**GP PRIOR APPROVAL REQUEST**

**Plastic Surgery (excluding Skin lesions, Hand, and Ganglion)**

**Key referral information**

1. Cosmetic surgery is **not** routinely funded by the NHS. HWE ICB do however, have policy criteria for some procedures.***If a patient meets these policy criteria, HWE ICB will approve funding requested at primary care level****.* ***NB*** *– it is the responsibility of the GP in primary care to apply for funding (i.e. not the surgeon). It should be made clear to the patient that the final decision to proceed with surgery will lie with the surgeon at secondary care level, once the surgeon has seen the patient AND has agreed that the patient meets policy criteria.*
* *If the policy criteria are not met BUT there are clinically exceptional circumstances, a Clinically Exceptional Case Request Form must be submitted to the IFR team by the GP (i.e., not the surgeon).*
1. As above, GPs should not make a direct referral to Plastic Surgery unless prior approved or via a 2-week wait (2ww). Skin referrals should go via HCT Skin Health Service – unless suspected SCC or melanoma then follow 2ww pathway. Hand and Ganglion procedures are covered in other referral forms. Please see HWE ICB website for details.
2. Blepharoplasty and/or Brow Lift – Patients requiring these procedures should be directly referred by GPs to Ophthalmology or Plastics. *GPs to please provide visual field data - if available - when referring;* otherwise, Plastics and Ophthalmology will request/perform these. Secondary care will request prior approval funding for these procedures.
3. This form is to ensure that only appropriate referrals are for consideration of plastic surgery; this does not guarantee surgery AND remains at the discretion of the surgeon after review.
4. Additional information/Medical Photography\* prior to surgery may be required to support the funding request (and would be requested at secondary care level).

\*’Medical Photography’ refers to photography performed and stored appropriately as per GDPR at the Medical Photography department.

1. Secondary care to complete **Section 3** - to confirm that the criteria have been met, and the procedure will be of benefit to the patient, i.e., the surgeon is happy to proceed to surgery. If the surgeon does not agree to proceed to surgery: *in addition to not listing the patient, please refer patient back to GP AND email clinical funding team*.

**Please complete and return this form along with clinic letter/supporting evidence to:** priorapproval.hweicb@nhs.net Tel: 01707 685354

**All policies can be viewed at** [**https://www.hweclinicalguidance.nhs.uk/clinical-policies**](https://www.hweclinicalguidance.nhs.uk/clinical-policies)

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| Patient consent | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| Date form completed |  |
| Patient Name |   |
| DOB |  |
| NHS No. |  |
| Referring GP and Practice Name |  |

\*As per GDPR please **only** supply *supporting* information which is relevant to the procedure being requested in this funding request. Sending the *entire* medical history is not appropriate.

**SECTION 1 – PROPOSED PROCEDURE**

Select ONE only – separate application required for each procedure:

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| **PROCEDURE** | **LOCATION** | **COMPLETE SECTIONS** |
| [ ]  Correction of Congenital Ear Deformity/Pinnaplasty – Otoplasty | [ ]  Left [ ]  Right [ ]  Bilateral | 1, 2a, and 4 |
| [ ]  Cosmetic Breast  Augmentation | [ ]  Left [ ]  Right [ ]  Bilateral(Excludes reconstruction after cancer treatment) | 1, 2b, and 4 |
| [ ]  Breast Reduction (Female) | [ ]  Left [ ]  Right [ ]  Bilateral | 1, 2c, and 4 |
| [ ]  Removal *and/or* Replacement of Prosthetic Breast Implants | [ ]  Left [ ]  Right [ ]  Bilateral (Excludes reconstruction after cancer treatment) | 1, 2d, and 4 |
| [ ]  Vaginoplasty |  | 1, 2e, and 4 |
| [ ]  Labiaplasty / Hymenorrhaphy |  | 1, 2f, and 4 |
| [ ]  Scar Revision  |  | 1, 2g, and 4 |
| [ ]  Abdominoplasty / Apronectomy |  | 1, 2h, and 4 |
| [ ]  Body contouring (other than abdomen) |  | 1, 2i, and 4 |
| [ ]  Liposuction |  | 1, 2j, and 4 |
| [ ]  Divarication of Recti |  | 1, 2k, and 4 |
| [ ]  Repair to Earlobes  | Only funded for emergency treatment at time of trauma in A&E.  |
| [ ]  Correction of Breast asymmetry | IFR only. To be submitted by surgeon.  |
| [ ]  Male Breast Reduction | IFR only. To be submitted by surgeon. |

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| **Shared decision making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:<https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**SECTION 2 – PRIOR APPROVAL CRITERIA**

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| **2a. Correction of Congenital Ear Deformity/Pinnaplasty – Otoplasty**  |
| [ ]  Age between 5 – 18 years old at the time of referral and procedure **AND**[ ]  The child has prominent ears **AND**[ ]  The child is suffering from significant distress, e.g., from bullying **AND**[ ]  Surgical correction must be desired by the child; referral should not be made for children who appear indifferent or opposed to the idea of surgery **AND**[ ]  In all cases a detailed description of the impact on the child and their expressed desire for surgery is included in the attached referral letter. **OR** [ ]  In children and adults when correction of ear prominence is required to better support a hearing aid |

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| **2b. Cosmetic Breast Augmentation**  |
| [ ]  Patient has congenital or acquired chest cavity wall deformity and breast augmentation is part of the chest reconstruction **AND** |
| [ ]  Aged over 18 **AND** |
| [ ] medical evidence for congenital absence or chest cavity wall deformity is included in this application |

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| **2c. Breast Reduction (Female)**  |
| [ ]  Evidence to support the below criteria is included **AND** |
| [ ]  Aged over 18 **AND** |
| [ ]  The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain **AND** |
| [ ]  Breast reduction planned to be 500gms or more per breast or at least 4 cup sizes **AND** |
| [ ]  Breast size results in functional symptoms that require other treatments/interventions (e.g. intractable candidal intertrigo; thoracic backache/kyphosis where a professionally fitted bra has not helped with backache, soft tissue indentations at site of bra straps) **AND** |
| [ ]  In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been provided **AND** |
| [ ]  BMI is stable below 27kg/m2 for >12 months *prior* to referral **AND** |
| [ ]  The woman must be provided with written information to allow her to balance the risks and benefits of breast surgery (this may be issued in secondary care) **AND** |
| [ ]  Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking **AND** |
| [ ]  Women should be informed that breast surgery for hypermastia can cause permanent loss of lactation |
| Unilateral breast reduction is considered for asymmetric breasts as opposed to breast augmentation if there is an impact on health as per the criteria above. Surgery will not be funded for cosmetic reasons. The BMI needs to be <27 and stable for at least twelve months. Surgery can be approved for a difference of 150 – 200gms size as measured by a specialist. Therefore, requests for Unilateral breast reduction should come from the treating surgeon. |

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| **2d. Removal +/- Replacement of Prosthetic Breast Implants**  |
| Patients whose initial procedure was funded by the NHS will be considered for implant removal and replacement.In line with current guidance, patients eligible to have their implant replaced must be informed of the potential riskof BIA-ALCL.Patients whose initial procedure was privately funded will be directed back to their private provider.If, however, the patient meets one of the below clinical indications, and the private provider is unable to offer thepatient surgery, the patient can be offered referral for breast implant removal funded by the NHS **but not****replacement.**Surgery to remove breast implants is not routinely commissioned by the NHS and will only be considered for thefollowing clinical indications |
| [ ]  After implant leakage or rupture (evidence must be provided) **OR** |
| [ ]  There is severe capsular contracture (grade III/IV on the Baker classification) **OR** |
| [ ]  Implants are complicated by recurrent infection or seroma (evidence must be provided) **OR** |
| [ ]  There is concurrent breast disease (evidence must be provided) **OR** |
| [ ]  The patient develops Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). |
| **Using the box below. Please detail where and when the prosthetic breast implants were inserted and for what indication i.e., cosmetic enhancement or as part of reconstruction following breast cancer.** |
| **Date breast implants were inserted:****Indication**: **Provider:****NHS/ Private:**For patients whose implants were privately funded, evidence must be provided to demonstrate that the patient has been in contact with their private provider, and they are unable to offer the patient further surgery.  |

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| **2e. Vaginoplasty**Requests for vaginoplasty will be considered only for the following indications: |
| [ ]  Congenital absence or significant developmental/endocrine abnormalities of the vaginal canal **OR** |
| [ ]  Where repair of the vaginal canal is required after severe physical trauma; common consequence of childbirth will not be sufficient reason.  |
| [ ]  **AND** The patient is over 18 years old |
| [ ]  **AND** in all cases evidence is included in attached referral letter/clinic letters |

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| **2f. Labiaplasty** Requests for labiaplasty will be considered only for the following indications: |
| [ ]  Where repair of the labia is required after severe physical trauma; common consequence of childbirth will not be sufficient reason **OR** |
| [ ]  Secondary to cancer (NB – prior approval is not necessary for immediate management of cancer) **OR** |
| [ ]  Secondary to Significant congenital malformation (this would not include cosmetic issues such as large labia) or endocrine abnormalities such as adrenal hyperplasia or Turners syndrome |
| [ ]  **AND** the patient is aged over 18 |
| [ ]  **AND** in all cases evidence is included in the attached referral letter / clinic letters |
| **Hymenorrhaphy** - As per the Health and Care Act 2022 it is an offence to carry out hymenoplasty (reconstruction of the hymen) with or without consent. It is also an offence to aid or abet a person to carry out hymenoplasty.  |

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| **2g. Scar Revision for adults and children**  |
| [ ]  The scar is at least 2 years old. Scar revision will only be offered after 2 years to allow the natural healing process to complete. **AND** |
| [ ]  Scar interferes with function following burns/trauma (i.e., severe post-surgical scars or those following burns or trauma resulting in physical disability due to contraction, tethering or recurrent breakdown (i.e., not cosmetic) ;)**OR** |
| [ ]  Serious scarring of the face including:• Significant keloid scarring• Scars that are ragged, or can otherwise be regarded as particularly disfiguring.**OR** |
| [ ]  Keloid scars that result in physical distress due to significant pain or pruritis.(Keloid scars secondary to body piercing procedures will not normally be funded).**AND** |
| [ ]  In all cases *a detailed description of the scar AND functional impairment is included (if applicable) in an attached referral letter* ***AND***[ ]  Photographic evidence is included. |

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| **2h. Abdominoplasty or Apronectomy** |
| [ ]  Age 18 or over **AND** |
| [ ]  Starting BMI above 40, OR more than 35 with significant co-morbidities **AND** |
| [ ]  Current BMI less than 30 and weight stability for greater than 12 months **AND** |
| [x]  Abdominal apron (pannus) hanging at or below level of the pubic symphysis **AND** experience of severe difficulty with activities of daily living (including ambulatory restriction or urological issues) **OR** [ ]  Recurrent intertrigo beneath the skin fold, panniculitis, or skin ulceration **OR** [ ]  Scarring from previous trauma or abdominal wall surgery that leads to a very poor appearance and results in disabling psychological distress or infection **OR** [ ]  When it is required as part of abdominal hernia correction or other abdominal wall surgery. |
| [ ]  **AND** in all cases evidence of functional problems/recurrent infections and starting and current BMI are included in attached referral letter / relevant section of the patient clinical record. |

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| **2i. Body Contouring (for sites other than the abdomen)**  |
| [ ]  Age 18 or over **AND** |
| [ ]  Same site body contouring has not already been performed. (A maximum of 1 procedure for each area of the body will be funded.) **AND** |
| [ ]  Disfiguring scarring following trauma or previous surgery resulting in skin tethering to deep tissues and functional problems or severe pain. **OR** |
| [ ]  Excessive skin because of significant weight loss where the starting BMI was above 40 and current BMI is less than 25 with a stable weight maintained for at least 2 years – i.e., no greater fluctuation than +/- 5kg around the weight at the start of the two years. There must be evidence that weight independently assessed (e.g., through GP or weight management provider e.g., Weight Watchers/Slimming World) every 6 months during this time (i.e., 4 assessments taken over the 2 years).**OR**  |
| [ ]  Excessive skin because of significant weight loss where the starting BMI was above 50 and current BMI is at least 20 points lower, or 50% of excess body weight lost, whichever is greater. With a stable weight maintained for at least 2 years – i.e., no greater fluctuation than +/- 5kg around the weight at the start of the two years. There must be evidence that weight independently assessed (e.g., through GP or weight management provider e.g., Weight Watchers/Slimming World) every 6 months during this time (i.e., 4 assessments taken over the 2 years). **AND** |
| [ ]  Experience of severe difficulty with activities of daily living as documented on the Barthel scale  |
| [ ]  **OR** Significant recurrent infections beneath the skin fold, panniculitis or skin ulceration that has not responded to optimal medical therapy (typically for at least 12 months, requiring systemic antibiotics or antifungals) |
| [ ]  **AND** in all cases evidence of functional impairment/recurrent infections/ treatment history and starting and current BMI measurements are included in attached referral letter / relevant section of the patient clinical record. |
| Please note - All patients with excessive skin because of significant weight loss need a full assessment of their functional problems by an appropriate professional (e.g., Occupational Therapist) prior to an application, and the report must be included with the application. It is incumbent on the referring clinician only to refer for an assessment for patients who do have severe functional issues. All funding for body contouring will be for a single stage procedure. Contour irregularities and moderate asymmetry are predictable following surgery. Any post-surgical cosmetic irregularities (including dog ears or unequal fat distribution) will not be funded by the ICB for revision surgery. |

