COMMISSIONING PLASTIC SURGERY

GUIDANCE FOR INDIVIDUAL FUNDING REQUEST PANEL

On behalf of Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Section 2</td>
<td>Classification of types of plastic surgery</td>
<td>4</td>
</tr>
<tr>
<td>Section 3</td>
<td>Local categorization of requests for plastic surgery</td>
<td>5</td>
</tr>
<tr>
<td>Section 4</td>
<td>Process</td>
<td>6</td>
</tr>
<tr>
<td>Section 5</td>
<td>Funding criteria</td>
<td>8</td>
</tr>
<tr>
<td>Section 6</td>
<td>Plastic surgery funding request form</td>
<td>9</td>
</tr>
<tr>
<td>Section 7</td>
<td>Considerations when considering whether a request For a cosmetic procedure is exceptional</td>
<td>12</td>
</tr>
<tr>
<td>Section 8</td>
<td>Additional issues</td>
<td>14</td>
</tr>
<tr>
<td>Section 9</td>
<td>Next steps</td>
<td>15</td>
</tr>
</tbody>
</table>

References –

| Appendix 1 | Procedures considered by the CCG as aesthetic plastic surgery for which specific criterion or pathways apply | 17   |
| Appendix 2 | Flowchart of process relating to plastic surgery funding requests                        | 18   |
**Section 1 - Introduction**

Plastic surgery has two main components: reconstructive plastic surgery which is concerned with restoring function and appearance to the human body after illness or accident, and aesthetic (often called “cosmetic”) plastic surgery, which is primarily to change the appearance due to choice. Reconstructive procedures cover all aspects of wound healing and reconstruction after congenital, acquired and traumatic problems, while in aesthetic surgery the body is altered to bring about an improvement in appearance rather than to treat disease. (1).

The expectations of different referring clinicians and different patients about what is and is not considered aesthetic, and what will / will not be routinely funded can vary widely. The CCGs have adopted the principle that aesthetic surgery is not routinely funded, whilst reconstructive procedures are routinely funded. As such, requests for aesthetic procedures are required to comprise an Individual Funding Request (IFR) in accordance with the IFR Policy and Procedure document.

Currently, the CCGs follow a set of Plastic Surgery pathways which have been in place for some time, and which may not, in some cases, still be fit for purpose. These will be reviewed in turn over forthcoming months, but **current versions will remain in place until they are revised.** It is anticipated that the utility of this guidance document will increase over time as more pathways are reviewed.

The purpose of this document is to:

1. Clarify relevant classifications of requests for Plastic Surgery
2. Clarify those procedures that will or will not be routinely funded
3. Provide a decision making framework for members of the IFR Panel for determining whether an IFR for a cosmetic procedure would be considered exceptional in accordance with the IFR Policy and Procedure document. (This framework can also be used as guidance by GPs when discussing these issues with a patient).
4. Specify the process by which these requests will be managed by the IFR Panel.
5. Outline next steps in developing procedure-specific pathways which will sit underneath both this guidance document and the overarching IFR Policy and Procedures document as pathways are sequentially reviewed.
Section 2 - Classification of Types of Plastic Surgery

It is critical to ensure we have a common and consistent understanding of the terms underpinning this area. This section sets out some terminology.

Plastic Surgery

The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) defines Plastic Surgery as “A surgical specialty for achieving repair by transfer of tissues” (2). This is a broad definition, defined further by The Royal College of Surgeons Of England as having two main components (1):

1. **Reconstructive plastic surgery**, which is concerned with restoring function and appearance to the human body after illness or accident. Reconstructive procedures cover all aspects of wound healing and reconstruction after congenital, acquired and traumatic problems.

2. **Aesthetic (often called “cosmetic”) plastic surgery**, which is primarily to change the appearance due to choice. In aesthetic surgery the body is altered to bring about an improvement in appearance rather than to treat disease.

