

Aesthetic Surgery

November 2018

This policy applies to patients for whom the following Clinical Commissioning Groups are responsible:

- NHS South Worcestershire Clinical Commissioning Group (CCG)
- NHS Redditch & Bromsgrove Clinical Commissioning Group (CCG)
- NHS Wyre Forest Clinical Commissioning Group (CCG)

Collectively referred to as the Worcestershire CCGs

COMMISSIONING SUMMARY

Worcestershire CCGs (also termed “the Commissioner” in this document) do not routinely support the NHS funding of the majority of aesthetic surgical procedures (or cosmetic surgery) within primary or secondary care based NHS services, nor within the Independent Sector (private hospitals).

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Version Control:

Version No	Type of Change	Date	Description of change
V2.5	Amendment	24 th February 2014	Minor clarifications to documentation following Equality/Diversity Review

Version No	Type of Change	Date	Description of change
V2.6	Addition	June 2014	Update to Face Lift/Brow Lift statement to reference recent change in licensed indications for use of Botulinum Toxin
V2.7	Amendment	September 2014	Clarification of Pinnaplasty Surgery statement to comply with Equality/Diversity review
V2.8	Amendment	August 2015	Clarification of the non-aesthetic cancer/trauma treatment pathway following consultation with specialists in June 2015.
V2.9	Addition	November 2018	Updates to include anal skin tag statement and surgery to correct pectus anomalies. Clarification around the NHS funding of aesthetic surgery following primary reconstructive surgery for cancer and trauma. Review of general statements to ensure they are in line with other commissioning organisations. Inclusion of indicators that Prior Approval is required for clinical reference.

Table of Contents

1. Definitions	4
2. Scope of policy	4
3. Background.....	5
4. Patient Eligibility.....	5
Breast/Chest Related Surgery.....	6
Excess Skin Surgery	7
Treatments or Surgery to Face/Neck and Head	7
Treatments for Skin Conditions	9
Other Treatments/Surgery.....	11
5. Supporting Documents	13
6. Equality Impact Assessment.....	14

1. Definitions

- 1.1 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.
- 1.2 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patients indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.
- 1.3 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.
- 1.4 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

2. Scope of policy

- 2.1 This policy is part of a suite of locally endorsed commissioning policies. Copies of these commissioning policies are available on the following website address:
<http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/>
- 2.2 This policy applies to all patients for whom the Worcestershire CCGs have responsibility including:
- People provided with primary medical services by GP practices which are members of any one of the CCGs and
 - People usually resident in any of the areas covered by the CCG's and not provided with primary medical services by any CCG.
- 2.3 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.
- For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.
- 2.4 Patients requiring reconstructive surgery to restore normal or near normal appearance or function following cancer treatment or post trauma are eligible for NHS funding and therefore not included in this policy. Commissioners recognise that

the timescale for reconstructive surgery may differ depending on the treatment pathway the patient requires (e.g. radiotherapy/chemotherapy or skin grafting and so on) and, therefore, will be initiated when the patient is clinically and physically ready.

Therefore, the Commissioners will support the routine funding of any revisional surgery (required to improve the outcome from the original reconstructive surgery) for up to 3 years following the original surgical procedure.

Any revisional surgery required after the 3 years period noted above would require an application for funding via the Individual Funding Request (IFR) process under the grounds of clinical exceptional circumstances.

3. Background

- 3.1 The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.
- 3.2 NHS Redditch & Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.
- 3.3 Aesthetic surgery can be defined as any surgery carried out to enhance or improve a person's outward appearance. It can also be undertaken to enhance appearance changes caused by aging or obesity, although most of the work of plastic surgeons in the NHS concerns the restoration of appearance and function following trauma, cancer, degenerative conditions or congenital deformity.
- 3.4 Many aesthetic procedures, although primarily undertaken to improve outward appearance, may also have a functional objective such as improving physical, psychological and/or social dysfunctions, some of which may legitimately be considered to be 'clinical' due to the severe impact the condition is having on a patients well-being.
- 3.5 However, it should be recognised that the NHS cannot, within its current resources, meet all health needs identified as aesthetic.
- 3.6 The majority of aesthetic surgical procedures are considered to be 'low priority' and therefore not normally funded on the NHS. This policy provides clarification to GPs, specialist clinicians, service providers and patients on the various surgical procedures generally considered to be aesthetic and the current position statement of the Commissioners regarding the funding of the procedure.

