

**FACIAL BLUSHING (INCLUDING ERYTHROPHOBLA)
INDIVIDUAL FUNDING REQUEST POLICY**

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Application Form	Generic IFR application form

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CONTENTS

Section		Page
	VERSION CONTROL	1
	GENERAL PRINCIPLES	2
	BACKGROUND	3
	POLICY CRITERIA	3
	REVIEW	
	MONITORING, COMPLIANCE AND EVALUATION	
	ASSOCIATED DOCUMENTS	
Appendices		
APPENDIX 1	Use Title Case	

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VERSION CONTROL

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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.v1	July 2017	Change CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20151223 .v1
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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

Blushing is the involuntary reddening of the face, usually triggered by emotions such as embarrassment or stress.

Other areas of the body – such as the neck, ears and upper chest – can also be affected. As well as causing redness, blushing can sometimes make the affected area feel hot. SCW CSU Facial Blushing (including Erythrophobia) Policy for SCCG 1516.v1 Dec 2015

"Normal" blushing happens when a strong emotional trigger stimulates the nervous system to widen the blood vessels in the face. This increases the flow of blood into the blood vessels just underneath the skin, causing your face to turn red.

Patients should be treated conservatively including being provided with reassurance and advice. Policy Somerset CCG does

POLICY – CRITERIA TO ACCESS TREATMENT – IFR

1. Somerset CCG does not routinely commission any of the following for facial blushing including erythrophobia:
 - a) drug and/or surgical treatments
 - b) Botulinum Toxin treatment by injection
 - c) Endoscopic Thoracic Sympathectomy [ETS]
2. Patients should be treated conservatively including being provided with reassurance and advice
3. Patients maybe considered where there is:
 - a) Anatomical abnormalities in children <18 likely to cause impairment of normal emotional development pathological abnormalities e.g. facial palsy, progeria or cutis laxa **AND**
 - b) The patient is
 - 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
 - c) Photographic supporting evidence must be forwarded with an IFRP application form.

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