

BREAST ASYMMETRY SURGERY INDIVIDUAL FUNDING REQUEST POLICY

Version:	1617.v2a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	13 July 2016
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	July 2016
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page <p>Medical Directors:</p> <ul style="list-style-type: none"> • 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

BREAST ASYMMETRY SURGERY POLICY

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BREAST ASYMMETRY SURGERY POLICY

VERSION CONTROL

Document Status:	Current policy
Version:	1617.v2a

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Removed from the SCCG Guidance for Clinicians Policy Document
1617 V.2	July 2016	Update to include where funding is authorised point 6 Commissioned Surgical procedure
1617.v2a	July 2017	Change CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	August 2015
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Document Reference:	1617.v2a

BREAST ASYMMETRY SURGERY POLICY

Breast Asymmetry Surgery is not routinely commissioned/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. 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

Sometimes abnormal breast development can take place during puberty. Examples of this include:

- complete failure of breast tissue development (amastia)
- marked under-development (hypoplastic growth)
- significant unevenness (asymmetry) in size
- abnormal development of shape – for example, tubular breasts (where early growth is limited, resulting in unusually shaped, small, drooping and uneven breasts)

Breast size and shape does vary between women and many women have one breast which is slightly larger than the other. (NHS Choices, 2014)

Breast asymmetry can be due to Poland's Syndrome, where breast tissue fails to develop on one side; it is associated with a failure of complete development of the chest muscles, and sometimes the underdevelopment of the arm or hand on the affected side. In girls, there will be chest wall muscle problems and then they will develop breast asymmetry. In boys, there is the absence of chest wall muscles and associated contour problems.

Tubular breast deformity is where the breast has a very narrow and often high base on the chest wall, and herniation of the nipple / areola area; this can affect one or both breasts.

There are potential health risks and financial costs associated with breast implant surgery, which must be considered fully, along with the risk of associated side effects and complications.

Potential complications please refer to NHS Choices (NHS Choices, 2014)

POLICY - IFR

1. Breast Asymmetry Surgery is not routinely commissioned/funded by the CCG

This includes:

- correction of asymmetry
- to improve appearance and/or to correct natural changes such as those associated with ageing
- to the healthy breast as this is cosmetic

cont.

4. Applications **will not be considered** under the following circumstances:
- a. on cosmetic grounds
 - b. patients under the age of 18 years
 - c. patients who have not attained full breast development
 - d. to resolve possible psychological issues as there is no clinical evidence base to support this is effective in these circumstances
 - e. patients with a BMI > 27 or <19
 - f. where weight loss has not been sustained for a minimum of 6 months at the current BMI of 27 or below
 - g. patients who have smoked/used nicotine replacement therapy over preceding 3 months (Note 2)
 - h. who are pregnant or who have had a baby within the past 12 months

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*

5. **Consideration may be given where all the following criteria is met:**
- a) there is a congenital absence of breast tissue
 - b) a patient is >18 years of age
 - c) physical maturity has been reached
 - d) a BMI > 19 and <27 evidenced in the patients clinical records for 6 months
 - e) details of the size of each breast with assurance the patient's breasts have been professionally measured by a reputable underwear fitter with a:
 - a. disparity of greater than 2 or more cup sizes in the lower range (size C or below) – based on the smaller breast size **or**
 - b. for cup sizes D and upwards there are intermediate sizes – DD, E, EE, G, GG etc.:
 - a difference of B to D would count as 2 cup sizes
 - a difference of DD - F would count as 3 cup sizes)
 - c. disparity of 3 or more cup sizes in the upper range (size D upwards) – based on the smaller breast size
 - f) evidence of some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below to be provided with the application:
 - a. Significantly different to the general population of patients with the condition in question
 - b. Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition
 - g) Patients who fulfil the above criteria will be referred to the Breast Care Nurse Team at Yeovil District Hospital for a comprehensive assessment. Photographs will be taken to support an application prior to any consideration for funding

Cont.

6. Commissioned surgical procedure where funding has been authorised

- a. unilateral breast surgery only is commissioned
- b. augmentation or mastopexy of the smaller breast is not routinely commissioned
- c. breast prosthesis or implants often have a limited lifespan and are likely to require replacement or revision during the patient's lifetime. Therefore, where possible, breast reduction of the larger breast should be the preferred option for patients considering surgery.

The choice of surgical intervention made jointly by the patient and the clinician should also take into account

- The best available evidence on effectiveness and long term effects **AND**
- Whether the patient has significant musculoskeletal pain/functional problems

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). *Congenital Breast and Chest Conditions*. Retrieved 04 26, 2016, from British Association of Plastic Reconstructive and Aesthetic Surgeons: <http://www.bapras.org.uk/public/patient-information/surgery-guides/congenital-breast-and-chest-conditions>
- 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>