HYPERHIDROSIS TREATMENT POLICY
INDIVIDUAL FUNDING

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APPLICATION FORM	IFR GENERIC APPLICATION FORM

HYPERHIDROSIS TREATMENT POLICY – INDIVIDUAL FUNDING REQUESTS

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HYPERHIDROSIS TREATMENT POLICY - INDIVIDUAL FUNDING REQUESTS

Hyperhidrosis treatment is not routinely commissioned by the CCG

1 GENERAL PRINCIPLES

1.1 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.

1.2 The CCG does not commission surgery for cosmetic purposes alone.

1.3 Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.

1.4 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.

1.5 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.

1.6 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.

1.7 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.

1.8 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.

1.9 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)

1.10 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)

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

2 BACKGROUND

2.1 Hyperhidrosis is the condition characterised by abnormally increased perspiration, or sweating which is in excess of that required for regulation of body temperature. It's been estimated to affect between one in every 100 people which means there are likely to be hundreds of thousands of people living with it in the UK. Hyperhidrosis can develop at any age, although primary hyperhidrosis typically starts during childhood or soon after puberty. (NHS Choices, 2015)

2.2 Hyperhidrosis can either be generalized or localized to specific parts of the body. Hands, feet, armpits, and the groin area are among the most active regions of perspiration due to the relatively high concentration of sweat glands. When excessive sweating is localized it is referred to as primary or focal hyperhidrosis.

2.3 Generalized or secondary hyperhidrosis usually involves the body as a whole and is the result of an underlying condition. A referral for assessment of the underlying condition may be appropriate although any proposed treatment of hyperhidrosis will be considered in line with this policy.

2.4 Whilst the impact of hyperhidrosis is normally psychological distress particularly in social activities, it rarely causes the patient significant functional impairment.

Treatments for hyperhidrosis

2.5 There are a number of treatments currently or previously available which have been used to treat hyperhidrosis where conservative measures have failed, however, as treatment is often required lifelong there is uncertainty over the cost-effectiveness of their use.

2.6 All such treatments for hyperhidrosis, including those listed below, are not routinely commissioned and require funding approval from the Individual Funding Panel.

Treatments can include:

- Iontophoresis
- Botulinum toxin type A, commonly known as 'Botox'
- Retrodermal curretage
- Laser sweat ablation

- Endoscopic transthoracic sympathectomy [ETS]
- Ultrasound liposuction curettage (Vaser)
- Bilateral axillae aspiration
- Curettage
- Excision

2.7 Where a patient is suffering from hyperhidrosis the patient should be managed conservatively, including giving advice on self-help, on how to use extra strength antiperspirant and deodorant, and topical aluminium chloride

2.8 Treating any underlying anxiety, which may be an exacerbating factor, should also be considered. (NICE CKS, 2013)

3 POLICY

3.1 All treatments for hyperhidrosis, including but not exclusively those listed within this policy, are **not routinely commissioned**.

- Iontophoresis
- Botulinum toxin type A, commonly known as 'Botox'
- Retrodermal curretage
- Laser sweat ablation
- Endoscopic transthoracic sympathectomy [ETS]
- Ultrasound liposuction curettage (Vaser)
- Bilateral axillae aspiration
- Curettage
- Excision

3.2 Patients must not be referred to secondary care, including dermatology, for advice on managing their condition unless funding approval has been secured from the CCG

4 INDIVIDUAL FUNDING PROCESS

4.1 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 Patients where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

4.2 Applications cannot be considered from patients personally.

4.3 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.

4.4 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.

4.5 An application put forward for consideration must demonstrated 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

5 ACCESS TO POLICY

5.1 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

6 REFERENCES

6.1 NHS Choices. (2015, January 1st). Hyperhidrosis . Retrieved from NHS Choices:

http://www.nhs.uk/Conditions/Hyperhidrosis/Pages/Introduction.aspx

6.2 Kamudoni, P., Mueller, B. and Salek, M. S. (2014) The development and validation of a diseasespecific quality of life measure in hyperhidrosis: the Hyperhidrosis Quality of Life Index (HidroQOL©), Quality of Life Research, 24:1017–1027

6.3 Muller, C., Berensmeier, A., Hamm, H., Dirschka, T., Reich, K., Fischer, T. and Rzany. B. (2013) Efficacy and safety of methantheline bromide (Vagantin) in axillary and palmar hyperhidrosis: results from a multicenter, randomized, placebo-controlled trial, Journal of the European Academy of Dermatology and Venereology, 27, 1278–1284

6.4 NICE (2013) Clinical Knowledge Summary: Hyperhidrosis, http://cks.nice.org.uk/hyperhidrosis (accessed 17/5/16)

6.5 NICE (2014) Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb,

https://www.nice.org.uk/guidance/ipg487 (accessed 17/5/16)

6.6 ONS (2015) Population Estimates by single year of age and sex for local authorities in the UK, mid-2014

6.7 Panhofer, P., Neumayer, C., Zacherl, J., Jakesz, R. and Bischof, G. (2005) A survey and validation guide for health-related quality-of-life status in surgical treatment of hyperhidrosis, European Surgery, 37/3: 143–152