FACIAL SURGERY

(including but not restricted to facelift or brow lift)

EVIDENCE BASED INTERVENTIONS (EBI) POLICY

Version:	2526.v2e
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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset NHS Foundation Trust • Royal United Hospitals Bath NHS FT
Application Form	Generic EBI Application

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v2e

DOCUMENT CHANGE HISTORY		
Version	**Date**	**Comments**
V1	2010	Updated Guidance for Clinicians Policy Document
V8e	October 2015	Reviewed by the SCCG CCPF no amendments Removed from the SCCG Guidance for Clinicians Policy Document
1617 v1b	July 2017	Change of policy template from SWCSU template to SCCG
1617.v1c	June 2020	Rebranding IFR to EBI, update template, 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 3.6
2223.v2c	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 3.6
2425.v2d	October 2025	3-year review, no clinical amendments. Amendment to wording under general principles and EBI pathway/Title change to Facial Surgery

Equality Impact Assessment EIA	1819.v1
Quality Impact Assessment QIA	20.03.2018
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES EBI (Evidenced Based Intervention)

1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

1.2 Receiving funding approval for the specified treatment requested DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA NOT COMMISSIONED

2.1 The following clinical circumstances for facial surgery do not fall within the remit of this this policy and would follow appropriate NHS treatment pathways;

- Deformity
- As part of the treatment of congenital facial abnormalities

2.2 Facial surgery to improve appearance alone and normal changes such as those due to aging, is not commissioned

2.3 Facial surgery (The British Association of Aesthetic Plastic Surgeons (BAAPS)) can relate to any procedure to alter the appearance of a patients face including: These procedures are considered cosmetic and are not routinely funded by the NHS

- Brow lift

- Cosmetic facial injections
- Facelift or Rhytidectomy
- Laser Surgery for sun damage, ageing and wrinkles
- Lip Enhancement including lipotransfer
- Reshaping of the Cheek including implants and lipotransfer
- Reshaping of the Chin including Implants and lipotransfer

2.4 Cleft Palate - NHS England commissions specialist services relating to cleft lip/palates and complex congenital disorders

2.5 Burns Care - NHS England commissions specialist services relating to burns care including surgical reconstruction

2.6 For clinical circumstances as detailed below, please refer to EBI application pathway under item 3

a. as part of treatment of specific conditions affecting facial skin, e.g., neurofibromatosis

b. to correct deformity following surgery to correct the consequences of trauma

c. anatomical abnormalities in children <18, likely to cause impairment of normal emotional development pathological abnormalities e.g. facial palsy, progeria or cutis laxa

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

3.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient.

3.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. Applications CANNOT be considered from patients personally

3.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted

3.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale

3.5 Generic EBI Funding Applications are considered against '**clinical exceptionality'**. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB / EBI webpage Evidence Based Interventions - Evidence Based Interventions - NHS Somerset ICB and click on the section titled **Generic EBI Pathway**

3.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

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. (n.d.). Body dysmorphic disorder (BDD). Retrieved 05 17, 2016, from NHS Choices: Body dysmorphic disorder (BDD) - NHS

5.2 NHS England D.06. (n.d.). D06. Burn Care. Retrieved 05 17, 2016, from NHS England:

https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d06/ - no longer available
New link:
https://www.england.nhs.uk/wp-content/uploads/2023/05/230502S-adult-burns-service-specification.pdf

https://www.england.nhs.uk/wp-content/uploads/2014/04/d06-spec-burn-care-0414.pdf

5.3 NHS England D.07. (n.d.). Cleft Lip & Palate. Retrieved May 17, 2016, from NHS England: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d07/

5.4 The British Association of Aesthetic Plastic Surgeons (BAAPS). (n.d.). Procedures. Retrieved May 17, 2016, from http://baaps.org.uk/: http://baaps.org.uk/

5.5 Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: Results from a nationwide prospective multicentre cohort study in England. Clinical microbiology and infection: the official publication of the European Society of Clinical Microbiology and Infectious Diseases, vol. 21, no. 11, p. 1008.e1