

NASAL SURGERY INDIVIDUAL FUNDING REQUEST POLICY

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VERSION CONTROL

Document Status:	Current policy
Version:	1516.v2b

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
2012.v1	April 2016	Removed from the Guidance for Clinicians Policy Document and published as a separate policy
1617.1a	April 2016	Amendment to criteria wording
1617.v2a	13 July 2016	Policy name change to Nasal Surgery
1617.v2b	23 January 2017	Amendment to wording on Septoplasty criteria

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	26 March 2016
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Sponsoring Director:	
Author(s):	
Document Reference:	

THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND INDIVIDUAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO REFERRAL - THIS POLICY RELATES TO ALL PATIENTS

NASAL SURGERY POLICY

Date of Issue: 13 July 2016

Rhinoplasty is not routinely funded by the CCG.

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. Funding approval must be secured by primary care prior to referring patients seeking corrective 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.
2. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria and/or exceptionality can be demonstrated 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 and/or exceptionality can be demonstrated to access treatment in this policy.
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.
4. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.
5. Patients should be advised that 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.
6. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
7. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

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8. The policy does not include patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate. Where it is subsequently confirmed that a suspect lesion is benign, funding approval will be required before further treatment or surgery is offered and provided to patients.
9. Patients are eligible for Manipulation under Anaesthetic (MAU) immediately post-Trauma without funding approval being required. Failure to engage with this treatment within the recommended period post-trauma or dissatisfaction with the outcome of the MAU is unlikely to be considered exceptional.

Background

A rhinoplasty, or nose job, is a procedure used to reshape the nose. There are a number of different types of nose reshaping operation. The exact procedure will depend on the aim of the treatment. The operation may take place under a general or local anaesthetic. The two main techniques used are called "open" or "closed". Open means that some or all of the cuts are made outside the nose, whereas closed means all the cuts are made inside the nose.

British Association of Aesthetic Plastic Surgeons (BAAPS) has more information on nose reduction and nose augmentation. (NHS Choices, 2015)

Nose reduction

An operation called **Reduction Rhinoplasty** reduces the size of the framework of the nose over which the skin is draped. The skin itself is not touched. The frame of the nose which is made up of bone in its upper half and gristle (cartilage) in its lower half is approached from underneath the skin through cuts which are made inside the nostrils. Think of the frame of the nose as being like the roof of a house. In order to straighten the nose and bring its bridge closer to the face, its "ridge" is cut away. Then, to restore a new "ridge" or bridge-line, the two sides of the nose are brought together by cutting the bones of the nose where they join onto the cheek bones. The elasticity of the overlying skin allows it to shrink down on the smaller frame. (The British Association of Aesthetic Plastic Surgeons)

Nose augmentation

To improve the appearance of a flattened nose it is necessary to introduce some additional framework underneath the skin to raise and straighten the bridge-line.

The operation is called **Augmentation Rhinoplasty**. Various materials are used for the additional framework such as bone, cartilage (gristle) and a range of manufactured materials which experience has shown are safe and well tolerated by the body. (The British Association of Aesthetic Plastic Surgeons)

Septoplasty

Surgical correction of a Deviated Septum is known as Septoplasty. This procedure is carried out within the nose and alone is not aimed at changing the cosmetic appearance of the nose externally.

Septo-rhinoplasty

On some occasions the Septum is deviated to such a degree that surgical treatment to correct it will also need to correct the external appearance of the nose and this procedure is called a Septo-rhinoplasty.

Policy Criteria

This policy does not apply to immediate post trauma nasal manipulation which normally occurs two to three weeks after the trauma and does not require IFR approval from the Commissioner.

1. **Septoplasty** does not require funding authorisation where:
 - a. there is clinical evidence of a nasal blockage
 - b. there is has been no improvement after a trial of maximal medical treatment which is fully documented in the patient's medical record
2. **Rhinoplasty & Septo-rhinoplasty** surgery is not routinely commissioned
3. **Nasal surgery** to correct the following is not routinely funded by the CCG:
 - a) to stop snoring
 - b) cosmetic appearance of the nose
 - c) for patients who are unhappy with the outcome of previous surgeries including immediate post-trauma corrections (whether provided by the NHS or private providers)
4. **Consideration may be given for the following:**
 - b) post- traumatic nasal injury causing continuous and chronic bi-lateral nasal airway obstruction associated with septal/bony deviation of the nose which as part of reconstructive head and neck surgery (including traumatic deformity)

AND

 - c) significant functional impairment is demonstrated
 - d) applications put forward 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
 - e) applications should be supported by photographs, the CCG will accept patients own photographs
 - f) the CCG will NOT reimburse the costs of medical photography

Individual cases will be reviewed at the Commissioner's Individual Funding Requests Panel upon receipt of a completed application form from the patient's GP, treating Consultant and/or Clinician. Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

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 IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

For some procedures, criteria relating to BMI and smoking status have been included. These criteria have been agreed following discussions with plastic surgeons and take into account their impact on clinical outcomes including wound healing.

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.

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

References

The following sources have been considered when drafting this policy:

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3. Nuffield Health. (2016). *Rhinoplasty (or nose reshaping)*. Retrieved 04 14, 2016, from Nuffield Health: <http://www.nuffieldhealth.com/treatments/rhinoplasty-or-nose-reshaping>
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7. Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. *Tijdschrift voor Geneeskunde*, vol./is. 70/4(187-192)