Aesthetic Policy – Treatment, Procedures and Services Designed to Improve Appearance
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1.0 Aesthetic Policy Statement

1.1. NHS Warwickshire North Clinical Commissioning Group considers funding of treatments designed to improve aesthetic appearance to be of low priority in allocating limited NHS resources. However, the Clinical Commissioning Group recognises that, in certain cases, a cosmetic procedure may be justified to alleviate or improve a physical deformity that most people would recognise as being severely abnormal, or to meet a clinical need other than improvement of aesthetic appearance. This policy sets out principles and examples of eligibility criteria for funding treatment in such cases.

2.0 Introduction

2.1 This policy relates to procedures and treatments that are primarily aimed at improving aesthetic appearance - the term “cosmetic procedures” is used in this document to denote these procedures and treatments. It is important to note that this includes not only some of the procedures that may be undertaken in the specialty of plastic and reconstructive surgery, but also in other specialties (including dermatology, ENT surgery, ophthalmology, maxillofacial surgery and general surgery).

2.2 Compared to healthcare interventions that improve health and that save lives, NHS Warwickshire North Clinical Commissioning Group considers cosmetic procedures to be of low priority when it comes to allocating limited NHS resources. However, it is recognised that cosmetic procedures may sometimes be justified to alleviate or improve a physical deformity that most people would recognise as being severely abnormal; or needed to improve the functioning of a body part, even if the surgery also improves or changes the appearance of that part of the body. This policy sets out principles and examples of eligibility criteria for funding treatment in such cases.

Rationale

2.3 This is a planned policy revision, which aims to make the limits and eligibility criteria for NHS-funded cosmetic procedures fair, clear and explicit to the public, patients and providers.

Scope

2.4 This policy does not apply to situations where patients require a cosmetic or reconstructive procedure to restore normal or near normal function or appearance as a direct consequence of trauma, burns, destructive surgery, cancer treatment or a recognised congenital malformation. These cases are eligible for NHS funding as part of the treatment plan under routine commissioning arrangements and would be subject to a planned course of treatment within an agreed timescale, which may be long term in some cases. However, further revision for cosmetic improvement will not be funded.

2.5 This policy applies to any and all procedures or treatments which are primarily aimed at improving aesthetic appearance (excluding the situations outlined above). It includes all the procedures and treatments listed in the contents page but this is not an exhaustive list of conditions and procedures. If there is any doubt about whether a treatment would be considered as cosmetic, advice should be sought from the Clinical Commissioning Group.
2.6 This policy applies to all service providers in secondary care and community care that carry out procedures to improve aesthetic appearance.

2.7 Completion and submission of the necessary form on Blueteq must done before carrying out any cosmetic procedure (unless it is following trauma, burns, destructive surgery, cancer treatment or congenital malformation), even if the policy indicates that they will normally be funded. The Blueteq form should clearly state how the patient meets all the relevant policy criteria.

2.8 General practitioners should note the provisions of this policy before making a referral to secondary care for a cosmetic procedure. Patients who do not meet the eligibility criteria set out in this policy should not be referred. However, on occasions general practitioners may not be best placed to decide whether or not the policy criteria apply in a particular case and thus may refer to secondary care for an opinion only. In cases of doubt, prior approval should be obtained from the Clinical Commissioning Group before referral.

2.9 Although the policy does not apply to treatments that can be prescribed in primary care, or minor surgical procedures that can be carried out entirely within a general practice, GPs may wish to base their decision to treat on the principles and criteria contained within this policy.

2.10 Patients who do not meet the eligibility criteria set out in this policy will not be offered NHS funding. However, if a clinician (General Practitioner or Consultant) and/or a patient believes that the individual clinical circumstances of their case makes them an exception to the policy, and merits funding on an exceptional grounds, the clinician will need to make an application in accordance with the Clinical Commissioning Group’s policy for Individual Funding Requests. As such, applications will need to demonstrate that there are unlikely to be other ‘similar patients’ in the population for which the Clinical Commissioning Group is responsible. (i.e. demonstrate that the patient is significantly different to the general population of patients with the condition in question, and/or is likely to gain significantly more benefit from the intervention than might be expected for the average patient with the same clinical condition at the same clinical stage).

