

FEMALE GENITALIA INDIVIDUAL FUNDING REQUEST POLICY

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Application Form	Generic IFR Application

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VERSION CONTROL

Document Status:	Current policy
Version:	1819.v4a

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	December 2015	Remove from the Guidance for Clinicians Document to individual policy
1516.v3	December 2015	Include more data to General Principles item 12 and the background information
1516.v4	July 2017	Change CSU template to SCCG template
1516.v4a	June 2018	3 year review no change to criteria, move to SCCG policy template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	20151118 V1
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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 Gender Dysphoria

This policy does not apply to genital reconstruction for gender dysphoria which is commissioned by NHS England

2.2 Immediate vaginal repair following delivery or revisions post childbirth where there is evidence of pain or discomfort is routinely commissioned as part of obstetric care and therefore not part of this policy

2.3 Applications **will not** be considered under the following circumstances:

2.3.1 Applications for patients below 18 years of age will not be accepted

2.3.2 For patient's below the age of 18 years clinicians must share this information with the appropriate authorities

2.3.3 Episiotomy scar revision is generally a cosmetic procedure and is not routinely funded

2.3.4 Hymenorrhaphy, or hymen reconstruction surgery, is a cosmetic procedure and is not routinely funded

2.3.5 Non-reconstructive vaginoplasty or "vaginal rejuvenation" is used to restore vaginal tone and appearance and is not routinely funded

2.4 **Consideration may be given where all the following criteria are met:**

Applications put forward for Labiaplasty will only be considered for the following indications:

2.4.1 Where the labia are unresponsive to repeated treatment for disease or infection **or**

2.4.2 Where repair of the labia is required after significant trauma

- Common consequence of childbirth will not be sufficient reason – refer to episiotomy scar revision **AND**

2.5 Applications for Vaginoplasty may be considered for the following indications:

2.5.1 Congenital absence/significant developmental/endocrine abnormalities of the vaginal canal **OR**

2.5.2 Where repair of the vaginal canal is required after trauma (trauma is a common consequence of childbirth and this will not be a reason for surgery – see episiotomy scar revision point 2.2.3)

2.6 There is 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 **Labiaplasty** (also known as labioplasty, labia minora reduction, and labial reduction) is a plastic surgery procedure for altering the labia minor (inner labia) and the labia majora (outer labia), the folds of skin surrounding the human vulva

3.2 There are two main categories of women seeking cosmetic genital surgery: those with congenital conditions such as intersex, and those with no underlying condition who experience physical discomfort or wish to alter the appearance of their genitals because they believe they do not fall within a normal range

3.3 Some women feel their vaginal lips should look a certain way, but it is natural for appearance to vary widely

RISKS:

3.4 The short-term risks of a labiaplasty include bleeding, infection and scarring of tissue

3.5 If the desired effect isn't achieved, or there are complications, there is always a chance you will need another procedure to fix this

3.6 There's also a risk that sex will become painful after the operation. Also, because the tissue is rich in nerve endings, you may be left with reduced sensitivity

How is it different to female genital mutilation?

3.7 A labiaplasty is offered as treatment for a medical problem, with the full consent of the patient

3.8 "Female genital mutilation" (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is nearly always carried out on children without their consent, and is ethically and morally wrong. **FGM is illegal in the UK.**¹

3.9 **Vaginoplasty**

Vaginoplasty is a procedure that aims to "tighten up" a vagina that's become slack or loose from vaginal childbirth or aging. Vaginoplasty procedures are sometimes carried out as reconstructive surgeries to repair birth defects when the vagina was malformed, too short, or absent (such as in vaginal agenesis), so that a girl could grow up to have normal urination, menstruation and intercourse

3.10 **Hymenorrhaphy**

Hymenorrhaphy, or hymen reconstruction surgery is the surgical restoration of the hymen

3.11 **Episiotomy**

Sometimes during the process of giving birth, a doctor or midwife may make a cut in a woman's perineum (the area between the vagina and anus). The cut makes the opening of the vagina a bit wider, allowing the baby to come through it more easily

In England, episiotomies aren't carried out routinely. NICE (the National Institute for Health and Care Excellence) recommends that an episiotomy should be considered if the baby is in distress and needs to be born quickly, or if there is a clinical need, such as a delivery that needs forceps or ventouse. Around one in seven deliveries involves an episiotomy

3.12 **Scar tissue**

For a few women, excessive, raised or itchy scar tissue forms around the place where a tear happened or where an episiotomy was performed. A small operation can be carried out to remove the scar tissue. This is done at least six months after childbirth, when the tissues have healed from the stretching, bruising and tearing. The operation involves neatly cutting out the scar tissue and sewing together the clean-cut edges with small stitches. As with all wounds, there is a small risk of infection, so keep your stitches clean at all times

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 NHS Choices
<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/episiotomy.aspx>

6.2 Serious Crime Act 2015
<http://www.legislation.gov.uk/ukpga/2015/9/part/5/crossheading/female-genital-mutilation/enacted>