

## VALUE BASED CLINICAL COMMISSIONING POLICIES

Version 2.0 April 2015

TREATMENT	CRITERIA
ABDOMINOPLASTY / APRONECTOMY	Abdominoplasty / apronectomy will not be routinely funded
AUTOLOGOUS SERUM EYE DROPS	Patient has been treated with maximal tolerated artificial tear therapy (preservative free). Indefinite NHS funding will subject to submission of a progress report following a 5 month trial.
BLEPHAROPLASTY	Impairment of visual field in the relaxed, non-compensated state <b>OR</b> Clinical observation of poor eyelid function, discomfort and/or evidence of chronic compensation through elevation of the brow.
BREAST - ASYMMETRY	Surgical correction of breast asymmetry will not be routinely funded.
BREAST - AUGMENTATION	Breast augmentation will not be routinely funded.
BREAST - INVERTED NIPPLE CORRECTION	Surgery for the correction of inverted nipple for cosmetic reasons will not be funded.
BREAST - MASTOPEXY	Mastopexy will not be routinely funded
BREAST - PROSTHESIS REMOVAL OR REPLACEMENT	Breast prosthesis removal will only be routinely funded to make safe following silicon leakage. Breast prosthesis replacement will not be routinely funded.
BREAST - REDUCTION	For women suffering from chronic or repeated neck or backache that has not responded to conservative management and in the opinion of the surgeon, breast reduction is likely to significantly reduce the level of pain <b>OR</b> /intractable intertrigo that has not responded to conservative treatment <b>AND</b> wearing professionally fitted bra has not relieved symptoms <b>AND</b> patient has pre-operative BMI of <27.0. <b>Patient must also meet minimum cup size, depending band size.</b>
CARPAL TUNNEL SYNDROME	Confirmation that the referrer and patient have discussed the NHS shared decision-making tool on CTS <b>AND</b> symptoms persist or recur after conservative therapy (corticoid injections and/or nocturnal splinting) <b>OR</b> there is a neurological deficit <b>OR</b> there are severe symptoms that significantly interfere with daily living.
CHOLECYSTECTOMY (FOR ASYMPTOMATIC GALL STONES)	Cholecystectomy (for asymptomatic gall stones) will only be funded in exceptional clinical circumstances through an IFR
CIRCUMCISION	Medical reasons for funding circumcision include: Phimosis in children with spraying, ballooning and/or recurrent infection; Adult Phimosis; Recurrent balanitis; Balanitis xerotica obliterans; Paraphimosis; Suspected malignancy; Dermatological disorders unresponsive to treatment; Congenital urology abnormalities when skin is required for grafting; Interference with normal sexual activity in adult males.
COSMETIC SURGERY	Surgery for primarily cosmetic reasons is not eligible for NHS funding. A significant degree of exceptionality must be demonstrated before funding can be considered outside of these policies. Specifically, psychological factors are not routinely taken into consideration in determining NHS funding.
EXCIMER LASER FOR CASES WITH POOR REFRACTION AFTER CORNEAL TRANSPLANT/CATARACT SURGERY	This procedure will only be funded if all other conservative and surgical interventions have failed
FACE LIFT OR BROW LIFT	Procedure considered for treatment of: Congenital facial abnormalities / Facial palsy / Treatment of specific conditions affecting the face/ To correct consequence of trauma/deformity following surgery / In some cases of visual impairment where blepharoplasty not appropriate.
FERTILITY PRESERVATION FOR CANCER PATIENTS	Fertility preservation will be funded through requests from adult and paediatric oncology teams in accordance with criteria specified below: <b>MEN</b> - Service should be offered to men/adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile. <b>WOMEN</b> - service should be offered to women of reproductive age (inc adolescent girls) who are preparing for medical treatment for cancer that is likely to make them infertile if: they are well enough to undergo ovarian stimulation and egg collection <b>and</b> this will not worsen their condition <b>and</b> enough time is available before the start of their cancer treatment.
GANGLIA	Ganglia are symptomatic <b>OR</b> there is functional impairment
GYNAECOMASTIA	Surgery to correct gynaecomastia will not be routinely funded
HAIR GRAFTING - MALE PATTERN BALDNESS AND HAIR TRANSPLANTATION	Hair grafting for male pattern baldness will not be funded. Hair transplantation will not normally be funded.
HIRSUTISM	<b>One course of treatment will be funded for those patients:</b> who are undergoing treatment for pilonidal sinuses to reduce recurrence <b>OR</b> For patients with excessive hair who have undergone reconstructive surgery leading to abnormally located hair-bearing skin.
HYPERHIDROSIS TREATMENT WITH BOTULINUM TOXIN	For axillary hyperhidrosis only. 1) The search for an underlying cause has been exhausted <b>AND</b> 2) Advice on lifestyle management has been followed <b>AND</b> 3) 20% aluminium chloride hexahydrate has failed or is contraindicated <b>AND</b> 4) Any underlying anxiety has been identified and managed <b>AND</b> 5) In the opinion of an experienced dermatologist, other treatment options have been exhausted
INFERTILITY TREATMENT (HETEROSEXUAL)	<b>This policy describes the eligibility criteria for NHS funded infertility treatment including: IVF and ICSI.</b> Both partners have been registered patients within the CCG area for one year. The couple are eligible for free hospital treatment in line with Overseas Visitors Charging Regulations. Female partner is <42yo. BMI is between 19-30. Two years unexplained infertility. Neither partner has living children from current/previous relationships. Neither partner has history of sterilisation.

