NHS
Somerset
Clinical Commissioning Group

BREAST IMPLANT SURGERY
INDIVIDUAL FUNDING REQUEST POLICY

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Target audience:	SCCG: • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust • Somerset Partnership NHS FT
Application Form	Generic IFR application form

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VERSION CONTROL

Document Status:	CURRENT
Version:	1617.V2b

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V8e	2015	Remove from the Guidance for Clinicians Policy Document as a separate policy
1617.v2	April 2016	DRAFT
1617.v2a	July 2017	Change the CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	05/05/2016

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BREAST IMPLANT SURGERY POLICY

Breast Implant Surgery is not routinely funded

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. 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.

8. 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)

9. 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)

10. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Background

Breast Implant procedures involves inserting implants either between the breast and the chest muscle or behind the muscle.

Revision of breast implants could be for a number of different reasons; there may have been complications following the surgery, such as:

- infection
- the shrinkage of scar tissue around the implant (capsular contracture)
- the implant splitting (rupturing)
- the implant becoming creased or folded (NHS Choices, 2014)
- over time, the breasts will change shape
- very occasionally, teardrop shaped implants may rotate behind the breast
- fluid collection around an implant (British Association of Plastic Reconstructive and Aesthetic Surgeons, 2015)

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1. Breast surgery for patients on the gender dysphoria pathway is the commissioning responsibility of NHS England and is not subject to this policy"

2. The commissioner will not contribute funding to procedures funded privately, irrespective of whether part of that procedure involves removal of breast

3. Insertion of Breast Implants is not routinely commissioned
   (for post cancer treatment refer to point 6)

   Insertion of breast implants may be considered if one of the following indications applies:

   a) Congenital amastia, where breast tissue is completely absent
   b) Congenital amastia, where breast tissue, nipple and areola is completely absent **AND**
   c) >18 years of age
   d) a BMI 27 or under evidenced in the patients clinical records for 6 months
   e) patients have not smoked/used nicotine replacement therapy over preceding 3 months *(Note 2)
   f) patients will be referred to the Breast Care Nurse Team for a comprehensive assessment where photographs maybe taken to support an application prior to any consideration for funding

***Note 2:** The restriction to non-smokers relates to associated surgical complications and problems with healing as a result of the effects of nicotine on the peripheral circulation

4. Removal of Breast Implants is not routinely commissioned

Removal of breast implants both unilaterally and bilaterally, including those originally funded privately may be considered where either of the following are evidenced causing clinical health problems:

a) the implant is proven to be ruptured
b) severe acute infections

5. **Removal and Replacement of Breast Implants is not routinely commissioned**

However there are instances for clinical indications where breast implants will need to be removed and replaced, when the when both of the following indications are met:

a) original breast implant procedure was provided by the NHS (e.g. as part of treatment for breast cancer or other clinically required and/or approved surgery) **AND**

b) the breast implant is proven to be ruptured causing health problems

c) Where the removal and/or replacement of implants is approved, the approval is for a **single procedure** unless otherwise indicated

d) Removal and/or replacement of breast implants **is not funded** for the following indications:

1. cosmetic reasons e.g. rippling or wrinkling
2. capsular contracture
3. where there is the potential for rupture
4. routine replacements of implants following a specified period of time (i.e. the lifespan of an implant)
5. been in place for a time longer than initially indicated by the providing surgeon
6. patient/clinician is unhappy with their appearance

NB: Replacement of privately funded breast implants, either unilaterally or bilaterally, where removal is required due to proven rupture is not commissioned.

6. Breast Implant Surgery (post cancer treatment)

Patients who have been treated for cancer with a complete mastectomy will be provided with reconstruction surgery in line with national guidelines. There are many techniques available to improve a patient's appearance after a mastectomy. The final choice depends on patient desires, body habitus, available tissue, appearance of the opposite breast, and the health of the patient.

The realistic goal of reconstructive surgery should always be to as far as possible replicate the appearance of the original breast and not the perfect replacement of the breast. The primary surgical breast reconstruction for a patient who has undergone a mastectomy due to cancer does not require funding approval. However, the CCG will only fund planned breast surgery that has been agreed at an oncoplasty multi-disciplinary team meeting

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

References

The following sources have been considered when drafting this policy:

British Association of Plastic Reconstructive and Aesthetic Surgeons. (2015). *What complications can occur?* Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons: http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-enlargement/what-complications-can-occur#Implant Failure

NHS Choices. (2014, 07 09). *Breast implants - complications*. Retrieved 04 26, 2016, from NHS Choices: http://www.nhs.uk/Conditions/Breast-implants/Pages/Complications.aspx