4. Patient Eligibility

- 4.1 The following general principles apply when considering aesthetic surgery procedures:
 - 4.1.1 Aesthetic surgery in patients who are considered to be within the normal morphological range (that is, where there is no obvious physical abnormality) will be considered as purely cosmetic and therefore not funded on the NHS.

4.1.2 Referrals for the revision of cosmetic (or aesthetic) treatments originally performed outside the NHS will not usually be permitted. Referrers should be encouraged to re-refer the patient to the practitioner who carried out the original treatment.

4.1.3 Patients who have received previous NHS funded surgery for an aesthetic problem will generally receive treatment for any complications that may arise directly from this surgery. Revisions to the previous surgery will be considered on clinical need and clinical priority.

4.1.4 Assessment of patients being considered for aesthetic surgery who may have an underlying genetic, endocrine condition should have had this fully investigated by a relevant specialist before the potential for aesthetic surgery is considered.

4.2 The following table outlines the following aesthetic surgical procedures that are/are not routinely available on the NHS:

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
Breast/Chest Related Surgery			
Breast Reduction Surgery	OPCS Codes: B31.1, B30.3	Not routinely funded on NHS	No
Breast Augmentation Surgery	OPCS Codes: B30.1, B30.2, B30.4, B30.8, B30.9, B31.2, B31.4, B37.5	Not routinely funded on NHS Revision of breast augmentation surgery will only be considered if the NHS commissioned the treatment. The following exclusions apply to this statement: <ul style="list-style-type: none"> Reconstructive surgery for cancer or trauma related conditions in line with section 2.4 above Implant failure following NHS funded surgery. Any request to replace the implant(s), rather than simply remove them, will be based on the clinical need for replacement and whether the patient meets the clinical indications for breast augmentation surgery at the time of the revision 	No
Breast Surgery for Asymmetry	OPCS Codes: B30.1, B30.2, B30.4, B30.8, B30.9, B31.2, B31.4, B37.5	Not routinely funded on NHS	No
Male Breast Reduction Surgery for Gynaecomastia	OPCS Codes: B31.1 ICD10 Codes: N62	Not routinely funded on NHS	No

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
Revision of Previous Breast Augmentation Surgery	OPCS Codes: B30.2, B30.3, B30.4, B31.4	Not routinely funded on NHS	No
Surgery to correct Nipple inversion	OPCS Codes: B35.4, B35.6	Not routinely funded on NHS	No
Surgery to correct Pectus Anomalies		Not routinely funded on the NHS. There is insufficient evidence of a positive effect on a patient's cardio-pulmonary function to recommend surgery to correct: <ul style="list-style-type: none"> pectus excavatum ("funnel chest"/"sunken chest") pectus carinatum (where the sternum is raised) pectus arcuatum (where there is a ridge high across the upper part of the sternum) 	No
Excess Skin Surgery			
Aesthetic surgery following significant weight loss (including previously NHS funded bariatric surgery) is considered aesthetic in nature and therefore not normally funded by the NHS.			
Abdominoplasty/ Apronectomy/ "Tummy Tuck"	OPCS Codes: S02.1, S02.2, S02.8, S02.9	Not routinely funded on NHS	No
Buttock, thigh and arm lift surgery (to remove excess skin)	OPCS Codes: S03.1, S03.2, S03.3 (S03.8 or S03/9 with Z49.5 or Z50.1)	Not routinely funded on NHS	No
Breast Mastopexy Surgery	OPCS Codes: B31.3, B31.4	Not routinely funded on NHS	No
Liposuction	OPCS Codes: S62.1, S62.2	Not routinely funded on NHS	No
Treatments or Surgery to Face/Neck and Head			
Face lift/Brow Lift (rhytidectomy)	OPCS Codes: S01.1, S01.2, S01.3, S1.4, S01.5, S01.6, S01.8, S01.9 ICD10 Codes: Q18.3, Q18.9, Q67.0 to Q67.4 G51, Q82.8 and Q85	Commissioners will ONLY approve the NHS funding of corrective surgery in cases where <ul style="list-style-type: none"> The treatment is part of a facial trauma pathway; OR The treatment is following major facial cancer resection; OR The patient's eyelid/brow or facial drop causes the patient to have a field of vision that is significantly obscured by this condition in the relaxed, non-compensated state 	Yes

