

BREAST SURGERY (FOR FEMALES)
BREAST ASYMMETRY
BREAST AUGMENTATION
BREAST IMPLANT
BREAST MASTOPEXY OR UPLIFT
BREAST REDUCTION

EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	1920 v1b
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	December 2019
Name of Originator/Author:	EBI Team
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	September 2020
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Generic EBI Application

**BREAST SURGERY (FOR FEMALES)
EVIDENCE BASED INTERVENTIONS (EBI) POLICY
CONTENTS**

Section		Page
	Version Control	1
1	General Principles	2
2	Policy Breast Surgery (for females) is not routinely commissioned	2
3	Evidence Based Interventions Application Process	3
4	Access To Policy	4
5	References	4

VERSION CONTROL

Document Status:	Current
Version:	1920 V1b

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	April 2015	Remove from the Guidance for Clinicians Document as a separate policy
1617.v2	July 2017	Change the CSU template to a SCCG template
1617.v2a/1617.v2b/ 1819.v2b	December 2020	One overarching breast surgery policy, remains not routinely commissioned, removal of consideration for funding wording, removal of background data, rebranding from IFR to EBI
1920.v1a	September 2020	Include commissioned treatment of breast implant rupture

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	05/05/2016
Quality Impact Assessment QIA. Date:	N/A
Sponsoring Director:	Sandra Corry
Document Reference:	1920 V1b

1 GENERAL PRINCIPLES

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
- 1.2 On limited occasions, we may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.3 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.4 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.5 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.6 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(The wall, 2015)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY BREAST SURGERY (FEMALES) IS NOT ROUTINELY COMMISSIONED

- 2.1 Breast surgery (for females) to healthy tissue is not routinely commissioned, the procedures are considered cosmetic, this includes the following types of breast surgery:
 - Breast Asymmetry
 - Breast Augmentation
 - Breast Mastopexy or Uplift
 - Breast Reduction

2.2 **Breast Implants Removal and Replacement**

2.2.1 Post cancer please refer to the Breast Reconstruction Post Cancer Policy

2.2.2 Where there is clinical evidence of a breast implant rupture please refer to item 3 and follow the EBI Panel pathway to apply for funding

2.2.3 Pip Implants: <https://www.nhs.uk/conditions/pip-implants/>

- Refer to point 3 and follow the EBI Panel pathway to apply for funding if the removal of a pip implant is to be undertaken by the NHS

2.2.4 **Replacement Implants:** are commissioned where:

a) Removal is clinically required due to a rupture and the original breast implant procedure was provided by the NHS

- Refer to point 3 and follow the EBI Panel pathway to apply for funding

b) Pip implants: Where the original implant procedure was provided by the NHS

- Refer to point 3 and follow the EBI Panel pathway to apply for funding

2.2.5 Replacement of privately funded breast implants, either unilaterally or bilaterally, where removal is required due to proven rupture is not commissioned

2.2.6 Where the removal and/or replacement of implants is approved, the approval is for a **single procedure** unless otherwise indicated

2.3 Breast surgery post cancer please refer to the Breast Reconstruction Post Cancer Policy

2.4 Breast surgery (for males) please refer to the Breast Reduction Gynaecomastia Policy

2.5 Breast surgery for patients on the gender dysphoria pathway is the commissioning responsibility of NHS England and is not subject to this policy

3 **EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS**

3.1 Individual cases may be reviewed at the Commissioner's Evidence Based Interventions Panel only where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or

Consultant is required

- 3.3 Applications cannot be considered from patients personally
- 3.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context
- 3.5 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 3.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:
- Significantly different to the general population of patients with the condition in question:
 - Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

- 4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067
- 4.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

5 REFERENCES

- The following sources have been considered when drafting this policy:
- 5.1 British Association of Plastic Reconstructive Aesthetic Surgeons. (2015). Congenital Breast and Chest Conditions. Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons: <http://www.bapras.org.uk/public/patient-information/surgery-guides/congenital-breast-and-chest-conditions>
- 5.2 NHS Choices. (2014,07 09). Breast Implants – Complications. Retrieved 04 26, 2016, from NHS Choices: <http://nhs.uk/Conditions/Breast-implants/Pages/Complications.aspx>
- 5.3 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). Breast Augmentation. Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons: <http://www.bapras.org.uk/public-information/surgery-guides/breastenlargement>
- 5.4 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). *What*

- complications can occur?* Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:
<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-enlargement/what-complications-can-occur#Implant Failure>
- 5.5 NHS Choices. (2014, 07 09). Breast implants - complications. Retrieved 04 26, 2016, from NHS Choices:
<http://www.nhs.uk/Conditions/Breast-implants/Pages/Complications.aspx>
- 5.6 Nuffield Health. (2016). *Inverted Nipple Surgery*. Retrieved 04 28, 2016, from Nuffield Health:
<http://www.nuffieldhealth.com/treatments/inverted-nipple-surgery>
- 5.7 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). Breast Reduction. Retrieved 04 14, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons:
<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-reduction>
- 5.8 NHS Choices. (2014, 01 07). Breast Reduction. Retrieved 04 14, 2016, from NHS Choices:
<http://www.nhs.uk/conditions/Breast-reduction/pages/introduction.aspx>
- 5.9 <https://www.sciencedirect.com/science/article/pii/S1198743X15007193>