Reconstructive Plastic Surgery

BAPRAS defines Reconstructive Plastic Surgery as “Repairing people and restoring function” (3). For the purposes of this document, this will be defined as:

- Trauma and surgery; acute repair and acute reconstruction
- Cancer surgery and reconstruction
- Burns; acute care and reconstruction

Aesthetic (“Cosmetic”) Plastic Surgery

BAPRAS defines Cosmetic Plastic Surgery as “A range of surgical procedures that are carried out to alter and enhance a patient’s physical appearance” (4). Aligning this with the explanation from the Royal College of Surgeons of England above, the following definition of aesthetic plastic surgery will be adopted by the CCGs (note the term “aesthetic” rather than “cosmetic” will be used by the IFR Panel):

“Aesthetic Plastic Surgery is defined as elective surgery designed to alter and enhance a patient’s physical appearance, with the objective of bringing about an improvement in appearance rather than to treat disease.”

Opportunistic Plastic Surgery

This is Plastic Surgery undertaken in order to augment and/or improve the final surgical outcome but which does not relate to the a priori clinical indication for surgery.
Section 3 - Local Categorisation of requests for Plastic Surgery

All requests received to fund Plastic Surgery procedures will be categorised according to a local framework set out below.

**Category 1 - Reconstructive**
These comprise those requests that correspond with the definition of Reconstructive Plastic Surgery as set out above, i.e.:

- Trauma and surgery; acute repair and acute reconstruction
- Cancer surgery and reconstruction
- Burns; acute care and reconstruction

**Category 2 - Functional**
These comprise those requests where the aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures. For example:

- Intractable intertrigo resulting from overhanging abdominal panniculus
- Restriction of ability to mobilise resulting from overhanging abdominal panniculus

**Category 3 – Aesthetic**
These comprise those requests for elective surgery where the aim of surgery is to alter and enhance the patient’s physical appearance, with the objective of bringing about an improvement in appearance rather than to treat disease

**Category 4 - Opportunistic**
This is Plastic Surgery undertaken in order to augment and/or improve the final surgical outcome but which does not relate to the a priori clinical indication for surgery. For example:

- Abdominal body contouring performed in order to enhance aesthetic outcome during breast reconstructive surgery

**Category 5 – Other**
These comprise those requests which cannot be assigned to any of the categories above
Section 4 - Process

Initial Screening
Requests for Plastic Surgery undergo an administrative and clinical screening prior to consideration by the IFR Panel. This will be undertaken by the IFR Co-Ordinator and the General Practitioner Clinical Advisor to the IFR Panel.

The referrer will be responsible for providing any and all clarification and information requested by the IFR Co-Ordinator. The IFR Co-Ordinator may however request that a referrer provide missing or additional information or clarification.

Requests without the information required by the funding request form may be returned with a request for further information.

Purpose of screening funding requests
1. Screening will establish if there is sufficient information to inform a decision. This includes statement of exceptional criteria.
2. Screening will determine whether the request can be dealt with through an existing commissioning policy (including through the Prior Approvals Route)
3. Screening will establish whether the request should be classified as an IFR or if the request can be funded as part of policy

Prior Approval
At screening, requests for Plastic Surgery will be considered against the criteria outlined in the Plastic Surgery Funding Request Form (below), and the form will be completed and filed.

If the request satisfies criteria for funding as set out in Section 5 below, funding will be approved and the request will not be placed into the IFR Panel process.

If the request does not satisfy criteria for funding as set out in Section 5 below, the request will be considered to be an IFR and exceptional circumstances must be stipulated before it can be considered by the IFR Panel.

Individual Funding Requests
If the funding request is classified as an IFR and exceptional circumstances have been stated, it will be placed in the IFR Panel process as set out on the IFR Policy and Procedure document.
If the funding request is classified as an IFR and exceptional circumstances have *not* been stated, the referring clinician will be advised that these are necessary in order for the request to be processed as an IFR as set out in the IFR Policy and Procedure document.

Where it is considered necessary at the screening stage, a review of evidence and / or pathway may be undertaken.

A summary flowchart of the process described is attached at Appendix 2
Section 5 - Funding Criteria

Category 1 – Reconstructive
These requests will be funded routinely without need for Prior Approval or an IFR.

Category 2 – Functional
These requests will be funded on Prior Approval if there is an existing commissioning pathway that the patient satisfies. If the patient does not satisfy an existing commissioning pathway, then the request will be funded on Prior Approval if:

1. Documentary evidence has been received that all other treatment options currently funded by the NHS have been exhausted or are contraindicated.
2. This is accompanied by a letter from a Consultant or appropriate specialist in the specialty related to the clinical reason cited for surgery (e.g. a Consultant Dermatologist or Consultant Psychiatrist) confirming that there are no suitable evidence-based treatment options other than surgery.

If these conditions are not satisfied the request will be classed as an IFR and will be processed as set out in the IFR Policy and Procedure document.

Category 3 – Aesthetic
These requests will be funded where the patient is defined as exceptional according to standard definition contained within the IFR Policy and Procedure document.

Note - Assessment of patients being considered for referral to Plastic Surgery who may have an underlying genetic, endocrine or severe psychosocial condition should have had this fully investigated by a relevant specialist prior to the funding request being made. Patients will normally be expected to be 18 years old, or older.

Category 4 – Opportunistic
These requests will be considered on a case by case basis and classified through the screening process as outlined above.

Category 5 – Other
These requests will be considered on a case by case basis and classified through the screening process as outlined above.
Section 6 - Plastic Surgery Funding Request Form

All funding requests for Plastic Surgery procedures will be processed at screening using a standard form as set out below.

Using the Plastic Surgery Funding request Form

1. Categorisation
   The request is assigned to a category as outlined above

2. Funding decision
   Recorded as “Approved” or “Declined”

3. Funding criteria (if approved)
   Recorded as:
   - Routinely funded
   - Prior Approval
   - IFR classified as exceptional

4. Cost
   Cost of procedure and outpatient appointments pre- and post-op

5. Summary
   A summary table for audit purposes

6. Extract from IFR Panel minutes
   If the request proceeded to the IFR Panel as an IFR, the minutes extract should be duplicated here

The form itself is shown below:
<table>
<thead>
<tr>
<th>Procedure requested</th>
<th>Categorisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Reconstructive</td>
<td>a Trauma and surgery; Acute repair and acute reconstruction</td>
</tr>
<tr>
<td></td>
<td>b Cancer surgery and reconstruction</td>
</tr>
<tr>
<td></td>
<td>c Burns; Acute care and reconstruction</td>
</tr>
<tr>
<td>2 Functional</td>
<td>a Surgery is requested to manage pain</td>
</tr>
<tr>
<td></td>
<td>b Surgery is requested to manage a skin condition</td>
</tr>
<tr>
<td></td>
<td>c Surgery is requested to manage restriction of movement</td>
</tr>
<tr>
<td></td>
<td>d Surgery is requested to manage a diagnosed psychiatric condition associated with unhappiness with body image</td>
</tr>
<tr>
<td></td>
<td>e Other (please specify)</td>
</tr>
<tr>
<td>3 Aesthetic</td>
<td>a Surgery is requested due to unhappiness with body image unrelated to a diagnosed psychiatric illness</td>
</tr>
<tr>
<td></td>
<td>b Surgery is requested for a child or adolescent in order to mitigate against developmental problems e.g. bullying</td>
</tr>
<tr>
<td></td>
<td>c An anatomical defect has resulted in noticeable asymmetry</td>
</tr>
<tr>
<td></td>
<td>d A congenital or developmental malformation has resulted in unhappiness with body image</td>
</tr>
<tr>
<td></td>
<td>e Other (please specify)</td>
</tr>
<tr>
<td>4 Opportunistic</td>
<td>a Surgery is requested to augment another procedure in order to maximise outcome</td>
</tr>
<tr>
<td></td>
<td>b Other (please specify)</td>
</tr>
<tr>
<td>5 Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
Funding Decision

Funding Criteria (if approved)

1 Routinely funded

   Category 1a
   Category 1b
   Category 1c

2 Prior Approval

   a The patient satisfies the requirements of an existing commissioning pathway
   b Documentary evidence has been received that all other treatment options currently funded by the NHS have been exhausted or are contraindicated. This is accompanied by a letter from a Consultant or appropriate specialist in the specialty related to the clinical reason cited for surgery (e.g. a Consultant Dermatologist or Consultant Psychiatrist) confirming that there are no suitable evidence-based treatment options other than surgery

3 Individual Funding Request

   Patient has been defined as exceptional according to IFR Policy and Procedure document

Cost

   Estimated cost to commissioner including outpatient attendances pre- and post-op

£ __________________

Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Funding Criteria</th>
<th>Process</th>
<th>Decision</th>
</tr>
</thead>
</table>

IFR Panel Minutes Extract (if applicable)

Signature ________________________________
Section 7 - Considerations when considering whether a request for a cosmetic procedure is exceptional.

Funding requests for Plastic Surgery procedures that have been classified at screening as IFRs will be considered in terms of whether they demonstrate exceptional criteria according to the IFR Policy and Procedures document.

The agreed CCGs definition of exceptionality is applied to this area equally as it is to all not routinely funded treatments.

“Exceptionality is a critical concept within this area of the CCG’s decisions. One of the key roles of the IFR Panel is to determine whether an individual funding request and the circumstances presented by the clinician are truly exceptional to existing general policy. More specifically a patient will be considered exceptional if both of the following apply:

- He/she is different to the general population of patients who would normally be refused the health care intervention AND
- There are good grounds to believe the patient is likely to gain significantly more benefit from the intervention than might be expected for the average patient with that particular condition.”

As a guide to Panel, the following sub-principles may be applied at the discretion of the Panel:

**Non clinical factors**

The CCGs take a holistic view of health need. However non-clinical factors are absolutely subordinate to the clinical evidence that supports an intervention having a positive impact on health status, and the broader affordability and opportunity cost at population level. A funding application for a treatment not routinely funded should be framed with the clinical circumstances and the clinical evidence supporting this.

**Efficacy alone is not enough**

The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality. Requests will be expected to demonstrate that all the standard, evidence based, NHS funded treatments for any underlying condition (to which the request for cosmetic surgery related) have been used (or clinically contraindicated) and were ineffective.
Psychological grounds and their place in determining exceptional capacity to benefit.

Psychological distress alone will normally not be accepted as a reason to fund surgery. The evidence pertaining to whether cosmetic surgery improves psychological distress is mixed, and there is little evidence as to what constitutes ‘psychological exceptionality’. No definitive trials have been undertaken. A review has been undertaken by the University of Birmingham.

However, it is the view of the IFR Panel that a psychological opinion can be an effective aid to making a decision, by addressing the extent to which their psychosocial distress and dysfunction can be considered exceptional, the extent to which this relates to their perception of their body, and to inform whether funding a procedure is likely to result in the desired clinical outcome.

Where objective measurement of the body is available this will be conducted first.

The CCGs may, at its discretion, fund ONE psychology opinion. The principal questions that this psychologist opinion will seek to address are

1. To confirm the presence and severity of significant psychosocial distress and dysfunction which relates primarily to concerns about appearance and its implications for the outcome of surgery
2. To clarify that these concerns have a significant impact on the individual’s psychosocial functioning
3. To evaluate the extent to which the level of distress is proportionate to the physical difference
4. To assess that expectations of surgery are realistic

Consideration will be given to clinical evidence that a patient has developed a recognised psychiatric condition (e.g. anxiety state or clinical depression) that requires treatment, is related to the relevant physical problem and has not been effectively addressed by adequate psychiatric or psychological intervention.

Clinical evidence should be submitted indicating a high likelihood that the procedure will alleviate severe psychosocial dysfunction.

In exceptional circumstances psychological distress alone will be considered as a reason for cosmetic surgery if it may alleviate severe and enduring psychological dysfunction. In these cases an NHS psychiatrist or psychologist must provide demonstrable evidence of treatment(s) used to alleviate/improve the patient’s psychological wellbeing, including impact and duration of treatment(s). Clinicians are requested to refer to NICE Clinical Guideline 31 on Obsessive-Compulsive Disorder (OCD) and Body Dysmorphic Syndrome (BDS) prior to referring on psychological grounds alone.
Section 8 - Additional Issues

Referral for opinion v referral for surgery
GPs and patients have the right to a Consultant opinion regarding aesthetic surgery.

