

HYPERHIDROSIS TREATMENT POLICY EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2223.v4b
Recommendation by:	Somerset ICB Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	March 2021
Name of Originator/Author:	EBI Team
Approved by Responsible Committee/Individual:	Somerset ICB Clinical Executive Committee (CEC)
Publication/issue date:	May 2021
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>NHS Somerset ICB:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	Generic EBI Application

**HYPERHIDROSIS TREATMENT POLICY
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v4b

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v2b	April 2017	Change of template SWCSU to SCCG & wording amendments to General Principles
1718.v3	September 2017	SCCG amended policy - Not Commissioned
1718.v3	March 2021	3 year policy review – no clinical amendments to criteria
2021.v4	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	March 2023	Wording change 3.6

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	N/A
Quality Impact Assessment QIA. Date:	October 2017
Sponsoring Director:	Dr Alex Murray
Document Reference:	2223.v4b

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 / community 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 patient meets 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 All treatments for hyperhidrosis are **not routinely commissioned**, including the following:
 - Iontophoresis
 - Botulinum toxin type A, commonly known as 'Botox'
 - Retrodermal curettage
 - Laser sweat ablation
 - Endoscopic transthoracic sympathectomy [ETS]
 - Ultrasound liposuction curettage (Vaser)

- Bilateral axillae aspiration
 - Curettage
 - Excision
- 2.2 Patients must not be referred to secondary care, for advice on managing their condition, unless funding approval has been secured (this includes to Dermatology)

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 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
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 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
- 3.6 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
- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.8 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

4 ACCESS TO POLICY

4.1 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

4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 NHS Choices. (2015, January 1st). Hyperhidrosis. Retrieved from NHS Choices: <http://www.nhs.uk/Conditions/Hyperhidrosis/Pages/Introduction.aspx>
- 5.2 Kamudoni, P., Mueller, B. and Salek, M. S. (2014) The development and validation of a disease specific quality of life measure in hyperhidrosis: the Hyperhidrosis Quality of Life Index (HidroQOL©), Quality of Life Research, 24:1017–1027
- 5.3 Muller, C., Berensmeier, A., Hamm, H., Dirschka, T., Reich, K., Fischer, T. and Rzany, B. (2013) Efficacy and safety of methantheline bromide (Vagantin) in axillary and palmar hyperhidrosis: results from a multicenter, randomized, placebo-controlled trial, Journal of the European Academy of Dermatology and Venereology, 27, 1278–1284
- 5.4 NICE (2013) Clinical Knowledge Summary: Hyperhidrosis, <http://cks.nice.org.uk/hyperhidrosis> (accessed 17/5/16)
- 5.5 NICE (2014) Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb <https://www.nice.org.uk/guidance/ipg487> (accessed 17/5/16)
- 5.6 ONS (2015) Population Estimates by single year of age and sex for local authorities in the UK, mid-2014
- 5.7 Panhofer, P., Neumayer, C., Zacherl, J., Jakesz, R. and Bischof, G. (2005) A survey and validation guide for health-related quality-of-life status in surgical treatment of hyperhidrosis, European Surgery, 37/3: 143–152