

## HAIR DEPILATION (INCLUDING LASER THERAPY AND ELECTROLYSIS) EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

**HAIR DEPILATION  
(INCLUDING LASER THERAPY AND ELECTROLYSIS)**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2223.v2b

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
1516.v1	July 2017	Change from CSU to Somerset CCG template
1516.v1a	June 2020	Template update, rebranding IFR to EBI, 3 year review no clinical changes
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	January 2023	3 year review, no clinical changes. Wording change on 4.6

<b>Equality Impact Assessment EIA</b>	April 2018
<b>Quality Impact Assessment QIA</b>	March 2018
<b>Sponsoring Director:</b>	Bernie Marden
<b>Document Reference:</b>	2223.v2a

## **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 Hair depilation treatment is not routinely commissioned by the ICB
- 2.2 For the following clinical circumstances please refer to the EBI application pathway under item 4
  - a. Following reconstructive surgery leading to abnormally located hair bearing skin

- b. Undergoing treatment for pilonidal sinus, to reduce recurrence
  - c. Patients who have an underlying congenital and/or endocrine abnormality resulting in exceptionally excessive hair
  - d. There must be reason to believe that treatment will lead to improvement in health status
  - e. An EBI application must be accompanied by an opinion from a secondary Care Consultant (that is, a dermatologist or endocrinologist)
- 2.3 Maximum number of sessions where funding has been authorised would be up to 8
- 2.4 Top up treatments/sessions are not routinely funded

### **3 BACKGROUND**

- 3.1 Hirsutism can't be cured, but there are treatments to help control the condition. There are a number of things you can do yourself that may help. If you are overweight, losing weight can reduce the production of androgens
- 3.2 Patients concerned with the appearance of their body and facial hair should be advised about managing their condition through conservative methods including shaving, waxing, and depilatory creams although such treatments are also not routinely commissioned or funded by Somerset ICB

### **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. Click on the link to access the full NHS description of 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](mailto:somicb.pals@nhs.net)

## 6 REFERENCES

The following sources have been considered when drafting this policy: