

CONGENITAL EAR DEFORMITY CORRECTION SURGERY INDIVIDUAL FUNDING REQUEST POLICY

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| Application Form | Generic IFR application form |

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| | ASSOCIATED DOCUMENTS | |
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VERSION CONTROL

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|-------------------------|----------------|
| Document Status: | Current policy |
| Version: | 1516.v1.3a |

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| Version | Date | Comments |
| V8e | 2015 | Remove from Guidance for Clinicians Document |
| 1516.v1.2 | December 2015 | Criteria change to not routinely commissioned and change policy title from Pinnaplasty to Congenital Ear Deformity Correction Surgery |
| 1516.v1.3 | July 2017 | Change CSU template to SCCG template |
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CONGENITAL EAR DEFORMITY CORRECTION SURGERY

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

Congenital Ear Deformity Correction Surgery/Pinnaplasty Surgery

Congenital ear deformity correction surgery / pinnaplasty surgery is a cosmetic procedure normally performed on a child in order to correct the absence of a helix formation in one or both ears. It is not routinely commissioned by the CCG; however a referrer can apply for their patient on an individual basis, where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Cryptotia

Cryptotia means 'buried ear'. This is a relatively rare deformation in which the groove behind the ear is not fully formed.

Microtia / Anotia

Microtia is a congenital deformity where the pinna is underdeveloped. A completely undeveloped pinna is referred to as anotia.

Both Cryptotia and Microtia can be cosmetically displeasing and can on occasion lead to issues with wearing spectacles.

Ear Malformation

5% of the population 1 in 20 would have the loss of anti-helical fold.

GMC Guidance

It is important that it is the child who desires surgical correction; referral should not be made for children who appear indifferent or opposed to the idea of surgery. Parents requesting surgery for their child in order to prevent psychological distress when their child starts school or at some time in the future should be advised to wait until their child specifically requests treatment.

A young person's ability to make decisions depends more on their ability to understand and weigh up options, than on their age. When assessing a young person's capacity to make decisions, you should bear in mind that:

- A** a young person under 16 may have capacity to make decisions, depending on their maturity and ability to understand what is involved
- B** at 16 a young person can be presumed to have capacity to make most decisions about their treatment and care

POLICY – CRITERIA TO ACCESS TREATMENT - IFR

1. This policy does not apply to the hearing loss associated with Microtia and congenital aural atresia
2. This policy does not cover repair of the external ear post trauma. A separate policy deals with this issue
3. Congenital ear deformity correction surgery is not routinely commissioned by the CCG
4. Photographic evidence must be provided to support an IFR application put forward on the grounds of exceptionality
 - A photograph of a front view (forward facing) **AND** a rear view only

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:

1. Royal College of Surgeons Commissioning guide: Pinnaplasty
<http://www.rcseng.ac.uk/healthcare-bodies/docs/published-guides/pinnaplasty>
2. NHS Choices Ear Reshaping
<http://www.nhs.uk/Conditions/Ear-reshaping/Pages/Introduction.aspx>
3. Medscape
<http://emedicine.medscape.com/article/1288708-overview>
4. Gillick competency and Fraser guidelines
<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>