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
		Commissioners will NOT routinely approve the NHS funding of Botulinum Toxin for the licensed indication of crow's feet and frown lines	
Blepharoplasty for excess eyelid skin or ptosis of the eyelids	OPCS Codes: C13.1 to C13.9	<p>This statement should be read in combination with the Worcestershire CCGs Ophthalmology Commissioning Guidelines, available on the CCG website: www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/</p> <p>Excessive skin in the lower eyelid may cause "eye bags" but is not considered to impact on the function of the eyelid nor on the patient's visual field. Excess skin in the upper eyelid can accumulate due to the ageing process and is normal.</p> <p>Therefore, any intervention would be considered aesthetic/cosmetic in nature and NHS funding will not be endorsed.</p> <p>Commissioners will ONLY approve the NHS funding of corrective surgery in cases where</p> <ul style="list-style-type: none"> • The treatment is part of a facial trauma pathway; OR • The treatment is following major facial cancer resection; OR • The patient's eyelid/brow or facial drop has been assessed by an Ophthalmologist and is deemed to cause the patient to have an impairment of visual fields in the relaxed, non-compensated state. 	Yes
Rhinoplasty/ Septorhinoplasty	OPCS Codes: E02.3, E02.4, E02.5, E02.6, E07.3	<p>Commissioners will ONLY approve the NHS funding of corrective surgery in cases where</p> <ul style="list-style-type: none"> • There is clear evidence that the patient's airway is obstructed, causing a significant risk to the overall integrity of the patient's airway <p>or</p> <ul style="list-style-type: none"> • This treatment is part of corrective surgery for complex congenital conditions (e.g. cleft lip and palate) 	Yes
Correction of prominent ears	OPCS Codes: D03.3 ICD10 Codes: Q17.5	<p>Commissioners will ONLY approve the NHS funding of corrective surgery for children of 18 years and below with obvious and demonstrable ear deformity and/or asymmetry.</p> <p>Adults presenting with this condition will be reviewed via the IFR process.</p> <p>Please see Section 2.3 of this document for</p>	No

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
		more information.	
Treatments for Skin Conditions			
Benign skin lesions	OPCS Codes: S06.3 to S06.9, S09.1 to S09.0, S10.1, S10.2, S11.1, S11.2 and D02	<p>The Commissioner will not routinely endorse the NHS funding of the surgical removal of a-symptomatic benign skin lesions in primary care/community /secondary care services.</p> <p>If there is clinical concern when a dermatological lesion is considered in line with recommendations made by the British Association of Dermatologists then a referral should be made to secondary care provider via the appropriate cancer treatment pathway.</p> <p>Suspected Malignancy – Urgent Referral Changes in appearance of the lesion:</p> <ul style="list-style-type: none"> • the colour has changed • the border has changed/ become asymmetrical • Sudden change in the size/diameter <p>Other Symptoms - Routine Referral There is clear clinical evidence that the patient is experiencing at least one of the following:</p> <ul style="list-style-type: none"> • Functional impairment as a result of the location of the lesion e.g. restrictions in movement, field of vision, use of glasses/hearing aids; OR • Recurrent infection intractable to conservative management; OR • Surface of the lesion has expanded/become elevated; OR • Lesion is causing regular itching/pain; OR • Lesion regularly bleeds 	Yes
Congenital vascular lesions (including port wine stains and strawberry naevus)	As above	<p>The Commissioner will not routinely fund the NHS Surgical Removal and/or Laser Therapy Treatment of congenital vascular lesions (including, but not exclusively, port wine stains, strawberry naevus).</p> <p>This is because there is not enough clinical evidence to support the use of these treatments as an effective and safe intervention for these conditions.</p> <p>Additional information for clinicians:</p> <p>Port Wine Stain About 3 in every 1000 children have a port wine stain. Around 65% of these are on the</p>	No

