

Surgery of the Face
(including but not restricted to facelift or brow lift)
EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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| Application Form | Generic EBI Application |

SURGERY OF THE FACE

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VERSION CONTROL

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|-------------------------|----------------|
| Document Status: | Current policy |
| Version: | 2021.v2 |

DOCUMENT CHANGE HISTORY

| Version | Date | Comments |
|----------|--------------|--|
| V1 | 2010 | Updated Guidance for Clinicians Policy Document |
| V8e | October 2015 | Reviewed by the SCCG CCPF no amendments Removed from the SCCG Guidance for Clinicians Policy Document |
| 1617 v1b | July 2017 | Change of policy template from SWCSU template to SCCG |
| 1617.v1c | June 2020 | Rebranding IFR to EBI, update template, 3 year review |

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1 GENERAL PRINCIPLES (EBI)

- 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>
(Thelwall, 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 CRITERIA NOT COMMISSIONED

- 2.1 The following clinical circumstances for facial surgery do not fall within the remit of this this policy and would follow appropriate NHS treatment pathways;
 - Deformity
 - As part of the treatment of congenital facial abnormalities
- 2.2 Surgery of the face to improve appearance alone and normal changes such as those due to aging, is not commissioned
- 2.3 Facial Surgery (The British Association of Aesthetic Plastic Surgeons

(BAAPS)) can relate to any procedure to alter the appearance of a patients face including: These procedures are considered cosmetic and are not routinely funded by the NHS

- Brow lift
- Cosmetic facial injections
- Facelift or Rhytidectomy
- Laser Surgery for sun damage, ageing and wrinkles
- Lip Enhancement including lipotransfer
- Reshaping of the Cheek including implants and lipotransfer
- Reshaping of the Chin including Implants and lipotransfer

2.4 Cleft Palate - NHS England commissions specialist services relating to cleft lip/palates and complex congenital disorders

2.5 Burns Care - NHS England commissions specialist services relating to burns care including surgical reconstruction

2.3 For clinical circumstances as detailed below, please refer to EBI application pathway under item 3

- a. as part of treatment of specific conditions affecting facial skin, e.g., neurofibromatosis
- b. to correct deformity following surgery to correct the consequences of trauma
- c. anatomical abnormalities in children <18, likely to cause impairment of normal emotional development pathological abnormalities e.g. facial palsy, progeria or cutis laxa

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this 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 Only electronically completed EBI applications will be accepted to the EBI Service

3.5 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 service. This will

reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

- 3.6 EBI applications are reviewed and considered against clinical exceptionalality

For further information on 'clinical exceptionalality' please refer to the NHS England information using the link below page 9-13;

<https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 3.7 Social, Emotional and Environmental factors *i.e. income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

- 3.8 Where appropriate photographic supporting evidence can be forwarded with the application form

- 3.9 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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 NHS Choices. (n.d.). Body dysmorphic disorder (BDD). Retrieved 05 17, 2016, from NHS Choices:
<http://www.nhs.uk/conditions/body-dysmorphia/Pages/Introduction.aspx>
- 5.2 NHS England D.06. (n.d.). D06. Burn Care. Retrieved 05 17, 2016, from NHS England:
<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d06/>
- 5.3 NHS England D.07. (n.d.). Cleft Lip & Palate. Retrieved May 17, 2016, from NHS England:
<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d07/>

- 5.4 The British Association of Aesthetic Plastic Surgeons (BAAPS). (n.d.). Procedures. Retrieved May 17, 2016, from <http://baaps.org.uk/>: <http://baaps.org.uk/>
- 5.5 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: Results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1