2.11 It should be noted that the vast majority of applications for individual case funding for cosmetic procedures suggest that there are various psychological disorders and psychosocial factors associated with the physical problem (e.g. depression, anxiety, feelings of revulsion regarding the physical problem, social withdrawal, problems with sexual relationships and perceptions of teasing/bullying/ostracising by others because of the physical problem). The co-existence of these factors cannot, therefore, in itself be considered as ‘exceptional’ in these cases.

2.12 Obtaining a psychiatric opinion that the patient’s cosmetic problem is contributing to their psychological state does not necessarily indicate that the patient is exceptional and will not guarantee that individual case funding will be agreed. Therefore, psychiatric referral should not be made solely to support an application for individual case funding.
3.0 Principles

The NHS Warwickshire North Clinical Commissioning Group Commissioning Intentions and Vision for Quality underpins development of this policy.

All decisions will be taken in the context of the overall financial position of the Clinical Commissioning Group.

4.0 Policies

4.1 The premise of the policy is that, NHS Warwickshire North Clinical Commissioning Group does not routinely fund cosmetic procedures unless there are eligibility criteria and eligibility criteria are met.

4.2 Where eligibility criteria apply, **approval for funding in each case must be sought from the Clinical Commissioning Group before carrying out the treatment.** (This may be obtained before referral for the treatment if appropriate.)

4.3 The responsibility for presenting the information relevant to eligibility criteria rests with the clinician. The Clinical Commissioning Group as commissioner is ultimately responsible for assessing whether or not the eligibility criteria are in keeping with the content and the principles of the policy.

5.0 General clinical eligibility thresholds

5.1 **Aesthetic procedures for patients who are deemed to be within the normal morphological range will be considered purely cosmetic and therefore NOT funded on the NHS.** However, funding may be appropriate to alleviate or improve a physical deformity that most people would recognise as being severely abnormal.

5.2 Referrals for the revision of treatments originally performed outside the NHS will NOT normally be supported and patients should be referred back to the practitioner who carried out the original procedure. However, in cases where there are significant complications following an aesthetic procedure (for example, infection), or circumstances that require the transfer of a patient to the NHS for appropriate management, the patient will be entitled to routine NHS treatment to treat that complication; but this may not be equivalent to revision of the original procedure. (An example is that complications due to removal of breast implants may be treated by removal of the implants, but the implants may not be replaced.)

5.3 Patients previously treated within the NHS should be considered for revision surgery based on clinical need and priority.
5.4 Cosmetic surgery procedures will NOT be funded to alleviate psychological
distress or dysfunction. Exceptions to this are unlikely because the vast majority of
applications for individual case funding for cosmetic procedures suggest that there
are various psychological disorders and psychosocial factors associated with the
physical problem, and therefore the co-existence of these factors cannot be
considered as ‘exceptional’ in these cases.

5.5 When there is particular concern over psychological well-being, patients should be
referred to the appropriate service for appropriate psychological assessment,
treatment and/or support. (In cases where children are reported to be being bullied
or teased due to variations in appearance, there is an expectation that this should
also be addressed vigorously with the child’s school).

5.6 Surgical outcomes (e.g. wound healing, complications etc) can be adversely
affected by smoking. To ensure the best outcomes, patients should have stopped
smoking prior to referral for any treatments under this policy. Completion and
submission of the necessary form on Blueteq should record smoking status.
Smoking status should be validated at pre-operative appointment using an
appropriate test. Support to stop smoking is available to patients through a range
of NHS stop smoking services.
6.0 Aesthetic policies
**Abdominoplasty Procedures**

**Category: Prior Approval**

Abdominoplasty and similar procedures (apronectomy, panniculectomy, liposuction) for cosmetic or psychological reasons are not funded.

Treatment will be funded where there is a considerable abdominal apron, causing functional problems, following massive weight loss (usually through bariatric surgery and less commonly by dietary means) when the patient has the following circumstances and meets the following criteria:

- There must be documented evidence of clinical pathology (e.g. recurrent intertrigo which has led to ulceration requiring repeated courses of treatment for a minimum period of one year) or disability (e.g. ambulatory or urinary difficulties) due to the skin fold in question

- The patient's starting BMI before weight loss must have been no less than 45kg/m\(^2\)

- The patient's current BMI must be less than 30kg/m\(^2\). (In some patients a BMI of less than 30kg/m\(^2\) may not be achievable, due the weight of excess skin. In these circumstances the patient must have lost at least 15 BMI points, and their clinician must confirm that no further reduction in BMI will be possible without removal of excess skin)

- The patient’s weight must have been stable (normally at less than a BMI of 30kg/m\(^2\)) for a minimum of 12 months.