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| **2j. Liposuction** (Liposuction for lipoedema is not funded) |
| [ ]  The procedure is adjunct to clinically necessary reconstructive surgery or other surgical procedures, such as when required to thin flaps or in breast reconstruction. **OR** |
| [ ]  There is a clear symptomatic or functional requirement **AND**  |
| [ ]  Patient has local contouring of areas of localised fat atrophy or pathological hypertrophy, e.g., lipomatosis or lipodystrophy **OR** |
| [ ]  Chronic lymphoedema where the below criteria are met (as set out in NICE guidance). |
| [ ]  After discussion by a multidisciplinary team as part of a lymphoedema service. **AND**  |
| [ ]  After routine conservative and medical management fails, usually after a trial of treatment for a minimum of six months **AND** |
| [ ]  There is evidence for functional impairment **AND**  |
| [ ]  There are no contraindications (such as significant active medical co-morbidities, including anaemia, coagulopathy, or local conditions of the skin or subcutaneous tissue that make liposuction hazardous such as trauma or hernias). |

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| **2k. Diastasis Recti Repair** Diastasis recti repair should not be offered for cosmetic purposes alone, but may be considered in patients: |
| [ ]  That require reconstructive surgery following trauma or abdominal wall surgery**OR** |
| [ ]  With congenital divarication of the recti muscles **OR**  |
| [ ]  With a diastasis of greater than 3cm, with the following sub-criteria:[ ]  Where the condition is either disabling or causes significant functional impairment  (i.e., significantly affecting ability to carry out normal activities of daily living)  **AND**[ ]  For people who have recently been pregnant, >1 year after childbirth  **AND**[ ]  Have had a six-month trial of abdominal core training physiotherapy (physiotherapy report must be included) |
| [ ]  **AND** in all cases details of the diagnosed cause of the diastasis and significant functional impairment must be described in attached referral letter  |

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| **SECTION 3 – SECONDARY CARE to complete and file in patient’s notes for future audit** |
| [ ]  I, the Surgeon, **DO AGREE** that the patient still meets criteria after expert assessment; these criteria have been detailed in the patient’s notes. I confirm the procedure will be of benefit to the patient. **OR** |
| [ ]  I, the Surgeon, **DO NOT AGREE** to proceed to surgery. I have not listed the patient, **AND** I have:[ ]  referred the patient back to the GP **AND**[ ]  emailed the clinical funding team: *priorapproval.hweicb@nhs.net* |
| Name of Surgeon: |

 **Section 4. HWE ICB Fitness for Elective Surgery policy criteria**

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| **Smoking status** | [ ]  Never smoked [ ]  Current smoker [ ]  Ex-smoker – date last smoked: - - / - - / - - For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery [ ]  |
| **Measurements**  | Height: ……….cm Weight: …………kg BMI ……….. kg/m² **You may still refer your patient for a specialist opinion however;** **BMI >40** – Patients are expected to lose weight and will not receive surgery until they reduce their weight by 15% over 9 months or reduce weight to BMI <40 (whichever is greater)**BMI 30-40** - Patients are expected to lose 10% of their weight or reduce BMI to <30. See the Fitness for Elective Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> Please state the patients target weight for surgery ….………… kg Please advise your patients of this when referring and provide them with a leaflet and weight management support as appropriate. [ ]  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician. Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….[ ]  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence. |