

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

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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

HAIR DEPILATION EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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VERSION CONTROL

Document Status:	Current policy
Version:	2526.v2d

DOCUMENT CHANGE HISTORY

Version	Date	Comments
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
2223.v2b	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v2c	October 2025	3-year review, no clinical amendments. Amendment to wording under general principles and EBI pathway

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 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 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 several 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 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.

- 4.2 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

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted
- 4.4 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
- 4.5 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**

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

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: