

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