

SCAR REVISION EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Application Form	Generic EBI Application

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VERSION CONTROL

Document Status:	Current policy
Version:	2122.v3

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments
1516.v1.1a	July 2017	Change of policy template from SWCSU template to SCCG
1819.v2	June 2021	3 year policy review, no clinical amendments

Equality Impact Assessment EIA	N / A
Quality Impact Assessment QIA	March 2018
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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 Scar revision surgery / treatment is not routinely commissioned
- 2.2 Scars that result in clinical physical disability (due to contractures, tethering or recurrent breakdown) may be considered
- 2.3 Keloid Scars
 - Applications will be considered where there is significant scarring on the face or where the result is physical distress due to significant pain or pruritis

- Treatment or surgery to scars on other parts of the body is not routinely commissioned (including scars that are secondary to ear or other body piercing procedures)

2.4 Scars secondary to trauma / accidents

- Facial scar revision may be considered where exceptionality can be demonstrated (in terms of size and disfigurement)
- Scar revision on other parts of the body for cosmetic purposes is not routinely commissioned

2.5 Revision of scars that are the result of self-harm is not routinely commissioned

2.6 An EBI application requires evidence of some unusual or unique clinical factor about the patient that suggests they are exceptional. This should demonstrate they are:

- Significantly different to the general population with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average person with the condition

2.7 Each application should be accompanied by photographic supporting evidence

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 exceptionality

For further information on 'clinical exceptionalty' 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 Scars and Keloids information sheet, The British Association of Aesthetic and Plastic Surgeons:
http://baaps.org.uk/docs/procedures/Scars_and_Keloids.pdf
- 5.2 Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery (NHS Modernisation Agency) London:
<http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>
- 5.3 Juckett G, Hartman-Adams H; Management of keloids and hypertrophic scars. Am Fam Physician. 2009 Aug 1;80 (3):253-60.
<http://www.aafp.org/afp/2009/0801/p253.html>
- 5.4 Leventhal D et al. Treatment of keloids and hypertrophic scars: a meta-analysis and review of the literature. Arch Facial Plast Surg. 2006 Nov-Dec;8(6):362-8.
<http://www.ncbi.nlm.nih.gov/pubmed/17116782?dopt=Abstract>
- 5.5 Viera MH et al; Innovative therapies in the treatment of keloids and hypertrophic scars. J Clin Aesthet Dermatol. 2010 May; 3 (5):20-6.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922716/pdf/jcad_3_5_20.pdf
- 5.6 [NHS England - Wave 2 EBI document](#)

