

CONGENITAL EAR DEFORMITY CORRECTION SURGERY (INCLUDING PINNAPLASTY) EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

**CONGENITAL EAR DEFORMITY CORRECTION SURGERY
(INCLUDING PINNAPLASTY)
EBI POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v2c

DOCUMENT CHANGE HISTORY

Version	Date	Comments
V8e	2015	Remove from "Guidance for Clinicians Document"
1516.v1.2	December 2015	Change to criteria & policy title
1516.v1.3	July 2017	Change from CSU to Somerset CCG template
1516.v1.3a	June 2020	Updated template, rebranding from IFR to EBI, 3 year review
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	October 2022	3 year review
2223.v2b	March 2023	Wording change 4.6

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES (EBI)

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. 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
- 1.2 On limited occasions, we 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 meet the criteria to access treatment in this policy
- 1.3 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
- 1.4 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
- 1.5 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
- 1.6 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA NOT COMMISSIONED

- 2.1 Congenital ear deformity correction surgery is not routinely commissioned by the ICB
- 2.2 This policy does not cover repair of the external ear post trauma. There is a separate NHS Somerset ICB policy External Ear Repair EBI Policy

3 BACKGROUND

3.1 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 ICB; 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

3.2 Cryptotia

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

3.3 Microtia / Anotia

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

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

3.5 Ear Malformation

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

3.6 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 young person under 16 may have capacity to make decisions, depending on their maturity and ability to understand what is involved

At 16 a young person can be presumed to have capacity to make most decisions about their treatment and care

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes

exceptional circumstances exist that warrant deviation from the rule of this policy

- 4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 4.5 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 EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionality.

Social, Emotional and Environmental factors *i.e.*, *income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

- 4.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 4.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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 ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 Royal College of Surgeons Commissioning guide: Pinnaplasty
[Search — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/search)
- 6.2 NHS Choices Ear Reshaping
<http://www.nhs.uk/Conditions/Ear-reshaping/Pages/Introduction.aspx>
- 6.3 Medscape
<http://emedicine.medscape.com/article/1288708-overview>
- 6.4 Gillick competency and Fraser guidelines
<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>