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
		<p>head and neck. Generally, port wine stains do not need special treatment but patients should be made aware of the need to use high factor sun cream on all exposed skin and use a hat.</p> <p>Port wine stains can be linked to the following conditions and these associated conditions may require further investigation and treatment:</p> <p><u>Upper Part of the Face affected:</u></p> <p><u>Glaucoma</u> – when comparing to the normal eye, if the port wine stain side eye has a larger pupil, the eyelids open further or the eye itself looks larger or more prominent, then refer to an Ophthalmologist for review. Treatment for Glaucoma is usually by eyedrops or an operation.</p> <p><u>Sturge-Weber Syndrome</u> - If the port wine stain is on the skin around the eye, forehead or scalp, there is a chance that the patient may have a condition called Sturge-Weber syndrome. As well as the port wine stain affecting the skin, it may also involve blood vessels over the surface of the brain, which can cause seizures (fits or convulsions). If there is any suspicion the patient is at risk of Sturge-Weber syndrome, they will need to be reviewed by a neurologist.</p> <p><u>Arm or Leg Affected:</u></p> <p><u>Klippel Trenaunay Syndrome</u> - A large port wine stain on the arm or leg might be associated with extra growth of that limb and is referred to as Klippel Trenaunay Syndrome. This may need a multidisciplinary review by dermatologists, and general, orthopaedic and vascular surgeons.</p>	
<p>Cryotherapy Treatment Cryotherapy treatment is available on the NHS for some symptomatic dermatological conditions (including symptomatic benign skin lesions). The recommended referral information and provider pathway for appropriate conditions are noted in below</p>			
<p>Category A Conditions to be treated in GP practices as part of the core contract</p>	<p>Category B Conditions to be treated in secondary care, or the community service</p>	<p>Category C Conditions that must only be treated in secondary care</p>	
<ul style="list-style-type: none"> Solar keratosis Symptomatic viral warts 	<ul style="list-style-type: none"> Superficial basal cell carcinoma 	<ul style="list-style-type: none"> Two week 	<p>No</p>

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
<ul style="list-style-type: none"> Symptomatic plantar warts Keloid scarring Symptomatic skin tags 	<ul style="list-style-type: none"> Bowens disease Bowenoid papulosis of penis Pagets disease of anus 	wait patients	
Hair Depilation/Laser Treatment (for various conditions including hirsutism)	OPCS Codes: S60.6, S60.7 ICD10 Codes: L68 and Q84.2 and/or E28.2	<p>The Commissioner does not routinely endorse the NHS funding of hair depilation/laser hair removal for excess hair/</p> <p>Commissioners will approve the NHS funding of this treatment where the patient has:</p> <ul style="list-style-type: none"> Abnormally located hair for example as a result of a skin graft/surgical treatment Pilonidal sinus that is recurring/intractable to treatment 	Yes
Surgical Refashioning of scars	OPCS Codes: S06.3, S06.4, S06.5, S08.1, S08.2, S09.1, S09.2, S10.1, S10.2, S10.8, S10.9, S11.1, S11.2, S11.8, S11.9, S60.4 and Y06.5 ICD10 Codes: L90.5 and/or L91.0	<p>The Commissioner does not routinely endorse the NHS funding of treatments to refashion scars.</p> <p>Commissioners will approve the NHS funding of corrective surgery where the scarring or the location of the scarring impacts on a patient's ability to maintain normal physical function.</p>	No
Resurfacing of Skin due to, for example, Acne scarring	OPCS Codes: S09.1, S09.2, S10.3, S11.3, S60.1, S60.2	Not routinely funded on NHS	No
Treatments for Thread veins/telangectasia		Not routinely funded on NHS	No
Other Treatments/Surgery			
Anal Skin Tags	OPCS Codes: Excision of skin tag of anus - H482 Other specified - H488 Unspecified - H489	<p>The Commissioner does not routinely endorse the NHS funding of the surgical removal of Anal Skin Tags.</p> <p>Commissioners will <u>only</u> approve the NHS funding of the surgical removal of anal skin tags if they are treated with other conditions e.g. Haemorrhoids/anal fissure.</p> <p>There is a separate policy for the funding of surgery to treat haemorrhoids and the patient will need to meet the defined criteria within this policy for eligibility.</p>	No

Condition	Related OPCS 4.6 and ICD10 Codes	Policy Statement	Blueteq Form Required?
Gender Reassignment Surgery (outside NHS England Core Pathway)		Aesthetic surgery as part of the gender reassignment treatment pathway is covered by a separate commissioning policy: "Non-Core" procedures and interventions for gender reassignment in patients aged 17 and over.	No
Hyperhidrosis	<p>OPCS Codes: Botulinum Toxin – S53.2 with X85.1 and Z49.2</p> <p>Endoscopic Thoracic Sympathectomy – A75.2, A76.2, A77.2, A78.2, A79.2</p> <p>ICD10 Codes – R61</p>	<p>Secondary care interventions (including injections with botulinum toxin) are not routinely funded on the NHS.</p> <p>A range of treatments are normally available via Primary Care to assist with symptom management.</p>	No
Labiaplasty/Vaginoplasty, Penile Implants and other Cosmetic Genital Procedures	<p>OPCS Codes: N29.1, N29.2, N29.8, N29.9, P05.5, P05.6, P05.7</p>	<p>Penile Implants are the commissioning responsibility of NHS England</p> <p>The Commissioner does not routinely endorse the NHS funding of Labial/Vaginal Surgery.</p> <p>Surgery to correct the effect of Female Genital Mutilation (FGM) is excluded from this policy statement as it is not considered cosmetic/aesthetic in nature but rather to return an individual to a normal physical function. The relevant IDC10 Code for this surgery is Z917.</p>	No
Repair of traumatic clefts as a result of previous body piercing	<p>OPCS Codes: D06.2 and D06.3</p>	Not routinely funded on NHS	No
Tattoo removal	<p>OPCS Codes: S09.1, S09.2, S10.8, S10.9, S60.1, S60.2</p>	<p>Not routinely funded on NHS.</p> <p>Commissioners will approve the NHS funding of corrective surgery in cases the skin pigmentation has occurred as a result of traumatic injury (e.g. road traffic accident).</p>	No

5. Supporting Documents

- Worcestershire CCGs: Operational Policy for Individual Funding Requests
- Worcestershire CCGs: Prioritisation Framework for the Commissioning of Healthcare Services
- NHS England: Ethical Framework for Priority Setting Resource Allocation
- NHS England: Individual Funding Requests
- NHS Constitution, updated 27th July 2015
- Obstetrics and Gynaecology, Jan 1996, vol 87, no 1, p.30-4 ISSN:0029-7844.
- NHS Modernisation Agency Action on Plastic Surgery Referrals and Guidelines in Plastic Surgery
- Birmingham & Solihull Commissioning Cluster Procedures of Lower Clinical Value Commissioning Policy for Aesthetic Surgery – February 2011
- Herefordshire NHS Primary Care Trust – Policy on Low Priority Treatments – Version 5.0 April 2011
- Oxfordshire CCG Lavender Policy – 204b Surgical Removal of Anal Skin Tags – August 2016
- Oxfordshire CCG Lavender Policy – 258 Pectus Anomaly Surgery – November 2015
- NHS Eastern Cheshire and NHS West Cheshire CCGs Commissioning Policy published April 2017
- NHS Kernow Clinical Commissioning Group Commissioning Policy
<https://doctrinary-rcht.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf>
- NHS England Surgical Correction for Pectus Deformity (all ages) Evidence Review November 2015
- National Institute for Health and Care Excellence.(NICE) 2004. Intralesional photocoagulation of subcutaneous congenital vascular disorders. IPG90.
<http://www.nice.org.uk/guidance/ipg90>
- NHS Choices. 2016. Port Wine Birthmarks.
<https://www.nhs.uk/video/Pages/portwine-birthmarks.aspx>