Further advice: It is important that patients who are considering bariatric surgery are given full information about the cosmetic consequences of the bariatric procedures prior to undergoing surgery, and advised that they will not be eligible for abdominoplasty or a similar cosmetic procedure on the NHS unless they meet these criteria.

Application and approval via Bluteq, where Bluteq is available, must be completed and will be required before any treatment proceeds. Where Bluteq is not available, prior approval must be obtained before carrying out any procedure.
Blepharoplasty and Brow Lifts Procedures

Category: Prior approval

Blepharoplasty - Upper Lid Surgery
These procedures will be funded to correct functional impairment as demonstrated by:

- Impairment of visual fields in the relaxed, non-compensated state. Objective evidence of this will be required.
- Clinical observation of poor eyelid function, discomfort e.g. headache worsening towards the end of the day and / or evidence of chronic compensation through elevation of the brow.

Many people acquire excess skin in the upper eyelids and brow as part of the process of ageing and this may be considered normal. However, if this starts to interfere with vision or function of the eyelid apparatus then this can warrant treatment.

Blepharoplasty – Lower Lid Surgery
This procedure will be funded for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin.

Application and approval via Blueteq, where Blueteq is available, must be completed and will be required before any treatment proceeds. Where Blueteq is not available, prior approval must be obtained before carrying out any procedure.
Body Contouring

Category: Not routinely funded

Body contouring is not funded.

This includes any requests for implants as well as removal of tissue.
Breast Asymmetry Surgery

Category: Prior approval

Note: As stated above in the general introduction to the policy, this does not apply to cases where breast reconstruction is following treatment for cancer or cases following trauma.

Funding for breast asymmetry surgery will be funded in cases of gross asymmetry where all of the following criteria are met:

- The patient is aged 18 or over
- There must be a significant degree of asymmetry of breast shape and/or volume (at least a difference of two cup sizes).
- The plastic surgery team, in conjunction with the patient, will make the final clinical decision as to whether the patient should have reduction or augmentation to resolve the asymmetry. (Funding will be either for augmentation to one breast, or reduction of one breast in order to achieve a reasonable degree of symmetry.)
- The plastic surgery team must confirm that they have discussed possible future complications with the patient, and have not given any assurances that NHS funding for further surgery or replacement implants will be available in the event of weight or breast changes in the future (including those following pregnancy), or in the event of complications such as capsular contracture (except for removal of implant in line with current policy).
- The patient must have a stable weight, and body mass index (BMI) within the range 18 kg/m² to 29 kg/m²
- The GP is required to confirm that the patient has had a stable weight (no more than 5% change in weight) within this BMI range over a period of 6 months prior to referral and request. This must be recorded at 0, 3 and 6 months.

Application and approval via Blueteq, where Blueteq is available, must be completed and will be required before any treatment proceeds. Where Blueteq is not available, prior approval must be obtained before carrying out any procedure.
Breast Implants – removal and replacement

Category: Prior approval

Removal of Breast Implants

Where there are significant complications from breast implants (such as severe pain or clinical risk from leaking or otherwise damaged implants), removal of implants will be funded, irrespective of the reasons for their original insertion. This includes removal for any of the following indications:

- Extrusion of implant through skin
- Implants complicated by recurrent infection.
- Implants with Baker Class IV contracture associated with severe pain (or implants with severe contracture that interferes with mammography)
- Intra or extra-capsular rupture of silicone gel-filled implants

If any of the above criteria for removal of a breast implant is met unilaterally, patients will be offered the choice of removing both prostheses at the same time, with the intention of ensuring symmetry.

The following will NOT be funded:

- Insertion of a new implant (unless the criteria specified below are met)
- Correction of any asymmetry (other than removal of a contralateral implant as specified above)
- Mastopexy and other similar surgical procedures.

Replacement of breast implants

Replacement of breast implants will be funded if removal is required for one of the reasons specified above AND the original procedure was funded by the NHS (either as part of treatment for breast cancer, or for other reasons, provided the original indication was broadly in line with the CCG’s current policy for breast augmentation or correction of asymmetry). The replacement of privately funded breast implants, either unilaterally or bilaterally, is not funded. Replacement with privately purchased prostheses is not allowed alongside NHS removal of implants.