Referral to a consultant is de facto referral for an opinion and not referral for surgery. It is the GPs responsibility to indicate this to the patient.

Revisions of procedures
Referrals within the NHS for the revision of treatments originally performed outside the NHS will not usually be permitted. Referrers should be encouraged to re-refer to the practitioner who carried out the original treatment.

Specification of Plastic Surgery request forms
Once this guidance document has been ratified, a discrete Plastic Surgery request form will be developed in conjunction with the IFR Co-Ordinator and the IFR GP Clinical Advisor.
Section 9 - Next Steps

1. A review of specific procedures and pathways (in which those procedures fall) – beginning with revision of current pathways with our current set.

2. Publication of revised pathways – in particular to GPs

The working assumption is that if there is not an existing pathway for a procedure, then it is not routinely commissioned, and as such IFR will be considered and decision made on grounds of exceptionality.
REFERENCES:

Appendix 1

The CCGs Plastic Surgery Procedures for which specific criterion or pathways apply

<table>
<thead>
<tr>
<th>BREAST PROCEDURES</th>
<th>BODY CONTOURING PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction mammaplasty</td>
<td>Abdominoplasty</td>
</tr>
<tr>
<td>Breast Augmentation Surgery</td>
<td>Other skin excision for contour</td>
</tr>
<tr>
<td>Revision of Breast Augmentation</td>
<td>Liposuction</td>
</tr>
<tr>
<td>Nipple Inversion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACIAL PROCEDURES</th>
<th>SKIN AND SUBCUTANEOUS LESIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial lesions</td>
<td>Fatty lumps (Lipomata)</td>
</tr>
<tr>
<td>Face lifts and brow lifts (Rhytidectomy)</td>
<td>Viral warts</td>
</tr>
<tr>
<td>Surgery on the upper eyelid (Upper lid blepharoplasty)</td>
<td>Other benign skin lesions</td>
</tr>
<tr>
<td>Surgery on the lower eyelid (Lower lid blepharoplasty)</td>
<td>Xanthelasma</td>
</tr>
<tr>
<td>Surgery to reshape the nose (Rhinoplasty)</td>
<td>Tattoo removal</td>
</tr>
<tr>
<td>Bat ears in adults</td>
<td>Skin hypo-pigmentation</td>
</tr>
<tr>
<td>Repair of external ear lobes (lobules)</td>
<td>Vascular skin lesions</td>
</tr>
<tr>
<td>Operations on congenital anomalies of the face and skull</td>
<td>Acne vulgaris</td>
</tr>
<tr>
<td>Correction of post traumatic bony and soft tissue deformity of the face</td>
<td>Rhinophyma</td>
</tr>
<tr>
<td>Correction of hair loss (Alopecia)</td>
<td></td>
</tr>
<tr>
<td>Correction of male pattern baldness</td>
<td></td>
</tr>
<tr>
<td>Hair transplantation</td>
<td></td>
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<table>
<thead>
<tr>
<th>MISCELLANEOUS</th>
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<tbody>
<tr>
<td>Skin “resurfacing” techniques</td>
<td></td>
</tr>
<tr>
<td>Botulinum toxin</td>
<td></td>
</tr>
<tr>
<td>Hair depilation (hair removal)</td>
<td></td>
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</tbody>
</table>
Appendix 2

Flowchart of process relating to Plastic Surgery funding requests

1. Referring clinician submits funding request form
2. Form received by IFR Co-ordinator
3. Form screened by IFR GP and IFR Co-ordinator
4. Insufficient Information
5. Sufficient Information
6. CATEGORISE
   - Reconstructive Routinely Funded
   - Functional Consider for Prior Approval
   - Aesthetic Classed as IFR - Are exceptional criteria provided?
   - Other/Opportunistic Consider on a case by case basis
7. Satisfies PA criteria Fund – no need for IFR
8. Does not satisfy PA criteria
9. NO
10. YES
11. IFR PROCESS