

**Surgery of the Face**  
(including but not restricted to facelift or brow lift)  
**Individual Funding Request (IFR) Policy**

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Application Form	Generic IFR application form

# INDIVIDUAL FUNDING REQUEST POLICY

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## INDIVIDUAL FUNDING REQUEST POLICY

### VERSION CONTROL

<b>Document Status:</b>	Current policy
<b>Version:</b>	1516.v1c

<b>DOCUMENT CHANGE HISTORY</b>		
<b>Version</b>	<b>Date</b>	<b>Comments</b>
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

<b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b>	1516.v1
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## **SURGERY OF THE FACE**

Surgery of the Face (including but not restricted to facelift or brow lift)  
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. The CCG does not commission surgery for cosmetic purposes alone.
2. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
3. 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.
4. 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 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.
5. 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.
6. 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.
7. 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)
8. 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)
9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

### **Background**

Facial Surgery (The British Association of Aesthetic Plastic Surgeons (BAAPS)) can relate to any procedure to alter the appearance of a patients face including:

- 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

These procedures would normally be considered cosmetic and are not routinely funded by the NHS.

Cleft Palate - NHS England commissions specialist services relating to cleft lip/palates and complex congenital disorders (NHS England D.07)

Burns Care - NHS England commissions specialist services relating to burns care including surgical reconstruction (NHS England D.06)

### **Policy – Criteria to Access Treatment – IFR**

1. Surgery of the face is regarded as a procedure of low clinical priority and surgery to improve appearance alone and normal changes such as those due to aging, is not commissioned
2. Surgery of the face is commissioned for patients where there is:
  - a) Deformity **AND**
  - b) As part of the treatment of congenital facial abnormalities **AND**
  - c) There is an expectation surgery will relieve their symptoms
3. Patients may be considered on an individual basis where their GP or treating Consultant can demonstrate exceptional circumstances exist:
  - 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
4. Photographic supporting evidence must be forwarded with an application form
5. In order for funding to be agreed there must be some unusual or unique clinical factor about the patient which 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

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant 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.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that 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.

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.

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:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

## References

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>

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/>

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