Application and approval via Bluteq, where Bluteq is available, must be completed and will be required before any treatment proceeds. Where Bluteq is not available, prior approval must be obtained before carrying out any procedure.
Breast Enlargement procedures (augmentation mammoplasty)

Category: Not routinely funded

Notes:

1. As stated above in the general introduction to the policy, this does not apply to cases where breast reconstruction is following treatment for cancer, or cases following trauma.

2. This policy does not apply to gender reassignment cases

Breast augmentation is not funded.
Breast Reduction Surgery (reduction mammoplasty) female

Category: Prior approval

Note: this policy does not apply to gender reassignment cases

Breast reduction surgery for cosmetic reasons is not funded.

Breast reduction surgery is considered to be cosmetic unless breast hypertrophy is causing significant symptoms as indicated below. Breast reduction surgery will be funded for non-cosmetic indications for women aged 18 or older for whom growth is complete when ALL the following criteria (1-4) are met:

(1) Significant Symptoms Are Present

- These symptoms are persistent, as evidenced by a documented history of at least one year, and are sufficiently severe to affect activities of daily living (such as working or undertaking household tasks)

  AND

- The opinion of the requesting clinician is that the symptoms are mainly attributable to the breast hypertrophy and are likely to be significantly reduced by breast reduction

  AND

- The patient is suffering from pain in neck, shoulders or upper back (or has painful kyphosis) and this has persisted despite a 3-month trial of other therapeutic measures including:
  - First-line analgesic drug
  - Wearing a properly fitted bra providing adequate support
  - Physiotherapy assessment and treatment (if considered appropriate following assessment), following postural advice and any recommended exercises. (Evidence of physiotherapy assessment and treatment must be provided).

  OR

- There is documented ulceration (not just discomfort) from bra straps cutting into shoulders, and this ulceration has persisted over a period of at least three months despite wearing a properly fitted bra (with wide straps and providing adequate support).

  OR

- There is chronic intertrigo, dermatitis, and/or ulceration in the infra-mammary fold which has been confirmed and documented on a number of occasions over a period of six months, and has been unresponsive to appropriate dermatological treatments and conservative measures (e.g., good skin hygiene) over a period of six months or longer.
(2) The Breast Hypertrophy Is Severe

- There is a significantly abnormal ratio of breast size to torso.
- The patient has a bra cup size of at least F and the proposed breast reduction surgery should be intended to result in a reduction in breast size of at least 3 cup sizes.

(3) The Patient Is Not Obese

- The patient must have a sustained body mass index (BMI) in the range 18 kg/m$^2$ to 29 kg/m$^2$
- The GP is required to confirm that the patient’s has had a BMI below 30 kg/m$^2$ for at least 6 months prior to referral and request. This must be recorded at 0, 3 and 6 months.

(4) The patient is not less than one year post delivery of a child.

Application and approval via Blueteq, where Blueteq is available, must be completed and will be required before any treatment proceeds. Where Blueteq is not available, prior approval must be obtained before carrying out any procedure.
Breast reduction surgery to Treat Gynaecomastia

Category: Prior approval

Surgical treatment of gynaecomastia for cosmetic reasons is not normally funded.

**Treatment will be funded** where the gynaecomastia is extreme

AND

considered to be Simon's classification grade 3 (gross breast enlargement with skin redundancy that simulates a pendulous female breast)

AND

the patient meets the following criteria:

- Patient is post-pubertal
- Patient is not obese (BMI of 29 or less)
- Patient has been screened (and treated if appropriate) for reversible endocrinological or drug related causes

Application and approval via Bluteq, where Bluteq is available, must be completed and will be required before any treatment proceeds. Where Bluteq is not available, prior approval must be obtained before carrying out any procedure.
Breast surgery following cancer treatment policy (relating to an unaffected breast)

Category: Clinical Eligibility Criteria

Surgery for a contra lateral breast is not funded

Commissioned in accordance with guidelines within section 2.4 above
Breast Uplift procedure (Mastopexy)

Category: Not Routinely Funded

This procedure is not funded.
Labioplasty

Category: Not routinely funded

Labioplasty of the labia minora for cosmetic or functional reasons is not funded

NB: This policy does not relate to reversal of female genital mutilation, which is funded.
Laser treatment of skin conditions

Category: Prior Approval

Laser treatment of skin conditions for cosmetic reasons is not normally funded.

This includes removal of hair from any part of the body or face, removal of spider angiomata, removal of telangiectasias, treatment of rosacea, treatment of hidradenitis suppurativa, and any other skin conditions.

