

**Skin Contouring Procedures
Includes Buttock, Thigh or Arm Lift / Reduction
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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Application Form	Generic EBI Application

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CONTENTS

Section		Page
	Version Control	1
1	General Principles	2
2	Policy Criteria	2-3
3	Background	3-4
4	Evidence Based Interventions Application Process	4-5
5	Access To Policy	5
6	References	5

VERSION CONTROL

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 v1a	July 2017	Change of policy template from SWCSU template to SCCG
1617.v1b	June 2020	Update template, rebranding from IFR to EBI, 3 year review no clinical amendments

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1516.v1
Quality Impact Assessment QIA. Date:	
Sponsoring Director:	Sandra Corry
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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

- 2.1 Skin Contouring is not commissioned by the CCG
- 2.2 Buttock, Thigh or Arm Lift / Reduction procedures are not commissioned by the CCG
- 2.3 Post-traumatic surgery **AND / OR** Thinning of skin flaps. Please follow the EBI application pathway under item 4

3 BACKGROUND

- 3.1 The aim of body contouring procedures is to improve the appearance of loose or sagging skin. There are different types of procedures, depending on the area of the body which is affected. (Nuffield Health, 2016) These procedures are generally considered to be cosmetic
- 3.2 Cosmetic surgery is a type of surgery used to change a person's appearance to achieve what they perceive to be a more desirable look. This is very different to plastic surgery, which is surgery specialising in the repair and / or reconstruction of missing or damaged tissue and skin, in order to restore function to be as close to normal as possible
- 3.3 Plastic surgery can be required following surgery, illness, injury or abnormality present from birth. (NHS Choices, 2015) Cosmetic surgery is for appearance only and does not have the same aim as plastic surgery
- 3.4 Further information can be found on the Body Reshaping page of the British Association of Plastic Reconstructive and Aesthetic Surgeons website. (British Association of Plastic Reconstructive and Aesthetic Surgeons, 2015)

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 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
- 4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 4.5 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
- 4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' 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>

- 4.7 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

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

4.9 An application put forward for consideration must demonstrate 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

5 ACCESS TO POLICY

5.1 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

5.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). Body reshaping. Retrieved 04 14, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons

<http://www.bapras.org.uk/public/patient-information/surgery-guides/bodyreshaping>

6.2 NHS Choices. (2015, 04 09). Cosmetic Surgery. Retrieved 04 14, 2016, from NHS Choices <http://www.nhs.uk/Conditions/Cosmeticsurgery/Pages/Introduction.aspx>

6.3 NHS Choices. (2015, 04 08). Plastic Surgery. Retrieved 04 14, 2016, from NHS Choices <http://www.nhs.uk/conditions/Plasticsurgery/Pages/Introduction.aspx>

6.4 Nuffield Health. (2016). Body Contouring. Retrieved 04 14, 2016, from Nuffield Health <http://www.nuffieldhealth.com/treatments/body-contouring>