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INFERTILITY TREATMENT (SAME SEX COUPLES)	Both partners have been registered patients within the CCG area for one year. The couple are eligible for free hospital treatment in line with Overseas Visitors Charging Regulations. Partner wishing to become pregnant is <42yo. BMI is between 19-30. Partner wishing to become pregnant is sub-fertile. Couple have completed a donor programme as private patients over a period of two years. Neither partner has living children from current/previous relationships. Neither partner has history of sterilisation.
LIPOSUCTION	Liposuction simply to correct the distribution of fat will not normally be funded
PINNAPLASTY	Pinnaplasty will not normally be funded
REMOVAL OF BENIGN SKIN LESIONS INC SCARS	When the lesion is repeatedly infected <b>OR</b> is subject to recurrent trauma.
REMOVAL OF LIPOMATA	The lipoma(-ta) is/are symptomatic <b>OR</b> there is functional impairment <b>OR</b> for diagnostic purposes to exclude the possibility of malignancy
REMOVAL OF TATTOOS	Where the tattoo is the result of trauma, inflicted against the patient's will ("rape tattoo") <b>OR</b> The patient was not Gillick competent, and therefore not responsible for their actions, at the time of tattooing.
REPAIR OF LOBE OF EXTERNAL EAR	If the toally split ear lobe is a result of direct trauma and the treatment is required at the time of, or soon after the acute episode and before permanent healing has occurred.
RESURFACING PROCEDURES: DERMABRASION, CHEMICAL PEELS AND LASER TREATMENT	Resurfacing procedures will not be routinely funded.
REVERSAL OF MALE / FEMALE STERILISATION	Reversal of sterilisation will not routinely be funded
RHINOPLASTY	Problems caused by obstruction of the nasal airway <b>OR</b> Objective nasal deformity caused by trauma and the treatment is required at the ime of, or soon after the acute episode and before permanent healing has occurred <b>OR</b> Correction of complex congenital conditions (e.g. cleft lip and palate).
THIGH LIFT, BUTTOCK LIFT, ARM LIFT, EXCISION OF REDUNDANT SKIN OR FAT	These procedures will not be routinely funded.
TONSILLECTOMY	<b>Patients must meet the criteria for one of the four groups:</b> <b>1)</b> The sore throats are due to acute tonsillitis AND the episodes of sore throat are disabling/prevent normal functioning AND 7+ well documented, clinically significant, adequately treated episodes in the previous year/ 5+ in each of the preceeding two years / 3+ in each of the preceeding three years. <b>OR 2)</b> For management of infective complications of tonsillitis such as quinsy <b>OR 3)</b> For specific conditions/syndromes which require tonsillectomy as part of their clinical management <b>OR 4)</b> For sleep disordered breathing in children if primary and secondary care assessments confirm large tonsils AND impact on development, behaviour and quality of life.
VAGINOPLASTY, LABIAL VULVOPLASTY AND VULVAR LIPOPLASTY	Vaginoplasty will not routinely be funded
VARICOSE VEINS IN THE LEGS	Persistent ulceration that is painful/prgressive <b>OR</b> Recurrent superficial thrombophlebitis where there is significant pain & disability <b>OR</b> Progressive skin changes that suggest potential ulceration due to venous insufficiency <b>OR</b> Significant haemorrhage from a ruptured superficial varicosity <b>OR</b> Patients with significant discomfort likely to be due to varicose veins.