6. Equality Impact Assessment

Organisation

Department Name of lead person

Piece of work being assessed

Aims of this piece of work

Date of EIA Other partners/stakeholders involved

Who will be affected by this piece of work?

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
Gender	<p>More than 50,000 cosmetic surgery procedures¹ were performed in 2013, 88% of these were recorded as being performed on women.</p> <p>Both males and females experience low body satisfaction historically females tended to have lower body satisfaction compared to males. The British Association of Aesthetic Plastic Surgeons Annual Audit, published February 2018 indicates that media celebration of the “dad bod” has seen a reduction in body related surgery in favour of facial treatments for males. The same audit reports a marked rise in body related procedures for females rather than facial. The</p>	No

¹ <http://www.theguardian.com/news/datablog/2014/feb/03/uk-plastic-surgery-2013-most-popular>
Aesthergy V2.9

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
	<p>number of Britons undergoing cosmetic surgery in 2017 reduced by 7.9%.</p> <p>This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of gender.</p>	
Race	<p>In 2011, The Office of National Statistics noted that 95.7% of Worcestershire’s population classified themselves as “White” (including 0.6% White Irish, 0.2% White Gypsy or Irish Traveller). 2.4% of the population classified themselves as “Asian or Asian British” and 0.4% “Black or Black British”.</p> <p>In May 2013² Government Equalities Office commissioned “Body image – a rapid evidence assessment of the literature” noted that in general there are more similarities rather than differences in body satisfaction across different ethnic groups.</p> <p>This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of race.</p>	No
Disability	<p>In 2011, The Office of National Statistics noted that 8.1% of Worcestershire’s population classified themselves as “having long term health problems or disabilities such that their day to day activities are affected a lot”.</p> <p>No data is available to determine the ability breakdown of people who present to the NHS to consider (or receive) aesthetic treatments.</p>	No
Religion/ belief	<p>There is no available evidence regarding the breakdown of the UK population who have received aesthetic interventions by their religion/beliefs.</p> <p>This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of religion/belief.</p>	No
Sexual	<p>The “Body image – a rapid evidence assessment of the literature” documentation noted that</p>	No

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/202946/120715_RAE_on_body_image_final.pdf
 Aesthetic Surgery V2.9 Page 15 of 17

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
orientation	<p>heterosexual men tend to be more satisfied with their bodies than homosexual men, homosexual women or heterosexual women.</p> <p>This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of sexual orientation.</p>	
Age	<p>The “Body image – a rapid evidence assessment of the literature” documentation also notes that age is not as important as gender when it comes to explaining differences in body image. In adolescence low body satisfaction is linked to low mood and teasing. In older adulthood low body satisfaction is linked to a reduction in day to day activities.</p> <p>This CCG policy applies to any patient wishing to receive aesthetic treatment regardless of age, unless there is clear evidence that a particular age group will gain more clinical efficacy as a result of the treatment.</p> <p>Where a patient presents outside of policy criteria, funding will be considered via the Individual Funding Request route based on the patient’s clinical presentation.</p>	No
Social deprivation	<p>There is no published information that indicates whether people from socially deprived backgrounds are more or less likely to present for consideration of aesthetic interventions.</p>	No
Carers	<p>The Office of National Statistics 2011 Census noted that 11.3% of Worcestershire population provide unpaid care. Therefore, it may be reasonable to assume that a proportion of that small population group may also be part of the population group affected by body image but this will have no impact on patient management in accordance with this policy.</p>	No
Human rights	<p>The local commissioning policy would not seek to affect a patient’s human rights.</p>	No

Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead