

## SCAR REVISION INDIVIDUAL FUNDING (IFR) POLICY

Version:	1819.v2
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	11 October 2018
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	October 2018
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p><b>SCCG:</b></p> <ul style="list-style-type: none"> <li>• NHS Providers</li> <li>• GP Practices</li> <li>• Contracts Team</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Taunton &amp; Somerset NHS FT</li> <li>• Yeovil District Hospital NHS FT</li> <li>• Royal United Hospitals Bath NHS FT</li> <li>• Somerset Partnership NHS FT</li> </ul>
Application Form	Generic IFR Application

**SCAR REVISION IFR POLICY  
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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	1819.v2

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments
1516.v1.1a	July 2017	Change of policy template from SWCSU template to SCCG

<b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b>	20151126 v1a
<b>Quality Impact Assessment QIA. Date:</b>	March 2018
<b>Sponsoring Director:</b>	Sandra Cory
<b>Document Reference:</b>	1819.v2

## **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 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking surgery
- 1.3 The CCG does not commission surgery for cosmetic purposes alone
- 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 POLICY CRITERIA**

- 2.1 Scar revision surgery / treatment is not routinely commissioned / funded by the CCG
- 2.2 Scars that are resulting in clinical physical disability due to contractures, tethering or recurrent breakdown maybe considered with the evidence to support as per points 2.6 & 2.7 below
- 2.3 Keloid Scars:
  - 2.3.1 Significant keloid scarring on the face or those that result in physical distress due to significant pain or pruritis maybe considered
  - 2.3.2 Keloid scars that are on other parts of the body or are secondary to ear piercing or other body piercing procedures are not routinely commissioned/funded
- 2.4 Scars secondary to trauma/accidents:
  - 2.4.1 Scar revision on the face that are exceptional in terms of size and disfigurement maybe considered with the evidence to support as per points 2.6 & 2.67 below
  - 2.4.2 Scar revision on the body for cosmetic purposes is not routinely commissioned/funded
- 2.5 Scars as a result of self-harm are not routinely commissioned/funded
- 2.6 Photographic supporting evidence to be included with an IFR application
- 2.7 An IFR application requires 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:
  - 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

## **3 BACKGROUND**

- 3.1 Scarring and keloid formation are possible consequences of acnes, especially in nodulo-cystic acne
- 3.2 Time is the best healer as eventually normal scars and hypertrophic scars will mature and become pale

- 3.3 Changing Faces is a charity for people and families who are living with conditions, marks or scars that affect their appearance

<https://www.changingfaces.org.uk/About-Us>

#### **4 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS**

- 4.1 Individual cases may be reviewed at the Commissioner's Individual Funding Requests Panel where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy

- 4.2 Completion of a **Generic IFR Application Form** by a patient's GP or Consultant is required

- 4.3 Applications cannot be considered from patients personally

- 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 IFR applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 4.6 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

#### **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

- 5.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

## 6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 Basildon and Brentwood Clinical Commissioning Group
- 6.2 Enfield Clinical Commissioning Group
- 6.3 Scars and Keloids information sheet, The British Association of Aesthetic and Plastic Surgeons:[http://baaps.org.uk/docs/procedures/Scars\\_and\\_Keloids.pdf](http://baaps.org.uk/docs/procedures/Scars_and_Keloids.pdf) [accessed 31/08/2014]
- 6.4 Hull Clinical Commission Group
- 6.5 Information for Commissioners of Plastic Surgery Services - Referrals and Guidelines in Plastic Surgery (NHS Modernisation Agency) London <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf>
- 6.6 Juckett G, Hartman-Adams H; Management of keloids and hypertrophic scars. *Am Fam Physician*. 2009 Aug 1;80 (3):253-60. <http://www.aafp.org/afp/2009/0801/p253.html>
- 6.7 Leventhal D et al. Treatment of keloids and hypertrophic scars: a meta-analysis and review of the literature. *Arch Facial Plast Surg*. 2006 Nov-Dec;8(6):362-8. <http://www.ncbi.nlm.nih.gov/pubmed/17116782?dopt=Abstract>
- 6.8 Viera MH et al; Innovative therapies in the treatment of keloids and hypertrophic scars. *J Clin Aesthet Dermatol*. 2010 May; 3 (5):20-6. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922716/pdf/jcad\\_3\\_5\\_20.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922716/pdf/jcad_3_5_20.pdf)