

PORT WINE STAINS & BIRTHMARKS - REMOVAL OF INDIVIDUAL FUNDING REQUEST POLICY

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Application Form	Generic IFR Application

**PORT WINE STAINS & OTHER BIRTHMARKS - REMOVAL OF
INDIVIDUAL FUNDING REQUEST POLICY
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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY

Version	Date	Comments
Oct15 V8e	2015	Removed from Guidance for Clinicians Policy Document to separate policy
1516.v2	2016	Include background data
1516.v3	July 2017	Change CSU template to CCG template update General Principles wording
1819.v4	September 2018	3 year policy review , change layout

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1516.v1 March 2016
Quality Impact Assessment QIA. Date:	March 2018
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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 Removal of Port Wine Stains and other birthmark surgery / treatment is not routinely commissioned / funded by the CCG
- 2.2 Applications may be considered where;
- There is a significant port wine stain/birthmark on the face which is unusually prominent or getting larger
 - Other haemangiomas / vascular lesions if there are physical problems such as bleeding or ulceration
- 2.3 An IFR application should be accompanied by;
- high quality colour photograph(s)
 - details of the size
 - a statement that the patient is fully aware that treatment effect may be modest
- 2.4 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 Port wine stains are flat red or purple marks (with well-defined borders caused by malformed dilated blood vessels in the skin) that affect a very small number of new-born babies. They can vary in size, from a few millimetres to several centimetres in diameter
- 3.2 Port wine stains often affect one side of the body and usually occur on the face, chest and back (although they can occur anywhere)
- 3.3 They tend to be sensitive to hormones and may become more noticeable around puberty, pregnancy and the menopause. Most are permanent and may deepen in colour over time
- 3.4 Children with Port Wine Stains (capillary malformations) should be referred early to a Paediatric Dermatologist for a confirmation of the diagnosis/prognosis
- 3.5 Birthmarks are coloured marks that are visible on the skin. They're often

present at birth or develop soon afterwards. There are several different types of birthmark and some of them are very common

- **Vascular birthmarks** (often red, pink or purple) caused by abnormal blood vessels in or under the skin
- **Pigmented birthmarks** (usually brown) caused by clusters of pigment cells

3.6 Vascular birthmarks often occur in the head and neck area, mainly on the face. However, both types of birthmark can appear anywhere, including inside the body

3.7 If surface blood vessels are affected, a vascular birthmark will appear red, purple or pink. If the affected vessels are deep, the birthmark will appear blue

3.8 Pigmented birthmarks are tan or brown-coloured skin marks.

3.9 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

6 REFERENCES

The following sources have been considered when drafting this policy:

6.1 <http://www.nhs.uk/conditions/birthmarks/Pages/Introduction.aspx>

6.2 Central London Clinical Commissioning Group

6.3 North and East London CSU

6.4 Scarborough & Ryedale Clinical Commissioning Group

6.5 <http://www.dermnetnz.org/vascular/vascular-malformation.html>

6.6 <http://www.pcids.org.uk/clinical-guidance/port-wine-stain-syn.-naevus-flammeus>