Treatment will be funded for patients with the following circumstances and meeting one of the following criteria:

- For port wine stains in people when lesions are located on the face and neck.

- For other types of haemangiomas/vascular birth marks located on the face and neck in people which, in the opinion of an appropriate medical specialist, is unlikely to resolve without treatment and for which the long-term cosmetic benefits of treatment are considered to outweigh any long-term cosmetic risks of treatment. Treatment will be funded in the following circumstances (for which Blueteq must be completed before referral AND before any treatment is commenced*):

  - For haemangiomas/vascular malformations in people that are located either on the face or on any other part of the body, which are causing significant functional problems (not only cosmetic concerns) for which, in the opinion of an appropriate medical specialist, laser treatment is considered to be the most suitable treatment option. (The Blueteq form must provide evidence of effectiveness of the proposed treatment.)

- The treatment of pilonidal sinus is not considered cosmetic and will be funded subject of completion and submission of a Blueteq form.

* In all cases, before final approval for treatment can be given, a treatment plan must be submitted by the provider of laser therapy to indicate the maximum number of treatment sessions (and cost) that will be required to achieve a predicted level of result which would be acceptable to the patient (or patient’s parent in the case of a young child). The treatment provider is responsible for ensuring that patient and parent expectations are realistic at the time of obtaining consent for the treatment. Once the agreed maximum number of funded treatment sessions has been reached, funding for any additional sessions required to achieve an acceptable result would be expected to be met by the treatment provider.

Application and approval via Blueteq, where Blueteq is available, must be completed and will be required before any treatment proceeds. Where Blueteq is not available, prior approval must be obtained before carrying out any procedure.
Pinnaplasty/Otoplasty treatment (correction of prominent ears)

Category – Not routinely funded

This treatment is not funded
Removal of Benign Skin Lesions (including sebaceous cysts)

Category: Prior approval

Any lesions suspected of malignancy (or where there is diagnostic uncertainty and malignancy is a possibility) should be referred with an appropriate degree of urgency. **Prior approval is not required in these circumstances.**

Surgical excision under NHS is available for any lesions, irrespective of size, that appear to have signs of malignancy and/or where removal is required for diagnostic purpose.

The reason for referral and/or for removal of the lesion should be clearly documented in any clinical letters and in the patient’s notes.

If, following a referral to secondary care, malignancy is no longer suspected (and if the lesion has not already been excised for diagnostic purposes), any further treatment should be in line with the policy set out below. It is therefore important that patients understand the reason for referral, and that referral in these circumstances will not automatically lead to excision of a benign lesion.

Sebaceous cysts which are infected or discharging, or any other acutely infected skin lesion, may also be referred and treated without prior approval. Again, the reason for referral and/or for removal of the lesion should be clearly documented in any clinical letters and in the patient’s notes.

**Treatment of benign skin lesions, with no risk of malignancy or infection, is considered to be cosmetic and is not funded** - This includes:

- Benign naevi
- Haemangiomas
- Sebaceous (epidermal) cysts (asymptomatic)
- Seborrhoeic warts
- Skin tags and papillomas
- Spider naevi
- Thread veins
- Warts
- Xanthelasma

Referral and treatment may be approved in certain circumstances, but prior approval should always be sought.

Lesions where the size and/or location causes significant functional problems or recurrent trauma (i.e. for functional reasons – not cosmetic)

Large lesions that cause extreme facial disfigurement may be eligible if the proposed procedure is assessed as clinically appropriate and expected to achieve significant health benefit. The risks of scarring must be balanced against the appearance of the lesion. (If laser treatment rather than surgical treatment is proposed, please see separate section on ‘laser treatment of skin conditions’.)

Application and approval via Blueteq, where Blueteq is available, must be completed and will be required before any treatment proceeds. Where Blueteq is not available, prior approval must be obtained before carrying out any procedure.
Repair of Ear Lobe treatment

Category: Not Routinely Funded

This treatment is not funded.
Rhytidectomy (face lift) including Botox treatments

Category: Not Routinely Funded

Face lifts and similar surgery, and related non-surgical treatments such as Botox and line filling, are not funded.
Chest Wall Deformity (Pidgeon Chest) Surgical Treatment

Category: Not routinely funded

This treatment is not funded where it is considered a cosmetic procedure.

Treatment will be funded where there is significant impairment of cardiac or respiratory function.
Tattoo Removal

Category: Not Routinely Funded

Tattoo removal is not funded.